

# STANDARD DEFINITIONS OF SERVICE

Definitions for other program items may be found in the Glossary section of the Reporting Guide  
CAARS and Client Data

April 2014

SERVICE NAME	<b>Adult Day Services</b>
<b>SERVICE DEFINITION</b>	<p><b>Adult Day Services (Social Adult Day and Adult Day Health)</b></p> <p>There are two types of adult day services (ADS) – social adult day services (SADS) which do not include a medical component in the program and is regulated by the NYS Office for the Aging when funded with aging funds, and adult day health care (ADH) which includes a medical component and is regulated by the NYS Department of Health.</p> <p><b><u>Social Adult Day Services</u></b> 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 for less 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).</p> <p><b><u>Adult Day Health Care</u></b> 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. (Note: regulations prohibit the use of EISEP funding for adult day health care.)</p>
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, EISEP (Only for SADS), CSE, Other
<b>EXAMPLES &amp; REPORTING</b>	<p><b>Reporting Clarification:</b> Regardless of what type it is (SADS or ADH) it is reported as ADS. The unit includes all required components; and these components are not reported separately. However, there are exceptions for SADS as noted below.</p> <p><b><u>Meal Component</u></b></p> <p>Meals provided using Title IIIC-1, Title III-E, SNAP, or CSE\EISEP funds (for which it does not claim USDA reimbursement through the Child and Adult Care Food Program) the meal must be reported separately to draw down NSIP USDA reimbursement.</p> <ul style="list-style-type: none"> <li>• Unit – one meal on the congregate meal line under the Title IIIC-1, III-E, SNAP, EISEP, CSE or Other column</li> <li>• Expenditure – cost is included in the expenditures reported for the adult day services</li> </ul>

<p><b>EXAMPLES &amp; REPORTING (continued)</b></p>	<p>Client - reported as an ADS client</p> <p>When the AAA does not fund the adult day service, but funds the meal provided to the adult day services participants, the unit, expenditure and client are counted in the same way as congregate meals.</p> <ul style="list-style-type: none"> <li>• Unit – one meal on the congregate meal line under the Title IIIC, SNAP, CSE or Other column.</li> <li>• Expenditure – cost included in the expenditures reported for congregate meals.</li> <li>• Client - reported as congregate meal client.</li> </ul> <p>When the AAA is providing the meal to ADS participants under a catering agreement (and thus the Adult Day Services program is paying for the full cost of the meals), the persons served, units of service and expenditures are not reported.</p> <p><b>Assisted Transportation</b></p> <p>Assisted Transportation is an optional component under SADS. If the transportation component is paid for separately it must be reported separately (units, expenditures and clients) rather than included in the reporting under adult day services.</p>
<p><b>SERVICE NAME</b></p>	<p><b>Assisted Transportation</b></p>
<p><b>SERVICE DEFINITION</b></p>	<p>Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.</p>
<p><b>UNIT OF SERVICE</b></p>	<p>Each one-way trip</p>
<p><b>FUNDING SOURCES</b></p>	<p>Title III-B, Title IIIC-1, Title III-E, <b>EISEP</b>, CSE, CSI, SNAP, Other</p>
<p><b>EXAMPLES &amp; REPORTING</b></p>	<p>Assisted transportation/escort is <u>not</u> assisting a client to the ladies room in a Senior Center or to the counter to receive their meal at a congregate site.</p> <p>The 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. Thus, assistance offered by a van driver in operating a wheelchair lift or walking with 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.</p>
<p><b>SERVICE NAME</b></p>	<p><b>Caregiver Services</b></p>
<p><b>SERVICE DEFINITION</b></p>	<p>Services included are support groups for caregivers, caregiver counseling on issues to help caregivers in making decisions and solving problems related to their care giving roles and training workshops for caregivers. For state funded CRC's it also includes lending libraries. These are services designed to support caregivers and help sustain their efforts to provide care.</p>
<p><b>UNIT OF SERVICE</b></p>	<p><b><u>Each participant of a group or individual session receives one unit of service.</u></b></p>
<p><b>FUNDING SOURCES</b></p>	<p>Title III-B, Title III-E, Title III-D, CSE, CSI, Other</p>

<p><b>EXAMPLES &amp; REPORTING</b></p>	<p><b>Example 1:</b> A daughter who is caring for her father meets with a caregiver coordinator for 45 minutes to discuss various options for meeting his increasing needs. During this time they also discuss the impact it is having on her and her relationship with her husband and children. This reported as 1 unit.</p> <p><b>Example 2:</b> Eight grandmothers, all over the age of 55, attend a two-hour workshop designed to help grandparents better interact with the educational system. For reporting purposes -- eight persons served and eight units provided for the workshop.</p> <p><b>Caregiver Services are not:</b></p> <p>A woman walks into the AAA’s offices to inquire about services available to older people. While there, she picks up a brochure on the stresses associated with care giving and tips for handling such stress. The woman’s selection of the brochure is not counted as a unit of caregiver services. However, since information is obtained on available services from the AAA staff, this is reported as one unit of information &amp; assistance services. (1 contact = 1 unit, regardless of the amount of staff time spent with the woman and the number of items taken from the AAA’s brochure rack.)</p>
<p><b>SERVICE NAME</b></p>	<p style="text-align: center;"><b>Case Management</b></p>
<p><b>SERVICE DEFINITION</b></p>	<p>A comprehensive process that helps older persons with diminished functioning capacity, and/or their caregivers, gain access to and coordinate appropriate services, benefits and entitlements. Case management consists of assessment and reassessment, care planning, arranging for services, follow-up and monitoring at least every two months and discharge. These activities must be provided by or under the direction of the designated case manager or case manager supervisor.</p> <p>Note: please see CAARS instructions regarding the acceptability of reporting assessments for those seeking/receiving home delivered meals <b><u>as the only community based long term care service they will receive.</u></b></p> <p>Case Management activities for clients receiving community-based long term care services:</p> <ul style="list-style-type: none"> <li>• A comprehensive MDS-compliant assessment is the collection of information about a person’s situation and functioning, and that of his/her caregivers, which allows identification of the person’s specific strengths and needs in the major functional areas.</li> <li>• A care plan is a formal agreement between the client and case manager and, if appropriate, the client’s caregivers regarding client strengths and problems, goals and the services to be pursued in support of goals.</li> <li>• Implementation of the care plan (arranging and authorizing services) includes contacting service providers, conducting case conferences and negotiating with providers for the delivery of needed services to the client as stated in the care plan.</li> <li>• <b><u>Follow-up and monitoring of the care plan every two months at a minimum,</u></b> ensures that service delivery is meeting the client’s needs and being delivered at the appropriate levels and quality <b><u>Contact with the service providers is regular and ongoing.</u></b> Reassessment is the formal re-examination of the client’s situation and functioning and that of his/her caregivers to identify changes which occurred since the initial assessment/last reassessment and to measure progress toward goals outlined in the care plan. It is done at least annually and more frequently if needed.</li> </ul>

