

Florida Department of Elder Affairs



Home and Community-Based Services

DRAFT Handbook January 2003

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Home and Community-Based Services

Handbook 2003

Mission Statement

The Department of Elder Affairs mission is to create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

Additional copies of the publication may be obtained from the DOEA Website at www.myflorida.com.
Printed copies may be obtained from the Division of Home and Community Based Services at 4040 Esplanade Way, Tallahassee, Florida 32399-7000

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SECTION I - GENERAL INFORMATION

PURPOSE OF THE SERVICES HANDBOOK

The Services Handbook describes services offered through Home and Community-Based Programs administered by the Florida Department of Elder Affairs. These programs include the Alzheimer's Disease Initiative (ADI), AmeriCorps, (AC), Community Care for the Elderly (CCE), Community Care Programs for the Elderly, (CCPE), Contracted Services (CS), Home Care for the Elderly (HCE), Local Services (LS), Older Americans Act (OAA), Respite for Elders Living in Everyday Families (RELIEF), and Senior Companion (SC). The handbook is intended as a description of the services and to provide specific standards, record keeping and reporting requirements for employees, vendors, providers, case managers and other members of the aging network.

PROGRAM DESCRIPTIONS

This is a summary of the Home and Community-Based Programs administered by the Florida Department of Elder Affairs. Specific services provided by each program are shown on the "Table of Services By Program."

- 1. Alzheimer's Disease Initiative (ADI)** is focused on caring for persons aged 18+ with memory disorders.
 - a.** The legislature established Memory Disorder Clinics throughout the state to: provide diagnostic and referral services for persons with Alzheimer's disease, conduct service-related research, and develop training materials for lay and professional caregivers. A Brain Bank is funded for post mortem research purposes.
 - b.** Model day care programs provide a safe environment where participants congregate for the day and socialize with other participants. Model day care programs are required to develop and provide therapeutic interventions designed to optimize patients' cognitive functioning. Model day care programs also serve as natural laboratories for research conducted by the memory disorder clinics.
 - c.** Respite care is provided throughout the state. Much of this care is provided in the home, but can be facility-based.
- 2. AmeriCorps (AC)** is a network of national service programs that engage volunteers in

intensive service to meet the critical needs in education, public safety, health, and environment. DOEA programs provide services to persons most of whom are elders aged 60+ through a multi-generational corps of members who receive a living allowance and commit to one year of service in exchange for an education award.

3. **Community Care for the Elderly (CCE)** provides a wide range of community-based services to assist functionally impaired, age 60+ elders to live in the least restrictive, cost effective environment suitable to their needs.
4. **Community Care Programs for the Elderly (CCPE)** provides community-based services for age 60+ elders in areas designated by legislative proviso or specific appropriations.
5. **Contracted Services (CS)** provides community-based services for age 60+ elders in areas designated by legislative proviso or specific appropriations.
6. **Home Care for the Elderly (HCE)** encourages the provision of care in family-type living arrangements in private homes on a not for profit basis as an alternative to nursing home or other institutional care. Area Agencies on Aging contract with Community Care for the Elderly providers for the provision of the HCE program. Approved caregivers receive a Basic Subsidy to reimburse some of their expenses each month for caring for the client, and may receive a Special Subsidy for other necessary services and essential supplies. Caregivers may be approved for up to three HCE clients in their home. HCE clients must be age 60+, at risk of nursing home placement, and financially eligible.
7. **Local Services (LS)** provide community-based services for age 60+ elders in areas designated by legislative proviso or specific appropriations.
8. **Respite for Elders Living in Everyday Families (RELIEF)** provides short term respite services for caregivers of homebound elders age 60+. The respite is provided by a multi-generational corp of volunteers who may receive a stipend. This program emphasizes provision of evening and weekend respite services.
9. **Senior Companions (SC)** are volunteers who provide one on one assistance to adults with physical, emotional, or mental health limitations, most of whom are elders age 60+. Senior Companions must be age 60+, meet established income and program eligibility guidelines, serve an average of 20 hours a week, and receive an hourly stipend.
10. **Title III of the Older Americans Act (OAA)** has several parts, each with a different focus. This program is federally funded to serve elders age 60+ and their caregivers. The OAA

mandates outreach to individuals listed in Section 305(a) of the federal Older American's Act. Area Agencies on Aging enter into contracts with service providers to deliver supportive services, nutrition, and in-home services. Older American Act clients cannot be determined eligible for services based on income criteria.

This handbook describes services available throughout the state under four parts of the Title III OAA.

- a. **Part B supportive and access services:** An area agency shall award III-B supportive service funds to the priority service categories of access, in-home, and legal in proportions of twenty percent, eight percent, and one percent respectively. Other support services can be provided once this obligation is met.
 - b. **Part C nutrition services:** An area agency shall award nutrition services funds received under Title III-C to provide meals and other nutrition services including outreach and nutrition education.
 - c. **Part D disease prevention and health promotion:** This program allows the state, through a direct partnership with the area agencies on aging, to develop and implement disease prevention and health promotion services at multipurpose senior centers, congregate meal sites, and other appropriate places with an emphasis on providing services to elders that are low income, minorities, or medically underserved.
 - d. **Part E National Family Caregiver Support Program:** This program allows the state to develop multifaceted systems of support to address the needs of caregivers providing care to older adults age 60+; and grandparents and relative caregivers age 60+, of children not more than 18 years of age. The goal is to relieve emotional, physical, and financial hardships of individuals providing care.
11. **Title VII of the Older Americans Act (OAA)** directs the state to carry out activities and programs for the prevention and treatment of elder abuse, neglect, and exploitation, including financial exploitation. In carrying out these activities and programs, the state coordinates with other state and local programs and services for the protection of vulnerable adults, particularly older vulnerable adults.

COMMON ISSUES FOR PROGRAMS/SERVICES

The following is a list of the characteristics that are common to all services and to the manner in which they should be provided.

