NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor Corinda Crossdale, Acting Director
An Equal Opportunity Employer

PROGRAM INSTRUCTION	**Number 14-PI-01**
	Supersedes
	Expiration Date

DATE: January 13, 2014

TO: AAA Directors
NY Connects Program Coordinators

SUBJECT: PY 2013-14 NY Connects Reporting Requirements

ACTION REQUESTED: Compliance with NY Connects Reporting requirements for Program Year October 1, 2013 – September 30, 2014.

RESPONSE DUE DATE: Quantitative Reports are due quarterly. Qualitative Reports and Long Term Care Reform Log are due semi-annually. LTCC Meeting Minutes and related reports are to be reported in quarters where applicable. MOU not previously submitted and Policy and Procedure updates, as applicable, are due in the fourth quarter. (See Reporting Schedule section for details.)

PURPOSE: This correspondence provides Qualitative and Quantitative Report requirements for the NY Connects Program Year October 1, 2013 - September 30, 2014.

BACKGROUND: To demonstrate achievement of required NY Connects deliverables, local programs submit a semi-annual Qualitative Report that contains narrative progress updates on designated key program areas and a quarterly Quantitative report that measures the provision of Information and Assistance (I & A).

Program Year 2013 – 2014 Reporting Updates

Qualitative Report Updates: The following reporting topics capture activity on designated key program areas in the 2013-14 grant application:

	Q1	Q2	Q3	Q4
REFORM EFFORTS Document the progress to date on long term services and supports reform activities in the long term care reform log. Submit any reform documentation, reports, etc., via email attachment to nyconnects@ofa.state.ny.us.		x		x
CARE TRANSITIONS Describe the key elements of the referral process that you have established with critical pathways, formal care transitions programs, and local service providers to support an integrated long term services and supports delivery system. If referral processes are not in place, provide a description of the progress toward establishing those processes.		x		x
LONG TERM CARE COUNCIL (LTCC) **MEMBERSHIP ROSTER** Review the current NY Connects Long Term Care Council Membership Roster. Edit, add or delete listings as necessary to ensure that it is accurate and up-to-date. (Caregivers and consumers should be identified as such in the Title field.)				x
LTCC MEETING MINUTES Submit LTCC meeting minutes, as applicable, via email attachment to nyconnects@ofa.state.ny.us.	x	x	x	x
STREAMLINED ELIGIBILITY **APPLICATION ASSISTANCE DESCRIPTION** **(Quarter 2)** Describe how NY Connects program staff assist individuals with applying for publicly funded benefits and supports (e.g., application assistance for Medicaid, Supplemental Nutrition Assistance Program (SNAP) / food stamps, Low-Income Subsidy (LIS), Medicare Savings Program (MSP) etc.		x		
CHANGES/IMPROVEMENTS **(Quarter 4)** Describe any changes to your process of assisting consumers to apply for publicly funded benefits and supports since Quarter 2, if applicable.				x

	Q1	Q2	Q3	Q4
STAFF TRAINING **(Quarter 4)** Complete Staff Training log for entire contract period (10/1/13-9/30/14). List trainings and educational opportunities that have enhanced the ability of staff providing Information and Assistance and/or Options Counseling to provide up-to-date, comprehensive and objective information and assistance on long term services and supports.				x
BEST PRACTICES Describe any best practices related to the following topics/functions (If Applicable): • I & A • Managing the Daily Call Volume • Options Counseling • Referral and Linkage • Follow up • Partnerships • Care Transitions • Data Collection • Public Education • Satisfaction Survey • Working with Private Pay Population • Working with Consumers that are Medicaid Eligible • Working with Disability Community • Working with Caregivers • LTCC • Other: Specify		X		X

