Section VI
2015 Department on Aging
Program/Service Specifications

Service Delivery Guidelines

Agencies providing **Family Support for Aging and Persons with Developmental Disabilities** under a Department on Aging contract during 2015 must comply with and incorporate the following guidelines.

Where indicated in **bold type**, applicants to provide Family Support for Aging and Persons with Developmental Disabilities must include a description of how they will meet specific guidelines in the indicated section(s) of Exhibit I, Description of Proposed Programs and Services.

1. Description of Family Support for Aging and Persons with Developmental Disabilities

   Family Support for Aging and Persons with Developmental Disabilities provides intensive casework counseling to older adults with developmental disabilities who have significant functional impairment and/or older adults who are the primary caregivers for persons with developmental disabilities, who have been identified in need of counseling because of cognitive difficulties, abuse, neglect (including self-neglect), exploitation or crisis. The goal of this service is to maintain persons with developmental disabilities in the community in the least restrictive setting and to assist their caregivers in accessing needed services. Service is to include frequent and continuous assistance and/or intervention to assure that the client's basic daily needs are being met, including contacting and coordinating with other individuals and agencies to insure the client's well being.

   A person is defined as having a developmental disability if he or she is diagnosed with any of the following:

   - mental retardation
   - cerebral palsy
   - epilepsy
   - autism
   - brain injury, which directly results in any two or more of the following:

     Attention Impairment; Cognition Impairment; Language Impairment; Memory Impairment; Conduct Disorder; Motor Disorder; Any other Neurological Dysfunction

   A person is defined as having a significant functional impairment if he or she possesses one or more of the following conditions and is determined to lack adequate social support from relatives, friends, neighbors or volunteers, who are either unable or unwilling to provide the client with needed care or services.

a. Physical or Health Condition

1. Severe impairment or health condition, characterized by one or more illnesses that are either life threatening or that require extensive medical treatment or nursing care on a permanent basis.

2. Totally impaired: Requiring full-time attendant or nursing care.

b. Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's)

1. Unable to carry out ADL's: Needs assistance in completing some physical or instrumental activities of daily living, but not necessarily requiring such assistance throughout the day and night.

2. Completely unable to carry out ADL's: Needs assistance throughout the day and night to carry out physical and instrumental activities of daily living.

c. Cognitive Functioning

1. In need of frequent personal supervision and regular assistance in planning and decision-making. Affected by memory loss, disorientation or inability to manage an environment which poses health and/or safety risks.

2. In need of structured personal supervision and regular assistance in planning and decision making. Affected by severe memory loss, disorientation, or impaired judgment.

2. <u>Required Services</u>

Required services must include, but are not limited to, the following:

a. Home visits in the amount necessary to meet each client's specific needs, with the overall goal of maintaining each client in the least restrictive environment. Where possible, and with the approval of the Department on Aging case manager, if applicable, counseling may also be provided in an office setting.

b. Case management services, including coordination of other services the client may be receiving from friends or relatives and other professional health and human service providers and assisting the client in obtaining other programs and services for which the client may be eligible. Provider will coordinate these activities closely with the Department on Aging case manager, if applicable.

c. Provider will notify the Department on Aging case manager, if applicable, of any changes in the client's status or living arrangement.

d. Intervention in situations that seem to threaten a client's life or well being, including arranging such emergency and additional services as are necessary.

3. Program Goals and Objectives

Applicants must specify the program's goals and objectives, and the methods and time frame to achieve these goals and objectives. The goals and objectives should relate to the proposed program and services. The methods should specify the operational or quantitative steps to accomplish the goals and objectives and client-based outcomes are to be stated. The time frame should indicate when the goals and objectives would be completed. **(Section II, #2F of Exhibit I)**

Performance Outcomes:

Provider will be required to implement and measure at least one performance outcome in 2015. This outcome along with implementation guidelines and measures must be stated in the proposal. An annual client satisfaction survey will be required and results of the survey will be provided to MCDA Program Coordinator. MCDA Contract staff will provide technical assistance if needed. **(Section II, #7)**

4. Initiations and Termination of Services

a. Services will be initiated upon the referral of a client by the Department on Aging.

b. Services to a client will be terminated when determination is made by the Department on Aging case manager that the client no longer needs the service. If the provider determines that a client is no longer in need of the service, the provider must notify the Department on Aging case manager in writing fourteen days in advance of the date services are to be terminated. Such notification should include a summary of any ongoing services the client may require upon termination of Protective Counseling Services.

