# Table of Contents

Table of Contents ...............................................................................................................1

**TITLE III-B Services** .......................................................................................................2
  - Coordinated Point of Entry - Information and Assistance......................................................2
  - Chore Housekeeping................................................................................................................6
  - Friendly Visiting......................................................................................................................8
  - Home Repair..........................................................................................................................9
  - Housing Assistance..............................................................................................................11
  - Legal Assistance (Title III-B).................................................................................................12
  - Multi-Purpose Senior Center.................................................................................................16
  - Respite Care (Paid or Volunteer)...........................................................................................17
  - Senior Opportunities and Services.......................................................................................19
  - Targeting to Culturally and Linguistically Isolated Older Persons........................................21
  - Telephone Reassurance.........................................................................................................23
  - Transportation......................................................................................................................24

**Title III-E Services** .........................................................................................................26
  - Caregiver Resource Center Designation/Caregiver Specialist................................................26
  - Respite.....................................................................................................................................31
  - Gap Filling.............................................................................................................................34
  - Legal Assistance for Relatives Raising Children ....................................................................36

**Non-Title III Service** .......................................................................................................38
  - Elder Abuse and Neglect Program Designation....................................................................38
  - Long Term Care Ombudsman .................................................................................................39
Priority Service – Countywide

Applicants should apply for the funding that is available for the Central Point of Entry (CPOE). Applicants may propose to use some of the area’s distributive fund to supplement the available CPOE funds. Applicants must meet all the requirements of CPOE or partner/collaborate with another organization to meet the requirements. Each individual agency or partnership should have at least one full time equivalent Information and Assistance staff person.

<table>
<thead>
<tr>
<th>Coordinated Point of Entry - Information and Assistance</th>
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<tr>
<td><strong>DEFINITION:</strong> A service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practical, ensures that the individuals receive the services needed by the individuals, by establishing adequate follow-up procedures; (E) serves the entire community of older individuals particularly those with the greatest social and/or economic need, and those at risk of institutional placement.</td>
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<tr>
<td><strong>UNIT OF SERVICE:</strong> Each individual client contact made for information, referral, or assistance constitutes one unit of service. These units can include referral and follow-up on behalf of that client.</td>
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<tr>
<td>The service may be initiated by an older person, caregiver or service provider.</td>
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Clarifications on units of service:

For example: If an older person contacts the service provider requesting information on a benefit program, this contact constitutes one unit of service. If the service provider follows up with this same person to see if the application has been made to this program, this will constitute another unit.

The service units for information and assistance refer to individual, one-on-one contacts between an information and assistance provider and an elderly client or a caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of information and assistance. Group services might be defined as ‘public education’ or ‘public information’ or a similar designation.

Internet web site “hits” should be counted only when information is requested by and supplied by the provider. For example, an older person requests by e-mail that they want information on a benefit program. If the provider provides this information by e-mail, traditional mail or by telephone, this is one contact (one unit of service).

If the older individual or family member simply reviews information on the provider’s web site and does not request specific information, then this situation cannot be counted as a contact (unit of service).
Service activities may include:
Provision of specific information about appropriate community resources that meet the immediate expressed need;
- Provision of assistance to older persons (or their caregiver) to identify their needs and to place them in contact with appropriate community resources or service providers;
- Assessment of the problems and capacities of the individual beyond the presenting problem
- Follow-up activities conducted with older persons and/or agency(ies) to determine whether services have been received and the identified need met following the formal referral.
- Expansion of information and assistance services on a 24 hour (if needed) emergency basis during times of disaster (e.g., flooding, hot weather, tornadoes, severe weather, man made emergencies, etc.) in order to ensure older persons are safe and have access to services to meet their needs.

STANDARDS

Staffing
1. The agency shall provide a setting for the CPOE worker to attend to each caller's questions/needs without interruption and in a confidential manner.
2. The agency staff shall be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives.
3. All CPOE direct service staff must meet the following criteria:
   a. Certified by AgeOptions for the delivery of Information and Assistance this will involve attending training and passing an accreditation test.
   b. At least B.S., B.A. RN degree from an accredited university, or equivalent.
   c. Participate in all AgeOptions trainings for Information and Assistance service providers.
   d. When possible, participate in professional development and training opportunities beyond those offered by the AgeOptions.
4. CPOEs should have bilingual and bicultural staff appropriate to the service delivery area.
5. CPOEs must have at least one staff person certified by the Alliance of Information & Referral Systems (AIRS) that monitors and makes recommendations on the quality of service provided.

Targeting of Services
1. In areas in which significant numbers of older persons do not speak English as their principal language, the agency must arrange for or have the capacity to provide information and assistance services in the language spoken by the older persons. As part of their program reporting, CPOEs will report the languages of the clients that are served on a regular schedule.
2. In accordance with the Older Americans Act as amended in 2000, the agency shall ensure that information and assistance services are provided with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders).
3. CPOE agencies shall serve the entire community of older individuals, particularly targeting (i) older individuals with greatest social need; (ii) older individuals with greatest economic need; and (iii) older individuals at risk for institutional placement.

Tools
1. CPOE agencies will pay for a subscription and use the Enhanced Services Program (ESP) web based program supplied by AgeOptions. The ESP system provides information on services and referral sources for aging programs including housing options. CPOE grantees shall submit updates/corrections to AgeOptions as necessary to ensure accurate and up-to-date information is available.
2. CPOEs will use the BenefitsCheckUp Organizational Edition® as an assessment tool.
3. CPOEs must have Internet access and email.
4. CPOEs must have the ability to provide quality referrals to callers with disabilities. This will include understanding issues and concerns of callers with disabilities and the knowledge of the service providers for people with disabilities.
5. The CPOE phone and voicemail systems should meet the following requirements:
   a. Sufficient phone lines so that callers may get through 90% of the time.
   b. Preference will be given to agencies that have a live person answer calls rather than a voicemail system. In cases where a voicemail system is used, the system should be user friendly and accessible to potential client
   c. Phone systems that allow for three way calling (call conferencing) and the ability to forward calls.

Service Activities
1. The agency shall seek to maximize the accessibility of other needed services.
2. The agency shall have a plan in place that addresses its operations in the event of emergency and disaster conditions. In addition, the agency shall keep a list of older persons to contact in case of emergency or disaster.
3. The agency shall provide client advocacy to secure needed benefits.
4. The agency shall provide community and/or group presentations about available resources and services.
5. In accordance with the Older Americans Act as amended in 2000, the agency shall provide referrals to enable older people to attain and maintain physical and mental well being through programs of physical activity, exercise, music therapy, art therapy and dance movement therapy.
6. CPOEs will develop the capacity to identify gaps in available services and develop alternatives to meet those needs. For example, affordable housing may not be available in the area but the caller will be assisted in other creative ways to help meet their needs or a referral will be made to the Case Coordination Unit for a comprehensive assessment.
7. CPOEs should have the capacity and advertise that they can make appointments for calls beyond traditional hours (evenings and weekends).
8. CPOEs should develop procedures for the evaluation of services delivery to determine the effectiveness of the program.
Coordination

1. CPOEs must coordinate and make referrals to the local Case Coordination Unit for an assessment for the Illinois Community Care Program, Flexible Senior Services, Home Delivered Meals and when the client has complex needs and requires a Comprehensive Assessment.
2. CPOEs will have working relationships with key organizations such, but not limited to, hospitals, townships, municipalities, law enforcement, emergency response, local senior service agencies, CCU’s, senior centers, Targeted Culturally and Linguistically Isolated Persons (TCLIP) and Caregiver Resource Centers (CRCs).
3. All CPOEs will adopt statewide branding of the Central Point of Entry system once it is completed. 
4. CPOEs must collaborate with the TCLIP grantees to provide staff trainings and workshops on improving service delivery to culturally and linguistically diverse clients.