	Q1	Q2	Q3	Q4
BARRIERS Describe any barriers related to the following topics/functions. Describe strategies developed to address such barriers, if applicable: • I & A • Managing the Daily Call Volume • Options Counseling • Referral and Linkage • Follow up • Partnerships • Care Transitions • Data Collection • Public Education • Satisfaction Survey • Working with Private Pay population • Working with Consumers that are Medicaid Eligible • Working with Disability Community • Working with Caregivers • LTCC • Other: Specify		X		X
PARTNERSHIPS AND COLLABORATIONS Cite specific examples of how **NY Connects** partnerships and collaborations have impacted the long term services and supports system by improved local coordination or improved consumer access to long term services and supports, if applicable. Include vignettes or consumer testimonials.		X		X
CHANGES/IMPROVEMENTS TO LINKING INDIVIDUALS Describe changes/improvements that you have made to the process of linking individuals to appropriate services and supports since the beginning of the contract period (October 2013) and the impact of those changes/improvements on consumer access to services and supports.				X
OPTIONS COUNSELING CASE SCENARIOS Submit two case scenarios of Options Counseling. Include a description of process used and a summary of the outcome of the Options Counseling.		X		X

	Q1	Q2	Q3	Q4
PUBLIC EDUCATION Document your Public Education activity in the NY Connects Public Education Activity log.		X		X
SATISFACTION SURVEY Describe how your program conducted a satisfaction survey evaluating customer satisfaction with NY Connects provided Information and Assistance. **If using a locally developed survey tool, prior approval from NYSOFA is necessary.** Please include how the survey was administered, and a description of the sampling technique. Provide a summary of findings. ✓ Number of respondents ✓ % of Overall Satisfied ✓ % of Overall Dissatisfied Describe program adjustments made to improve the program based on results.				X
INFRASTRUCTURE If an MOU was not submitted with the application, submit a copy of the current signed, dated MOU between AAA, DSS and if applicable, other NY Connects partners delineating NY Connects responsibilities. Submit a copy of updated or revised policies and procedures, as applicable.				X

<u>Quantitative Report: Information and Assistance:</u>
Quantitative reports are due quarterly:

Time Period	Report Due date
October 1, 2013 to December 31, 2013	January 30, 2014
January 1, 2014 to March 31, 2014	April 30, 2014
April 1, 2014 to June 30, 2014	July 30, 2014
July 1, 2014 to September 31, 2014	October 30, 2014

Definitions of all topics contained in the Quantitative Report can be found in the Alliance of Information and Referral Systems (AIRS) Terms and Definitions Reference. The NY Connects 2013-14 Program Year's Quantitative reporting requirements will remain the same as the previous reporting year.

Due to the various grants that NYSOFA and the network are actively involved in, there is the potential for additional reporting requirements to be made later in the year. If this need does arise, NYSOFA will work closely with the network and with the vendors providing software used to make these changes as seamless as possible.

Reporting Tips

In order to assure quality data, please follow the procedures below:

- ✓ **Recording Unknown Contacts:** Where consumers are anonymous, 9999999999 should be used as the Record Number/KEY. The IDs created by the software are for unique consumers only.

- ✓ **Recording Repeat Contacts regarding One Consumer:** Repeat contacts for one consumer may be reported involving the same or different issues in any given month. The purpose of the system is to collect data on the consumer (i.e. the person receiving the service or for whom the NY Connects program was contacted). Calls made on behalf of a consumer or potential consumer are to be entered under the consumer to be served. For consumers who are already in the system from prior contacts, that person's unique record key should be retrieved and the contact should be added to that particular file. For new consumers, a new record is to be created. To capture other types of individuals contacting NY Connects, the system does allow the caller to be identified and reported using one of the provided categories: professional/provider, caregiver/family, other or unknown.

- ✓ **Contacts Made by Professionals/Providers:** A professional may contact NY Connects and discuss multiple consumers during one exchange with NY Connects staff. In this case, information is reported for each consumer discussed, using each consumer's unique record key. For example, a health professional calls NY Connects to discuss three different consumers. A separate record would be updated or created for each consumer and the contact type recorded as "professional/provider."

- ✓ **Incoming vs. Outgoing Calls:** Only incoming calls are to be reported as a contact to the program (i.e. counted toward the overall "contact total"). To record follow-up and outgoing calls, please use Part D, "Assistance Provided," within the consumer's individual file. Since a single consumer may be calling with multiple questions, the assistance provided section allows for the reporting of multiple types of assistance provided.

- ✓ **Please also review the section,** "Recording Incoming Contacts to the Program" contained within the reference resource entitled, "Instructions for Completing the Quarterly Quantitative Report: Information and Assistance Data." This can be found on the NYSOFA Budgeting and Reporting System website (http://www.reporting.aging.ny.gov/) in the Reference Material section.

