Appendix A

DEPARTMENT FOR AGING AND INDEPENDENT LIVING

GLOSSARY OF TERMS

**AAA**
Area Agency on Aging – Designated planning and service areas to provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, establish multi-purpose senior centers for the purpose of addressing specific needs of older persons. AAAs are also responsible to evaluate the effective use of resources in meeting such needs. Such services must also include planning, advocacy, and systems development, which focus on specific needs. There are fifteen (15) AAAs in the state of Kentucky, composed of clusters of counties, which form Area Development Districts.

**AARP**
American Association of Retired Persons is a nonprofit, nonpartisan membership organization for people age 50 and over. AARP is dedicated to enhancing the quality of life for all seniors as they age. The organization is involved in positive social change, information, advocacy and service. AARP also provides a wide range of unique benefits, special products, and services for its members.

**ABI Waiver**
Acquired Brain Injury Waiver Services – The ABI services program is a Medicaid waiver program that provides rehabilitative home and community-based services to individuals with brain injuries as an alternative to nursing home facility services. ABI Waiver services support individuals’ efforts to return to a community setting with existing resources.

**ADC**
Adult Day Care – Services provided during the day at a community-based center with programs that are designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care. The structured programs provide a variety of social and support services in a protective setting during any part of a day, but less than 24-hour care. Many adult day service programs include health related services (see ADHC).

**ADD**
Area Development District – Regional planning and development agencies composed of clusters of counties. There are fifteen (15) Area Development Districts throughout Kentucky.
ADHC  Adult Day Health Care – An adult day care program that, in addition to the services provided in an ADC (see ADC), is also licensed to provide continuous supervision of a participant’s medical and health needs (i.e., dispense medications, provide therapeutic services such as physical, occupational, speech, and respiratory therapy, etc.).

Ad Hoc Committee  A committee of a temporary nature established to accomplish a specific short-range task or study.

ADLs  Activities of daily living – Basic activities performed by an independently functioning person on a daily basis: bathing, dressing, toileting, transferring (moving to/from a bed or chair), eating, and caring for incontinence.

ADRC  Aging and Disability Resource Center - A cooperative effort of the Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long term support to minimize confusion, enhance individual choice, and support informed decision-making.

ADRM  Aging and Disability Resource Market is the same as ADRC.

Advisory Council  Advisory councils are groups of citizens who serve to monitor and advise an Area Agency on Aging on all matters relating to the development of the area plan, the administration of the plan, and operations conducted under the plan. An Advisory Council consists of older individuals (including minority individuals) who are participants or who are eligible to participate in programs under the Older Americans Act; representatives of older individuals; local elected officials; providers of veterans’ health care (if appropriate), and the general public.

ALC  Assisted Living Community or Facility is a residential living arrangement that provides individualized personal assistance with activities of daily living and instrumental activities of daily living, assistance with self-administration of medications, and services such as laundry, housekeeping, transportation, etc. ALCs are not health care facilities, and clients of an ALC have a landlord-tenant relationship with the community.
AoA
Administration on Aging – An agency in the U.S. Department of Health and Human Services that is one of the nation's largest providers of home- and community-based care for older persons and their caregivers. Created in 1965 with the passage of the Older Americans Act (OAA), AoA is part of a federal, state, tribal and local partnership called the National Network on Aging. The agency helps to develop a comprehensive, coordinated and cost-effective system of long-term care that helps elderly individuals to maintain their dignity in their homes and communities. AoA provides grant awards to State Units on Aging under Title III of the Older Americans Act. The AoA also provides oversight of home and community based services for the elderly and acts as a clearinghouse for the dissemination of information related to the development and funding opportunities to the states and Native American organizations.

Area Plan
Plan submitted for approval by the AAA to the Kentucky Department for Aging and Independent Living, which outlines specific goals and objectives to meet the service needs within the region.

CAA
Community Action Agency – Local private and public non-profit organizations that carry out the Community Action Program (CAP), which was founded by the 1964 Economic Opportunity Act to fight poverty by empowering the poor in the United States. CAAs are intended to promote self-sufficiency, and they depend heavily on volunteer work, especially from the low-income community. They also depend heavily on federal funding, which now comes primarily from the Community Services Block Grant (CSBG) program. Typical activities of the CAAs include promoting citizen participation, providing utility bill assistance and home weatherization for low-income individuals, administration of Head Start pre-school programs, job training, and operating food pantries.

CAP
Community Action Program – (See CAA above)

CDO
Consumer Directed Option - An option that is being offered for Kentucky Medicaid Waiver members who receive services through the Home and Community Based waiver (HCB), the Supports for Community Living (SCL) waiver, and Acquired Brain Injury (ABI) waiver. CDO allows waiver members to choose who provides their non-medical, non-residential waiver services, which allow them greater freedom of choice, flexibility, and control over their supports and services. Members can choose to direct all or some of their non-medical, non-residential waiver services.
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<th>Agency</th>
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<td><strong>CHFS</strong></td>
<td>Cabinet for Health and Family Services is a Cabinet within state government where the Department for Aging and Independent Living is located.</td>
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<td><strong>CMS</strong></td>
<td>Centers for Medicare and Medicaid Services – Formerly known as the Health Care Financing Administration (HCFA), CMS is the federal agency responsible for administering the Medicare, Medicaid, KCHIP (State Children's Health Insurance), HIPAA (Health Insurance Portability and Accountability Act), CLIA (Clinical Laboratory Improvement Amendments), and several other health-related programs.</td>
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<td><strong>Contract Agency</strong></td>
<td>Person or entity with whom the AAA contracts to provide direct services (also known as a “provider”)</td>
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<td><strong>Corporation for National Service</strong></td>
<td>Corporation established in 1993 to engage Americans of all ages and backgrounds in community-based service. Both national and community service programs are included. The Kentucky Community Service Commission (KSCSC) works with the corporation to monitor and supervise all funded programs, including AmeriCorps, Foster Grandparents, Retired Senior Volunteer Program and Senior Companion.</td>
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<td><strong>DAIL</strong></td>
<td>Department for Aging and Independent Living – DAIL is the federally designated State Unit on Aging for Kentucky's Seniors and, in addition, is the state coordinating agency for services to young adults with physical disabilities. DAIL is empowered to provide services to help older and young disabled Kentuckians and their families through a statewide network of local, private and public agencies. DAIL administers the Aging and Disability Resource Centers. DAIL programs include: Adult Day, Alzheimer's Support, Assisted Living, Consumer Directed Options Program (CDO), Elderly Nutrition, Caregiver Support Services (KinCare and Nat'l Family Caregiver Support Program), Homecare, Long Term Care Ombudsman Program, Personal Care Attendant Program (PCAP), Senior Community Services Employment Program (SCSEP), State Health Insurance Assistance Program (SHIP), Support Programs, Traumatic Brain Injury Program, Olmstead State Plan Information, and additional Community Based Services.</td>
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**DCBS**
Department for Community Based Services - The department provides family support, childcare, child and adult protection, eligibility determinations for Medicaid and food stamps, energy assistance to low-income households through weatherization services and administration of an energy cost assistance program, and child support collection and enforcement. It also administers the state foster care and adoption systems and recruits and trains parents to care for the state's children who are waiting for a permanent home. DCBS provides services and programs to enhance the self-sufficiency of families, improve safety and permanency for children and vulnerable adults, and engage families and community partners in a collaborative decision-making process.

**DES**
Department for Employment Services is the department within state government that provides assistance to unemployed persons and helps jobseekers to enter or reenter the workforce. DES helps organize the employment market to ensure that vacancies are filled as soon as possible by the best qualified workers and that the present or future demands for skills is matched by an appropriate supply of labor. The department also helps formulate and implement measures to create new jobs.

**Disabled**
For Medicaid eligibility purposes, a disabled person is someone whose physical or mental condition prevents him/her from doing enough work or the type of work needed for self-support. The condition must be expected to last at least a year or be expected to result in death. Persons receiving disability benefits through SSI, Social Security, or Medicare automatically meet this criterion.