	<p>Changes are made to the care plan as necessary.</p> <ul style="list-style-type: none"> <li>• Discharge is the termination of case management services. Reasons for discharge may include the client requesting discharge, the attainment of goals described in the care plan, the client needing a type of service other than case management or ineligibility for the service.</li> </ul> <p>Case managers may also be functioning in the role of a support coordinator or consultant to informal caregivers. In this role, the case manager may be acting as a teacher, networker, counselor and/or family guide.</p>
<b>UNIT OF SERVICE</b>	One hour of service including travel time.
<b>FUNDING SOURCES</b>	Title III-B, Title III-D, Title III-E, CSE, EISEP, SNAP , Other
<b>EXAMPLES &amp; REPORTING</b>	<p><u>Counting Clients:</u> For a <i>client</i> to be reported as a case management client, he/she must be receiving or expected to receive all the components summarized above.</p> <p><u>Counting Units of Service:</u> <i>Time</i> spent in any of the following is appropriately reported as case management <i>units</i> (one hour = one unit): traveling to an older person’s home and conducting an assessment, telephoning clients to follow-up on service delivery, discussing services for a specific client with the service provider, and organizing and conducting a case conference concerning a specific client and the case manager inputting client data into the computerized system.</p> <p>While a case manager typically works a seven and a half or eight hour day, this does not imply that each day he/she will generate seven and a half or eight hours of case management units. Time spent in administrative, educational or general activities cannot be counted as units of service. For example, time spent in such activities is <u>not</u> appropriate to report as case management units:</p> <ul style="list-style-type: none"> <li>• traveling to and participating in the Adult Abuse Training Institute;</li> <li>• participating in a video conference on conducting client assessments;</li> <li>• developing a new form for monitoring in-home service providers;</li> <li>• comparing the in-home service provider’s bill for the month to the number of hours authorized for each client and the number of hours actually provided for each client;</li> <li>• participating in the monthly meetings of the AAA’s program coordinators which feature general discussions of aging network issues, implementation of county budget and personnel procedures.</li> </ul> <p><b>Example 1: General Example</b></p> <p>The EISEP case manager receives a call from a widower interested in receiving in-home services. Based on this call, the case manager sets up the face-to-face meeting and assessment. The case manager meets with the older man and completes an assessment document. As the care plan is being developed, the older man decides to decline all services. In this instance, the activity involved would be reported as follows:</p> <ul style="list-style-type: none"> <li>• units of service: two hours of case management services (the time involved in meeting with the older person and travel time to and from the house);</li> <li>• expenditures: the travel and personnel costs would be reported under EISEP on the case management line;</li> </ul>

- unduplicated client count: the older person is not included in the unduplicated count for EISEP case management, because he is not a case management client.

**Example 2: “Expected” to Receive Case Management**

On Friday, March 29<sup>th</sup> Mrs. Jones receives an assessment and a care plan is developed and agreed to. This takes 2.25 hours plus 45 minutes in travel time to and from the person’s home. Care plan implementation (e.g., contacting home care providers and home care services actually provided) will take place during the first week in April, the first quarter of the new year.

This is an example of a person who is expected to receive case management that includes all of the components. Therefore, in addition to reporting three units of case management, the person is reported as a client.

**Example 3 - Maintaining a Waiting List and Not Providing Case Management**

**Background:** An AAA has developed a prioritization process that includes the completion of an MDS compliant assessment in order to determine the person’s placement on waiting lists and to make referrals for other appropriate services. The process includes a follow-up call every three months to determine if there are any major changes in the person’s situation that would warrant changing their placement on the waiting lists. The call may or may not be made by case management staff.

A person calls seeking home care. The AAA staff knows that there is a waiting list for home care but does an assessment because this: 1) is how the AAA places older persons on the waiting list for home care; 2) allows the AAA to develop a care plan so that the individual can private pay for services if able and 3) permits the AAA to identify other services for which referrals can be made. The time spent conducting the assessment and any travel time to and from the person’s home would be counted as case management units. The person is not counted as a case management client because the case management staff is not planning to conduct ongoing services follow-up and client monitoring. Case management staff is not actively engaged on an ongoing basis with the person. The periodic contact is primarily a mechanism to keep the waiting list viable (by keeping it up-to-date). The conduct of the assessment is part of the prioritization process and does not trigger the case management requirements as specified in the regulations.