Record Keeping

1. The agency must have informed consent of the older person or his/her authorized representative prior to disclosing the client’s name. This consent must be documented in the older person’s case file whether it is written or verbal consent and include who provided the consent (the client or authorized representative).
2. The agency will be required to use NapisPak to report unit and client demographic data, the Area Agency’s data collection system. AgeOptions will provide any necessary training and technical support to ensure all CPOE agencies are able to meet this requirement.
3. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act Funds.”
4. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Chore Housekeeping</th>
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<tbody>
<tr>
<td><strong>DEFINITION:</strong> Providing assistance to persons having difficulty with one or more activities of daily living or instrumental activities of daily living (e.g., household tasks, personal care or yard work) under the supervision of the client or other responsible person.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> One hour of a chore worker’s time spent providing direct service to a client. Units of service include the time needed for preparation, travel and case documentation. Preparation of reports and grant applications are considered administrative activities, not activities directly on behalf of a client. Units are counted to the nearest quarter of an hour.</td>
</tr>
</tbody>
</table>

Service Activities may include:
- Assisting with the uncapping of medication containers and providing water;
- Preparing supplies for and monitoring non-medical personal care tasks such as shaving, hair shampooing and combing, assisting with sponge bath;
- Assisting with tub bath only when clients are able to enter and exit tub themselves;
- Assisting with dressing;
- Brushing and cleaning teeth and/or dentures under specific direction of client or responsible individual;
- Perform housekeeping tasks (cleaning, laundry, shopping, simple repairs, meal preparation, seasonal tasks);
- Escort or arrange for transportation (to medical facilities, errands and shopping, miscellaneous family/individual business)

**Service Limits:**
The agency's **average** unit to client ratio may not exceed 80 units per client per fiscal year.

**STANDARDS**

1. The agency shall obtain an in-home assessment of client's chore-housekeeping needs from the local Case Coordination Unit (CCU) prior to service. This assessment shall be kept in the client’s file.
2. The agency shall develop a chore/housekeeping plan in conjunction with the CCU including activities to be performed for each client and share with the client and any significant family member(s). This plan shall be kept in the client’s file and updated as necessary.
3. The agency shall maintain individual client records that document the client's needs and the specific services provided.
4. Chore housekeeping services should not be provided on a “first come, first served” basis. The Chore Housekeeping agency (in consultation with the Case Coordination Unit) should prioritize and manage waiting lists based on clients need. Waiting lists should be reviewed quarterly to ensure the clients with highest needs are receiving services.
5. The agency shall attempt to utilize chore services offered by the Community Care Program for eligible participants to the greatest extent possible.

6. In accordance with the Older Americans Act as amended in 2000, the agency shall promote the rights of each older person. The agency shall assure that:
   a. The client is fully informed in advance of any change in service. The client shall participate in planning and changing an in-home service, unless they are judicially adjudged incompetent.
   b. The client is able to voice a grievance with respect to service without discrimination or reprisal;
   c. The client's record shall be kept confidential;
   d. The client's property shall be treated with respect by all staff;
   e. The client shall be fully informed (orally and in writing) in advance of receiving in-home service under Title III.

7. The agency shall develop and follow written procedures for reporting changes in client functioning or needs to the CCU. In addition, the CCU will have procedures for reporting any changes client function or needs to the chore provider.

8. The agency shall ensure that continual service is provided regardless of staff turnover.

9. The agency shall screen and train chore workers prior to their assignments to clients.

10. The agency shall provide regularly scheduled training and supervision to chore workers.

11. The agency must have an emergency/disaster plan for managing emergency/disaster situations both in the community and in the client’s homes. Staff must be trained in these procedures.

12. The agency shall maintain chore worker calendars and/or time sheets as documentation of actual service provision.

13. The agency shall conduct criminal background checks on all staff whose salaries are paid wholly or partially through Area Agency grants/contracts. In addition, volunteers participating in Area Agency funded programs with in-home client contact, or access to confidential client information, should also complete a background check.

14. The agency should use interim Community Care Program Services for acute clients (clients leaving the hospital who may need services on a short term basis).

15. Chore Housekeeping is a “Cluster Two” service under the National Aging Program Information System (NAPIS) and requires computerized client tracking using NAPISPak.

16. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”

17. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Friendly Visiting</th>
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<tr>
<td><strong>DEFINITION:</strong> Regular visits by staff or volunteers to socially and/or geographically isolated individuals for purposes of providing companionship and social contact with the community. The program is for the older person who is often unable to leave his/her own residence, if at all, and who has few to no friends, family, or neighbors that can visit them.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> One hour of staff or volunteer time expended on behalf of a client constitutes one unit of service. Units should be measured to the nearest quarter hour.</td>
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**STANDARDS**

The Friendly Visitor Agency will:

1. Have staff or trained volunteers visit older adults in their residences.
2. Arrange for and maintain the service.
3. Provide training and support to ensure competent, ethical and qualified staff and volunteers; and
4. Assist older persons during times of disaster (e.g., flooding, hot weather, tornadoes, severe weather, man made emergencies, etc.) by conducting special visits to assure older persons are safe and have access to services to meet their needs.
5. Obtain case management/senior opportunities and services for those clients with additional needs. Coordinate with the local Case Coordination Unit to assure assessment for Community Care Program when deemed appropriate.
6. Reporting - Friendly Visiting is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. The computerized NapisPak software will be made available to those who request it.
7. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”
8. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Home Repair</th>
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<tr>
<td><strong>DEFINITION:</strong> Minor modification of homes/apartments that is necessary to facilitate the ability of older individuals to remain at home and that is not available under other programs. No more than $150 per client may be expended under Title III B for such modification per fiscal year on average.</td>
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<td><strong>UNIT OF SERVICE:</strong> Each home repair or renovation</td>
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**Service Limits:** Clients may receive up to $150, on average, of home repair/renovation per fiscal year.

**Service activities may include:**
1. Arrangement for repairs or renovation
2. Follow-up provided to ensure that an older person receives satisfactory service
3. Allowable home repairs/renovations include but are not limited to:
   a. Purchase and/or installation of smoke detectors
   b. Purchase and/or installation of fire extinguisher
   c. Furnace cleaning and tuning
   d. Purchase and/or installation of grab bars
   e. Repair of windows and steps
   f. Purchase and/or installation of raised toilet seats
   g. Purchase and/or installation of ramps
   h. Widening doorways
   i. Repair cracked plaster
   j. Replace/correct door handles
   k. Repair electrical outlet/switches
   l. Addition of easy to use plumbing fixtures
   m. Adjustable closet shelves
   n. Purchase and/or installation of delayed door closer
   o. Purchase and/or installation of safety strip for tub or shower
   p. Addition of phone amplifiers for hearing impaired
   q. Addition of large buttons for telephones
   r. Purchase of phones for visually impaired, other phone equipment to facilitate the ability of the senior to use the phone
   s. Purchase and/or installation of heating/cooling system
   t. Purchase and/or installation of dead bolts for doors
   u. Lowering a sink or installing an adjustable heights sink to increase accessibility of sink for wheelchair-bound older adults
STANDARDS

1. Obtain case management/senior opportunities and services for those clients with additional needs. Coordinate with the local Case Coordination Unit to assure assessment for Community Care Program when deemed appropriate.

2. All repairs/renovations must conform to local laws and ordinances.

3. All assessments and client contacts must be kept in the client’s file.

4. Client files must contain documentation of work performed and receipts from vendors with client signatures.

5. Home Repair is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. Computerized NapisPak software will be made available to those who request it.

6. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”

7. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

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<tr>
<th>Housing Assistance</th>
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<tr>
<td><strong>DEFINITION:</strong> Technical assistance to relocate or obtain more suitable housing which the client can afford. (Excludes direct financial assistance).</td>
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<tr>
<td><strong>UNIT OF SERVICE:</strong> One hour of staff time expended on behalf of the client. Units should be counted to the nearest quarter hour.</td>
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<tr>
<td>Units should include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered administrative activities and should not be tracked as units of service.</td>
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Service activities include:
- Actively assist older persons with the entire range of housing needs or problems.
- Having a resource file which consists of an inventory of housing opportunities, resources, and services available to older persons.

**STANDARDS**
1. Housing Assistance agencies will pay for a subscription and use the Enhanced Services Program (ESP) web based program supplied by AgeOptions. The ESP system provides information on services and referral sources for aging programs including housing options. Housing Assistance grantees shall submit updates/corrections to AgeOptions as needed to ensure accurate and up-to-date information is available.
2. Obtain case management/senior opportunities and services for those clients with additional needs. Coordinate with the local Case Coordination Unit to assure assessment for Community Care Program when deemed appropriate.
3. Housing Assistance is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. Computerized NapisPak software will be made available to those who request it.
4. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act Funds.”
5. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Countywide

Applicants may apply for this service using the “Title III-B Legal Assistance Funding”

<table>
<thead>
<tr>
<th>Legal Assistance (Title III-B)</th>
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<tr>
<td><strong>DEFINITION:</strong></td>
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<tr>
<td>Legal Assistance shall include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person (or his/her representative).</td>
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Service activities may include:

- Provision of legal advice and information;
- Legal research on behalf of client(s);
- Education concerning legal rights including community education;
- Representation by an attorney at law or either a trained paralegal or a law student who are supervised by an attorney;
- Provision of client advocacy to secure needed and entitled benefits.