**DMH/MR**
Department for Mental Health and Mental Retardation – Department within CHFS that provides services to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, mental retardation or other developmental disability, substance abuse or an acquired brain injury.

**DMS**
Department for Medicaid Services – Department within the CHFS assigned to purchase quality healthcare and related services that produce positive outcomes for persons eligible for programs administered by the Department. There are numerous programs within the Department for Medicaid.
DOL  Department of Labor is the Department within the Environmental and Public Protection Cabinet whose goal is to create workplace environments that are safe, free of conflict, where all workers are properly trained, and receive fair pay and benefits for a quality standard of living. Specific offices include Occupational Safety and Health, Workplace Standards, Labor-Management and Workers' Claims.

EDS  Electronic Data Systems is the fiscal agent that manages Kentucky’s Medicaid Management Information System (MMIS).

Elder Abuse/Elder Rights Coalition  A strong coalition of partnering agencies whose purpose was to refine the multidisciplinary response to adult abuse, neglect and exploitation through statutory enhancement of KRS Chapter 209. These refinements included not only expanded cooperative efforts related to the investigation of these crimes, but also enhanced elder abuse training requirements for professionals and provision of community elder abuse prevention programs.

Fiscal Year  An accounting period of 365(6) days that does not necessarily correspond to the calendar year that begins on January 1st. The fiscal year is the established period of time when an organization’s annual financial records commence and conclude. The Kentucky state government fiscal year begins July 1st and concludes June 30th of each year.

Focal Point  Facility established to encourage maximum collaboration and coordination of services for older individuals in a county/community.

Foster Grandparents Program  Program designed to provide intergenerational activities between individuals over age 60 and children with special needs.

GEN  Greatest Economic Need is the need resulting from an income level at or below the poverty line.

Grant  The act of providing a set sum of money toward the execution of a specific project with the terms and amount of the award outlined in a signed agreement.

Grantee  A Grantee is the state or local public agency receiving grant funds.
**GSN**

Greatest Social Need – Need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

**Hart – Supported Living**

The HSL Program provides grants to persons with a disability. These grants are used to fund individually designed plans for support. The individual designs the plan for support, with assistance from others that support the person. The individual requests funding for supports that are needed so that the individual can live and participate in the community. Supported Living started in 1992 when the Kentucky Supported Living Statute was passed. The statute was amended in 2006 and the program is now called Hart-Supported Living. The law defines Hart-Supported Living as “grants which provide a broad category of highly flexible, individualized services which, when combined with natural unpaid or other eligible paid supports” provide the necessary assistance for the individual to live in the community.

**HCB Waiver**

Home and Community Based Waiver is a waiver program that provides Medicaid coverage to aged or disabled individuals who may avoid admission to a nursing facility by having access to various services.

**HIPAA**

Health Insurance Portability & Accountability Act –The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) that require the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addressed the security and privacy of health data.

**Homecare**

A state funded in-home services program provided for individuals age 60 and older, with functional disabilities, and at-risk for requiring long-term, institutional care. Services include: personal care, home management, home health aide, home delivered meals, home repair, chore, respite, escort, and case management/assessment.
**HUD**

U.S. Department for Housing and Urban Development – Cabinet level agency created with the passage of the Department of Housing and Urban Development Act of 1965. This agency oversees home ownership, low income housing assistance, fair housing laws, homelessness, aid for distressed neighborhoods, and housing development programs.

**IADLs**

Instrumental activities of daily living - Activities include cooking, shopping, laundry, housekeeping and other assistance necessary to maintain a person in their own home.

**IFB**

Information for bid – Document requested from interested providers of service.

**In-Kind**

Value of property or services which benefit a grant supported project or program which are contributed from non-federal sources (see Match).

**KCCVS**

Kentucky Commission on Community Volunteerism and Service – Commission that responds to personal and community needs by administering service programs, most notably, Kentucky’s AmeriCorps. The commission also administers the state’s Volunteer Insurance Program and the Governor’s Awards for Outstanding Volunteer Service.

**Kentucky Caregiver Support Program**

State funded program offered through the Department for Aging and Independent Living whose purpose is to support grandparents who are providing primary care for a grandchild under the age of 18 years of age. To qualify, grandparents of any age must meet financial guidelines, not be receiving Kinship Care, be related by blood (through marriage or adoption) and the primary caregiver of the child. The child’s parent(s) may not live in the home. Services may include financial and supportive services.

**Kentucky Transitions Program**

Program developed utilizing federal funding through a grant from the Center for Medicaid and Medicare Services. The program will allow Medicaid members to transition from an institutional setting into the community.
KERI
Kentucky Elder Readiness Initiative – A 3 year grant established in 2005, whose purpose was to foster a statewide awareness, dialogue, and insight into the challenges and opportunities presented by the aging of the baby boom population.

KHC
Kentucky Housing Corporation – State housing finance agency created by the 1972 General Assembly to provide housing opportunities for low and moderate-income Kentucky families. Other programs offered by KHC include rental housing production financing, homeownership education/counseling and a variety of rental assistance, housing rehabilitation, and home repair initiatives.

KIA
Kentucky Institute on Aging - Established by statute in 1974, the Institute for Aging advises the Secretary of the Cabinet for Health and Family Services (CHFS) and other state officials on policy related to services for the aging.

KLTCOP
Kentucky Long Term Care Ombudsman Program – State program responsible for the design, implementation and management of a statewide uniform system for receiving, investigating, resolving and reporting complaints on behalf of residents in long-term care facilities and provide ongoing support to assist in the resolution of those complaints.

LEP
Limited English Proficiency – Title VI of the Civil Rights Act of 1964 states, “No person in the United States shall on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” In August 2000, Executive Order 13166 required all Federal funding recipients to provide language access to people with limited English proficiency. Because the Cabinet receives Federal funds, we can not, based on national origin: deny services, financial aid or other benefits; provide different services, financial aid or other benefits, or provide them differently from those provided to others in the program; or segregate or treat individuals separately in any way in their receipt of any service, financial aid or benefit.

LIHEAP
Low Income Home Energy Assistance Program - LIHEAP is a Federally funded program that helps low-income households with their home energy bills.
**LRC**

Legislative Research Commission – Established in 1948, this 16 member panel consisting of Democrats and Republican leaders from the Kentucky House of Representatives and the Senate, act as a fact-finding service body for the Legislature. Services LRC provides include: committee staffing, bill drafting, oversight of the state budget and educational reform, production of educational materials, maintenance of a reference library and Internet site, and the preparation and printing of research reports, informational bulletins and a legislative newspaper.

**LRC Special Advisory Commission of Senior Citizens**

The Special Advisory Commission of Senior Citizens was established by the Legislative Research Commission in 1977 to provide a forum through which the knowledge and experiences of senior citizens may be utilized in dealing with problems affecting senior citizens, and all Kentuckians. Commission members are required to be at least 60 years of age.

**Match**

Cash or in-kind resources required to pay the non-federal share of program costs.

**Mental Health & Aging Coalition**

The Mental Health & Aging Coalition is a diverse group of agencies, organizations and individuals working together to improve and increase mental health and substance abuse services to older adults. A coalition does not belong to nor does any agency, organization or individual control it but is an independent entity working for the benefit of all. It advocates on behalf of older adults with mental health and/or substance abuse problems by gathering information, serving as a forum for discussion and providing education and information to policy makers, agencies and organizations, service providers and the general public. Membership should include the public and private aging, mental health, substance abuse and primary health care systems, plus representatives from consumer, family and caregiver organizations, advocacy groups, professional organizations, higher education, the faith community, and other interested agencies and organizations.

**MMIS**

Medicaid Management Information System – A general term used by the Federal government to describe every state’s Medicaid claims processing and information retrieval system. In addition to claims processing, the MMIS system tracks Medicaid members in the Medicaid program; tracks Medicaid health care providers in the Medicaid program; receives and pays Medicaid health care provider claims; tracks and monitors health care utilization; helps to identify fraud and abuse through Surveillance and Utilization Review (SUR); utilizes Management and Administrative Reporting (MAR) tools; aids in the management of Third Party Liability (TPL); and helps to manage provider and member populations in approved Managed Care Organizations (MCOs).
Money Follows the Person – A grant funded by the Center for Medicaid and Medicare Services that provides funding to assist states in implementing and maintaining programs that allow Medicaid members to transition from an institutional setting to the community (see Kentucky Transitions Program).