- ✓ **Reporting Topics as "Other":** If you have counts of information provided that are coded as "Other" in Section 17 of the Quantitative Report, you must also visit the NYSOFA Budgeting and Reporting website (http://www.reporting.aging.ny.gov/) to enter a brief description of each of those "other" topics (e.g., local GPS program for autistic children).

  Regardless of whether you submit client level I & A data or manually enter aggregate I & A data into the web-based reporting platform, **"other topics" must be entered manually** through the NYSOFA Budgeting and Reporting website (http://www.reporting.aging.ny.gov/).

  If a particular topic is not listed in the AIRS reference (See Tools section on the NYSOFA Budgeting and Reporting website listed above) and is within the scope of the long term care system, you must go to the NYSOFA Budgeting and Reporting website and select Detail of "Other" Topics within the Quantitative Data section.

  Enter a one to three word description of each topic (e.g., pet therapy service) and the number of occurrences that it was discussed (i.e. indicate how many times this topic of information was provided within that reporting quarter). Save and submit when you are finished.

- ✓ **Reporting Options Counseling:** The Options Counseling function is recorded in Part D of the NY Connects report as a method of "Assistance" and is to be used **only** if it is provided by staff serving in a NY Connects capacity that have completed both the State's NY Connects Information and Assistance Staff Training Manual and CD-ROM, **and** the NY Connects Options Counseling training. Options Counseling must include discussion of long term services and supports options **AND** include decision support around long term services and supports options. If both these criteria are not met, the encounter should NOT to be counted as Options Counseling.

  Examples of situations associated with the Options Counseling category:

  - A significant change in a life situation such as a change in level of functioning or transition from hospital to home;
  - Medicaid denials requiring decision support about non-Medicaid options;
  - Individuals receiving multiple services across systems who may not be aware of other options or the need for coordination between systems;
  - Need for assistance and decision support in determining available services and supports;
  - Inadequate or lack of handicap accessible housing;
  - Planning for the future related to anticipated housing, caregiver, transportation and financial needs;

- Caregiver has diminished capabilities to continue to provide care at current level;
- Need for assistance in applying for public benefits, such as SNAP (formally Food Stamps), Medicaid, etc.

Preparing for Submission

- ✓ **Saving Report:** Once data is entered into the web based system press the "Save Changes" button on the top or bottom of the screen. Otherwise, any data entered will be deleted.
- ✓ **Complete Error Check:** Prior to submission an error check must be completed. The error check can be found on the NY Connects Main Menu under tools or under the tools drop down menu within each section of the report.
    - o **Warning Error:** A warning error will alert users if there is a count under Section 17 Other and no description or number of occurrence have been entered in the Detail of "Other" Topics.
    - o **Fatal Error:** A fatal error will appear if a required field is incomplete or sections of the report have not been saved. This error must be corrected in order for the NY Connects report to be submitted.
- ✓ **Creating the NYConnects.txt file:** NYSOFA's reporting system uses a delete and replace structure. The reports are cumulative starting from October 2011. Always use **October 2011** as the start date, unless, the I & R function is new and has just started to be used for reporting. In this case the beginning of the first quarter that the I & R function was used to report should be used.

  The End Date will be the last month of the reporting quarter of the current program year. For example, for Quarter 1, the End Date will be December 2013. For Quarter 2, the End Date will be March 2014.

  It is imperative that the correct Start and End Date are used. If an incorrect date is used, all of the prior data will be deleted.
- ✓ **Submission of the File:** The NYConnects.txt file must be submitted using the NYSOFA Data Exchange web site, https://reporting.ofa.state.ny.us/. When accessing your county's folder, please double-click on the NY Connects folder and load your file. (Instructions for submitting reports through the NYSOFA Data Exchange can be found on AAARIN).

NYSOFA requires that all NY Connects programs that have the existing software capacity to submit client level data utilizing this submission method for the Program Year October 1, 2013 – September 30, 2014.