A **Client** is any person aged 60+ who is seeking legal services in suburban Cook County. No means testing is allowable for determining client eligibility.

**STANDARDS**

1. The Area Agency will enter into a grant with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance.
2. The legal assistance provider will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local

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1 Filing fees and related court costs are allowable expenses under a legal assistance grant.
3. The legal assistance provider will attempt to involve the private bar in legal assistance activities authorized under the Older Americans Act, including groups within the private bar furnishing services to older persons on a pro bono and reduced fee basis.

4. The legal assistance provider must administer a program designed to provide legal assistance to older person with social or economic need.

5. If the legal assistance provider is unable to assist a potential client, the legal assistance provider must provide referrals (and preferably forward the caller) to the local Central Point of Entry (CPOE) or Case Coordination Unit for additional assistance.

6. If the legal assistance agency is not a Legal Services Corporation project grantee, the agency will coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under the Older Americans Act on individuals with the greatest social or economic need.

7. The legal assistance provider will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

8. Based on standards from 45 CFR Section 1421.71 (Legal Assistance) from the Older Americans Act rules and regulations, the legal assistance provider must:
   a. Have staff with expertise in specific areas of law affecting older persons in economic or social need, for example, public benefits, institutionalization and alternative to institutionalization;
   b. Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with economic or social need;
   c. Demonstrate the capacity to support other advocacy efforts, for example, the long-term care ombudsman program;
   d. Demonstrate the capacity to provide legal services to institutionalized, isolated, and homebound older persons effectively; and
   e. Demonstrate the capacity to provide legal assistance in the principal language spoken by clients in areas where a significant number of clients do not speak English as their principal language.

9. Demonstrate capacity to outpost services to better increase access to legal services in high need areas.

10. The legal assistance provider may not require an older person to disclose information about income or resources as a condition for providing legal assistance.

11. The legal assistance provider may ask about the older person’s financial circumstances as part of the process of providing legal advice, counseling and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.

12. The legal assistance provider and its attorney may engage in other legal activities to the extent that there is no conflict of interest nor other interference with their professional responsibilities under the Older Americans Act.

13. The legal assistance provider shall not use Older Americans Act to provide legal assistance in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. The legal assistance provider shall establish procedures for the referral of fee generating cases.
14. “Fee generating case” means any case or matter, which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably may be expected to result in a fee for legal services from an award to a client, from public funds, or from the opposing party.

15. Other adequate representation is deemed to be unavailable when:
   a. Recovery of damages is not the principal object of the client; or
   b. A court appoints a legal assistance provider or an employee of a legal assistance provider pursuant to a statute or a court rule or practice of equal applicability to all attorneys in the jurisdiction; or

16. The legal assistance provider may accept a fee awarded or approved by a court or administrative body, or included in a settlement. If fees are awarded or approved by a court or administrative body due to a case funded by Title III of the Older Americans Act, such fees must be considered as program income that will be used to expand legal assistance services in the service area.

17. When a case or matter accepted in accordance with this section results in a recovery of damages, other than statutory benefits, the legal assistance provider may accept reimbursement for out-of-pocket costs and expenses incurred in connection with the case or matter.

18. The legal assistance provider, employee of the provider, or staff attorney shall not engage in the following prohibited political activities:
   a. The legal assistance provider or its employees shall not contribute or make available Older Americans Act funds, personnel or equipment to any political party or association or to the campaign of any candidate for public or party office; or use in advocating or opposing any ballot measure, initiative, or referendum;
   b. The legal assistance provider or its employees shall not intentionally identify the Title III program or provider with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office;
   c. While engaged in legal assistance activities supported under the Older Americans Act, no attorney shall engage in any political activity;
   d. No funds made available under the Older Americans Act shall be used for lobbying activities, including but not limited to any activities intended to influence any decision or activity by any non-judicial Federal, State or local individual or body.

19. Nothing in this section is intended to prohibit an employee from:
   a. Communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency’s rules, regulations, practices, or policies;
   b. Informing a client about a new or proposed statute, executive order, or administrative regulation;
   c. Responding to an individual client’s request for advice only with respect to the client’s own communications to officials unless otherwise prohibited by the Older Americans Act, Title III regulations or other applicable law. This provision does not authorize publication of lobbying materials or training of clients on lobbying;
   d. Techniques or the composition of a communication for the client’s use;
   e. Making direct contact with the Area Agency for any purpose;
f. Providing a client with administrative representation in adjudicatory or rulemaking proceedings or negotiations, directly affecting that client’s legal rights in a particular case, claim or application;

g. Communicating with an elected official for the sole purpose of bringing a client’s legal problem to the attention of that official; or

h. Responding to the request of a public official or body for testimony, legal advice or other statements on legislation or other issues related to aging; provided that no such action will be taken without first obtaining the written approval of the responsible Area Agency.

20. While carrying out legal assistance activities and while using resources provided under the Older Americans Act, the legal assistance provider nor its employees shall:

a. Participate in any public demonstration, picketing, boycott, or strike, except as permitted by law in connection with the employee’s own employment situation;

b. Encourage, direct, or coerce others to engage in such activities; or

c. At any time engage in or encourage others to engage in:
   
   i. Any illegal activity; or

   ii. Any intentional identification of programs funded under the Older Americans Act or recipient with any political activity

21. The legal assistance provider shall not use Older Americans Act funds to pay dues exceeding $100 per annum to any organization (other than a bar association).

22. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act Funds.”
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Multi-Purpose Senior Center</th>
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<tr>
<td><strong>DEFINITION:</strong> The Older Americans Act defines Multi-purpose Senior Center as “community facility with regular operating hours and staff that provide a broad spectrum of health, social, nutritional and educational services and recreational activities for older persons”.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> None.</td>
</tr>
</tbody>
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**Allowable Activities which may be identified for Senior Center Funding:** Operational costs associated with the day-to-day physical operation of a facility that serves as a multipurpose senior center, including equipment and the professional and technical personnel of a multipurpose senior center necessary for its operation.

**STANDARDS**

1. Preference for funding will be given to facilities located in communities with the greatest incidence of older persons with the greatest economic or social need, with particular attention to low-income minority individuals.
2. The agency shall ensure that the facility complies with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes. 45CFR Section 1321.75(a)(b).
3. The agency must install, in consultation with state or local fire authorities, an adequate number of smoke detectors in the facility.
4. The agency shall have a plan for assuring the safety of older persons in a natural disaster or other safety-threatening situation.
5. In a facility that is shared with other age groups, funds received under Title III may support only:
   a. That part of the facility used by older persons;
   b. A proportionate share of the costs based on the extent of use of the facility by older persons.
6. Maintain regular hours defined as seven (7) or more hours at least five (5) days a week.
7. Senior Center is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client’s served demographics. Computerized NapisPak software will be made available to those who request it.
8. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”
9. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Respite Care (Paid or Volunteer)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION:</strong> The provision of infrequent and temporary substitute care or supervision on behalf of the care giver for the functionally impaired persons aged 60 and over who score 28 points on the Community Care Program Determination of Need. The purpose is to provide relief from the stresses and responsibilities accompanying constant care to enable the caregiver to maintain care of the older person(s).</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> One hour of respite worker's/volunteer's time spent providing direct care or supervision to a functionally impaired older person. Units should be measured to the closest quarter hour. Clients may receive respite services during the day if they do not receive Title III-B Chore.</td>
</tr>
</tbody>
</table>

Service activities may include:
- Homemaker Services
- Chore Housekeeping Services
- Home Health Services
- Senior Companion Services (Sitter Services)
- Other activities to support caregiver(s)

Service Limits: Clients may receive up to 80 hours of service per fiscal year.