**Example 4: A Client Receiving Case Management While Waiting for Home Care**

An AAA is providing case management to a person who is on the waiting list for home care. Case management staff has conducted an assessment and developed a care plan. The plan calls for home delivered meals (which are arranged for and begin) and home care (for which he is put on a waiting list). The client has some other issues -- such as housing and medical care – which the case manager will address.

In this example, the person is receiving case management and will be reported as a client. The time the case management staff spends with the client or with others on behalf of the client will be reported as units of case management.

**Example 5: A Family Member Seeking Assistance with Caregiving**

A wife calls seeking services to ease the burden she is under due to providing personal care to her frail husband. The case manager does an in-home assessment of the husband to

	<p>determine his eligibility to receive in-home services as a form of III-E Respite for the wife. Based on the assessment of the husband, a care plan is developed to provide III-E Respite to the wife in the form of Personal Care Level II to the husband. The on- going case management will be funded under III-E and provided to the husband.</p> <p>In this example, the husband is receiving case management and will be reported as a client. The time the case management staff spends with the husband or with others, including the wife, on behalf of the husband will be reported as units of case management.</p>
<b>SERVICE NAME</b>	<b>Congregate Meal</b>
<b>SERVICE DEFINITION</b>	A hot or other appropriate meal which meets nutritional requirements and is served to an eligible participant in a group setting.
<b>UNIT OF SERVICE</b>	Each meal served. Meals served to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the NSIP meals count.
<b>FUNDING SOURCES</b>	Title IIIC-1, Title III-E, EISEP, CSE, SNAP, Other
<b>SERVICE NAME</b>	<b>Consumer Directed In Home Services</b>
<b>SERVICE DEFINITION</b>	A service that provides assistance with the tasks that are the same or similar to those included in the definitions of Personal Care Level I and Personal Care Level II, and which is managed by the consumer, or a representative selected by the consumer. This includes such activities as recruitment, selection, training, supervision and dismissal of the in-home services worker.
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	<u>Title III-B, Title III-E</u> , EISEP, CSE, Other
<b>SERVICE NAME</b>	<b>Health Promotion</b>
<b>SERVICE DEFINITION</b>	<p>Services and activities that <b><u>promote chronic disease prevention and management</u></b>, promote physical and mental health, improve or maintain <b><u>quality of life</u></b>, and increase awareness and understanding of healthy lifestyles,. These include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Evidence-based health promotion programs</li> <li>• Medication management to prevent incorrect medication and adverse drug reactions</li> <li>• Routine health screenings such as vision, diabetes, bone density and nutrition</li> <li>• Medicare preventive services such as education programs on the availability, benefits, and appropriate use of preventive health services</li> <li>• Preventive nutrition services such as nutrition counseling and education</li> <li>• Physical fitness programs</li> <li>• Home injury control services such as screening home environments and education programs on injury and falls prevention at home</li> <li>• Mental Health services such as screening for depression, provision of educational activities</li> </ul>
<b>UNIT OF SERVICE</b>	<p>One unit = Each participant or attendee of a group session, class or event</p> <p>One unit = Each distribution of a health related topic in a newsletter, newspaper, radio or TV show</p>

<b>FUNDING SOURCES</b>	Title III-B, Title III-D (if meet criteria for being evidence-based and approved through AIP process), Title III-E, EISEP, CSE, CSI, ,Other
<b>EXAMPLES &amp; REPORTING</b>	<ul style="list-style-type: none"> <li>• 14 enrollees of a 12-week evidence-based program attended all 12 sessions = 168 units</li> <li>• Eighteen participants receive flu shots at one senior center = 18 units</li> <li>• 100 flu shots administered at eight senior centers in one day = 100 units</li> <li>• A health fair for seniors where 150 are served at the agency's booth = 150 units</li> <li>• An article prepared by an appropriate professional on a health related topic and printed in a newsletter or newspaper, with 1200 readers over the age of 60 (estimated) = 1 unit (not counted if handouts are part of a presentation or are left on display to be picked up by participants).</li> <li>• A weekly walking program with 5 participants a week = 260 units (52 weeks x 5)</li> <li>• One diabetes screening event that screened 72 older adults = 72 units</li> <li>• Screening 150 high-risk home environments as part of a Falls Prevention campaign = 150 units</li> <li>• Screened medications for 90 participants at a pill screening event led by local pharmacists = 90 units</li> </ul>
<b>SERVICE NAME</b>	<b>Home Delivered Meal</b>
<b>SERVICE DEFINITION</b>	A hot or other appropriate meal which meets nutritional requirements and is provided to an eligible person for home consumption.
<b>UNIT OF SERVICE</b>	Each meal served. Meals served to individuals through means-tested programs such as Medicaid Title XIX waiver meals are excluded from the NSIP meals count.
<b>FUNDING SOURCES</b>	Title III-E, Title IIIC-2, <b>EISEP</b> , CSE, SNAP, Other
<b>SERVICE NAME</b>	<b>Home Health Aide Service</b>
<b>SERVICE DEFINITION</b>	<p>The provision of health care tasks, personal hygiene services, housekeeping tasks and other related support services essential to the client's health including:</p> <ol style="list-style-type: none"> <li>1. Assisting with tasks listed under Personal Care Level II services;</li> <li>2. Performing simple measurements and tests to routinely monitor the patient's medical condition;</li> <li>3. Preparing meals in accordance with modified diets or complex modified diets;</li> <li>4. Performing a maintenance exercise program;</li> <li>5. Using medical equipment, supplies and devices;</li> <li>6. Changing dressings to stabilize surface wounds;</li> <li>7. Caring for an ostomy after the ostomy has achieved its normal function;</li> <li>8. Providing special skin care; and</li> <li>9. Administering of medication.</li> </ol>
<b>UNIT OF SERVICE</b>	One hour of service excluding travel time.
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, CSE, Other