1. All client information is confidential and shall only be disclosed with the written consent of the client or his/her guardian. Procedures shall be established to protect confidentiality of records and to obtain the individual's informed consent prior to release of confidential information.
2. Each service performed shall be recorded as specified in the Client Information Registration and Tracking System (CIRTS) Guidelines. Supporting documentation of services must be adequate to permit fiscal and programmatic evaluation as well as internal management.
3. The cost for every service includes CIRTS data entry, invoicing, and other necessary administrative activities related to providing that service.
4. Unless otherwise noted, units of service for group events should be counted using the amount of time delivering the service regardless of the number of attendees.
5. Travel time to and from the client's home is not counted in units of service unless travel time is specifically included as part of the service. Travel time may be included for services provided by volunteers who receive a stipend or living allowance.
6. One hour of direct service with or on behalf of a client is accumulated on a daily basis. The cumulative amount of time per service is totaled for the day and minutes are rounded up to the nearest quarter of a unit as follows:

0-15 minutes = 1/4 unit (1/4 hour)
16-30 minutes = 1/2 unit (1/2 hour)
31-45 minutes = 3/4 unit (3/4 hour)
46-60 minutes = 1 unit (1 hour)
7. Persons and/or agencies providing services shall:
 - a. have appropriate training for the program and service being delivered;
 - b. be licensed if required and not exempt;
 - c. be registered if required;
 - d. have background screening if required;
 - e. comply with continuing education requirements;

- f.** obtain any required state or local permit;
 - g.** meet building codes and standards; and,
 - h.** obtain any required insurance.
- 8.** All persons in direct contact with clients shall:
 - a.** only handle the client's money if permitted by the service provided;
 - b.** not disclose confidential information; and,
 - c.** not accept monetary or tangible gifts from clients or their family members.
- 9.** Providers shall incorporate volunteers and other community resources prior to accessing funded services. The provider's main responsibility is to make sure services among all agencies are well coordinated, avoiding duplication of effort.
- 10.** Paid staff and volunteers who have direct contact with clients shall receive basic orientation, covering but not limited to the following topics, before providing services on a regular basis:
 - a.** overview of the aging process;
 - b.** overview of the aging network;
 - c.** communication techniques with elders;
 - d.** abuse, neglect, exploitation and incident reporting;
 - e.** local agency procedures and protocols;
 - f.** client confidentiality; and,
 - g.** client grievance procedures.
- 11.** Procedures shall be established to recruit, train, and schedule paid and volunteer staff. Procedures will include an annual evaluation of paid staff and documentation maintained in agency or personnel files.
- 12.** Providers shall update and provide inservice training as needed. Any documented pre service training of a particular staff person may be substituted for all or part of required annual training.
- 13.** Unless stated otherwise in law, rule, or in this handbook the number of hours, training methods, and training materials are determined by the provider.
- 14.** All services should be provided in a manner accessible to those in need.
- 15.** Services should be tailored to elder clients and their specific needs including hearing, vision, mobility, memory, language, cultural, and other considerations.

16. Accurate and complete client files shall be maintained for all clients receiving service from any case management discipline. Where case management is not offered, the provider determines service needs, documents service activities and client participation, and reports service activity.
17. Procedures shall be established to respond to service complaints and objectively evaluate the quality of service and the level of client satisfaction. Service provider agencies shall have procedures for handling recipient complaints about an adverse action deemed termination, suspension, or reduction in service in accordance with the Minimum Guidelines for Recipient Grievance Procedures.
18. Procedures shall be established to report to supervisory staff and the Area Agency, as appropriate, unusual incidents related to clients and service delivery. Incident reports shall be kept on file at provider agencies.
19. Direct payment is a cash reimbursement made directly to the client or caregiver for services or supplies purchased and preauthorized by the case manager or program coordinator. Services authorized and purchased from friends, family or neighbors, and arranged by clients or caregivers may not be subject to the service standards contained in this handbook. Original receipts shall be presented to the case manager or program coordinator within 60 days of purchase.
20. Procurement procedures shall be developed for all services purchased in accordance with state and federal regulations to encourage competition and promote a diversity of contractors for services for the elder consumers.

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TABLE OF SERVICES BY PROGRAM

Key: ? A service in the Program ? Requires Licensure ? Requires AHCA Registration ? Requires FDLE Background Check
? Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications.
Services listed under HCE can be purchased with Special Subsidy funds.

Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA VII	Relief	SC
Adult Day Care			???	???	???	???	???	???			???			
Adult Day Health Care			???	???	???	???	???	???			???			
Basic Subsidy						?								
Caregiver Training/Support		?	?	?	?	?	?	?			?	?		
Case Aide		?	?	?	?	?	?	?						
Case Management		?	?	?	?	?	?	?						
Child Day Care											??			
Chore	?		?	?	?	?	?	?			?			
Chore (Enhanced)	?		?	?	?	?	?	?			?			
Companionship			?? ?	???	???		???	???						???
Congregate Meals				?	?		?		?	C1				
Congregate Meals (Screening)				?	?		?		?	C1				

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Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIB	OAA IIC	OAA IID	OAA IIIE	OAA VII	Relief	SC
Counseling (Gerontological)		?	?	?	?	?	?	?		?	?			
Counseling (Mental Health/Screening)		??	??	??	??	??	??	??		??	??			
Disease Information										?				
Education/Training		?		?	?		?	?			?			
Emergency Alert Response			?	?	?		?	?						
Escort			?	?	?		?	?						???
Financial Risk Reduction (Assessment)			?								?			
Financial Risk Reduction (Maintenance)			?								?			
Health Promotion				?	?		?			?				
Health Risk				?	?		?			?				

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Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA VII	Relief	SC
Assessment														
Health Risk Screening				?	?		?			?				
Health Support			?	?	?		?	?						
Home and Community Disaster Preparedness	?													
Home Delivered Meals			?	?	?	?	?		? C2					
Home Health Aide Service			???	???	???	???	???	???						
Home Injury Control										?				
Homemaker			?? ?	???	???	???	???	???						
Housing Improvement	?		?	?	?	?	?	?			?			
Information				?	?		?	?			?			
Intake		?	?	?	?	?	?	?	? C2		?			
Interpreter/Translating				?	?		?	?						