STANDARDS
1. The agency shall have clear identification of staff responsible for the provision of evening and weekend respite care service.
2. The agency shall describe the plan for allocation of units of service over time to ensure that service is provided throughout the grant period (at least ten months of the year).
3. The agency shall provide sufficient training for homemakers who provide the respite service. Training will include a component of caring techniques for clients with Alzheimer's disease or related dementias.
4. The agency shall obtain an in-home, face-to-face, assessment of the potential client's respite care needs from the Case Coordination Unit prior to the delivery of respite service.
5. The agency shall develop the respite care plan, including activities to be performed for the client, in conjunction with the Case Coordination Unit and the caregiver(s).
6. The agency shall have trained supervisors available any and every time that respite care is delivered.
7. The agency shall provide for health and safety emergencies in the client's home.
8. The agency shall have procedures for respite care workers to report back to the agency any concern about the client's service needs or emergency situations.
9. The agency shall document all aspects of the provision of service and maintain this information in the client's file.
10. The agency shall make provision for evaluating staff and delivery of service.
11. The agency shall follow up the service with an evaluation process measuring client/family satisfaction and receive feedback on service provided.
12. In accordance with the Older Americans Act as amended in 2000, the agency shall promote the rights of each older person. The agency shall assure that:
   a. The client is fully informed in advance of any change in service. The client shall participate in planning and changing an in-home service, unless they are judicially adjudged incompetent.
   b. The client is able to voice a grievance with respect to service without discrimination or reprisal;
   c. The client's record shall be kept confidential;
   d. The client's property shall be treated with respect by all staff;
   e. The client shall be fully informed (orally and in writing) in advance of receiving in-home service under Title III.
13. Respite is a “Cluster Two” service under the National Aging Program Information System (NAPIS) and requires computerized client tracking using NAPISPak.
14. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”
15. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Senior Opportunities and Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION:</strong> A special program designed to identify and meet the needs of older at risk individuals through effective referral to existing health, employment housing, legal, consumer, transportation and other services.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> One hour of staff time spent on behalf of the client, including preparation and travel time. Units are counted to the nearest quarter hour.</td>
</tr>
</tbody>
</table>

Service Activities may include:
- Translation
- Interpretation
- Outreach
- Personal escort
- Public Education
- Telephone reassurance
- Referral to public assistance/public aid
- Referral to a Case Coordination Unit (CCU) for Comprehensive Care Coordination assessments, the Community Care Program and Flexible Senior Services
- Referral to a nutrition program (home delivered meals, congregate dining)
- Referral to a Caregiver Specialist agency for caregiver support services including Respite and gap filling
- Referral for assistance with Medicaid/Medicare & other insurance benefits
- Referral for transportation, respite, chore/housekeeping, and/or legal assistance
- Referral to a senior center
- Assistance with Immigration Issues
- Assistance applying for public assistance/public aid
- Assistance applying for Circuit Breaker, LIHEAP, etc
- Assistance with Medicaid/Medicare and other insurance benefits
- Assistance applying for other benefits not listed

STANDARDS
1. The agency shall develop procedures for intake and follow up of each client.
2. The agency must maintain client files and keep record of all communications and services provided on behalf of the client. The individual records shall include a complete intake form that includes the clients’ primary language and complete case notes outlining the contacts with the older person, family, neighbors, friends or others involved with the case, all collateral calls, arrangements and follow-up provided on behalf of the older person.
3. A plan that includes the following must be developed:
a. The specific group of at risk older persons that will be served must be identified according to where they reside, what ethnic and/or minority group they represent and why the group has been selected.
b. The barriers or gaps in services that prevent the group from using existing services must be explained.
c. Methods for reaching the specific groups must be identified and targeted to the selected group.
d. The methods for using the identified services to assist the selected group in accessing and using services must be clearly stated.
e. The method of evaluating the effectiveness of the provision of service must be identified in advance and approved by the Area Agency.

4. SOS agencies will pay for a subscription and use the Enhanced Services Program (ESP) web based program supplied by AgeOptions. The ESP system provides information on services and referral sources for aging programs including housing options. SOS Assistance grantees shall submit updates/corrections to AgeOptions as needed to ensure accurate and up-to-date information is available.

5. SOS agencies must attend the following trainings offered by AgeOptions:
   a. Red Tape Cutter
   b. Benefit and Service update meetings
   c. Caregiver Resource Center meetings
   d. Quarterly Funded Agencies Meetings and others as required.

6. Agency will be in regular contact with the designated Case Coordination Unit(s), Elder Abuse provider(s), Central Point of Entry and Caregiver Resource Center (CRC) in the service area.

7. Refer clients to the Case Coordination Unit (CCU) for access to services such as Community Care Program (CCP), Home Delivered Meals, and Flexible Senior Services.

8. Refer clients to the Caregiver Specialist agency if caregiver needs are identified in including Respite and Gap filling.

9. All SOS-funded agencies are strongly encouraged to explore the possibility of utilizing the BenefitsCheckUp Organizational Edition® web-based benefits screening tool to enhance the delivery of service.

10. Agency must develop and implement method(s) of tracking unit and client (NAPIS) information. SOS is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. The computerized NapisPak software will be made available to those who request it.

11. All grantees will meet standards outlined in the “Requirements of Title III Funded Agencies”
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service under the Targeting to Culturally and Linguistically Isolated Older Persons (TCLIP) Set-aside Funds.

### Targeting to Culturally and Linguistically Isolated Older Persons

<table>
<thead>
<tr>
<th>DEFINITION:</th>
<th>UNIT OF SERVICE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A special program designed to provide effective referral to existing health, employment, housing, legal, consumer, transportation and other services that are culturally and linguistically specific and appropriate to Limited English Proficient older adults.</td>
<td>One hour of staff time spent on behalf of the client, including preparation and travel time. Units of service are counted to the nearest quarter hour.</td>
</tr>
</tbody>
</table>

Translation and interpretation are required activities for agencies serving limited English proficient populations.

**Service Activities may include:**
- Translation
- Interpretation
- Outreach
- Personal Escort
- Public Education
- Telephone reassurance
- Referral to public assistance/public aid
- Referral to a Case Coordination Unit (CCU) for Comprehensive Care Coordination assessments, the Community Care Program and Flexible Senior Services
- Referral to a nutrition program (home delivered meals, congregate dining)
- Referral to a Caregiver Specialist agency for caregiver support services including Respite and gap filling
- Referral for assistance with Medicaid/Medicare & other insurance benefits
- Referral for transportation, respite, chore/housekeeping, and/or legal assistance
- Referral to a senior center
- Assistance applying for public assistance/public aid
- Assistance applying for Circuit Breaker, LIHEAP, etc
- Assistance with Medicaid/Medicare and other insurance benefits
- Assistance with Immigration Issues
- Assistance applying for other benefits not listed

**STANDARDS**

1. The agency shall develop written procedures to ensure client confidentiality.
2. The agency shall develop procedures for Intake and follow-up of each client.
3. The agency must maintain client files, and keep record of all communications and services provided on behalf of the client. The individual records shall include a complete intake form that includes the clients’ primary language and complete case notes outlining the contacts with
the older person, family, neighbors, friends or others involved with the case, all collateral calls, arrangements and follow-up provided on behalf of the older person.

4. The specific group of at risk older persons that will be served must be identified according to where they reside, what ethnic and/or minority group they represent and why the group has been selected. The barriers or gaps in services that prevent the group from using existing services must be explained. A plan that includes the following must be developed:
   a. Methods for reaching the specific groups must be identified and targeted to the selected group.
   b. The methods for using the identified services to assist the selected group in accessing and using services must be clearly stated.
   c. The method of evaluating the effectiveness of the provision of service must be identified in advance and approved by the Area Agency.

5. TCLIP Senior Opportunities and Services agencies will pay for a subscription and use the Enhanced Services Program (ESP) web based program supplied by AgeOptions. The ESP system provides information on services and referral sources for aging programs including housing options. TCLIP grantees shall submit updates/corrections to AgeOptions as needed to ensure accurate and up-to-date information is available.

6. TCLIP agencies must attend the following trainings offered by AgeOptions
   a. Red Tape Cutters
   b. Benefit and Service update meetings
   c. Caregiver Specialist meetings
   d. Quarterly Funded Agencies Meetings and others as required.

7. Agency will be in regular contact with the designated Case Coordination Unit(s), Elder Abuse provider(s), Central Point of Entry and Caregiver Resource Center agency in the service area.

8. Agencies must provide in-services and trainings to the AgeOptions network to provide education on culturally appropriate and sensitive service delivery.

9. Partner with CPOE and conduct cross trainings on organizational development and service delivery to culturally and linguistically diverse clientele.

10. Report to the AgeOptions on the languages of the clients served.

11. Refer clients to the Case Coordination Unit (CCU) for access to services such as Community Care Program (CCP), Home Delivered Meals, and Flexible Senior Services.

12. Refer clients to the CRC agency if caregiver needs are identified including Respite and Gap filling.

13. TCLIP agencies are encouraged to use web based BenefitsCheckUp Organizational Edition® web-based benefits screening tool to enhance the delivery of service.

14. For agencies targeting limited English proficient populations, culturally-appropriate agency staff must be available to provide interpretation/translation services to Title III clients served by other Area Agency funded providers.

15. Agency must develop and implement method(s) of tracking unit and client (NAPIS) information. SOS is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. The computerized NapisPak software will be made available to those who request it.

16. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Telephone Reassurance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION:</strong></td>
</tr>
<tr>
<td>Telephone calls at specified times to or from individuals who live alone, to determine if they require special assistance, to provide psychological reassurance and reduce isolation.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong></td>
</tr>
<tr>
<td>Each telephone reassurance call placed or received by a client constitutes one unit of service.</td>
</tr>
</tbody>
</table>

**STANDARDS**

The Telephone Reassurance Agency will:

1. Have procedures for supervising calls and for the caller to report a client’s need for services.
2. Establish an emergency plan for client(s) if a telephone call is unanswered.
3. Have activities planned for each telephone call relative to the individual's needs
4. Place telephone calls to each client at specified times; and
5. Provide Telephone calls to assure that older persons are safe and have access to services to meet their immediate needs during disaster situations (e.g., flooding, tornadoes, hot weather, severe spring and winter weather, man made emergencies, etc.).
6. Telephone Reassurance Agencies will obtain case management/senior opportunities and services for those clients with additional needs. Coordinate with the local Case Coordination Unit to assure assessment for Community Care Program when deemed appropriate.
7. Telephone Reassurance is a “Cluster Three” service under the National Aging Program Information System (NAPIS) and requires paper reports of client demographics and units provided. The computerized NapisPak software will be made available to those who request it.
8. All grantees will meet standards outlined in the “Requirements for Recipients of Title III Older Americans Act Funds.”
9. All grantees will ensure services are available and advertised to the general over sixty population and not restricted to any ethnic group.
Priority Service – Not required to be a Countywide Service

Applicants may apply for this service using the “Distributive Funding”

<table>
<thead>
<tr>
<th>Transportation</th>
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</thead>
<tbody>
<tr>
<td><strong>DEFINITION:</strong> Transportation services include activities which enable individuals to travel to and from community resources in order to receive services, reduce isolation, or otherwise encourage independent living. These services may be provided through projects designed specifically for older persons, or through the utilization of public transportation systems or other modes of transportation.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE:</strong> Each one-way trip to or from community resources per client. (A round trip equals two units).</td>
</tr>
</tbody>
</table>

Service Activities May Include:

- Door to door or scheduled route.
- Assistance in making travel arrangements;
- Provision of or arrangement for special modes of transportation when needed;
- Coordination with similar and related transportation in the community; and
- Door to door or scheduled route.

Provision of transportation for medical and social service appointments, shuttle service for senior centers, and shopping and congregate meals on a priority basis

Transportation does not include the delivery of Home Delivered Meals.

**STANDARDS**

1. Eligible Clients – transportation services are available to:
   a. Older adults over the age of 60
   b. Grandchildren being raised by grandparents, family caregivers, and adult children with developmental disabilities when they accompany persons age 60 and over on a van or bus funded under the Older Americans Act
   c. Adult children with developmental disabilities (e.g., doctor’s appointment for a school exam) if services will directly benefit the older adult as the caregiver or the care recipient.

2. Contributions – All clients must have the opportunity to voluntarily contribute to the cost of the transportation service.

3. The transportation agency adheres to all applicable state/local laws regarding vehicle licensure and inspection and the drivers. (Reference material is available at AgeOptions - Ill. P.A.82-532 and Ill P.A. 82-957).
   a. (Ill. P.A. 82-532): Drivers of senior transportation vans must:
      i. be 21 years of age or older;
      ii. have a valid and properly classified driver's license;
      iii. have had a valid driver's license for three years prior to the application;
      iv. have demonstrated ability to exercise reasonable care in the safe operation of a motor vehicle on a driving test; and
v. have not been convicted of reckless driving within three years of the date of
application.
b. (Ill. P.A. 82-957)
i. Any vehicle of 12 or more passengers used in the transportation of senior
citizens shall bear placards on both sides indicating it is being used for such
purposes. The placards may be permanently or temporarily affixed to the
vehicle. The size of the letters must be at least 2 inches high and the stroke of
the brush must be at least 1/2 inch wide. Any such vehicle used for such
purposes shall be subject to the inspections provided for vehicles of the second
division and its operation shall be governed according to the requirements of the

4. The transportation agency has appropriate insurance coverage for facilities, vehicles and staff.
5. The transportation agency publicizes service availability to eligible clients.
6. The transportation agency assures service is accessible to the physically disabled.
7. Transportation agencies that own and operate their own vehicles must provide orientation and
training to staff and volunteers regarding service to older persons, especially those with
physical disabilities.
8. Transportation agency coordinates service with similar and related transportation in the
community.
9. Transportation agency shows evidence of efforts to develop coordination agreements with
transportation service providers in adjacent service areas to fill gaps in service.
10. The transportation agency has a system is in place to track the number of clients and units
served.
11. The transportation agency may partner with other programs. The cost of the program/service
will be prorated based on program usage if used for other federal programs (such as youth
services).
12. The transportation agency may sell advertising space on their vehicles.
13. All Title III transportation providers must abide by the Illinois Vehicle Code, as amended.
14. Transportation is a “Cluster Three” service under the National Aging Program Information
System (NAPIS) and requires paper reports of client demographics and units provided.
Computerized NapisPak software will be made available to those who request it.
15. All grantees will ensure services are available and advertised to the general over sixty
population and not restricted to any ethnic group.
16. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act
Funds.”
Title III-E Services
Priority Service – Countywide via Caregiver Resource Center

Applicants should apply for the funding that is available for the Caregiver Resource Centers. Applicants may propose to use some of the area’s distributive fund to supplement the available Caregiver Resource Center funds. Applicants must meet all the requirements of Caregiver Resource Center or partner with another organization to meet the requirements. Each individual agency or partnership should have at least one full time equivalent Caregiver Specialist staff person. Agencies with higher levels of funding will be expected to provide a higher staffing level.

<table>
<thead>
<tr>
<th>Caregiver Resource Center Designation/Caregiver Specialist</th>
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<tbody>
<tr>
<td><strong>DEFINITION:</strong> The Caregiver Specialist at each Caregiver Resource Center (CRC) links older persons, caregivers of older persons, grandparents or other non-parent older adult relatives raising grandchildren (relatives raising children), social services staff, and community members with training and educational opportunities, emotional, financial, and physical resources (including respite and gap-filling services) to support the work of caregivers.</td>
</tr>
<tr>
<td><strong>UNIT OF SERVICE</strong> (counted to nearest quarter hour):</td>
</tr>
<tr>
<td>1. <strong>Counseling:</strong> One hour of staff time expended on behalf of a caregiver (for family sessions, the time is multiplied by the number of attendees)</td>
</tr>
<tr>
<td>2. <strong>Outreach:</strong> A unit of service is one contact between a service provider and an older adult or caregiver who is not already a CRC client. Outreach units are based on one-on-one contacts by an outreach provider. Client follow-up is counted as another Outreach unit of service.</td>
</tr>
<tr>
<td>3. <strong>Group Training and Education:</strong> One hour of staff time expended on behalf of a caregiver, multiplied by the number of attendees</td>
</tr>
<tr>
<td>4. <strong>Support Groups:</strong> One hour of staff time expended on behalf of a caregiver, multiplied by the number of attendees</td>
</tr>
<tr>
<td><strong>CLIENT:</strong> A caregiver (of any age) who is caring for a care recipient (who is age 60 or over or who has Alzheimer’s or a related disorder with neurological and organic brain dysfunction) will be counted as a client. A grandparent or other non-parent relative (who is age 55 or over) raising a child (who is not more than age 18 or who is 19-59 with a disability) will be counted as a client.</td>
</tr>
</tbody>
</table>
SERVICE DEFINITIONS:
Caregiver Resource Center (CRC) Designation: The CRC must be a clearly identifiable resource center that serves as a point of entry to a broad range of services and resources for caregivers and grandparents raising grandchildren. The CRC’s Caregiver Specialist will act as an expert resource person to provide consultation to case managers and other aging network staff as well as provide the following services:

Counseling: Clinical assistance to caregivers considered most at-risk, in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to caregiving (including crisis management, role changes, etc.). This includes clinical counseling sessions for individual caregivers, family sessions for families caring for an older adult and tailored training for an individual caregiver or family of caregivers. This also includes time spent providing expert consultation to other aging network staff regarding their caregiver clients.

Outreach: Interventions initiated by an agency for the purpose of identifying potential caregivers and encouraging the use of an agency’s services and benefits. Outreach does not include program publicity (e.g., preparation of newsletters and press releases) and the development of interagency agreements. Outreach to groups is not to be counted as units of service. This type of Outreach is a part of the general administrative responsibilities of an Outreach provider.