Community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services, and the provision of facilities for recreational activities for older individuals.

National Association of Area Agencies on Aging - n4a is the umbrella organization for the 655 Area Agencies on Aging (AAAs) and more than 230 Title VI Native American aging programs in the U.S. Through its presence in Washington, D.C., n4a advocates on behalf of the local aging agencies to ensure that needed resources and support services are available to older Americans. The fundamental mission of the AAAs and Title VI programs is to provide services that make it possible for older individuals to remain in their home, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and a long-term care ombudsman program.

National Association of Counties – NACo is the only national organization that represents county governments in the United States. Founded in 1935, NACo provides essential services to the nation’s 3,066 counties. NACo advances issues with a unified voice before the federal government, improves the public's understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money.

National Aging Program Information System is a data-based system used to collect statistical data and analyze information regarding the effectiveness of the State agency and Area Agencies on Aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals, including individuals with any physical or mental functional impairments.
NASUA
National Association of State Units on Aging - Founded in 1964, NASUA is a non-profit association representing the nation's 56 officially designated state and territorial agencies on aging. The mission of the Association is to advance social, health, and economic policies responsive to the needs of a diverse aging population and to enhance the capacity of its membership to promote the rights, dignity and independence of, and expand opportunities and resources for, current and future generations of older persons, adults with disabilities and their families.

National Family Caregiver Support Program
Federally funded program that is part of the services offered through the Department for Aging and Independent Living and the regional Area Agencies on Aging to help caregivers improve the health and well-being of the elderly in their care and to provide caregivers with information, training, and assistance.

NGA
National Governor's Association – Founded in 1908, NGA is the collective voice of the nation's governors and one of Washington, D.C.'s, most respected public policy organizations. NGA provides governors and their senior staff members with services that range from representing states on Capitol Hill and before the Administration on key federal issues to developing policy reports on innovative state programs and hosting networking seminars for state government executive branch officials. The NGA Center for Best Practices focuses on state innovations and best practices on issues that range from education and health to technology, welfare reform, and the environment. NGA also provides management and technical assistance to both new and incumbent governors.

NIA
National Institute on Aging – NIA, one of the 27 Institutes and Centers of NIH, leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. In 1974, Congress granted authority to form NIA to provide leadership in aging research, training, health information dissemination, and other programs relevant to aging and older people. Subsequent amendments to this legislation designated the NIA as the primary Federal agency on Alzheimer's disease research.
NORC  Naturally Occurring Retirement Communities – NORC’s refer to buildings, apartment complexes, or neighborhoods not originally planned for older people, where over time 50% of the residents have become ≥50 years of age. NORCs differ from the stereotypical retirement community, yet they are the most common form of retirement community in the United States. There are two definitions of NORCs, one sociologic and the other legislative. The sociologic definition describes a phenomenon in which seniors have become concentrated as a result of “aging in place,” in contrast to continuing care retirement communities and assisted-living facilities where the elderly have purposefully relocated to seek services. The legislative definition describes communities to which government in collaboration with private housing entities provide socially supportive services to defined geographic concentrations of seniors.

NSIP  Nutrition Services Incentive Program – A program that provides cash and/or commodities to supplement meals provided under the authority of OAA. Minimum meal requirements include: (1) it has been served to an eligible participant under the OAA and has NOT been means-tested for participation; (2) it is compliant with the nutrition requirements; (3) it is served by an eligible agency; and (4) it is served to an individual who has an opportunity to contribute.

OAA  Older Americans Act – Signed into law July 14, 1965 by Pres. Lyndon B. Johnson, the OAA created the Administration on Aging, authorized grants to states for community planning, service programs, research demonstration, training projects in the field of aging, and established State Units on Aging and Area Agencies on Aging. Later amendments to the Act added grants to AAA’s for local needs identification, planning and funding of services.

Title II – Establishment of the Administration on Aging and the administration of the Act
Title III – Grants for State and Community Programs on Aging

Part A – Administration and assistance for the planning and provision of supportive services and multi-purpose senior center’s programs.
Part B – Provision of supportive services under the Act such as social services, ombudsman, legal assistance, transportation and health promotion.
Part C – Nutrition Services.
  Section 1 – Congregate nutrition program
  Section 2 – Home delivered nutrition services
  Section 3 – School-based meals for volunteers
Part D – Disease prevention and health promotion
Part E – Family caregiver support program
Title IV – Activities for Health, Independence and Longevity.
Title V – Older American Community Service Employment Program.
Title VI – Native Americans.
Title VII – Allotments for Vulnerable Elder Rights Protection Activities.
Title VII – Federal Youth Development Council.
Title IX – Conforming Amendments.

**OMB**
Office of Management and Budget – A branch of the Executive Office of the President, which helps the President formulate his spending plans; evaluate the effectiveness of agency programs, policies, and procedures; assess competing funding demands among agencies, and set funding priorities. OMB ensures that agency reports, rules, testimony, and proposed legislation are consistent with the President's budget and within administration policies.

**Participant**
A participant, or client, is a person receiving services being provided by the Department for Aging and Independent Living through Area Agencies on Aging programs.

**PCAP**
Personal Care Attendant Program is a fully state-funded program whose purpose is to enable eligible severely disabled adults to live independently. The program provides financial support that allows the participant to hire a personal care attendant and thereby achieve independence. To be eligible, the person must be age 18 or older with the functional loss of 2 or more limbs and have the ability to hire and supervise an attendant.

**PSA**
Planning and Service Areas - A geographic area within the state that is designated by the state for purposes of planning, development, delivery and the overall administration of services under a Title III Area Plan. The State Unit has designated those multi-county groupings, which correspond to area development districts as planning and service areas (PSAs). PSAs are also known as the Area Agencies on Aging.

**Program Income**
Income earned by local program from activities part or all of the cost of which is either borne as a direct cost by federal funds or counted as direct cost toward meeting cost sharing or match (see Match)
**Provider**
A provider is a person or entity that is awarded a contract from the AAA to provide services under an approved plan (also Contract Agency).

**QIO**
Quality Improvement Organization – Agency that reviews and prior authorizes Medicaid services for Kentucky. QIO was previously known as the Peer Review Organization (PRO).

**RFP**
Request for Proposal – Document issued when an organization (or Area Agency on Aging) wants to buy a service and chooses to make the specifications available to many other companies so they can submit competitive bids.

**RSVP**
Retired Senior Volunteer Program is a nationally acclaimed program funded by the Corporation for National Service that enlists older adults and retirees to serve as volunteers in their communities. It is one of the largest volunteer efforts in the nation. Volunteers involved in this program serve in the areas of public health, public safety, disaster preparedness and other community needs.

**SAMS**
Social Assistance Management Software – Powerful relational database that allows social assistance organizations to manage consumers and the services offered to them. This is the client management system used by the Department for Aging and Independent Living.

**SCL Waiver**
Supports for Community Living – This waiver provides various home and community-based services to eligible members as an alternative to receiving services in an intermediate care facility for individuals with mental retardation or developmental disabilities.

**SCP**
Senior Companion Program is a program of the Senior Service Corps. Participants are low-income persons age 60 or older who provide care and companionship to other adults, especially the frail elderly, in an effort to help them achieve and maintain their highest level of independent living.

**SCSEP**
Senior Community Service Employment Program is an employment-training program for individuals 55 or older with limited financial resources. The goal of the program is to enable needy elders to obtain paid employment.
**Service Delivery** Those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

**SHIP** State Health Insurance Assistance Program - A national program that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIP provides free counseling and assistance via telephone and face-to-face, interactive sessions, public education presentations and programs, and media activities.