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? Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications.
Services listed under HCE can be purchased with Special Subsidy funds.

Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA VII	Relief	SC
Legal Assistance			??	??	??		??	??			??			
Material Aid			?	?	?	?	?	?			?			
Medication Management			?	?	?		?			?				
Model Day Care		??												
Nutrition Counseling			??	??	??		??		??	??				
Nutrition Education				?	?		?		?					
Occupational Therapy			??	??	??	??	??	??						
Other			?	?	?	?	?							
Outreach	?			?	?	?	?	?	?		?			
Personal Care			??	??	??	??	??	??						
Pest Control (Enhanced Initiation)			??											
Pest Control (Initiation)			??											

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? Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications.
Services listed under HCE can be purchased with Special Subsidy funds.

Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA VII	Relief	SC
Pest Control (Maintenance)			??											
Pest Control (Rodent)			??											
Physical Fitness										?				
Physical Therapy			??	??	??	??	??	??						
Recreation				?	?		?	?						
Referral/Assistance				?	?		?	?			?			
Respite (Facility Based)		?? ?	?? ?	???	???	???	???	???			???			???
Respite (In-Home)	? ??	?? ?	?? ?	???	???	???	???	???			???		???	???
Screening/Assessment				?	?		?	?	?C2		?			
Shopping Assistance			?	?	?		?	?						
Sitter											?			
Skilled Nursing			??	??	??	??	??	??						

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? Volunteers providing services in the AmeriCorps, Relief, and Senior Companion Programs must meet those program specifications.
Services listed under HCE can be purchased with Special Subsidy funds.

Services	AC	ADI	CCE	CCPE	CS	HCE	LS	OAA IIIB	OAA IIIC	OAA IIID	OAA IIIE	OAA VII	Relief	SC
Specialized Medical Equipment, Services and Supplies		?	?	?	?	?	?	?			?			
Speech Therapy			??	??	??	??	??	??						
Telephone Reassurance				?	?		?	?						
Transportation			?	?	?	?	?	?			?			

SECTION II - SERVICES

ADULT DAY CARE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

A program of therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment that provides as noninstitutional an environment as possible.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Volunteers can be included in the 1 to 6 staff/client ratio if they perform the same functions as paid staff and comply with training and background check requirements.

At least two staff members, one of which has CPR training, must be on the premises during the center's hours of operation at all times.

Transportation shall be a function of the program. If the center does not provide transportation directly, arrangements for day care participants needing transportation shall be established. The client's physical limitation(s) must be considered when planning for transportation. Time in transit provided by the center must be logged.

Day care workers in direct contact with clients shall have a level 1 FDLE criminal history background check. Center owner/operator shall have a level 2 criminal history background check.

PROVIDER QUALIFICATIONS:

Adult Day Care Centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400, Part V, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

Adult Day Care Centers shall be designated in the Area Plan as a congregate dining site if meals are counted as congregate meals.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of actual client attendance at the day care center is one unit of ADC service. Actual client attendance is defined as the time between the arrival time at the day care center and the departure time from the day care center.

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Hours of daily attendance shall exclude transportation time to and from the center. The cost of the transportation time to and from the center is not to be included in the unit rate, and should be reported separately.

Meals cannot be counted as congregate meal units if included in the cost of the service.

Adult Day Care Centers may participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult Day Care Centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act Title IIIC funds.

Meals shall comply with the Dietary Guidelines for Americans and provide 1/3 daily RDA pattern for individuals aged 51 or older as established by the Food and Nutrition Board of National Academy of Sciences and follows the state menu development procedures as described in the service description for Congregate Meals.

A daily attendance log with time in and time out shall be maintained.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	ADC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
CCPE	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
CSP	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
HCE	ADC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
HCE	ADCV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
LSP	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
OA3B	ADC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3E	ADC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

ADULT DAY HEALTH CARE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Adult Day Health Care Services are furnished four (4) or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

All Adult Day Care standards apply. Physical, occupational and speech therapies indicated in the individual's plan of care must be furnished as component parts of this service. Adult Day Health Care Centers shall comply with Chapter 58A-6.010(6), Florida Administrative Code.

Nursing Services are required for Adult Day Health Care and include, but are not limited to, screening procedures for chronic disease (e.g., hypertension, or diabetes; observation, assessment, and monitoring of participant's health needs and daily functioning levels; administration or supervision of medications or treatments; counseling of participant, family or caregiver in matters relating to health and prevention of illness; and referral to other community resources with follow-up of suspected physical, mental, or social problems requiring definitive resolution).

PROVIDER QUALIFICATIONS:

Adult Day Care Centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400, Part V, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of actual client attendance at the day care center is one unit of ADHC service. Actual client attendance is defined as the time between the arrival time at the day care center and the departure time from the day care center.

Hours of daily attendance shall exclude transportation time to and from the center. The cost of transportation shall be included in the unit rate. The cost of physical, occupational, and speech therapies may be included in the unit rate, however, other funding sources such as Medicare, Medicaid, and private insurance must be exhausted first.

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Meals cannot be counted as congregate meal units if included in the cost of the service.

Adult Day Care Health Centers may participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult Day Health Care Centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act Title IIIC funds.

Meals shall comply with the Dietary Guidelines for Americans and provides 1/3 daily RDA pattern for individuals 51 years or older as established by the Food and Nutrition Board of National Academy of Sciences and follows the state menu development procedures as described in the service description for Congregate Meals.

A daily attendance log with time in and time out shall be maintained.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	ADHC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
CCPE	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
CSP	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
HCE	ADHC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
HCE	ADHV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310
LSP	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
OA3B	ADHC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3E	ADHC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

BASIC SUBSIDY

PROGRAM FUNDING SOURCE(S): HCE

DESCRIPTION:

A fixed sum cash payment made to an eligible caregiver each month to reimburse some of their expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Clients must be at risk of nursing home placement, living with an eligible caregiver, and meet financial eligibility.