5. Prohibited and Restricted Activities

Activities that violate the terms of a Department on Aging contract or these Program/Service Specifications are not acceptable.

Family Support services provided to older adults certified as eligible for service under one or more of the following: COP (Community Options Program), COP Waiver, Family Care, or Title 19.

6. Program Personnel and Training

a. Applicants must submit job descriptions for all personnel employed in this program. These descriptions must include: job title; duties to be performed; hours to be worked each week; amount of annual salary and form of compensation, i.e., hourly, salary, etc. **(Appendix I to Exhibit I)**

b. Recognition will be given to applicants who employ older adults, aged 45 or older, in the provision or administration of services.

c. Counselors providing this service must have a graduate degree in Social Work, Psychology or Counseling.

d. Applicant must show how training is required or provided to staff in the special physical, emotional and social needs of older persons with Alzheimer's disease or a related dementia. **(Section II of Exhibit I)**

e. As part of an on-going training, all personnel employed in this program must participate in regular staff meetings to keep informed of overall program activities and developments.

f. Personnel funded wholly or in part under a Department on Aging contract must spend a percentage of their time on contract related activities equal to the percentage of their compensation paid with Department on Aging funds.

7. Program Organization and Administration

Applicants must clearly identify the individual(s) within the program and/or agency who will be:

1. Responsible for overall administration of the program.
2. Authorized to sign required reports and other documents.
3. Authorized to receive checks.
4. Responsible for fiscal and budgetary matters.
5. Responsible for handling client complaints.
   (Section II, #3)

8. Contributions

Due to the nature of this service, client contributions are not to be requested for this service.

9. Reimbursement/Unit of Service

The Provider of this service will be reimbursed on the basis of a Unit of Direct Service Time.

Direct Service Time is the time spent in serving the client, including face-to-face client contacts (office or field), travel time, telephone contacts, collateral contacts and documentation. (Direct Service Time does not include indirect time such as that spent at staff meetings, inservice training, vacation, etc., the costs of which are to be prorated in the cost of a Unit of Direct Service Time.)

Collateral contacts are face-to-face or telephone contacts with persons other than the client, who are directly related to serving the client and who need to be involved by virtue of their relationship to the client. Collateral contacts can include contacts with family members, other service providers, physicians, clergy, etc.

A Unit of Direct Service time is one quarter of an hour for services with a counseling component.

10. Documentation of Services
A case file must be maintained on each client served under this program. Case files are to contain all documentation relating to the client's condition, services provided by provider and referrals for additional services to clients by agencies other than the provider. Direct Service Time must be documented through an entry in the case notes or narrative for each unit billed. The narrative entry must include: the date of the contact or referral; the type of contact (face-to-face); documentation, phone, travel; the name of the person contacted or to whom the referral was made; the content of the contact or referral and the number of units. The case narrative must be contained in the case record maintained by the agency.

11. Emergency Plan
Applicants must clearly describe their Emergency Plan for maintaining the provisions of services to older adults through this program in the event of an emergency.

12. Billing and Reporting
Using forms provided by the Department on Aging, the provider must submit to the Department by the fifth working day of April, July, October and January reports indicating the units of service, clients served and the cost of units provided during the previous quarter year.

13. NAPIS Requirements
All providers will be required to implement the National Aging Program Information System (NAPIS) to fulfill state and federal reporting requirements.

14. Insurance Requirements/Specifications
"Applicants must maintain minimum insurance coverage determined by the Milwaukee County Risk Manager in the following areas;

(1) General liability;
(2) Automobile liability;
(3) Employers liability;
(4) Workers compensation;
(5) Waiver of subrogation for workers compensation in favor of Milwaukee County;
(6) Comprehensive Crime/Employee dishonesty;
(7) Milwaukee County Department on Aging as additional insured for general liability;
(8) Milwaukee County Department on Aging as additional insured for automobile liability;

The Department on Aging will not award a contract unless the applicant secures adequate coverage, as defined by County, provides certificate(s) of insurance that includes all items listed above."

Bonding Requirement

$10,000 or 10% of contract amount, whichever is greater, through either a fidelity bond or as part of comprehensive crime coverage; for agencies with multiple contracts, coverage must be based on the dollar amount of the largest contract.