Group Training and Education: Services which provide family caregivers and grandparents raising grandchildren with opportunities to acquire knowledge and skills which address their caregiving roles through formally structured, group-oriented lectures, classes, workshops, or conferences. Powerful Tools for Caregivers is the preferred curriculum for group caregiver training.

- Caregiver training topics may include but are not limited to the following:
  - Personal care training
  - Emotional/family dynamics of caregiving situations
  - Home safety
  - Coping with the transitions from health to increased infirmity
  - Progression of different diseases and conditions
  - Financial planning
  - Legal and insurance issues
  - Long-term care options
  - Planning and advocacy for the caregiver and/or care recipient.

- Relatives Raising Children group training topics may include but are not limited to the following:
  - Health of self (including recognizing and dealing with memory loss)
  - Community resources (e.g. respite and housing options, faith-based organizations, family, community-based agencies)
  - Working with schools
  - Advocating for self and child
  - Tutoring and available tutoring services
  - Child development
  - Children with special needs (e.g. physical, learning or mental disabilities, emotional or behavioral problems)
  - Financial assistance programs
o Alcohol and drug abuse among children
  o Sexuality
  o Legal issues such as guardianship, custody and insurance

Support Groups: Ongoing group counseling for caregivers provided by the Caregiver Specialist, for the purpose of facilitating mutual support between caregivers, increasing coping and problem-solving skills, improving participants’ understanding of caregiving issues, etc.

Respite: All CRCs will provide respite according to AgeOptions Title III-E Respite Standards and Definitions.

Gap-Filling: All CRCs will provide gap-filling according to AgeOptions Title III-E Gap-Filling Standards and Definitions.

STANDARDS

Caregiver Resource Center (CRC) Designation:

1. Service Priorities
   a. Caregivers of those with Alzheimer’s or related disorders
   b. Grandparents (or other non-parent older adult relatives) caring for children with severe disabilities
   c. Caregivers with greatest social and economic need, with particular attention to low-income minorities

2. Time Allocation - Preferred service mix is 40% counseling, 20% outreach, 35% group training and education and 5% support groups (any variation must have prior approval from AgeOptions); CRC partnerships must ensure that there is adequate Caregiver Specialist presence in all towns of the service area

3. Publicity - Information about the Caregiver program clearly visible on the agency webpage and an email address on that webpage that caregivers can use to request information.

4. After-Hours Service - Evening/weekend Caregiver Specialist must be made available either after hours or on weekends and this schedule must be publicized, including availability for counseling sessions (may be in the client’s home or over the phone) and outreach events as well as periodic support group and group training sessions.

5. Enhanced Services Program (ESPweb)—The CRC shall use the ESP web based program for creating referral lists and accessing the Respite Registry, and will also submit updates to AgeOptions as the CRC becomes aware of changes.

6. Evaluation-Annual satisfaction surveys, public forums or other means to solicit annual feedback from caregivers and the community regarding caregiver service needs and concerns, the results of which will be shared with the Caregiver Coordinator.

7. Resources--An inventory of books, movies, recommended websites and other resources to help clients gain insight into common caregiving difficulties.

8. Emergency Preparedness--Specific written plans for assisting caregiver clients in an emergency or disaster situation and demonstrated ability to comply with the plans.

9. Confidentiality-Written procedures to ensure client confidentiality.

10. Limited-English Populations-Policies and procedures for identifying the major languages other than English in the service area and a plan for providing service to caregivers who are Limited
English Proficient (must include the components outlined in the Guidance on Assistance to Persons with Limited English Proficiency).

11. Reporting-The CRC will submit reports to AgeOptions as required.

12. CRC will be required to use the computer tracking system NapisPak software.

13. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act Funds.”

**Caregiver Specialist:** Preferably, each III-E applicant agency or partnership must have a minimum of one full-time equivalent Caregiver Specialist. If applicants choose to share a Caregiver Specialist through a partnership, the costs associated with staffing must be broken down according to functions at each site, and not based on geography. Additional staff (e.g., case aide, part-time Caregiver Specialist) may be required for larger service areas. **Caregiver Specialists may not perform Comprehensive Care Coordination (CCC) assessments or carry a CCC caseload.** Qualifications and responsibilities for this position are as follows:

1. Well-developed clinical skills (formal clinical degree or significant clinical job experience), including counseling and support group facilitation experience. At least a BA, BSW, BSN, or RN degree and one year of experience in social service provision to older persons.

2. Working knowledge of the Illinois Department on Aging (IDoA) Elder Abuse and Neglect program and resources and programs available for older adults and children (attending IDoA Elder Abuse training is highly encouraged).

3. Coordination with the Countywide Caregiver Coordinator--meet with the Countywide Caregiver Coordinator before the start of each fiscal year to develop program goals.

4. Meeting and Training Attendance--attending all Caregiver Program meetings called by AgeOptions, training sessions offered by AgeOptions as required (including Powerful Tool for Caregivers).

5. Coordination-The Caregiver Specialist will cultivate relationships with respite vendors and serve as expert for Coordinated Point of Entry and Targeting to Culturally and Linguistically Isolated Persons (TCLIP) staff in their service area.

**Counseling:**

1. Caregiver concerns must be assessed and documented. The CRC will use a caregiver assessment tool approved by AgeOptions for all Title III-E clients. The Rosalynn Carter Institute Family Caregiver Assessment is the preferred assessment tool.

2. The Caregiver Specialist will provide counseling as needed with the most complex caregiver cases. CRCs should maintain separate files on caregiver counseling clients, including a counseling care plan which outlines the caregiver’s reasons for counseling, his/her goals and anticipated outcomes of the intervention.

3. The Caregiver Specialist will also provide expert consultation to case managers, other aging network staff and the community on caregiver issues.

**Outreach:**

1. The CRC, with the Caregiver Coordinator, will create an outreach plan that targets all types of caregivers (e.g., spouses/life partners, adult children and grandchildren, grandparents, family, friends, and neighbors). Allowable outreach activities include the following:
2. Search and find activities (e.g. canvas door to door and personal contact with caregivers and/or relatives raising children whose names have been solicited from community resources) which seek out and identify hard to reach populations
3. Education/encouragement to utilize benefits and programs
4. Follow-up activities with caregivers and/or agency(s) to determine whether services have been received and the identified need met following the formal referrals
5. Places where outreach activities may occur include (but are not limited to):
   A. Religious organizations
   B. Medical Providers
   C. Schools (including Parent Teacher Associations and other similar groups)
   D. Community-based agencies
   E. Senior Centers
   F. Businesses
   G. Libraries
   H. Stores

Support Groups:
1. Each CRC or CRC partnership must have a Caregiver Support Group. Support groups for relatives raising children are encouraged but not required. If the CRC does not offer a support group for relatives raising children, it must maintain a list of such support groups in the area.
2. The CRC must also maintain a list of nearby support group alternatives for caregivers whose schedules conflict with the CRC group. At least one caregiver support group option (either at the CRC or locally) should be during evening or weekend hours to accommodate working caregivers.

Group Training and Education:
1. Scheduling--The CRC will provide two (2) series of training and education activities per year. The Caregiver Specialist should notify the Caregiver Coordinator of tentative training and education plans at their annual meeting. Final training plans should be communicated to the Coordinator at least one month in advance of any program publicity. Powerful Tools for Caregivers is the preferred series.
2. Evaluation--The CRC will develop and implement methods of evaluating the effectiveness of training and/or educational activities. Examples of evaluation methods might include pre- and post-tests, evaluation forms, and client satisfaction surveys. The Caregiver Specialist will share summaries of the qualitative and quantitative results with the Caregiver Coordinator at their annual meeting, during which plans will be developed to incorporate the results into future trainings.

GOAL:
VOLUNTEER FACILITATION
As opportunities arise and time allows, the Caregiver Resource Center will encourage the recruitment and utilization of volunteers for the caregiver program. For example, the Caregiver Specialist may recruit volunteers for caregiver activities, which may include respite, mentoring, friendly visiting, and transportation. Volunteer recruitment may also emphasize outreach to the faith community.
Priority Service – Countywide via AgeOptions Respite Registry

Applicants should not include Title III-E Respite Funds in their budgets. Successful Caregiver Resource Center applicants will be responsible for the allocation of these funds.