Payments are made in accordance with a schedule developed by the Department and is based on the client's chargeable income and assets. If both husband and wife are clients, their income and assets are added together and compared to the standard for couples. The Basic Subsidy is not considered income by the Internal Revenue Services (IRS).

The Basic Subsidy is paid to the caregiver when the client is in the home for any part of the month. If the client is hospitalized or in any other temporary institution for 30 days or less, the Basic Subsidy check will be sent to the caregiver as if the client were in the home.

PROVIDER QUALIFICATIONS:

Caregivers must:

- a. Be a mature adult at least 18 years of age, capable of providing a family-type living environment and willing to accept responsibility for the social, physical and emotional needs of the care recipient;
- b. Be accepted or designated by the recipient as a caregiver;
- c. Be physically present at all times to provide supervision and assist in arrangement of services for the care recipient or have alternative arrangements for care to be assumed by another mature adult;
- d. Maintain the residential dwelling free of conditions that pose an immediate threat to the life, safety, health or well-being of the care recipient; and,
- e. Demonstrate evidence of an established positive personal relationship with the care recipient.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One unit equals one month.

The case manager must confirm that the caregiver provided care to the client during the month. The caregiver may sign a form attesting to eligibility each month and submit it to the case manager. Confirmation may be made by a telephone contact with the caregiver and documentation in the case narrative.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
HCE	BASI	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1

CAREGIVER TRAINING/SUPPORT

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIII B, OAAIII E, OAAVII

DESCRIPTION:

Caregiver training and support is defined as the training of caregivers, individually or in group settings to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums which include community workshops, seminars, and other organized local, regional, or statewide events.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

To receive caregiver training and support services, the caregiver shall be 18 years of age or older.

PROVIDER QUALIFICATIONS:

Providers of caregiver training and support events shall be qualified by training or experience in the area on which training is being conducted.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: A unit of service is one hour with an individual.

Unit of Service Group: A unit is one hour, regardless of the number of persons who participate.

A direct payment reimbursement can be provided to facilitate caregiver attendance at caregiver forums with prior authorization from the program coordinator or designee.

Respite services and reimbursement of travel expenses, registration and fees, etc., may be provided to enable the caregiver to attend caregiver training and support events. Travel expenses, registration, and fees must be included in the unit rate. The cost of respite is not to be included in the unit rate, and should be reported separately.

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CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CTSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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OA3E	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	CTSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	CTSI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG	DPCTSI (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

CASE AIDE

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIIIIB

DESCRIPTION:

Case Aide services are adjunctive and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff. These services include:

- a. Assistance with implementing plans of care;
- b. Assistance with accessing medical and other appointments;
- c. Oversight and supervision of provider activities;
- d. Delivery of supplies and equipment;
- e. Assistance with paying bills;
- f. Assistance with eligibility determination;
- g. Facilitating linkages of providers with recipients via telephone contacts and visits;
- h. Scheduling and documentation of activities;
- i. Arrangement, scheduling, and maintenance of scheduled services; and,
- j. Reconciliation and voucher activities.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Training and certification on DOEA assessment and care plan forms is required for case aides. A case aide must score at least 80% on the training test.

PROVIDER QUALIFICATIONS:

Case Aide services shall be provided by the designated Lead Agency or as otherwise approved by the Area Agency on Aging(AAA). Minimum requirements for new Case Aides include a high school diploma or GED. Job related experience may be substituted for a high school diploma or GED upon approval of the AAA.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis and can include travel time related to the client. This may include time spent with caregivers when it is related to the client's situation.

The Case Aide will document and sign activities performed in the case record.

Activities must be billed as Case Aide, not Case Management.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	CA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	CA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
HCE	CAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	CA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

CASE MANAGEMENT

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIIIIB

DESCRIPTION:

Case management is a client centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses these needs; arranging and coordinating agreed upon services; and monitoring the quality and effectiveness of the services. Case Management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Case management shall be delivered in accordance with the following understanding:

- a. The case manager's role is that of "gatekeeper" in the community care system. The case manager has the knowledge and responsibility to assist clients in meeting their needs by linking them with an array of community based services and resources. This permits choice of services that are most beneficial and least restrictive to the individual;
- b. Assessment and care plan reviews are conducted to identify and evaluate the client's continuing and changing needs;
- c. Case management is client centered. Every effort shall be made to link clients with every appropriate formal and/or informal support system regardless of the agency or organization offering the services. Service arrangements shall not be limited to those services offered by the agency for which the case manager works;
- d. Case managers assure full coordination of services provided by various agencies and individuals, and ensure appropriate use of funding sources;
- e. Case managers provide linkage between health care and social service delivery systems. This requires involvement with physicians, hospitals, health maintenance organizations (HMOs), nursing homes, and health services;
- f. Case managers actively pursue informal resource development;
- g. Case managers assist families of clients to resolve concrete and emotional problems and to relieve temporary stresses encountered as a result of their caregiving efforts. With the client's consent, family involvement in decisions related to a client's plan of care is essential;
- h. Case managers arrange training for family members, relatives, and friends in methods of caregiving; and,
- i. Case managers monitor services to ensure they are having a positive impact on the problems

which necessitated the service.

Training and Certification on DOEA assessment and care plan forms is required for case managers. A case manager shall score at least 80% on the training test to conduct assessments independently. New employees who have not been certified or those who have not passed the exam shall have assessments approved by the review and signature of a certified case manager.

PROVIDER QUALIFICATIONS:

Case management services are provided by the designated Lead Agency or as otherwise approved by the Area Agency on Aging (AAA). Minimum requirements for new case managers are a bachelor’s degree in social work, psychology, sociology, nursing, gerontology, or related field. Year for year related job experience or any combination of education and related experience may be substituted for a bachelor’s degree upon approval of the AAA.

Caseloads include clients who have been determined eligible and are receiving case management services. DOEA suggests maintaining a caseload of 60 to 70 clients. Caseloads exceeding 100 clients require a waiver from the AAA.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis and can include travel time related to the client. This may include time spent with caregivers when it is related to the client’s situation.