SERVICE NAME	<b>Information and Assistance</b>
<b>SERVICE DEFINITION</b>	<p>The provision of Information and Assistance may include three components :</p> <ol style="list-style-type: none"> <li>1. The provision of information on services, benefits, entitlements and other areas of concern to consumers or their representatives which enables them to locate and obtain needed resources on their own.</li> <li>2. Assistance to consumers in obtaining access to the services and resources available within their community. An individual is provided with information on a one-to-one basis about available services and opportunities in the community, assisted in defining problems/needs and capacities, receives direction or guidance relative to those identified issues and is linked to services and opportunities to meet the problems/needs. When appropriate, case assistance may also involve worker intervention, negotiation and advocacy with providers on the client's behalf to ensure the delivery of needed services and benefits. Also included in this is follow-up, to the extent possible, that the consumer receives the service.</li> <li>3. Referral is a two-step process involving the initiation of a linkage between a client and a service provider, and follow-up contact(s) to determine whether the service has been or is being provided.</li> </ol>
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	Title III-B, Title IIIC-1, Title IIIC-2, Title III-D, Title III-E, HIICAP, WRAP, NY Connects, CSE, CSI, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<p>People receiving only information are not included in the unduplicated count.</p> <p>A call comes in to the Office and it is referred to the Case Manager as the caller is requesting information about long term care plans for their elderly parent who is to be discharged from the hospital. The Case Manager provides a wealth of information to the caller, including information about post discharge Medicare in-home services, what is a PRI and how to obtain and discusses community and institutional Medicaid and custodial home care that may be available from the Office for the Aging when appropriate. The Case Manager is on the phone with this caller for 30 minutes. The Case Manager provided information to the caller and the transaction is recorded as .5 units of Information and Assistance.</p> <p><b>I &amp; A is not:</b>  The caller calls back to speak with the Case Manager a month after the initial call with some additional questions. The Case Manger provides additional technical assistance and during the conversation, determines that the elderly person appears to be in need of custodial long term care. An EISEP screen is completed and an appointment is scheduled for an assessment in four days. Although additional/clarifying information was imparted during this phone call, this transaction is a unit of Case Management. The Case Manager has initiated the process of setting up a home visit, thus meeting initial requirements of the multi component Case Manager service definition.</p>

SERVICE NAME	<b>In-Home Contact and Support</b>
<b>SERVICE DEFINITION</b>	<p>Services and activities designed to provide support to older people who are isolated because of physical and/or cognitive limitations. These services are not defined separately elsewhere in the standard definitions and may include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Shopping Assistance – Shopping on behalf of an older person</li> <li>• 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.</li> <li>• Telephone Reassurance (including automated systems) – Regularly scheduled telephone contact with an older person with follow-up as necessary and appropriate.</li> <li>• <u>Supervision - Services provided in the home to monitor, guide and oversee the older person’s actions and activities. Supervision services funded by EISEP or III-E as respite for a client’s informal caregivers "paid supervision."</u></li> <li>• Other services – Provided in the home to support the person including house cleaning, laundry service, bill paying/other essential errands, items provided on loan such as assistive devices</li> </ul>
<b>UNIT OF SERVICE</b>	One contact
<b>FUNDING SOURCES</b>	Title III-B, Title IIIC-1, Title IIIC-2, Title III-E, EISEP, CSE, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<p><b>Example 1:</b></p> <p>A worker goes to the Greene home to provide supervision/monitoring and oversight of Mr. Greene while Mrs. Greene goes out to dinner and a movie with her daughter. The worker engages Mr. Greene in conversation plays cards and watches TV with him. She also helps him reheat his dinner that had already been prepared by Mrs. Greene. Mr. Greene does not need assistance with any of his activities of daily living although sometimes he needs reminding where the bathroom and bedroom are. The worker arrives at 6 P.M. and leaves at 9 P.M. The time spent by the worker is reported as 1 unit (because “contact” is the unit for in-home contact and support.)</p> <p><b>Example 2:</b></p> <p>A laundry service picks up Ms. Brown’s soiled laundry every Tuesday morning and returns it clean every Tuesday afternoon. This is reported as one unit for each Tuesday’s pick up and return.</p> <p><b>Example 3:</b></p> <p>Two workers from Spick n Span Cleaners come to clean Ms. Jones’ home every 3rd Thursday. While there, they will also do a load of laundry. They spend approximately 4 hours. This is reported as 1 unit.</p>