<table>
<thead>
<tr>
<th>Respite</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong>: The provision of temporary substitute supports and/or living arrangements to provide a brief period of relief or rest for family caregivers of persons age 60 or over who have two (2) or more Activities of Daily Living (ADL) impairments. The supports and/or living arrangements may be in the form of Adult Day Service, In-home Respite (including Companion/Friendly Visitor, bathing services, dressing, or “tuck-in” services), or Institutional/Out-of-Home respite selected from the Vendors included in the Enhanced Services Program (ESP) Respite Registry.</td>
</tr>
<tr>
<td><strong>CLIENT</strong>: The client is the caregiver who is an adult family member or other individual, who is an informal provider of in-home and community care (Caregiver) to either an adult age 60 and over (care recipient) OR to an individual with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction (care recipient) of any age.</td>
</tr>
</tbody>
</table>

SERVICE DEFINITIONS

**Caregiver Resource Center (CRC)**—A CRC is defined as an agency that is funded to provide Caregiver Resource Center Activities.

**Respite Vendor**—A Respite Vendor is defined as an agency that has an agreement with AgeOptions to provide Title III-E respite services and is included on the AgeOptions Respite Registry (Respite Registry).

**Case Coordination Unit (CCU)**—A Case Coordination Unit is defined as a community-based agency designated by the Illinois Department on Aging to administer the Comprehensive Care Coordination instrument

STANDARDS

**Program Coordination**

1. AgeOptions must approve any Caregiver Resource Centers (CRC) that wish to also be a Respite Vendor.
2. Respite Vendors and CRCs providing Title III-E Respite will attend meetings as requested by AgeOptions.
3. Vendors providing Title III-E Respite will coordinate services with Caregiver Specialists at the CRC. Reimbursement for respite services will only be available for Title III-E referrals from the CRC.
Respite Coordination-Respite Assessment and Arrangement – Caregiver Resource Center (CRC) and Case Coordination Unit (CCU)

1. All potential caregivers requesting Title III-E Respite Services must be assessed by the CRC prior to receiving services using a caregiver assessment tool approved by AgeOptions. *The Rosalynn Carter Institute Family Caregiver Assessment* is the preferred assessment tool.

2. All potential care recipients must be assessed by the CCU using the Comprehensive Care Coordination (CCC) tool provided by the Illinois Department on Aging. In cases where the CRC and CCU are not the same organization, the CRC will work with the CCU to ensure the care recipient is assessed in a timely manner. To be eligible for Title III-E Respite services, care recipients must need assistance with at least two (2) Activities of Daily Living as recorded on the Determination of Need (DON) portion of the CCC tool. A copy of the DON will be kept in the client (caregiver and/or care recipient) file. A copy of the care plan will also be kept in the client file and given to the client (caregiver and/or care recipient).

3. CRCs must obtain a copy of all completed assessments and keep such assessments on file.

4. Care recipients may receive an average of up to $1,500 of service per fiscal year based on availability. Agencies may choose to impose a lower cap per year to allow more clients to receive services.

5. The CRC must submit complete and accurate monthly delivery reports to AgeOptions by the 10th working day of each month.

6. The CRC must submit reports from client satisfaction evaluations for respite service to the AgeOptions County-wide Caregiver Coordinator as requested.

7. CRCs must document all aspects of provision of service in case notes and care plans, including referrals. This information will be kept in the client’s file.

8. The CRC will be responsible for ensuring that respite recipients are given the option of a minimum of 3 (three) different Vendors and/or types of respite service.

9. The CRC will ensure that all respite recipients receiving out-of-home respite service receive the AgeOptions “Caregiver Checklist for Out-Of-Home Respite,” which includes information on what caregivers should look for when choosing a vendor and contact information for the Illinois Department of Public Health (IDPH).

10. The CRC will fully inform respite recipients in advance of any change in service in writing.

11. The CRC will ensure that respite recipients are able to voice complaints about respite services they received without discrimination or reprisal.

12. Must meet the “Requirements for Recipients of Title III Older Americans Act Funds.”

**CRCs providing respite must ensure the following:**

1. Staff must be trained, especially for providing care to persons with Alzheimer’s disease or related dementias.

2. Trained supervisors will be available any and every time that respite care is delivered.

3. Health and safety emergencies in the client’s home are addressed.

4. Procedures for respite care workers to report back to the agency any concern about the care recipient’s service needs or emergency situations are followed.

5. Procedures for evaluating staff are followed.

6. Client property is treated with respect by all staff.
7. Caregiver signatures are collected after receiving respite service. Signatures must be kept on file.
8. AgeOptions will not reimburse a Vendor whose reimbursement request is received after the AgeOptions closeout process for the previous Fiscal Year.
9. CRCs that also serve as a Respite Registry Vendor will ensure that respite recipients receive a minimum of three (3) options.
10. CRCs and Vendors providing Title III-E Respite must adhere to the Respite Vendor Agreement.
11. Respite Vendors and CRCs will adhere to complaint procedures established by AgeOptions.

**Respite Vendor Requirements**
To be on the Respite Registry, Vendors must provide application materials that support the following requirements:

1. Provide services to the community for at least one year before applying.
2. Prove fiscal solvency by providing a copy of the most recent audit and/or most recently filed tax return.
3. Be insured with general liability and general comprehensive and 1) insurance covers against employee dishonesty or 2) workers are bonded. Vendors must communicate any updated insurance information (including annual renewal) to AgeOptions.
4. Notify AgeOptions when the insurance policy is renewed.
5. Complete criminal and reference checks of all staff.
6. Provide services without regard to race, color, religion or national origin
7. Have procedures for ensuring client confidentiality.

**GOALS- Volunteer Facilitation**
Vendors providing Title III-E Respite Service may work with AgeOptions to encourage the use of and recruitment for volunteer respite services.
**Title III-E Priority Service—Countywide via Caregiver Resource Center**

Applicants should not include Gap Filling Funds in their budgets. Successful Caregiver Resource Center applicants will be responsible for the distribution of these funds.

<table>
<thead>
<tr>
<th>Gap Filling</th>
<th>UNIT OF SERVICE: One eligible request is the equivalent of one unit. The total amount(s) requested shall not exceed $250 per eligible care recipient or child per fiscal year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFINITION: Gap Filling Services assist caregivers with unmet needs to maintain a care recipient’s independence, safety, and well-being by providing limited financial assistance.</td>
<td>CLIENT: A caregiver (of any age) who is caring for a care recipient who is age 60 or over and who has Alzheimer’s Disease or related disorder with neurological and organic brain dysfunction may use this service.</td>
</tr>
<tr>
<td>Gap-Filling Services may also assist grandparents or other non-parent relatives raising relative children (who are not more than 18 or who are 19-59 with a disability).</td>
<td>A grandparent or other non-parent relative (who is age 55 or over) raising a child (who is not more than 18 or who is 19-59 with a disability) may use this service.</td>
</tr>
</tbody>
</table>

**STANDARDS**

**Coordination and Service Linkage**

1. Gap Filling Services will be available through Caregiver Resource Centers (CRCs).
2. The CRC’s Caregiver Specialist will attend quarterly (or as requested) meetings called by AgeOptions.
3. The CRC may send representatives to attend trainings sponsored by AgeOptions.

**Case Management**

1. Service Eligibility
   a. A caregiver must be caring for a care recipient who is age 60 or over and living in a non-institutional setting. The care recipient must be assessed to require assistance with two or more activities of daily living (ADLs) and have a need that puts their health and/or safety at risk.
   b. A grandparent or other non-parent relative (age 55 or over) client must be living with and raising a relative child (not more than 18 or 19-59 with a disability) and have a need that puts their health and/or safety (or the child’s health and/or safety) at risk.
2. All caregivers and care recipients who are age 55 and over must complete the BenefitsCheckUp Organizational Edition® and apply for any services to which they are entitled.
3. Gap Filling Services funds may not be used to cover co-payments, to meet deductible requirements, or to go towards items or services covered under other programs. For items or
services covered through public benefits. Gap Filling Services funds may be used for interim assistance while waiting for benefits approval.

4. Gap filling funds may not be used for legal assistance. In addition, gap-filling funds may not be used for child care/respite services, except for any AgeOptions special demonstration projects.

5. Caregivers must complete the AgeOptions “Application for Gap Filling Service for Caregivers of Older Adults” noting alternate sources of assistance (Elder Abuse Intervention, Public Assistance, Township/Municipality programs, etc.). The CRC providing gap filling services will use ESPweb for information on services, which will be supplied and updated by AgeOptions. The CRC will use ESPweb to prepare referral lists.

6. Relatives raising children (RRCs) must complete AgeOptions ”Application Form for Gap Filling Service for Grandparents and Other Non-Parent Relatives Raising Grandchildren” noting alternate sources of assistance (Child Only Grant, KidCare, Legal Assistance Foundation, etc).