The case manger will document and sign activities in the case record.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	CM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	CM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	CM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

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HCE	CMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	CM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

CHILD DAY CARE

PROGRAM FUNDING SOURCE(S): OAAIIIIE

DESCRIPTION:

Day care services are services provided to a minor child, not more than 18 years old, residing with an age 60+ grandparent or other age 60+ related caregiver.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Services shall be delivered as respite to enable caregivers to be temporarily relieved of caregiver responsibility. Child care services must not replace other funding available and all other funding sources must be exhausted first. Child Day Care services can be provided to enable a caregiver to work on a limited basis at a maximum of twenty (20) hours per week.

PROVIDER QUALIFICATIONS:

Child day care services shall be provided in a facility licensed in accordance with Chapters 402.26 - 402.319, Florida Statutes, and the applicable Chapter 65C, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of attendance at the day care center. Actual attendance is defined as time between arrival time at the day care center and the departure time from the day care center.

A direct payment will be provided to the caregiver in accordance with the agency’s direct pay policies. Prior authorization from the Title III-E Coordinator or designated staff is required.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3EG (GRANDPARENT)	DCC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

CHORE

PROGRAM FUNDING SOURCE(S): AC, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Chore is defined as the performance of routine house or yard tasks including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Chore services may be provided only when there is no one else capable of or responsible to accomplish the household tasks.

PROVIDER QUALIFICATIONS:

Providers of chore services may be licensed home health and hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with all local ordinances that may apply. Home health agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Part IV, Florida Statutes.

If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps® Provisions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One worker hour beginning at the time of arrival and concluding at the time of departure from client contact. Chore service does not include travel time to or from the client's residence except as appropriate for performing essential errands (such as picking up materials) as approved by the job order.

For AmeriCorps, one worker hour may include travel time.

If services are provided to a couple, units cannot be counted twice.

The service may include the cost of cleaning material or personal protective supplies. Materials used for repair or improvement, such as locks, doors, screens, or grab rails are not included in the unit rate

of this service. Such materials should be donated, sponsored, or purchased under the service Material Aid.

The provider must maintain a service log.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
HCE	CHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	CHOV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	CHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3ES (SUPPLEMENTAL)	CHO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

CHORE (ENHANCED)

PROGRAM FUNDING SOURCE(S): AC, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Performance of any house or yard task necessary to provide a clean, sanitary, and safe living environment. This service is beyond the scope of chore due to the level of service needed. The service includes a more intensified, thorough cleaning to address more demanding circumstances. Pest control may be included when not performed as a distinct activity.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Enhanced Chore services may be provided only when there is no one else capable of or responsible to accomplish the household tasks.

PROVIDER QUALIFICATIONS:

Providers of chore services may be licensed home health or hospice agencies. Providers may also be independent vendors qualified to provide such service in accordance with all local ordinances that may apply. Home health and hospice agencies shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400 Part IV, Florida Statutes.

If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps® Provisions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One worker hour beginning at time of arrival and concluding at time of departure from client contact. Enhanced chore service does not include travel time to or from the client's residence except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order.

For AmeriCorps, one worker hour may include travel time.

If services are provided to a couple, units cannot be counted twice.

The service may include cost of cleaning materials, personal protective supplies, or equipment rental. Materials used for repair or improvement, such as locks, doors, screens, or grab rails are not included

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in the unit rate of this service. Such materials should be donated, sponsored, or purchased under the service Material Aid.

The provider must maintain a service log.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
HCE	ECHO	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	ECHV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	ECHO	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3ES (SUPPLEMENTAL)	ECHO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

COMPANIONSHIP

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIB, SC

DESCRIPTION:

Companionship is visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community by casual conversation, providing assistance with reading, writing letters, entertaining games, escorting a client to a doctor's appointment, and diversional activities such as going to the movies, the mall, the library, or grocery shopping.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Companion services consist of non-hands-on, non-medical care, supervision, and socialization activities provided on a one-on-one basis. A companion provider may assist the individual with such tasks as meal preparation, laundry and shopping; however, these activities shall not be performed as discrete services. Providers may also perform casual cosmetic assistance; stabilization when walking, when needed, by holding the client's arm or hand; and light housekeeping tasks, incidental to the care and supervision of the individual. This service does not include hands-on personal or medical care.

Companion services shall be provided in direct relation to the achievement of the individual's specific outcomes or goals in the care plan or written service provision agreement and are not merely diversional in nature.

Companion services are not permitted solely to provide transportation services to another service. Companion services may be used if the individual requires assistance and supervision while the individual goes to therapy, dental, or medical appointments. Individuals shall not receive this service in the provider's home.

PROVIDER QUALIFICATIONS:

The service shall be provided in accordance with the regulation of Home Health Agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Companions shall meet background screening and training requirements, and provide services in accordance with Chapter 400.512, Florida Statutes, and Chapters 59A-8.004 (10) and (11) and 59A-8.0095(12) Florida Administrative Code.

An agency or individual that provides companionship shall be licensed or exempt under Chapter

400.464, Florida Statutes. Agencies or organizations providing companionship services that do not provide home health service are exempt from licensure but shall be registered in accordance with Chapters 400.464 and 400.509, Florida Statutes.

If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct client contact. Companion services are provided one-on-one. If the individual chooses to bring a “friend”, only the services provided to the one individual are to be billed. A companion may not bill for services to two individuals for the same period of time.

Companions shall maintain a chronological written record of services and report any unusual incidents or changes in the client’s behavior to their supervisor.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	COMP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
SCP	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCES*	COMP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

*** Special Senior Companion Program to Capture Agency Dollar Match.**

CONGREGATE MEALS

PROGRAM FUNDING SOURCE(S): CCPE, CS, OAAIIC1, LS

DESCRIPTION:

This service is the provision of a meal at a congregate meal site which complies with the Dietary Guidelines for Americans and provides 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Providers shall assure that congregate meal sites are established in a strategically located center, preferably where other services are provided. The site should be in as close proximity to the majority of eligible individuals' residences as feasible, with particular attention to a multipurpose senior center, a school, a church, or other appropriate community facility, preferably within walking distance, and where appropriate, transportation to such site is arranged.