For those programs that do not currently have software capacity nor funding available to acquire it, please continue to submit the I & A data in aggregate via the NYSOFA Budgeting and Reporting System. As a reminder, NY Connects funding can be used to support this software upgrade should you choose to pursue this feature. Please contact your Long Term Care Coordinator if you have questions.

NYSOFA is available to provide technical assistance, host joint teleconferences with software vendors, and to offer additional training on this data submission method. Please refer to the attached coding instructions for guidance and contact Jessica Rice by email at Jessica.Rice@ofa.state.ny.us or by phone at (518) 474-6096 should you have any questions or concerns.

Reporting Schedule

The reporting schedule for NY Connects Program Year 2013-14 is as follows:

January 30, 2014

- Quantitative Report
- LTCC meeting minutes and related reports

April 30, 2014

- Quantitative Report
- Qualitative Report
- Long Term Care Reform Log
- LTCC meeting minutes and related reports

July 30, 2014

- Quantitative Report
- LTCC meeting minutes and related reports

October 30, 2014

- Quantitative Report
- Qualitative Report
- Long Term Care Reform Log
- LTCC meeting minutes and related reports
- Revisions to MOUs, policy and procedures, as appropriate

Attachments Included:
Attachment 1: Program Year 2013-14 Quantitative Instructions
Attachment 2: Program Year 2013-14 Qualitative Instructions

PROGRAMS AFFECTED: ☐ Title III-B ☐ Title III-C-1 ☐ Title III-C-2

☐ Title III-D	☐ Title III-E	☐ CSE	☐ SNAP	☐ Energy
☐ EISEP	☐ NSIP	☐ Title V	☐ HIICAP	☐ LTCOP
☒ NY Connects				

CONTACT PERSON:
Jessica Rice, NY Connects

TELEPHONE:
(518) 474-6096

E-MAIL: Jessica.Rice@ofa.state.ny.us

NY Connects Quantitative Report
Program Year 10/1/13 – 09/30/14

Instructions for Completing the Quarterly Quantitative Report

Overview:

The Quantitative Report collects data on the individuals who utilized the NY Connects program during the three month reporting period. It captures demographic information on consumer populations, counts of information requested and provided, and counts of methods used to assist/facilitate access to long term services and supports.

Recording Incoming Contacts to the Program:

Contact Total: In order to accurately track utilization of the NY Connects program, **each** contact made to the local NY Connects should be recorded; regardless of the extent of information collected/provided or how the individual accessed the program (e.g. walk-in, telephone, direct email to staff). **Examples** of contacts are described below:

Example 1: Family members come into the office as a group to discuss one consumer; this constitutes one contact. Demographic information on the consumer should be collected.

Example 2: Multiple people contact NY Connects about one consumer at different times. Each person should be recorded as a distinct and separate contact, along with the type of information requested and provided, and the type(s) of assistance delivered during each encounter. The complete consumer demographic profile need only be collected once (if your data collection system has this capacity). Regardless of system capacity, it is also good practice to confirm the accuracy of existing information on the consumer to capture any updates/changes that may have occurred since the last interaction with the individual.

Example 3: A person contacts NY Connects multiple times about one consumer; each contact should be counted separately, along with the information requested and provided and any type(s) of delivered assistance. The level of consumer demographic information that is collected each time is dependent on the capacity of the data collection system. See Example 2 above.

Example 4: A caller/walk-in discusses more than one consumer. This encounter is counted as one contact to NY Connects. All information requested and provided along with any assistance delivered should be recorded. The demographics of each consumer discussed should be recorded.

Part A: Demographics

Part A collects general information on the individuals who contacted NY Connects; how they accessed the program (mode of contact), how they learned about the program (source type), and general demographic information on consumers/potential users of long term services and supports.

NY Connects Quantitative Report
Program Year 10/1/13 – 09/30/14

General Contact Totals:

1. Mode of Contact: Information regarding how the individual accessed the program.

> **Enter the total number of contacts for the quarter broken out by type of access (i.e. email, phone call, face to face, other (e.g. outreach event).**

2. Contact Type: Information on who is requesting information.

> **Enter the total number of contacts for the quarter relative to the type of contact (Consumer, Professional/Provider, Caregiver/Family, Other, Unknown).**

3. Source Type: This section collects information on the source by which the individual learned about NY Connects.

> **Enter the totals for each sub-category that specifies how the contact became aware of NY Connects (Friend, Neighbor or Relative, Radio, Brochure, Television, Local Newspaper, Website/Webpage, Local Agency or Human Service Provider, Other).**
>
> **Please enter only one primary source per contact.**

Consumer Specific Totals:

Please Note: Data collected in the following section pertains only to consumers/potential user of long term services and supports, NOT all those who contact the program.