<b>SERVICE NAME</b>	<b>Legal Assistance</b>
<b>SERVICE DEFINITION</b>	Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, CSE, Other
<b>SERVICE NAME</b>	<b>Long Term Care Ombudsman</b>
<b>SERVICE DEFINITION</b>	Services provided by duly authorized patient advocates on behalf of people residing in long term care facilities and their families. Primary activities include identifying, investigating and resolving complaints, concerning resident care, quality of life and residents' rights. Identification of adverse issues and conditions affecting residents, promoting the development of resident and family councils, and ensuring residents have regular and timely access to ombudsman advocacy services.
<b>UNIT OF SERVICE</b>	No unit or people served reporting required for the client data systems. This information is reported under the Ombudsman Reporting System. All clients identifying information is confidential and subject to disclosure according to requirements under the OAA. Report expenditures only using the CAARS quarterly on line system.
<b>FUNDING SOURCES</b>	Title III-B, Other
<b>SERVICE NAME</b>	<b>Nutrition Counseling</b>
<b>SERVICE DEFINITION</b>	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use. Counseling is provided one-on-one by a nutrition professional, who evaluates the person's nutritional needs, develops and implements a nutrition counseling plan, evaluates the client's outcome, maintains documentation and distributes appropriate literature. It is recommended that initial counseling be provided face-to-face at a congregate site, in the home or in an office setting. Follow up nutrition counseling may be provided face-to-face at a congregate site, in the home, office setting or by telephone. A nutrition professional is defined as a Registered Dietitian (RD), a Registered Dietitian-Eligible who must successfully complete the exam within 18 months (RDE), or a NYS Certified Dietitian/Nutritionist (CDN). Certified Diabetic Educators (CDE) is appropriate only for nutrition counseling with older individuals with diabetes. Nutrition counseling services are available to an older individual and/or her/his caregiver upon referral and/or request.
<b>UNIT OF SERVICE</b>	One hour of service (time with individual and travel time).
<b>FUNDING SOURCES</b>	Title IIIC-1, Title IIIC-2, Title III-D, Title III-E, <b>EISEP</b> , CSE, CSI, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<b>Example 1:</b> Initial nutrition counseling.  An MDS compliant assessment tool was completed for a person seeking home delivered meals. Results of the nutrition screening questions within MDS indicate the client is at high nutrition risk because, without wanting to, he lost 10 pounds in the last six months and has an illness that changes the amount of food eaten. He is referred to the nutrition professional (RD, RDE, CDN) for possible nutrition counseling. An initial face-to-face meeting between

**EXAMPLES &  
REPORTING  
(CONTINUED)**

the older person and nutrition professional takes place in the person's home and a nutritional counseling plan is completed. This meeting lasts one hour. The nutrition professional traveled 15 minutes one way to the individual's home (30 minutes round trip).  
1 hour counseling + 30 minutes round trip travel = 1.5 hours  
1.5 hours = 1.5 units

**Example 2:** Initial nutrition counseling.

At the congregate meal site, staff receives a request from an older person for nutrition counseling to help manage his diabetes. The person is referred to the nutrition professional (RD, RDE, CDN, CDE) for possible nutrition counseling. An initial face-to-face meeting between the person and nutrition professional takes place in the AAA's office and a nutritional plan is completed. This meeting lasts 45 minutes = .75 hours = .75 units.

**Example 3:** Initial nutrition counseling.

A new congregate meal site participant completes a client registration form and answers all the nutrition questions. Their score was 6 points indicating they may be at high nutrition risk. The participant is referred to the nutrition professional (RD, RDE, CDN) for possible nutrition counseling. An initial face-to-face meeting between the older person and nutrition professional takes place in the office at the meal site. The nutrition professional reviews the participant's answers, confirms the score and tells them nutrition counseling would be appropriate. A nutritional counseling plan is completed. This meeting lasts 60 minutes = 1 hour = 1 unit

**Example 4:** Follow-up nutrition counseling;

The older person requests follow-up nutrition counseling by the nutrition professional or the care plan indicates a follow-up is needed. A face-to-face meeting or a telephone call occurs between the person and the nutrition professional and lasts for 30 minutes total. The nutrition professional will assess and reinforce the initial nutrition counseling plan, make changes as appropriate and provide additional nutrition information as needed.  
30 minutes = .5 hours = .5 units

**Example 5:** This example only applies to the use of III-E funds.

A caregiver requests information on how best to meet the nutritional needs of her care receiver for whom she prepares meals. The caregiver is referred to the nutrition professional (RD, RDE, CDN, CDE) for possible nutrition counseling. An initial 15 minute face-to-face meeting between the caregiver and nutrition professional takes place in the AAA's office and a follow up in-home visit to assess the care receiver is scheduled. The meeting in the home lasts 45 minutes with the nutrition professional traveling 15 minutes one way to the individual's home (30 minutes round trip). The in-home visit to the care recipient identifies the need for nutritional guidance which is provided during the visit.

The service would be reported as:

Caregiver:	15 minute initial meeting	=	.25	Units of service
	45 minutes in home	=	.75	Units of service
	30 minutes travel time	=	.50	Units of service
	<b>Total Supplemental units of service</b>	<b>=</b>	<b>1.5</b>	<b>Units of service</b>