Potentially hazardous foods, shall be held and transported in a method that ensures hot food temperatures are 140 degrees Fahrenheit or higher, and cold food temperatures are 41 degrees Fahrenheit or lower (Chapter 64E-11, Florida Administrative Code). Nutrition projects are encouraged to enter into contracts that limit the amount of time meals must spend in transit before they are consumed.

Menus must:

- a. Be approved by a Florida Licensed Dietitian or a Dietetic Technician supervised by a Licensed Dietitian, 4 weeks prior to use;
- b. Be dated and posted in a conspicuous location in each congregate meal site and congregate meal site's preparation area;
- c. Be kept on file for one year;
- d. Minimize substitutions and ensure substitutions do not diminish nutritional value of meal, and;
- e. Comply with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture and provide a minimum of 1/3 RDA, as established by the Food and Nutrition Board of the National Academy of Sciences - National Research Council.

Menu Development:

Providers may develop menus using either the meal pattern standard or the computer assisted nutrient analysis method. Deviating from the meal pattern may be required if dictated by a particular meal site’s cultural or religious preferences. Computer-assisted nutrient analysis software shall be utilized to develop menus not following the meal pattern.

Menu development using the State Meal Pattern:

- a. Menus written using the state meal pattern will ensure that all meals (breakfast, lunch, supper, and weekend) comply with pattern;
- b. Menus shall utilize nutrient dense, enriched and/or fortified foods in planning when ever possible;
- c. Each meal shall contain at least one good source of Vitamin C;
- d. A good source of Vitamin A (preferably from fruits and/or vegetables) shall be provided at least twice a week; and,
- e. Pudding made with milk and/or ice cream or ice milk or frozen yogurt shall be served at least once a week; in addition a good source of calcium shall be provided each week, i.e. cheese.

MEAL PATTERN

MENU COMPONENT	SERVINGS PER MEAL
Bread or Bread Alternate	2 servings
Vegetable and/or Fruit	2 servings: ½ cup or equivalent measure per serving
Milk or Milk Alternate	1 serving: 1 cup or equivalent measure
Meat or Meat Alternate	1 serving: 3 oz edible portion meat or equivalent measure
Fats	1 serving: 1 tsp or equivalent measure included in food preparation
Desserts	1 serving

Computer-assisted Nutrient Analysis:

It is recommended that the meal pattern be referenced when planning computer-assisted nutrient analyzed menus, to ensure menus incorporate as many menu components as possible.

It is required that all computer-assisted nutrient analyzed menus include at least three of the required six meal components. Meal components are: bread/bread alternate, vegetable, fruit, meat/meat alternate, milk/milk alternate and dessert.

Computer-assisted nutrient analysis is required when one or more meal(s) deviates from the meal pattern (i.e. menu does not provide all components or does not provide the required serving sizes).

Documentation using computer-assisted nutrient analysis shall include the following nutrients to ensure menu adequacy:

- a. Macro-nutrients: calories, protein, carbohydrate, fat, saturated fat, fiber and sodium; and,
- b. Micro-nutrients: vitamins A, C, E, thiamin, riboflavin, B6, folate, calcium, iron, magnesium, sodium, and zinc.

Computer-assisted nutrient analysis menus shall ensure that the average nutrient value of meals provided in any one week provide at least the minimum 33% of the RDA/AI values as indicated in the Daily Nutrient Requirement Table. For example:

- a. If a provider serves one meal a day to a client and that center is only open two days per week, the average is obtained by adding the nutrient information from the two meals together and dividing by two;
- b. If a provider serves one meal per day to a client and that center serves meals five days a week, the average is obtained by adding the nutrient information from all meals together and dividing by five;
- c. If a provider serves two meals per day to a client, five days per week, the average is obtained by adding the nutrient information from all meals together and dividing by ten and all daily menus must provide $\frac{2}{3}$ RDA; or,
- d. If a provider serves three meals per day, five days a week, each day's menu must provide 100% the RDA and the average of the fifteen meals must equal 33% RDA.

Vitamin and mineral supplements or dietary supplements shall not be included in menus under any circumstance or situation.

Food Group Components:

Meal Pattern component's serving size shall meet or exceed the guidelines listed in this section.

A food item that is included in more than one food group can only be counted for one food group in a meal. For example, dried beans would not count as the meat alternate and vegetable in the same meal, cottage cheese would not count for both meat and milk alternate in the same meal. One serving of fruit can not count as a dessert and a fruit serving in the same meal.

Bread or Bread Alternate:

- a. A serving of bread is generally one slice (1 ounce) or ½ cup pasta or grain product. Bread and bread alternates include but are not limited to:
 - 1 small muffin, 2 ounces
 - 2" cube cornbread
 - 1 biscuit, 2.5" diameter
 - 1 waffle, 7" diameter
 - 1 slice French toast
 - ½ English muffin
 - 1 tortilla, 6" diameter
 - 2 pancakes, 4" diameter
 - ½ bagel
 - 1 small sandwich bun
 - ½ cup cooked cereal
 - 4 crackers
 - ½ large sandwich bun
 - ¾ cup ready to eat cereal
 - 2 graham cracker squares
 - ½ cup bread dressing/stuffing
 - ½ cup pasta, noodles, rice
- s. A variety of enriched and/or whole-grain bread products, particularly those high in fiber, are recommended.
- t. Bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, yams or plantains. These are part of the vegetable food group.

Vegetables:

- a. A serving of vegetable (including dried beans, peas and lentils) is generally 1 cup raw leafy vegetable; ½ cup other cooked or raw; or ¾ cup 100% vegetable juice (a ½ cup 100% vegetable juice may be served if ¾ cup pre-packed servings are not available).
- b. Fresh or cooked frozen vegetables are preferred.
- c. Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total ½ cup.