4. Contacts by Age of Consumer: Information on the age of the consumer for whom information and/or assistance was or will be provided (i.e. follow-up not yet conducted).

> **Enter the total contacts for the quarter by age breakdown** (less than or equal to 18 years of age, between 19 and 59 yrs of age, 60 years of age or older, unknown).

5. Contacts by Gender of Consumer: This section collects information on the gender of the consumer for which I & A was or will be provided.

> **Enter the total counts of gender broken out by male, female or unknown.**

6. Contacts by Anticipated Primary Payor Source: This section collects information on which primary payment source the consumer may use or is using to pay for services and supports.

> **Enter the total for each sub-category of payment source (or potential payment source).** Please use locally developed methods to estimate these counts.

NY Connects Quantitative Report
Program Year 10/1/13 – 09/30/14

Part B: Information Requested

Part B tallies the frequency of requested information as per the eight groupings of topics listed in Part C. These numbers should be derived only from the individuals contacting NY Connects; not from encounters initiated by NY Connects staff (i.e. follow-up calls).

Part C: Information Provided

Part C tallies the frequency of information that was provided on various long term service and supports topics. All topics that NY Connects staff provided information about within the reporting quarter should be recorded regardless of the length/extent of the interaction, or whether or not it was a repeat contact to NY Connects.

Topics Not Listed in the Report: There should be very few, if any, topics reported as "Other-other." If there is a program or service that is not listed, please first check the AIRS Terms and Definitions Reference to ensure that it does not fall within the scope of a definition listed and/or relate to those programs listed in the NYSOFA/DOH/OTHER TERM crosswalk column. If the topic is not listed in the AIRS reference, click the "Other Topics" button to enter a 1-3 word description (e.g. pet therapy service) and indicate how many times this type of information was provided.

Example of How to Report in This Section:

Scenario: The NY Connects I & A specialist received a request for information about long term services and supports planning for an older parent. The individual reports that the parent requires extensive assistance with daily household tasks, has trouble getting in and out of the shower, has fallen twice within the last year, and has a debilitating chronic disease. The I & A staff provides information on: community and institutional Medicaid; custodial home care that may be available from the Office for the Aging; discusses what a PRI is and how to obtain; provides information on home equipment that may improve access to the shower; alerts the individual to an available Chronic Disease Self Management Program that operates within proximity to the parent's address; and obtains permission to mail out a packet on falls prevention.

The following I & A data topics would be recorded: *Home Based Services, Facility Based Services, Personal Care (i.e. EISEP and/or Medicaid funded), Medicaid, Activities of Daily Living Assessment, Assistive Technology Equipment, Home Rehabilitation and Repair Services, and Wellness Programs (i.e., Chronic Disease Self Management Program and Falls Prevention).*

Part D: Assistance Provided

Part D captures the various methods used by NY Connects staff to assist the individuals who contacted the program within the reporting quarter. Indicate the total for each sub-category. Categories are not mutually exclusive – please include all methods used relative to each interaction with an individual.

Please refer to the following definitions and examples to assist with reporting.

Options Counseling provided to consumer/caregiver: This is a person-centered, interactive, and individualized process whereby individuals are supported in making informed long-term support decisions based on their preferences, strengths, values, abilities and resources. It includes exploring options, assisting with accessing supports/services, following-up with the individual, and may result in the development of an action plan.

Examples of situations associated with this category may include helping individuals:

- Experiencing a recent change in life situation;
- Transitioning from hospital to home;
- Having been denied Medicaid and needing decision support about non-Medicaid options;
- Receiving multiple services across systems and who may not be aware of options that might better meet their preferences;
- Needing assistance in determining best suited new benefits and supports;
- Desiring home modifications/maintenance services based on need and resources.