<b>EXAMPLES &amp; REPORTING (CONTINUED)</b>	<p>Care receiver: 45 minutes in home = .75 Units of service  30 minutes travel time = .50 Units of service  Total Nutrition Counseling units of service = 1.25 Units of service</p> <p><b>Nutrition counseling is not:</b></p> <ul style="list-style-type: none"> <li>• Sending nutrition literature by post office mail or computer email without verbal or face-to-face contact.</li> <li>• Leaving a message on a telephone answering machine.</li> <li>• Providing nutrition information that is not associated with the person’s nutritional needs or counseling plan.</li> <li>• Providing counseling in a group setting.</li> </ul>
<b>SERVICE NAME</b>	<b>Nutrition Education</b>
<b>SERVICE DEFINITION</b>	<p>A planned program to promote better nutrition, physical fitness and health through information and instruction on nutrition and related consumer topics of general interest. The program is provided by or under the direction of a Registered Dietitian (RD), Registered Dietitian-Eligible (RDE), NYS Certified Dietitian-Nutritionist (CDN), or a Dietetic Technician-Registered (DTR). Information and instruction may occur in group settings and/or through distribution of materials to individuals. A minimum of 6 group or class presentations must be provided at each congregate meal site annually. Nutrition information or handouts are provided to congregate and home delivered meal participants at least monthly.</p>
<b>UNIT OF SERVICE</b>	<p><b><u>Each participant of a group or individual session receives one unit of service.</u></b></p> <p>Each distribution of handouts to congregate and/or homebound participants (not counted if handouts are part of a presentation or are left on display to be picked up by participants). = One unit per participant</p> <p>Each article prepared and printed in a newsletter or newspaper; each radio or television presentation= One unit</p>
<b>FUNDING SOURCES</b>	<p>Title IIIC-1, Title IIIC-2, Title III-D, Title III-E, CSE, CSI, SNAP, Other</p>
<b>EXAMPLES &amp; REPORTING</b>	<p><b>Example 1:</b> A Registered Dietitian completes a planned nutrition education program (including handouts) on “Food Safety for Seniors” at 4 congregate sites. In total 50 Seniors attend the 4 sessions (Each participant = 50 units of nutrition education).</p> <p><b>Example 2:</b> A Registered Dietitian distributes a pamphlet to 75 home delivered meal clients with their meal (Each pamphlet = 75 units of nutrition education).</p> <p><b>Example 3:</b> The local newspaper has a section each week devoted to issues affecting seniors. Six times a year the AAAs registered dietitian has an article covering a nutrition related topic (Each article = 1 unit of nutrition education).</p>
<b>SERVICE NAME</b>	<b>Outreach</b>
<b>SERVICE DEFINITION</b>	<p>Activities initiated by the AAA or its subcontractors for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits. This includes face-to-face or telephone contact between a worker and an individual.</p>

<b>UNIT OF SERVICE</b>	Each contact
<b>FUNDING SOURCES</b>	Title III-B, Title IIIC-1, Title IIIC-2, Title III-E, CSE, CSI, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<p><b>Example 1:</b> Staff visits to a new senior housing building to locate isolated individuals who have never been clients of the AAA. This contact must be conducted one-on-one and not done as a group presentation.</p> <p><b>Example 2:</b> The AAA or its subcontractors have a table at a health event where providers conduct face-to-face identification of isolated individuals by discussing the individual's needs and available programs one-on-one.</p> <p><b>Reporting Clarification:</b> Outreach is when the AAA/subcontractor finds an isolated older person, <u>not</u> when an older person finds the AAA/subcontractor.</p>
<b>SERVICE NAME</b>	<b>Personal Care Level I</b>
<b>SERVICE DEFINITION</b>	<p><b><u>A service that includes some or total assistance with the following tasks on behalf of or to assist a person commensurate with the person's limitations in IADLs:</u></b></p> <ul style="list-style-type: none"> <li>• Making and changing beds</li> <li>• Dusting and vacuuming the rooms which the person uses</li> <li>• Light cleaning of the kitchen, bedroom and bathroom</li> <li>• Dishwashing</li> <li>• Listing needed supplies</li> <li>• Shopping for the person</li> <li>• The person's laundering, including necessary ironing and mending</li> <li>• Preparing meals, including simple modified diets</li> <li>• Paying bills and other essential errands</li> <li>• Escorting to appointments and community activities</li> </ul>
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, EISEP, CSE, Other
<b>EXAMPLES &amp; REPORTING</b>	<b>Reporting clarification:</b> When this service is provided to give respite to an informal caregiver who regularly provides assistance in these activities, it is reported as personal care level I.
<b>SERVICE NAME</b>	<b>Personal Care Level II</b>
<b>SERVICE DEFINITION</b>	<p>A service that 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:</p> <p>Some or total assistance with:</p> <ul style="list-style-type: none"> <li>• All the tasks listed under Personal Care Level I;</li> <li>• Bathing of the person in the bed, tub or shower;</li> <li>• Dressing;</li> <li>• Grooming, including care of hair, shaving and ordinary care of nails, teeth and mouth;</li> </ul>

	<ul style="list-style-type: none"> <li>• Toileting, including assisting the person on and off the bedpan, commode or toilet</li> <li>• Walking, beyond that provided by durable medical equipment, within the home and outside the home;</li> <li>• Transferring from bed to chair or wheelchair;</li> <li>• Preparation of meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diet;</li> <li>• Feeding;</li> <li>• Administration of medication by the client, 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;</li> <li>• Providing routine skin care;</li> <li>• Using medical supplies and equipment such as walkers and wheelchairs;</li> <li>• Changing simple dressings.</li> </ul>
<b>UNIT OF SERVICE</b>	One hour of service
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, EISEP, CSE, Other
<b>EXAMPLES &amp; REPORTING</b>	<b>Reporting clarification:</b> When this service is provided to give respite to an informal caregiver who regularly provides assistance in these activities, it is reported as personal care level II.
<b>SERVICE NAME</b>	<b>Personal Emergency Response System</b>
<b>SERVICE DEFINITION</b>	A service which utilizes an electronic device to alert appropriate people of the need for immediate assistance in the event of an emergency situation in an older person's home.
<b>UNIT OF SERVICE</b>	One unit for each month or part of a calendar month that the device is in the person's home.
<b>FUNDING SOURCES</b>	Title III-B, Title III-E, EISEP, CSE, Other
<b>EXAMPLES &amp; REPORTING</b>	The service is initiated on January 1 and terminated on January 15 = 1 unit The service is initiated on January 15 and terminated on February 4 = 2 units (one for each month)
<b>SERVICE NAME</b>	<b>Senior Center, Recreation and Education</b>
<b>SERVICE DEFINITION</b>	Activities organized and scheduled through the AAA or its subcontractors which involve older persons in courses, workshops, other learning activities and satisfying use of free time.
<b>UNIT OF SERVICE</b>	One group session
<b>FUNDING SOURCES</b>	Title III-B, Title IIIC-1, Title III-D, CSE, CSI, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<b>Examples of senior center, recreation and education activities:</b> <ul style="list-style-type: none"> <li>• A yoga demonstration held at a senior center or congregate site. (Since this is a one-time demonstration, it is counted as a unit of senior center, recreation and education. If this was a formal class given on a regular basis, it would be counted as health promotion.);</li> <li>• Sports lessons and events;</li> </ul>