Fruits:

- a. A serving of fruit is generally a medium apple, banana, orange, or pear; ½ cup chopped, cooked, or canned fruit; or ¾ cup 100% fruit juice (a ½ cup serving of 100% fruit juice may be served if ¾ cup pre-packed servings are not available).
- b. Fresh, frozen, or canned fruit are preferably packed in juice, light syrup or without sugar.

Milk or Milk Alternate:

- a. One cup whole, low fat, reduced fat, skim, or lactose-free milk fortified with Vitamins A and D should be used.
- b. Low-fat or skim milk is recommended for the general population.
- c. Powdered dry milk or evaporated milk may be served at congregate meal sites but not for the main meal except for cultural or religious reasons. Each powdered milk or evaporated milk serving size must be equivalent to one cup of milk.
- d. Milk alternates may be provided in place of milk and include (for the equivalent of one cup of milk):
 - 1 cup yogurt
 - 1½ ounces natural or 2 ounces processed cheese
 - 1½ cups cottage cheese
 - 1 ½ cups ice milk/ice cream
 - 8 ounces tofu (processed with calcium salt)

Meat or Meat Alternate:

- a. Three ounce of meat, poultry, fish, or the equivalent of other high protein foods (as noted below) in combination may be used. Meat serving weight is the edible portion, not including skin, bone, or coating. Three ounce equivalents of other high protein foods include:
 - 3 eggs
 - ¾ cup cooked dried beans, peas or lentils
 - 6 tablespoons peanut butter or 1 cup nuts
 - ¾ cup cottage cheese
 - ¾ cup tuna fish
 - 1 ½ cups tofu
 - 3 ounces cheese (nutritionally equivalent measure of pasturized process cheese food, spread, or product or alternate or substitute cheeses)
- b. Except to meet cultural and religious preferences and for emergency meals, avoid serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on

- consecutive days.
- c. Imitation cheese (which the FDA defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.
 - d. To limit the sodium content of the meal, serve no more than once a week cured and processed meats (ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, or dried beef).

Fats, oils and sweets:

- a. Include traditional meal accompaniments as appropriate, e.g., condiments, spreads, garnishes. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, and salad dressing with tossed salad.
- b. Fats used in food preparation and which are served should be limited. Fats should be from primarily vegetable sources and in a liquid or soft (spreadable) form that are lower in hydrogenated fat, saturated fat, and cholesterol. The use of butter or fortified margarine, either in the cooking of the vegetables or as a spread for the bread is optional because of the emphasis on reducing fat content of the meals.

Desserts:

- a. Preferred desserts include fruit and low fat products made with whole grains and/or low fat milk;
- b. Pudding made with milk and/or ice cream or ice milk or frozen yogurt should be served at least once a week;
- c. Baked goods such as those listed below should be limited to twice per week; and
 - Cake
 - Cookie
 - Brownie
 - Pie
 - Fruit cobbler or crisp
 - Pastry/sweet bread (danish or donut)
- j. Serving size shall conform to either a ½ cup or manufacturer's serving size or the standardized recipes serving size.

Computer-Assisted Nutrient Analysis:

Computer-Assisted Nutrient Analysis Requirements

	3 meals/day 100% RDA/AI	2 meals/day 66% RDA/AI	1 meal/day 33% RDA/AI
Macronutrient			
Kilocalories ¹ (Kcal)	2300	1534	767
Protein ¹ (gm)	63	42	21
Carbohydrate ^{1,2} (gm) (or 55% Kcal)	315	210	105
Fat ¹ (gm) (or 30% Kcal)	75	50	25
Macro. Components			
Saturated Fat ^{1,2} (gm) (or 10% Kcal)	25	16	8
Dietary Fiber ³ (gm)	20-35	13-23	7-12
Vitamins			
Vitamin A (ug)	900	600	300
Vitamin C (mg)	90	60	30
Vitamin E (mg)	15	10	5
Thiamin (mg)	1.2	.8	.4
Riboflavin (mg)	1.3	0.86	0.43
Vitamin B6 (mg)	1.7	1.2	.6
Folate (mg)	400	267	133
Minerals			
Sodium ¹ (mg)	2400	1600	1000
Calcium (mg)	1200*	800*	400*
Iron (mg)	8	5.3	2.7
Magnesium (mg)	420	280	140
Zinc (mg)	11	7.3	3.7

*The most current Recommended Dietary Allowances (RDAs) are used where available followed by

the Adequate Intakes (AIs).

¹ The 1989 RDAs are used when no new Dietary Reference Intakes have been established, i.e., for energy, protein, and other macronutrients.

² The Food and Nutrition Board's Committee on Diet and Health recommendations base intake on the percent of total calories in the diet (NCR, 1989)

³ The National Cancer Institute and American Dietetic Association recommend 20-35gm dietary fiber daily (ADA, 1997).

Nutrition Provider/Programs will:

Provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health or basic ethnic/religious requirements. A written or documented oral order shall be on record for each individual on a modified diet, and the order should be reviewed annually with the participant's physician.

PROVIDER QUALIFICATIONS:

Congregate Sites shall be neat and clean, have adequate lighting and ventilation and adhere to the applicable food safety and hygiene regulations outlined in Chapter 381, Florida Statutes and Chapter 64E-11, Florida Administrative Code.

Dietitians/Nutritionists shall adhere to Chapter 468.509, Florida Statutes, and Chapter 64B-842, Florida Administrative Code. Nutrition Consultation with a licensed and registered dietitian or someone with comparable expertise is required (as outlined in Chapters 468.509(2)(a)1.,(b)1., or (b) 2 Florida Statutes). The Area Agency shall approve all comparable expertise candidates. These may include: (a) a licensed dietitian; (b) a person with a Bachelor's or Master's degree in the discipline of Nutrition or Dietetics; or (c) a person with a Bachelor's or Master's degree in the discipline of Home Economics, Family and Consumers Sciences, or Human Sciences, with an emphasis on Nutrition or Dietetics.