**SHPS** Strategic Health and Productivity Solutions is a company based in Louisville who subcontracts with EDS to act as the Quality Improvement Organization (QIO) in Kentucky. SHPS determine eligibility, level of care, units of service, and duration of services for Medicaid waiver applicants in Kentucky.

**SSA** Social Security Administration is a program that manages two cash- benefit programs for people with disabilities. The Social Security Disability Insurance (SSDI) program provides federal disability insurance benefits for workers who have contributed to the Social Security trust funds and become disabled or blind before reaching retirement age. The Supplemental Security Income (SSI) program provides monthly cash income to low-income persons with limited resources on the basis of age and disability.

- **Title XVIII (Medicare)** – A federal program for people 65 or older that pays part of the costs associated with hospitalization, surgery, doctors’ bills, home health care, and skilled-nursing care.

- **Title XIX (Medicaid)** - A federal/state public assistance program created in 1965 and administered by the states for people whose income and resources are insufficient to pay for health care.

- **Title XX** – A federal program designed to provide in-home services to low and low-moderate income individuals.

**SSI** Supplemental Security Income – A federal program that provides monthly cash income to low-income persons with limited resources based on age and disability.
State Plan

Formal application/plan submitted by the Department for Aging and Independent Living to the Federal government to request Title III funds. The plan also describes how the state will carry out the requirements of the Older Americans Act.

SUA

State Unit on Aging - The Administration on Aging awards OAA funds for supportive home and community-based services to the State Units on Aging (SUAs), which are located in every state and U.S. territory. SUAs are agencies of state and territorial governments designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families and, in many states, for adults with physical disabilities. The term "state unit on aging" is a general term: the specific title and organization of the governmental unit will vary from state to state and may be called a Department, Office, Bureau, Commission, Council or Board for the elderly, seniors, aging, older adults and/or adults with physical disabilities. These state government agencies all share a common agenda of providing the opportunities and supports for older persons to live independent, meaningful, productive, dignified lives and maintain close family and community ties. The Department for Aging and Independent Living is Kentucky’s State Unit on Aging.

TBI

As defined by KRS 211.470, Traumatic Brain Injury (or Acquired Brain Injury) means a partial or total disability caused by injury to the central nervous system from physical trauma, damage to the central nervous system from anoxia, hypoxic episodes, allergic conditions, toxic substances, or other acute medical clinical incidents resulting in impaired cognitive abilities or impaired physical functioning. Traumatic brain injury does not include:

(a) Strokes that can be treated in nursing facilities providing routine rehabilitation services;
(b) Spinal cord injuries for which there are no known or obvious injuries to the intracranial central nervous system;
(c) Progressive dementias and other mentally impairing conditions;
(d) Depression and psychiatric disorders in which there is no known or obvious central nervous system damage;
(e) Mental retardation and birth defect related disorders of long standing nature; or
(f) Neurological degenerative, metabolic, and other medical conditions of a chronic, degenerative nature
The Traumatic Brain Injury (TBI) Behavioral Program was created pursuant of Kentucky Administrative Regulation 910 KAR 3:020. Its purpose is to be a funding of last resort for individuals affected by brain injury that are in need of behavioral services. The TBI Behavioral Program assists in providing behavioral supports and intervention to eligible individuals.

The TBI Trust Fund Program was created pursuant to Kentucky Revised Statue 211.470 to 478. Its purpose is to be a funding source of last resort for individuals who have sustained a traumatic brain injury. The TBI Board was created for administering the trust fund. The TBI Trust Fund Board mission is to provide leadership, in partnership with others, to prevent disability, to strengthen individuals in their community, and to foster independence of people whose lives have been affected by a traumatic brain injury, by providing individuals with brain injury and their families effective services and supports to promote independence and personal productivity.

Regional councils/committees concerned with the prevention of crimes, fraud and abuse against the elderly.

Measure used to document the provision of a service, example: one half hour, one hour, one trip, one contact, one session, etc. The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files
(b) Travel time incurred in the delivery of the service
(c) Training, staff meeting
(d) Project management
**USDA**

United States Department of Agriculture is a government agency founded by Abraham Lincoln in 1862 that supports rural development, food safety, nutrition and research for agricultural technology. The agency is also in charge of national forest and rangelands and works to reduce hunger in the US and internationally. USDA administers programs and services concerned with farmers and consumers including grading and inspection of meat and other products, and conducting research programs in animal and plant production and human nutrition. USDA also oversees many regulations, agencies, pricing issues and grant opportunities.

**USVA**

United States Department of Veterans Affairs –The second largest agency in the Federal government that offers a wide array of services to meet the needs of our country’s armed service personnel. The Department is composed of three organizations: The Veterans Health Administration (VHA), which manages one of the largest healthcare systems in the world; The Veteran Benefits Administration (VBA), which supplies compensation and vocational assistance to disabled veterans; and The National Cemetery Administration (NCA), which honors veterans with a final resting place and lasting memorials that commemorate their service to our Nation.
CHAPTER 25 APPENDIX B
(DAIL STANDARD OPERATING PROCEDURES)

SERVICE AND UNIT DEFINITIONS FOR
OLDER AMERICANS ACT SERVICES

TITLE III B CLUSTER I

**Adult DayCare/Adult Day Health (1 Hour)** - Personal care for dependent elders in a supervised, protective and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health. [Requires an assessment, care plan and ongoing case management]

**Assessment (1 Hour)** - See Assessment portion of Case Management definition.

**Case Management (1 Hour)** - Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

**Chore (1 Hour)** - Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

**Homemaker (1 Hour)** - Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. [Requires an assessment, care plan and ongoing case management]

**Personal Care (1 Hour)** - Providing personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform one or more of the following activities of daily living: eating, dressing, bathing, toileting, transferring in and out of bed/chair and walking. [Requires an assessment, care plan and ongoing case management]

**TITLE III B CLUSTER II**

**Escort (Assisted Transportation) (1 One-Way Trip)** – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
TITLE III B CLUSTER III (other services)

**Advocacy (1 Hour)** - Action taken on behalf of an older person to secure his/her rights or benefits. Includes receiving, investigating and working to resolve disputes or complaints. Does not include service provided by an attorney or person under the supervision of an attorney.

**Cash & Counseling (1 Activity)** This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Escort (Assisted Transportation) (1 One-Way Trip)** – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

- **Homemaker (1 Hour)** Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. [Requires an assessment, care plan and ongoing case management]

- **Respite (1 Hour)** - Care provided to an eligible person by an approved caregiver for a designated time period because of absence or need for relief of those normally providing care. [Requires an assessment, care plan and ongoing case management]

- **Transportation (1 One-Way Trip)** - Transportation from one location to another. Does not include any other activity.

**Counseling (1 Hour)** - Uses the casework mode of relating to a client (via interview, discussion, or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses encountered by them. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff. (For nutrition, see Nutrition Counseling Title III-C).

**Education/Training (1 Hour)** - Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to increase awareness in such areas as nutrition, crime, or accident prevention; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job, or occupation. Does not include wages or stipends. (For nutrition, see Nutrition Education Title III-C).

**Employment Services (1 Hour)** - Services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral, and placement.

**Friendly Visiting (1 Contact)** - Going to see a client in order to comfort or help. [Requires an assessment (documentation of need) and care plan]

**Health Promotion (1 Session)** Services which include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management;
home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person sixty (60) or older.

**Example:** health promotion includes programs relating to chronic disabling conditions (including osteoporosis and cardiovascular disease) prevention and reduction of effects, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, physical fitness programs such as walking programs, exercise programs, and music, art, and dance-movement therapy, and assisting participants in understanding health insurance policies.

**Note:** See Title III D on page 7.

**Examples of reporting additional items under Health Promotion:**  
- **Coalition building:** Units: count the number of contacts (organizations, agencies) made in conducting a coalition-building activity. Number served: estimate the number of 60+ who would benefit from the program/service.  
- **Advocacy related to health issues:** Units: the number of contacts made in conducting the advocacy. Number served: estimate the number of 60+ who would benefit from the advocacy.