Assisted with application for publicly funded services/programs: Activities related to helping an individual obtain publicly funded benefits. These activities streamline eligibility determination through application assistance and processing. Application assistance can be conducted in person, over the phone, on-line or through written correspondence.

Examples of tasks associated with this category include:

- Providing information about and/or describing the application process to applicants;
- Explaining questions included in an application;
- Obtaining required documentation;
- Reviewing an application and required documentation for completeness;
- Submitting completed application on behalf of the consumer.

Examples of Public Benefit programs may include:

- Low Income Heating and Assistance Program (LIHEAP)
- Older Americans Act Programs
- Medicaid
- Medicare Savings Programs
- Senior Housing Programs
- Prescription Drug Programs (e.g. EPIC)
- Low Income Health Insurance Programs other than Medicaid (Child or Family Health Plus)
- Long Term Services and Supports Insurance Programs
- Tax Relief Programs
- SNAP (Food Stamps)
- Transportation Programs

Assisted with discharge from a hospital: Activities whereby NY Connects staff collaborate with hospital staff (i.e., discharge planners), patients, and/or families to provide transition support services through the coordination of appropriate linkages to home and community based services that will ensure a safe and effective transition from hospital to home. This can involve working with available care transitions programs, including evidenced-based programs such as the Care Transitions Intervention (CTI), the Transitional Care Model (TCM), Guided Care, or GRACE.

Examples of tasks associated with this activity may include:

- Working with a care transitions coach to identify services and supports for a patient or their caregiver and providing linkages to these services.
- The coordination of care transition services outside of the hospital, relative to local availability.

Assisted with discharge from a nursing home or sub-acute facility: Activities whereby NY Connects staff collaborate with facility staff, patients, and/or families to provide transition support services through the coordination of appropriate linkages to home and community based services that will ensure a safe and effective discharge from one care setting to another or into the community.

Examples of tasks associated with this activity may include:

- Working with appropriate facility staff to identify and coordinate the most appropriate home and community based services and supports for a patient or their caregiver and providing linkages to these services.
- Collaborating with a local Long Term Care Ombudsman (LTCOP) in promoting patient advocacy and ensuring a safe and effective transition from a facility.
- Identifying and coordinating with programs/agencies/facilities that provide person-centered supplemental support to eligible individuals and their families transitioning from one care setting to another (e.g., Money Follows the Person).

NY Connects Qualitative Report
Program Year 10/1/13 – 09/30/14

FOR REFERENCE ONLY –
COMPLETE REPORT VIA NYSOFA BUDGETING AND REPORTING SYSTEM

Instructions for Completing the Qualitative Report:

1. This report should be developed in collaboration with all partner agencies involved with **NY Connects** implementation and operation, as designated in the grant application submitted for **NY Connects** funding. It should reflect the collective update on **NY Connects** program implementation activities and long term care reform efforts within the reporting period.

2. The Qualitative Report consists of narrative progress updates on key program areas of focus. Updates are submitted semi-annually and follow the schedule below. The NYSOFA Budgeting and Reporting website will display only those programmatic updates that are required for that semi-annual report.

<u>Due April, 30th 2014:</u>

Long Term Care Reform Updates
Care Transitions Activity
Long Term Care Council: Meeting Minutes
Streamlined Eligibility: Application Assistance
Best Practices
Barriers
Partnerships and Collaborations
Options Counseling: Case Scenarios
Public Education Activity Log

<u>Due October 30th 2014:</u>

Long Term Care Reform Updates
Care Transitions Activity
Long Term Care Council Updates: Membership Roster
Meeting Minutes
Streamlined Eligibility: Changes/Improvements
Staff Training Log
Best Practices
Barriers
Partnerships and Collaborations
Changes/Improvements to Linking Individuals
Options Counseling: Case Scenarios
Public Education Activity Log
Satisfaction Survey
Infrastructure: MOU, if not previously submitted in PY 2013-14 or if it has been updated or changed since submitted. Revisions to policy and procedures, if any.