	<ul style="list-style-type: none"> <li>• Performing arts;</li> <li>• Games;</li> <li>• Crafts lessons and events;</li> <li>• Performing arts;</li> <li>• Games;</li> <li>• A nature walk conducted each spring at a senior center;</li> <li>• A day bus trip organized by the center, to Citi Field to see a baseball game. (The bus trip constitutes one unit or group session of senior center, recreation and education. The related units of transportation would be recorded in the transportation category.)</li> </ul>
<b>SERVICE NAME</b>	<b>Transportation</b>
<b>SERVICE DEFINITION</b>	Transportation from one location to another. Does not include any other activity.
<b>UNIT OF SERVICE</b>	One unit for each one way trip per person
<b>FUNDING SOURCES</b>	Title III-B, Title IIIC-1, Title III-E, EISEP, CSE, CSI, SNAP, Other
<b>EXAMPLES &amp; REPORTING</b>	<p><b>Example 1:</b> The provider takes five people to and from the local senior center. This is reported as ten units of transportation (five people x two trips each).</p> <p><b>Example 2:</b> The senior center organizes a day bus trip to Yankee Stadium to see a baseball game. Forty-three older individuals participate. This is reported as eighty-six units of transportation service (forty-three individuals x two trips each). Additionally, one unit of senior center recreation and education is generated and reported.</p> <p><b>Example 3:</b> The provider takes an older individual to the senior center. After lunch, the provider drives the older individual to a local shopping center to pick up medications and groceries. The older individual is then picked up and transported home. This generates three units of transportation service (one individual x three separate trips/locations).</p>
<b>Other Services Provided by the Area Agency</b>	
<i>(Enter these services using the Other line in CAARS and the Other Code for client data and units)</i>	
The number of people served and units of service provided are reported in the electronic client files using the 600 series service codes. Expenditures for these service categories are aggregated and reported on the "Other" line when completing Part III, A Program, Services and Expenditure Breakdown. Expenditures should be the accrued total expenditures under each column. "Other" services may also include any unique local services.	
<b>Alzheimer's Services</b>	
Services designed to provide support which may include counseling, information, etc. to the families/caregivers of elderly victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction.	
<b>Chore Services</b>	
Assistance such as heavy housework, yard work or sidewalk maintenance.	
<b>Counseling</b>	
A one-to-one relationship between an older person and a worker trained in counseling techniques. The service is designed to alleviate stress or anxiety and to help the client make appropriate choices and plans.	
<p>a. Psychosocial Counseling</p> <p>Those counseling activities which will assist older persons in coping with the problems and stresses which</p>	

interfere with normal health and social functioning.

b. Tax & Financial Counseling

Counseling provided to older persons on tax and financial matters.

c. Entitlements Counseling

Entitlements counseling includes assisting clients in the completion of applications for benefits. It also includes encouraging a client to accept an entitlement or benefit for which he or she is eligible.

### **Options Counseling**

Options Counseling is a person-centered process whereby individuals, family members and/or significant others are supported to develop a plan for addressing long term services and supports needs that aligns with their preferences, strengths, values, and needs.

It includes: 1) conducting a person-centered interview to discover what is important to and important for the individual, help them identify and weigh available options and make decisions, 2) assisting in developing a person-centered plan detailing the individual's decisions, immediate next steps and long term objectives, 3) assisting the individual to connect with public and privately funded services as needed, and 4) following-up over time to ensure individuals are meeting their objectives and accessing desired services

Examples of situations associated with the Options Counseling category:

- Individuals with immediate long term care needs (e.g. after major life changing event);
- Individuals who are planning for future needs;
- Caregivers who need help in caring for their loved one;
- Individuals who are transitioning from one setting to another, such as from the hospital to their homes.

### **Crime and Safety Program**

A program which provides elderly crime victims and potential crime victims with information designed to reduce the incidence and fear of crime.

### **Discount Program**

The preparation and issuance of an identification card which enables the card holder to receive a discount on goods and services offered by participating merchants.

### **Employment Related Services**

All activities which result in increased employment opportunities for older people, including recruitment of potential employees and employers, assessment of work experiences and skills, job counseling, subsidized employment, training for upgrading job seeking skills and training in new job skills, job development, job placement, referral services and supportive services. (Note: This does not include work by Title V Program enrollees unless they are directly involved in employment activities.)

### **Energy Assistance**

Activities on behalf of a client to access regular benefits/additional benefits provided through the HEAP, WRAP or Other funded activities, e.g., Department of State (DoS).

### **Friendly Visiting**

An organized visit to homebound older persons providing socialization, recreation, and the opportunity to observe and report the client's condition and circumstances.

## Group Respite

Group respite is care or supervision provided in a group setting to frail or disabled adults on behalf of and in the absence of the caregiver, for the purpose of providing caregivers with relief from the stress of caregiving. Group respite programs may provide a variety of services but minimally must provide socialization and appropriate snacks in a protective setting.