7. Clients must have a specific need. Cash assistance is not allowable. The CRC must get a receipt for any payment.

8. Requests must be approved by a case manager supervisor. Gap-filling purchases must be made in accordance with good business practices.

9. Requests for prescription medication or durable medical equipment must receive physician verification. Requests for consumable medical supplies should receive physician verification wherever possible. There must be a clearly stated plan to identify funds for continued supply after the emergency period.

10. Payment for back bills is not encouraged. Gap filling funds may not be used to pay for items purchased prior to the date of approval.

11. Requests may not exceed $250 per care recipient or child per fiscal year without prior AgeOptions approval. Requests must be kept to a minimum, meeting a specific transitional need of the caregiver, RRC, care recipient or child.

12. The CRC will have specific written plans for assisting caregivers, RRCs, care recipients and/or children in an emergency or disaster situation and must demonstrate an ability to comply with the plans.

13. The CRC will have policies and procedures for identifying the major languages other than English in the service area and developing a plan for providing service to caregivers and RRCs, who are Limited English Proficient. This plan must include the components outlined in the Guidance on Assistance to Persons with Limited English Proficiency.

**Volunteer Facilitation**

1. The CRC will utilize any source of volunteer assistance that will aid the caregiver and/or RRC and reduce dependence on this source of funds.
Applicants may apply for this service under the Title III-E Legal Assistance funds.

**Legal Assistance for Relatives Raising Children (Title III-E)**

<table>
<thead>
<tr>
<th>DEFINITION: Caregiver Legal Assistance (CLA) shall include arranging for and providing assistance in resolving non-criminal, non-income generating civil legal matters and the protection of legal rights for matters directly relating to a grandparent (or other non-parent relative) over the age of 55 raising a child who is either not more than 18 or 19-59 with a disability.</th>
<th>UNIT OF SERVICE: One hour of staff time expended on behalf of the non-parent relative raising a child (RRC).</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT(S): A grandparent or other non-parent relative (who is age 55 or over) raising a child (who is not more than age 18 or is 19-59 with a disability) will be counted as a client.</td>
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**Service Activities May Include:**

- Provision of legal advice and information;
- Legal research on behalf of clients;
- Education of older adult caregivers and/or social service professionals about their legal rights and responsibilities;
- Provision of representation by an attorney at law, a trained paralegal professional, and/or a law student (supervised by an attorney) to caregivers;
- Provision of client advocacy to secure needed and entitled benefits.

**STANDARDS**

**Coordination and Service Linkage**

1. The agency providing legal assistance to grandparents or other non-parent relatives will work in coordination with AgeOptions, the Countywide Caregiver Coordinator, Caregiver Specialists at each Caregiver Resource Center, Central Point of Entry (CPOE) agencies, Elder Abuse Intervention Agencies, Ombudsmen programs, and other service providers in assuring services are provided to targeted caregivers.

2. The agency providing Caregiver Legal Assistance will attend meetings (quarterly or as requested) conducted by the Area Agency.

3. If the agency providing Caregiver Legal Assistance is not a Legal Services Corporation project grantee, the agency will coordinate its services with existing Legal Services Corporation projects in the service area.

4. The grantee providing Caregiver Legal Assistance will have information available in various forms, such as having a web page or listing an email address potential clients can contact to receive information.

5. The agency will refer caregiver clients to AgeOptions for other caregiver services.

**Training and Education**

1. The agency providing Caregiver Legal Assistance will be available for training activities for aging network staff and/or caregivers estimated at four (4) days per year.
2. The agency providing Caregiver Legal Assistance must be responsive to the needs of caregivers in the community by having methods for developing, identifying, and distributing literature that can assist with common legal issues.

Client Assistance
1. The legal assistance provider will give priority to legal assistance related to guardianship, adoption, back-up child care plans, school advocacy, income, health care for both adults and children, housing, utilities, nutrition, protective services, abuse, neglect and age discrimination.
2. The agency providing Caregiver Legal Assistance will maintain individual records on cases where direct services involving one or more personal contacts are provided.
3. Filing fees and related court costs are allowable expenses under this grant.

Volunteer Facilitation
1. The agency providing Caregiver Legal Assistance will involve private bar organizations in caregiver legal assistance activities, including asking groups within the bar to furnish services to caregivers on a pro bono basis.

Policies and Procedures
1. The agency providing Caregiver Legal Advice will submit reports to AgeOptions as required.
2. The agency providing Caregiver Legal Advice will develop written procedures to ensure client confidentiality.
3. The agency providing Caregiver Legal Advice will adhere to all regulations pertaining to legal services as defined in Section 307(11)A of the 2006 Older Americans Act Regulations.
4. The agency providing Caregiver Legal Advice will have policies and procedures for identifying the major languages other than English in the service area and developing a plan for providing service to persons who are Limited English Proficient. This plan must include the components outlined in the Guidance on Assistance to Persons with Limited English Proficiency.
5. All grantees will meet the “Requirements for Recipients of Title III Older Americans Act Funds.”

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\[2\] Available upon request
Non-Title III Service

Priority Service – Countywide

Successful applicants will be awarded designation for the Elder Abuse and Neglect Program (EAPA). Applicants should not include projected costs or resources for the Elder Abuse Program in their budgets.

<table>
<thead>
<tr>
<th>Elder Abuse and Neglect Program Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEFINITION</strong></td>
</tr>
<tr>
<td><strong>UNITS OF SERVICE:</strong></td>
</tr>
<tr>
<td>Assessment</td>
</tr>
<tr>
<td>Casework</td>
</tr>
<tr>
<td>Follow-up</td>
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<tr>
<td>Early Intervention Services</td>
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<tr>
<td>Multi-disciplinary Team</td>
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</tbody>
</table>

**STANDARDS:**

The Program is administered by AgeOptions in suburban Cook County, Illinois under the standards established by the Illinois Department on Aging (IDoA) and state legislation. Contracts are between AgeOptions and the Elder Abuse Provider Agency (EAPA), and are overseen by the Illinois Department on Aging. Participation in the program includes direct training and certification by the Illinois Department on Aging, monitoring by AgeOptions and the Department, and reporting to AgeOptions and/or the Department. Units and payment scales are developed by IDoA under statewide guidelines, and are administered by the AgeOptions.

The EAPA shall abide by the standards and procedures set forth by the Illinois Department on Aging (IDoA). For the complete Elder Abuse and Neglect Program Standards and Procedures Manual, please go to [https://www.aging.state.il.us/eps/manual.htm](https://www.aging.state.il.us/eps/manual.htm) or contact AgeOptions.

The EAPA shall submit program and financial reports to AgeOptions by the tenth (10th) of each month including: a request for payment form, voucher listing clients and units of services, supporting ANETS forms and reconciliation forms.
Priority Service – Countywide

Applicants may apply for this service using the Long Term Care Ombudsman allocation. Applicants must fill out the Application for Regional Long Term Care Ombudsman Program Designation.

<table>
<thead>
<tr>
<th>Long Term Care Ombudsman</th>
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<tbody>
<tr>
<td><strong>Definition:</strong> Assistance provided by trained individuals to, or on behalf of the elderly residents of long term care facilities to resolve their problems and to secure and educate them about existing rights, benefits and entitlements.</td>
</tr>
<tr>
<td><strong>Unit of Service:</strong> One hour of staff time expended by a Regional Ombudsman, Community Ombudsman or Volunteer Ombudsman on behalf of long term care facility residents. Units should be tracked to the nearest quarter hour.</td>
</tr>
</tbody>
</table>

**STANDARDS**

The Program is administered by AgeOptions in suburban Cook County, Illinois under the standards established by the Office of the State Long Term Care Ombudsman Program (OSLTCOP) under the Illinois Department on Aging (IDOA) and state and federal legislation. Contracts are between AgeOptions and the Regional Long Term Care Ombudsman Program (RLTCOP) and are overseen by the Illinois Department on Aging. Participation in the Program includes direct training and certification by the Illinois Department on Aging, monitoring by AgeOptions and the Illinois Department on Aging and reporting to AgeOptions and the Illinois Department on Aging. Units and payment scales are based on a grant and are administered by AgeOptions.

The service components of the LTCOP include investigative services, regular presence in long term care facilities, public information and community education, issue advocacy, resident and family council development and support, inquiry processing, long term care facility staff in-service training and volunteer management.

The RLTCOP shall abide by the standards and procedures set forth by the IDOA. Please contact AgeOptions for the complete standards and procedures or go to [http://www.state.il.us/aging/2rules/ombuds/index.htm](http://www.state.il.us/aging/2rules/ombuds/index.htm)