NY Connects Qualitative Report
Program Year 10/1/13 – 9/30/14

	Q1	Q2	Q3	Q4
REFORM EFFORTS Document the progress to date on long term services and supports reform activities in the long term care reform log. Submit any reform documentation, reports, etc., via email attachment to nyconnects@ofa.state.ny.us.		X		X
CARE TRANSITIONS Describe the key elements of the referral process that you have established with critical pathways, formal care transitions programs, and local service providers to support an integrated long term services and supports delivery system. If referral processes are not in place, provide a description of the progress toward establishing those processes.		X		X
LONG TERM CARE COUNCIL MEMBERSHIP ROSTER Review the current NY Connects Long Term Care Council Membership Roster. Edit, add or delete listings as necessary to ensure that it is accurate and up to date. (Caregivers and consumers should be identified as such in the Title field).				X
LTCC MEETING MINUTES Submit LTCC meeting minutes, as applicable, via email attachment to nyconnects@ofa.state.ny.us .	X	X	X	X
STREAMLINED ELIGIBILITY APPLICATION ASSISTANCE DESCRIPTION **(Quarter 2)** Describe how NY Connects program staff assist individuals with applying for publicly funded benefits and supports (e.g., application assistance for Medicaid, Supplemental Nutrition Assistance Program (SNAP) / food stamps, Low-Income Subsidy (LIS), Medicare Savings Program (MSP) etc.).		X		
CHANGES/IMPROVEMENTS **(Quarter 4)** Describe any changes to your process of assisting consumers to apply for publicly funded benefits and supports since Quarter 2, if applicable.				X
STAFF TRAINING **(Quarter 4)** Complete Staff Training log for entire contract period (10/1/13-9/30/14). List trainings and educational opportunities that have enhanced the ability of staff providing Information and Assistance and/or Options Counseling to provide up-to-date, comprehensive and objective information and assistance on long term services and supports.				X

	Q1	Q2	Q3	Q4
BEST PRACTICES Describe any best practices related to the following topics/functions (If Applicable): • I & A • Managing the Daily Call Volume • Options Counseling • Referral and Linkage • Follow up • Partnerships • Care Transitions • Data Collection • Public Education • Satisfaction Survey • Working with Private Pay Population • Working with Consumers that are Medicaid Eligible • Working with Disability Community • Working with Caregivers • LTCC • Other: Specify		X		X
BARRIERS Describe any barriers related to the following topics/functions and strategies developed to address them (If Applicable): • I & A • Managing the Daily Call Volume • Options Counseling • Referral and Linkage • Follow up • Partnerships • Care Transitions • Data Collection • Public Education • Satisfaction Survey • Working with Private Pay population • Working with Consumers that are Medicaid Eligible • Working with Disability Community • Working with Caregivers • LTCC • Other: Specify		X		X

	Q1	Q2	Q3	Q4
PARTNERSHIPS AND COLLABORATIONS Cite specific examples of how **NY Connects** partnerships and collaborations have impacted the long term services and supports system by improved local coordination or improved consumer access to long term services and supports, if applicable. Include vignettes or consumer testimonials.		X		X
CHANGES/IMPROVEMENTS TO LINKING INDIVIDUALS Describe changes/improvements that you have made to the process of linking individuals to appropriate services and supports since the beginning of the contract period (October 2013) and the impact of those changes/improvements on consumer access to services and supports.				X
OPTIONS COUNSELING CASE SCENARIOS Submit two case scenarios of Options Counseling. Include a description of process used and a summary of the outcome of the Options Counseling.		X		X
PUBLIC EDUCATION Document your Public Education activity in the following NY Connects Public Education Activity log.		X		X
SATISFACTION SURVEY Describe how your program conducted a satisfaction survey evaluating customer satisfaction with NY Connects provided Information and Assistance. **If using a locally developed survey tool, prior approval from NYSOFA is necessary.** Please include how the survey was administered, and a description of the sampling technique. Provide a summary of findings. ✓ Number of respondents ✓ % of Overall Satisfied ✓ % of Overall Dissatisfied Describe program adjustments made to improve the program based on results.				X
INFRASTRUCTURE If an MOU was not submitted with the application, submit a copy of the current signed, dated MOU between AAA, DSS and if applicable, other NY Connects partners delineating NY Connects responsibilities. Submit a copy of updated or revised policies and procedures, as applicable.				X