**Home Health Aide (1 Hour)** - Providing assistance to persons and/or families whose routines have been disrupted by long or short term illness, disability or other circumstance through paraprofessional aides who provide personal health care services including assisting in administering medications, teaching the client and/or caregiver in self-care techniques, observing, recording, and reporting on the client's status and any observed changes. [Requires an assessment, care plan and ongoing case management]

**Home Repair (1 Activity)** - Performance of tasks for minor home adaptations including additions to or modifications of the home environment to enable the elderly to maintain independent living in the home or to ensure health, safety, or facilitate mobility.

**Information and Assistance (1 Contact)** - A service for older individuals that (A) provides individuals with current information services available within the communities, (B) links individuals to the services and opportunities that are available; (C) to the maximum extent practicable establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied. [Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).]

**Legal Assistance (1 Hour)** - Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

**Public Information (1 Activity)** – Provision of information, assistance or outreach to a group of individuals. Involves contact with several current or potential client/caregivers.

**Ombudsman (1 Activity)** - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the
development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations (1 Activity)** - Unduplicated would be the number of presentations held.

**Outreach (1 Contact)** - Interventions with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

[Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).”]

**Recreation (1 Contact)** - Provision of activities which foster the health or social well being of individuals through social interaction and the satisfying use of leisure time.

**Respite (1 Hour)** - Care provided to an eligible person by an approved caregiver for a designated time period because of absence or need for relief of those normally providing care. [Requires an assessment, care plan and ongoing case management]

**Telephone Reassurance (1 Contact)** - Phoning in order to provide comfort or help. [Requires an assessment (documentation of need) and care plan]

**Transportation (1 One-Way Trip)** - Transportation from one location to another. Does not include any other activity.

**Note:** The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III C-1 CONGREGATE MEALS (CLUSTER II)

**Congregate Meals** (1 Meal) - Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

**Nutrition Counseling** (1 session per participant) - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

**Nutrition Education** (1 session per participant) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of “Nutrition Education”.] [Nutrition education must occur at least once a month]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III C-2 HOME DELIVERED MEALS (CLUSTER I)

**Home Delivered Meals (1 Meal)** - Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients. [Requires a full assessment, care plan and ongoing case management]

**Nutrition Counseling (1 session per participant)** - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

**Nutrition Education (1 session per participant)** - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of “Nutrition Education”.] [Nutrition education must occur at least once a month]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Training, staff meeting.
(c) Project management.
SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III D PREVENTIVE HEALTH

Health Promotion shall include the provision of one or more of the following services: community-based health promotion, provider involvement, collaboration, advocacy related to health issues, substance abuse prevention, medication misuse, mental health promotion, injury risk reduction, and cardiovascular health promotion. Contact may be directly with or on behalf of the client in either group or individual activities. [Note: Subservices must be mapped to main service]

**Information** (1 Contact)
- Counseling
- Education
- Information

**Health Promotion** (1 Session)
- Exercise
- Self-Help
- Stress Management
- Weight Loss

**Risk Assessment** (1 Session)
- Health
- Injury Control
- Medication
- Nutrition

**Medication Management** (1 Session)
- Screening
- Education

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
THESE DEFINITIONS TO BE USED JULY 1, 2011

SERVICE AND UNIT DEFINITIONS FOR
OLDER AMERICANS ACT SERVICES

TITLE III D PREVENTIVE HEALTH

Health Promotion shall include the provision of one or more of the following services: community-based health promotion, provider involvement, collaboration, advocacy related to health issues, substance abuse prevention, medication misuse, mental health promotion, injury risk reduction, and cardiovascular health promotion. Contact may be directly with or on behalf of the client in either group or individual activities. [Note: Subservices must be mapped to main service]

Definitions were taken from 42 U.S.C. Section 3002. Definitions, and OAA as amended in 2006.

Information and Counseling (1 Contact)

- Mental Health - Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services.

- Information - concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction.

- Counseling – Counseling regarding social services and follow up health services based on any of the services described in 42 U.S.C. Section 3002(14)(A through K). Also includes gerontological counseling.

- Education – Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

Health Promotion (1 Session)

- Evidence-Based Health Promotion - Programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.
• Physical Fitness – Group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education and a local educational agency, as defined in Section 8801(1) of title 20 or a community-based organization.

Risk Assessment (1 Session)

• Routing Health Screening – May include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutrition counseling and education for individuals and their primary caregivers; and injury control screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.

• Nutrition Counseling and Education – Services for individuals and their primary caregivers.

• Injury Control – Services include screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.

Medication Management (1 Session)

• Screening and Education - to prevent incorrect medication and adverse drug reactions.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III E NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

The term “child” means an individual who is not more than 18 years of age or an individual 19-59 years of age who has a severe disability. The term relates to a grandparent or other older relative who is a caregiver of a child.

The term “caregiver” means an adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.

The term “grandparent or other older relative caregiver of a child” means a grandparent, step-grandparent or other relative of a child by blood or marriage who is 55 years of age or older and:

(A) lives with the child,

(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and

(C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

In providing services the State shall give priority to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and to older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

For family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State shall give priority to caregivers who provide care for older individuals with such disease or disorder; and for grandparents or older individuals who are relative caregivers, the State shall give priority to caregivers who provide care for children with severe disabilities.

CAREGIVERS:

Group 1 services require each client to be registered.

Group 2 services do not require a client to be registered and should be used for consumer group such as for a Health Fair, or Public Education.

Group 1

FCSP Individual Counseling Caregiver (1 session per participant) - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes
counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]

- **FCSP Caregiver Training Caregiver (1 session per participant)** - to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

- **FCSP Support Groups Caregiver (1 session per participant)** - Services to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

**FCSP Respite Caregiver (1 Hour)** - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

**FCSP Supplemental Services Caregiver (1 Activity)** - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (Services purchased by vouchers are to be counted under Cash and Counseling)

**FCSP Cash & Counseling Caregiver (1 Activity)** - This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Individual Counseling (1 session per participant)** - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]

- **Respite (1 Hour)** - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
- **Supplemental Services** (1 Activity) - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

**Group 2**

- **FCSP Access Assistance Caregiver** (1 Contact) - A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet website “hits” are to be counted only if information is requested and supplied.]

- **FCSP Information Services Caregiver** (1 Activity) - A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publication, conducting media campaigns, and other similar activities.]

**GRANDPARENTS:**

**Group 1**

- **FCSP Individual Counseling Grandparents** (1 session per participant) - Counseling to grandparents to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual grandparents and families).

  - **FCSP Caregiver Training Grandparents** (1 session per participant) - to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

  - **FCSP Support Groups Grandparents** (1 session per participant) - Services roles assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

- **FCSP Respite Grandparents** (1 Hour) - Services which offer temporary, substitute supports or living arrangements for grandparents in order to provide a brief period of relief or rest for the grandparents. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units
purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

**FCSP Supplemental Service Grandparents (1 Activity) -** Services provided on a limited basis to complement the care provided by grandparents. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (Services purchased by vouchers are to be counted under Cash and Counseling)

**FCSP Cash & Counseling Grandparents (1 Activity)** This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Individual Counseling** *(1 session per participant)* - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]

- **Respite** *(1 Hour)* - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

- **Supplemental Services** *(1 Activity)* - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

**Group 2**

**FCSP Access Assistance Grandparents** *(1 Contact)* - A service that assists grandparents in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to grandparents is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]
**FCSP Information Services Grandparents (1 Activity)** - A service for grandparents that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential grandparents such as disseminating publication, conducting media campaigns, and other similar activities.]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
TITLE VII ELDER ABUSE and OMBUDSMAN PROGRAMS
(Ombudsman for Title III will be under part B Supportive Services)

Elder Abuse Prevention (1 Activity) - Prevention of Elder Abuse, Neglect, and Exploitation. Activities include: (1) Development and strengthen community activities to prevent and treat elder abuse, neglect, and exploitations; (2) Use a comprehensive approach to identify and assist older individuals subject to abuse, neglect and exploitation; (3) Coordinate with other state and local programs and services to protect vulnerable adults, particularly older individuals.