## Public Education

A planned effort to provide consumers information about services, resources, and entitlements. Activities include the distribution of newsletters, flyers, pamphlets, and brochures, the use of mass media for news, features, public activities, and public speaking by a service representative.

## Recreation

Activities organized and scheduled through the Area Agency or its subcontractors which are designed to foster the health and social well-being of older persons through social interaction and satisfying use of free time. This service may include educational activities as well as sports, performing arts, games, and crafts.

## Residential Repair and Maintenance

Repairs and activities to upgrade and/ or maintain housing for the elderly, including heavy cleaning.

## Respite Care

The provision of short-term substitute care and supervision of functionally impaired older individuals in order to offer their caregivers temporary rest and relief from caregiving responsibilities. (Note: Non-Institutional Respite refers to non-medical respite provided in a non institutional setting.)

## Weatherization

Referrals to other Federal, State or Local programs for the application of **weatherization/conservation** measures to the home. (excluding residential repair)

Unit: Each referral to the low income weatherization program on the state prescribed form or to the Energy Conservation Bank Program, Farmer's Home Administration Program or other similar programs.

## Title III-E Services

*The following are service definitions for the Title III-E funded services. Note for reporting purposes both the Title III-E service as well as the Standard Service to which it applies must be reported.*

**Counseling, Support Groups & Training:** to assist caregivers in making decisions and solving problems relating to their care giving roles. Area Agencies are required to provide at least one of the components, but may provide all three. **Note training events that do not require preregistration and are open to the public should be reported as Information.**

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/or skills related to their care giving role. Counseling can take place on an individual basis or in a group setting for caregivers who are involved with the same care receiver.

There are many different types of counseling. Examples include individual or group counseling, mediation resolution, peer counseling, grief counseling. Local programs may develop/implement support groups, as well as facilitate/maintain them. They may be in-person, on-line and/or telephone support groups. Support groups may be designed for anyone in a care giving role or they may be for specific caregivers, e.g., caregivers caring for someone with a particular type of disease, e.g., Alzheimer's disease, Parkinson's disease, or based on the caregiver/care receiver relationship, e.g., spouse, child. They may be educational and/or supportive and sharing, long term or short term. Training programs may be delivered in one session or in a series, the duration may vary from an hour to a full day or longer, and cover numerous topics that can help and support

the caregiver in their care giving capacity, e.g., skills related to assisting care receivers with activities of daily living, legal issues, e.g., power of attorney, living wills, managing difficult behaviors, nutrition, health/wellness, e.g., stress reduction exercises.

Standard Service: Caregiver Services

Unit of Service: **Each participant of a group or individual session receives one unit of service.**

**Respite:** Respite care to give caregivers a break and temporarily relieve them from their caregiving responsibilities. Respite care is temporary and provides substitute supports or living arrangements to allow for a brief period of relief or rest for caregivers. It can take the form of in-home respite (e.g., personal care level I or level II, home health aide or supervision/ companion), adult day services (social adult day care or adult day health care) or overnight respite (e.g., in nursing home, adult home, assisted living facility.)

Respite is designed to provide relief to the caregiver, while at the same time providing direct services to the care recipient. Thus it must meet the needs of both the caregiver and the care receiver. To be responsive to the varying needs, circumstances and preferences of caregivers, it is beneficial to have different types of respite available.

In order for the caregiver to be eligible for respite under the program, the care receiver must be frail as defined in 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(26) (A) and (B)]

Standard Service: PC Level I, PC Level II, Home Health Aide, Adult Day Services, In-home Contact and Support--when in-home supervision and monitoring will be provided, Other--for those services not separately defined, e.g., overnight nursing home or adult home placement.

Unit of Service: Refer to applicable service definition above.

**Supplemental Services:** to complement the care provided by caregivers. Supplemental services are other services, not listed above, to address the needs of the caregiver. Unlike the other 4 service components, supplemental services has a funding cap – a program may spend no more than 20% of its funding on supplemental services. By definition, supplemental services are meant to be flexible enhancements to caregiver support programs. Examples of supplemental services include such services as personal emergency response systems, assistive technology, home modifications, disposable supplies (e.g., incontinence supplies), nutrition services and transportation.

Similar to the requirements of Respite, 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(26) (A) and (B)].

Standard Service: Home Delivered Meals, Congregate Meals, Nutrition Counseling, Assisted Trans./Escort, Transportation, Legal Assistance, Nutrition Education, Personal Emergency Response Systems, Other--for those services not separately defined, e.g., home modifications, etc.

Unit of Service: Refer to applicable service definition above.

**Assistance:** for caregivers in gaining access to the services. Assistance refers to a service that assists caregivers in obtaining access to the services and resources available within their community. An individual

is provided with information on a one-to-one basis about available services and opportunities in the community, assisted in defining problems/needs and capacities, receives direction or guidance relative to those problems and is linked to services and opportunities to meet the problems/needs. Also included in this is follow-up, to the extent possible, that the caregiver receives the service. Both information and assistance and case management when provided to caregivers under III-E are considered a form of Assistance.

Standard Service: Case Management, Information and Assistance

Unit of Service: **Estimated unduplicated number of caregivers served.**

**Information:** for caregivers about available services. Information refers to group service activities designed to inform caregivers of available services. Information on resources and services can be provided by an Area Agency to persons within the community in methods such as articles in newspapers, brochures, public service announcements on radio or television, group presentations and at events such as health fairs. Information includes outreach activities – interventions initiated by the program for the purpose of identifying potential clients and encouraging their use of available services and benefits.

Standard Service: Outreach, Other Services, i.e., Public Information

Unit of Service: **Estimated Audience size**