Ombudsman (1 Activity) - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations** (1 Activity) - Unduplicated would be the number of presentations held.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
ADRC SERVICES

Benefits Counseling (1 Contact) The provision of information and assistance designed to help people learn about and, if desired, apply for public and private benefits to which they are entitled, including but not limited to, private insurance (such as Medigap policies), Supplemental Security Income (SSI), Food Stamps, Medicare, Medicaid and private pension benefits. For purposes of this program, Benefits Counseling funded under the Older Americans Act (and SHIP) that is provided to individuals who need help in order to remain in the community, is included in this definition.

Care Coordination and Transition Assistance (1 Contact) A client-centered assessment-based interdisciplinary approach to creating formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payor to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made – usually in a time of crisis – that often determine whether a person ends up in a nursing home or is transitioned back to their home. Individual and families are provided with information they need to make informed decisions about their service and support options, and to help them to quickly arrange for the care and services they choose.

Information Referral and Awareness (1 Contact) The information, referral and awareness function of an ADRC is defined by the ADRCs ability to serve as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn to for objective information on the full range of long-term service and support options. It is also defined by its ability to promote awareness of the various options that are available in the community, especially among underserved, hard-to-reach and private paying populations, as well as options individuals can use to “plan ahead” for their long-term care. ADRCs should also have the capacity to help individuals be aware of their Medicare benefits and other state and federal programs by partnering with State Health Insurance Assistance Programs (SHIPs) and Benefit Outreach and Enrollment Centers where they exist. Finally, ADRCs should have the capacity to link consumers with needed services and supports – both public and private – through appropriate referrals to other agencies and organizations.

Intake/Assessment (1 Contact) Assistance either in the form of access or care coordination in circumstance where the older person or persons with disabilities and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include gathering personal information, assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

Long-Term Care Futures Planning (1 Contact) Provide assistance to individuals who anticipate having long-term care needs to develop a plan for the more distant future. Futures planning take into consideration age, individual preferences, values, health and other circumstances, including the availability of informal supports.
Options Counseling and Assistance (1 Contact) The options counseling and assistance function is defined by the ADRCs ability to provide counseling and decision support, including one-on-one assistance, to consumers and their family members and/or caregivers. The main purpose of options counseling and assistance is to help consumers assess and understand their needs, and to assist them in making informed decisions about appropriate long-term service and support choices – as well as their Medicare options – in the context of their personal needs, preferences, values and individual circumstances. Options counseling and assistance also entails helping consumers to develop service plans and arranging for the delivery of services and supports, including helping individuals to hire and supervise their direct care workers. Individuals and families who receive options counseling should be in better position to make service and support choices that optimally meet their needs and preferences, and be able to make better use their own personal and financial resources in the short term and over time.

Outreach (1 Contact) Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.
STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

SHIP Counseling (1 Contact) - Counselor’s time with or on behalf of a client.

- **Presentations (1 Activity/Event)** – A SHIP counselor/coordinator connects with an audience concerning any information. Can be an audience of their peers or for the purpose of outreach to beneficiaries.

- **Media Activity (1 Activity)** – Connecting with Medicare beneficiaries through various media sources including but not limited to radio, newspaper, television and material/publications. Involves identifying the most appropriate ways to reach underserved populations with greatest need for education and information on Medicare issues.

- **Counselor Training (1 Hour)** – Total number of counselor hours in initial training(s) and total number counselor hours in update trainings.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting (other than direct SHIP training).
(d) Project management.
ADULT DAY CARE SERVICE WILL END JUNE 30, 2011

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

ADULT DAY CARE

Adult Day Care (1/2 Hour) – Adult day care is a supportive and therapeutic social program of supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and for: assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.

Adult Day Care (NonAlzheimers) (1/2 Hour) - Supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.

Alzheimers Respite in Day Care (1/2 Hour) - Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a center to enable the caregiver temporary relief from care giving duties.

Alzheimers Respite In Home (1/2 Hour) - Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a client's home to enable the caregiver temporary relief from care giving duties.

Assessment (1/2 Hour) - Collection of information and evaluation about a person's situation and functioning which identifies needs and resources so that a comprehensive plan of care may be developed.

Case Management (1/2 Hour) - A process for ensuring that participants receive appropriate, comprehensive, and timely services to meet their needs as identified in the assessment process; planning; referring the participant to appropriate agencies and individuals in the informal care giving systems; monitoring; and advocacy through case work activities in order to achieve the best possible resolution of individual needs.

[Note: All services requires an assessment, care plan, and ongoing case management]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
THESE DEFINITIONS TO BE USED JULY 1, 2011

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

ADULT DAY CARE

**Adult Day Care (NonAlzheimers) (1/2 Hour)** – Adult day care is a supportive and therapeutic social program of supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and for: assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.

**Adult Day Care (Alzheimers) (1/2 Hour)** - Supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities to Alzheimer’s clients.

**Alzheimers Respite in Day Care (1/2 Hour)** - Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a center to enable the caregiver temporary relief from care giving duties.

**Alzheimers Respite In Home (1/2 Hour)** - Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a client's home to enable the caregiver temporary relief from care giving duties.

**Assessment (1/2 Hour)** - Collection of information and evaluation about a person's situation and functioning which identifies needs and resources so that a comprehensive plan of care may be developed.

**Case Management (1/2 Hour)** - A process for ensuring that participants receive appropriate, comprehensive, and timely services to meet their needs as identified in the assessment process; planning; referring the participant to appropriate agencies and individuals in the informal care giving systems; monitoring; and advocacy through case work activities in order to achieve the best possible resolution of individual needs.

[Note: All services requires an assessment, care plan, and ongoing case management]

**Note:** The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.
- (b) Travel time incurred in the delivery of services.
- (c) Training, staff meeting.
- (d) Project management.
SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

HOMECARE PROGRAM

**Assessment (1/2 Hour)** - The collection and evaluation of in-depth information about a person’s situation and functioning capacity including formal and informal resources (present and potential) for the purpose of identifying needs and developing a comprehensive plan of care.

**Case Management (1/2 Hour)** - The process of planning, referring, monitoring and advocating to assure that appropriate, comprehensive, timely and cost-effective services are provided to meet the client’s individual needs as identified in the assessment.

**Chore (1/2 Hour)** - The performance of heavy housecleaning, minor household repairs, yard tasks, and other activities needed to assist in the maintenance of a functionally impaired elderly person in his own home.

**Escort (1/2 Hour)** - The accompaniment of a person who requires such assistance for reasons of safety or protection to or from his physician, dentist, or other necessary services.

**Homemaker (1/2 Hour)** - General household activities, including but not limited to nonmedical personal care, shopping, meal preparation, and routine household care, provided by a trained homemaker when the person regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself or others in the home.

**Home Delivered Meals (1 Meal)** - The provision of a nutritionally sound meal, that meets at least one-third (1/3) of the current daily recommended dietary allowance, to a functionally impaired elderly person who is homebound by reason of illness, incapacity, or disability.

- **Nutrition Counseling (1 session per participant)** - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

- **Nutrition Education (1 session per participant)** - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

**Home Health Aide (1/2 Hour)** - The performance of simple procedures, including but not limited to personal care, ambulation, exercises, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's condition and needs, and completing appropriate records.

**Home Repair (1 Activity)** - The provision of minor home adaptations, additions, or modifications to enable the elderly to live independently or safely or to facilitate mobility including, where appropriate, emergency summons systems.
**Personal Care (1/2 Hour)** - Services directed toward maintaining, strengthening or safeguarding the functioning of a person in the home; includes helping a person with the activities of daily living such as bathing, eating, dressing, grooming, transferring, and toileting.

A unit is defined as ½ hour of direct service, except for home-delivered meals, where one unit equals a meal.

**Respite (1/2 Hour)** - Care provided by an approved caregiver or agency for a designated time period because of absence or need for relief of a primary caregiver.

[Note: All services require an assessment, care plan and ongoing case management]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

KY FAMILY CAREGIVER PROGRAM

KY Grandparent Information (1 Contact) - A service for grandparents that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential grandparents such as disseminating publication, conducting media campaigns, and other similar activities.]

KY Grandparent Assistance (1 Contact) - A service that assists grandparents in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to grandparents is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

KY Grandparent Individual Counseling (1 Session) - Counseling to grandparents to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals.

KY Grandparent Support Group (1 Session) - Services to assist the grandparents in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

KY Grandparent Caregiver Training (1 Session) - to assist the grandparents in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

KY Grandparent Supplemental Services (1 Activity) – Services provided to meet identified needs of grandparents raising grandchildren including the following (when using vouchers, each voucher is counted as one unit):

KY Grandparent Supplemental Services are for vouchers up to $500 per grandchild with a maximum of $1,500 per household, unless an exception request is approved. The exception request cannot go beyond $500 per grandchild.

- Respite (1 Activity) care provided by a caregiver or agency approved by a district for a designated time period; and to temporarily relieve a grandparent who serves as primary caregiver to a grandchild.

- Legal Assistance (1 Activity) relates to the grandchild’s safety and stability and excludes unlawful activity.

- Child Clothing and Personal Care Needs (1 Activity)
• **Educational Supplies/Assistance (1 Activity)** - is documented by the grandchild’s school of attendance.

• **Medical and Dental (1 Activity)** - Co pays and premiums are prohibited.

• **Furniture (1 Activity)** - Bed or dresser to be used by the grandchild.

• **Other (1 Activity)**

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

(a) Review, update or maintenance of resource or agency files.
(b) Travel time incurred in the delivery of services.
(c) Training, staff meeting.
(d) Project management.
SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

PERSONAL CARE ATTENDANT PROGRAM

**Subsidy (1 Hour)** - A financial reimbursement provided by the cabinet for personal care services granted to any adult who has a severe physical disability, needs not less than fourteen (14) hours of personal care assistance to prevent or remove an adult from inappropriate placement in an institutional setting, and who qualifies under KRS 205.910.

**Evaluation and Program Coordination (1 Hour)** – Provide an evaluation by a team as defined in KRS 205.900(2) of an applicant or participant for personal care services to determine eligibility, reevaluate at least biennially to determine the continued needs, and report findings and recommendations to the Cabinet. A program coordinator shall assist with completion of the application process, maintain a waiting list, prescreen applicants, assist participants with training of attendants, provide training to participants, review results of the evaluation team, assist participants in developing a care plan, assist with developing work agreements, assist with recruitment of attendants, and maintaining and submitting all required reports.
SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

STATE OMBUDSMAN

**Ombudsman (1 Activity)** - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations (1 Activity)** - Unduplicated would be the number of presentations held.
Appendix C
I& R Prescreening and Intake Instructions

This guidance is for completing Information and Referral contacts. These contacts maybe any type of communication (calls, emails, written requests, walkin inquiries, and etc.) For a complete overview of SAMS I&R functionality please goto http://www.synergysw.com/contact/register.php to register for an account to obtain access to Harmony’s companion guides. The SAMS I&R companion guide is available at the following address http://www.synergysw.com/upload/files/SAMS_2_1_IR_Companion_Guide.zip.

Begin by opening SAMS and Click on “New Call”.

1. Use the Caller Type to select the relationship of the caller to the consumer.
2. SAMS automatically defaults the Start Date, State Time, End Date and End time, Call Type, and Call Timer On fields.

Select who the caller was Referred By.
Click on “Anonymous” to search for caller. Enter the first 2 letters of the last name. The inquirer Fruity Tuity is not listed as a consumer in SAMS. Leave Anonymous as the default if no name is given. If the caller does not appear in the search results pane, click on “Add New”.

If multiple names similar to the caller are found in the search you may simply click “details” to load a summary of the consumer/caller information to determine if or which client is the correct one. See next page.
### Personal Information
- **Social Sec. No.:** 1318859500
- **Date of Birth:** 12/01/1940
- **Age:** 70
- **Status: Alive**
- **MA Name:** (Not Indicated)
- **Maiden Name:** (Not Indicated)
- **Info Release:** Yes
- **Data Registered:** 12/22/2010
- **Details Last Reviewed:** 12/22/2010
- **Marital Status:** Unknown
- **Gender:** Female
- **County:** Not Indicated
- **Municipality:** Not Indicated
- **Primary Phone Number:** (302) 444-1010

### Characteristics
- **Language:** English
- **Homebound:** No
- **Frail:** No
- **Disabled:** No
- **Is Abused/Neglected:** No
- **Exploited:** No
- **Ethnicity:** Unknown
- **Is In Poverty:** Yes
- **Lives Alone:** Don't Know
- **High Nutritional Risk:** Don't Know
- **Is Rural:** Yes
- **Number of ADLs:** Not Assessed
- **Number of IADLs:** Not Assessed

### Current Care Recipients
- **Homecare (Active):**
- **Date:** 01/03/2011 - None
- **Naps Title III B Supportive:**

### Insurance
- **Medicaid #:** 3892899279
- **Medicare #:** (Not Indicated)
- **Medical Assistance ID:** (Not Indicated)

### Current Providers

### Current Caregivers
SAMS will automatically default the Date Registered to today’s date.

Enter the first and last name.

Click on “Default Agency” and select the correct agency.

Click “OK”.
Since Fruity Tuity is calling for herself, she is listed as both the Caller and Consumer, by setting the caller type to “self”.

If the consumer is different from the caller, follow the procedures on page 2 used to search for the caller to search for the consumer.
Click on “ADRC Activities” heading in the call actions pane.

Select the appropriate activity(ies).

Click “OK”.

The following ADRC Activities are available for proper reporting:

ADRC Benefits Counseling (SHIP)

ADRC Care Coordination and Transition Assistance

ADRC Information/Referral

ADRC Intake/Assessment

ADRC LTC Futures Planning

ADRC Options Counseling/Assistance

ADRC Outreach
Notice the chosen ADRC activity is now populated under ADRC Activities.

Click on the “Consumer Assessments (this call)” field *(This means the Prescreening and Intake)*.
Click on the “Filename” field and choose S:\Omania\Assessment Forms\Prescreening and Intake Part 1.afm.

Click “OK”.

If the form doesn’t show up, click on “Browse”. See next page.
Click on the folder Omnia.

Click on Assessment Forms.

Click on Prescreening and Intake – Part 1.afm.

After this form has been selected once, it will populate in the dropdown as a previously selected form for quick access.
The pre-screen and intake form consists of three sections:

I. Caller Information
   The basic contact information collected in this section relates to the person calling and the client in need of information or services.

II. Intake
   The information collected is more in depth with regards to the client’s income level, Medicare information, household composition, loss of limbs, if the client is self reliant, ethnicity and etc.

III. Deposition
   The information input into this section relates to who input the data, what agency and person it was referred to, and comments from the referral agencies.
The following instructions will direct you through the pre-screen and intake form:

If this was an information only call, complete the Start and End Time of Prescreening, Relationship to Client, Primary and Cell Phone number fields.

SAMS automatically defaults the date and name.

For all other types of calls answer the full prescreening questions.
(Continuation of Prescreening)
If referral is made at this point, follow instructions on page 17 of this document.

If continuing with intake, proceed as follows:

Complete the Intake questions.
(Continuation of Intake)
Answer the Disposition questions specific to completion of the prescreening and intake.

Click on “Save and Close”.
After saving and closing the assessment, you may get a prompt to map the assessment questions to the SAMS consumer record such as the example below.

Click “OK”.
Click on “Referrals”.

Updated 1/2011
The caller Fruity Tuity is inquiring about home delivered meals.

Enter search words: home delivered.

SAMS automatically begins loading appropriate referrals.

Highlight a provider to populate the Details: pane with provider/service information.

Click “Add Referral” on the toolbar.
In the *Add Referral* screen that appears, select the appropriate service(s) by selecting the *Include?* box.

Click "**OK**".
Your selection(s) appears in the **Referrals** pane.
To create an activity for a referral, highlight it in the **Referrals** pane and click **Generate Activity**.

![Image of Referrals pane](image-url)

### Referrals Pane

- **Search**:
  - home delivered

- **Providers**:
  - Eastern Area Community Ministries
  - Elizabeth Munday Senior Center, Inc
  - ELKHORN CITY SCC
  - Elkhorn City Senior Citizens
  - Elmore Senior Citizens
  - Estill Co Senior Center
  - Estill County Fiscal Court
  - Fayette Co Homecare
  - Fayette Co Nutrition/Meals
  - Fayette County Nutrition Program
  - FCPF - Clark County Homecare Program
  - FCPF - Madison County Homecare Program
  - FCPF Provider
  - FNSCO Area on Aging

- **Details**:
  - **FinPak Provider**
  - **Agencies**:
    - FinPak Agency [FPA]
  - **Services**:
    - Chronic Disease Management, FCPF Caregiver Training Caregiver, FCPF Caregiver Training Grandparents, **Home Delivered Meals**
  - **Provider Types**:
    - B.R Program and Service Provider
  - **Hours of Operation**:
    - Sunday: 2:21 PM to 2:21 PM
    - Monday: 2:21 PM to 2:21 PM
    - Tuesday: 2:21 PM to 2:21 PM
    - Wednesday: 2:21 PM to 2:21 PM
    - Thursday: 2:21 PM to 2:21 PM
    - Friday: 2:21 PM to 2:21 PM
    - Saturday: 2:21 PM to 2:21 PM
The Status, Status Date, and Follow-Up Status will automatically populate. These fields may be changed from the default.

Choose an action. In this case “Referral” was chosen.

Click “OK”.

Updated 1/2011
Use the Consumer/Caller list to select either the Consumer or the Caller.

Enter a Subject. Continue adding information as known or as needed, and click “OK” when finished.

Because we want to have this referral/activity to show up on the care manager’s (at the FinPak Provider) dashboard, we have chosen the sub provider, Steven Lechert. Please refer to the SAMS Administrator Set Up on pages 36 through 38.

Notice there is a Due Date of 1/10/2011 for this activity.
The activity now appears in the Call - Summary screen.

Click on “Save and Close”.
The consumer Fruity Tuity is populated in the Call Log.

The I&R consumer will also populate in the I&R callers screen.
Please note the I&R consumer created will not be a full SAMS consumer until enrolled for services. You will be able to perform assessments on the I&R consumer by accessing the record in the I&R Caller Consumer section.
For ease of access, the dashboard can be utilized to show referrals/activities assigned to a user, so they know what must be completed.

A dashboard widget has been set up to show the referral/activity on Steven Lechert’s (at FinPak Provider) dashboard. At this point when Steven loads his dashboard he will know he has activities that must be completed.

Steven can double click on any activity search on the dashboard to load the activity for review and mark them as started or completed. See next page.
When Steven indicates the activity process on his dashboard, Shirley can keep track of whether the referral of home delivered meals has been started, in progress, or complete through her dashboard.
ADRC Reporting

Click on “I&R Reports”.

Choose the “ADRC Quarterly Report template”.
Click on “Save Report As”.

Title your report. Your naming schema should be the following: “Agency Name – Report name” example: BTADD-ADRC Quarterly Report.
Enter Agency name, and the date range you want to pull report information for (Start Date and End Date).

Leave “ADRC Activity - to 7 items” for completion of all fields located on the Aging and Disability Resource Center – District Wide Service Delivery Quarterly Report.

Select “Print Preview”. 
The following printscreens show a report for the month of December 2010 for: Call Priority, Who Made Contact (Caller Type), ADRC Activity, Consumer Age Group, Referred By, Disability, and Monthly Totals.

<table>
<thead>
<tr>
<th>Report Title</th>
<th>Shirley ADRC Quarterly Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Template</td>
</tr>
<tr>
<td>Print Parameters</td>
<td>No</td>
</tr>
<tr>
<td>Report Header</td>
<td>Subtotal</td>
</tr>
<tr>
<td>Report Security Access</td>
<td>Shared with (All)</td>
</tr>
<tr>
<td></td>
<td>Modifications Allowed (All)</td>
</tr>
<tr>
<td>Call</td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td>First/Agency Provider</td>
</tr>
<tr>
<td></td>
<td>(Any)</td>
</tr>
<tr>
<td>Agent</td>
<td>(Any)</td>
</tr>
<tr>
<td>Start Date (on or after)</td>
<td>12/01/2010</td>
</tr>
<tr>
<td>Start Date (on or before)</td>
<td>12/31/2010</td>
</tr>
<tr>
<td>End Date (on or after)</td>
<td>12/01/2010</td>
</tr>
<tr>
<td>Time Range</td>
<td>(Any)</td>
</tr>
<tr>
<td>Call Type</td>
<td>(Any)</td>
</tr>
<tr>
<td>Caller Type</td>
<td>(Any)</td>
</tr>
<tr>
<td>Age Group</td>
<td>(Any)</td>
</tr>
<tr>
<td>Disability</td>
<td>(Any)</td>
</tr>
</tbody>
</table>

**SAMS Agency Call Report**

**Shirley ADRC Quarterly Report**

**Call Priority:**

<table>
<thead>
<tr>
<th>No. of Calls</th>
<th>Call Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low Income Below Federal Poverty Level</td>
</tr>
<tr>
<td>1</td>
<td>Total</td>
</tr>
</tbody>
</table>

**Who made contact (Caller Type):**

<table>
<thead>
<tr>
<th>No. of Calls</th>
<th>Caller Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Self</td>
</tr>
<tr>
<td>1</td>
<td>Caregiver-Son/Daughter</td>
</tr>
<tr>
<td>1</td>
<td>Other</td>
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<tr>
<td>5</td>
<td>Total</td>
</tr>
</tbody>
</table>
(Continuation of Report).
(Continuation of Report)

<table>
<thead>
<tr>
<th>Referred By</th>
<th>No. of Calls</th>
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<tbody>
<tr>
<td>PhoneBack</td>
<td>1</td>
<td>Physically Disabled</td>
</tr>
<tr>
<td></td>
<td>1 Total</td>
<td>3 Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Total</th>
<th>No. of Calls</th>
<th>Total Minutes</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>57 Total</td>
<td>December 2009</td>
</tr>
</tbody>
</table>

Updated 1/2011
The following example indicates how an agency, provider, and sub provider (care manager) should be linked together in the SAMS Administrator in order for activities (such as a referral) to be sent to another agency case manager’s dashboard. An explanation for sending activities to a case manager’s dashboard is discussed further through this guide.

In the SAMS administrator, FinPak Agency is chosen as an agency. The name FinPak is just an example name and is not to be confused with the SAMS Finpak software.

<table>
<thead>
<tr>
<th>Agencies</th>
<th>Short Name</th>
<th>PSA ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>FinPak Agency</td>
<td>FINP</td>
<td>10</td>
</tr>
<tr>
<td>Gateway AIA</td>
<td>GWAR</td>
<td>P5609</td>
</tr>
<tr>
<td>Green River AIA</td>
<td>GRAR</td>
<td>00</td>
</tr>
<tr>
<td>Kentucky River AIA</td>
<td>KVAR</td>
<td>P569</td>
</tr>
<tr>
<td>KPPCA AIA</td>
<td>KPPA</td>
<td>06</td>
</tr>
<tr>
<td>Lake Cumberland AIA</td>
<td>LCAI</td>
<td>14</td>
</tr>
<tr>
<td>Lincoln Trail AIA</td>
<td>LTAI</td>
<td>03</td>
</tr>
<tr>
<td>Northern Kentucky AIA</td>
<td>NKAI</td>
<td>07</td>
</tr>
<tr>
<td>Pennyville AIA</td>
<td>PEDA</td>
<td>0002</td>
</tr>
<tr>
<td>Purchase AIA</td>
<td>PURA</td>
<td>0801</td>
</tr>
</tbody>
</table>
The FinPak provider is linked to the agency FinPak Agency.
SAMS Administrator (continued)

The care manager, Steven Lechert, is set up under the FinPak provider as a sub provider.