Responsibilities of the Dietitian/Nutritionist include, but are not limited to:

- a. Monitoring of Food Service, to ensure compliance with Chapter 64E-11, Florida Administrative Code;
- b. Training staff and volunteers in areas of nutrition, food service management, and sanitation;
- c. Assist in developing participant's satisfaction surveys;
- d. Coordinating nutrition education;
- e. Developing food and menu standards for food service contract; and,
- f. Reviewing and approving menus and menu substitutions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One meal.

Provider shall:

- a. Maintain locally required fire safety and as applicable health meal site inspections documentation;
- b. Maintain quarterly site inspection documentation using the meal site checklist;
- c. Maintain daily food temperature logs; and,
- d. Maintain menu substitution lists.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
CSP	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
LSP	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
NDP*	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
O3C1	CNML	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000
O3C1	CNMLP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	50000

*** Used to reconcile USDA reimbursement when funding is provided by a non-DOEA means. An example would be the United Way.**

CONGREGATE MEALS (SCREENING)

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAC1

DESCRIPTION:

Conducts a 701C assessment for congregate meal applicants or recipients. This is for both new clients and for clients receiving an annual reassessment. This may include referral and follow-up if needed.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Anyone who is an applicant or eligible for congregate meals is eligible for this service.

PROVIDER QUALIFICATIONS:

Meal site manager or designee. The worker shall be trained on the use of the DOEA 701C form to conduct the nutrition screening.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Records shall be kept which will assist the provider in identifying appropriate referrals and gaps in services.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	NTSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

COUNSELING (GERONTOLOGICAL)

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIID, OAAIIE

DESCRIPTION:

Counseling 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 their family to resolve problems (concrete or emotional) or to relieve temporary stresses encountered by them. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being. Counselors may also act as advocates. This may be done on a one-to-one or a group basis.

Gerontological Counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional, or social adjustment problems that have arisen as a result of the process of aging.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

There shall be access to adequate, private working space to conduct counseling. These services may be provided in the provider's office, the individual's place of residence, or anywhere in the community.

PROVIDER QUALIFICATIONS:

This service may be provided by the designated Lead Agency or as otherwise approved by the Area Agency on Aging (AAA). Minimum requirements for counseling are a bachelor's degree in social work, psychology, sociology, nursing, gerontology, or related field. Year for year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA. Gerontological counseling may be conducted by paid, donated, and volunteer staff. Volunteer staff shall meet comparable standards as paid staff.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Unit of Service Group: One hour of direct service regardless of the numbers of participants.

The provider shall maintain a summary note for each contact, copy of the assessment, and the treatment

plan.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	GECO (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	GECO (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECI (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	GECV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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OA3E	GECO (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	GECI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIID, OAAIIE

DESCRIPTION:

Mental health counseling services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to individuals using techniques appropriate to this population.

Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the individual's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one basis or a group basis.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

These services may be provided in the provider's office, the individual's place of residence, or anywhere in the community.

All other funding sources shall be exhausted prior to the use of DOEA funded Mental Health Counseling.

PROVIDER QUALIFICATIONS:

Providers of specialized mental health services shall be:

- a. Psychologists licensed by the Department of Health in accordance with Chapter 490, Florida Statutes; or,
- b. Clinical social workers, marriage and family therapists or mental health counselors licensed by the Department of Health in accordance with Chapter 491, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Unit of Service Group: One hour of direct service regardless of the number of participants.

The provider shall maintain a summary note, copy of the assessment, and the treatment plan.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MHSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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OA3B	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	MHSI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

DISEASE INFORMATION

PROGRAM FUNDING SOURCE(S): OAAIID

DESCRIPTION:

Disease Information is providing information to individuals, families, caregivers, and the general public about chronic conditions and diseases; prevention measures and services, treatment, rehabilitation, and coping strategies for those factors which cannot change. This can be done on a one-on-one or group basis.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Disease Information is not the same as OAA Title IIIB service of Information. Providing information on diseases of the elderly is a specific service designed to enable elders to take steps to cope with, understand, and alleviate or prevent further progression or deterioration associated with a disease.

Materials used to provide elders with information on the prevention, diagnosis, or treatment of diseases shall come from qualified agencies and organizations, that have used trained and licensed experts to develop such materials (flyers, brochures, handouts, video, slide presentations, etc.) Materials shall be approved by the DOEA Contract Manager or designee before being used in any health promotion activity.

PROVIDER QUALIFICATIONS:

Licensed health care professionals shall be used to conduct lectures, seminars, or workshops in which the main focus of the event is to provide the audience with information on diseases or to provide no cost health screening opportunities. When appropriate, trained lay persons outside of the medical profession can be used to provide services to elders upon approval from the DOEA Contract Manager or designee.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode is one client served regardless of the amount of information provided.

Unit of Service Group: An episode regardless of the number of persons educated. Examples of one unit of service are:

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- a. One presentation, regardless of number of attendees;
- b. One program-wide distribution of disease information;
- c. One article prepared and printed in a newsletter or newspaper;
- d. One radio or television presentation; or,
- e. One Exhibit at a health fair, whose audience or attendees are known to include older adults.

Individual client records are not required but record of numbers shall be maintained, such as sign in sheets, registration logs or estimate based on number of materials distributed.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	DINFG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	DINFI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

EDUCATION/TRAINING

PROGRAM FUNDING SOURCE(S): ADI, CCPE, CS, LS, OAAIIB, OAAIIE

DESCRIPTION:

Education/Training is defined as:

- a. Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities;
- b. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and,
- c. Training conducted by Alzheimer's Disease Initiative Memory Disorder Clinics is designed to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

There are no age requirements for receiving education/ training.

PROVIDER QUALIFICATIONS:

A person qualified by training or experience shall be designated to provide the service.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode of direct service with a client regardless of the amount of education/training provided.

Unit of Service Group: An episode regardless of the number of persons educated. Examples of one unit of service are:

- a. One presentation, regardless of number of attendees;
- b. One training presentation;
- c. One program-wide distribution of information;
- d. One article prepared and printed in a newsletter or newspaper;

- e. One radio or television presentation; or,
- f. One exhibit at a health fair or other public event, whose audience or attendees are known to include older adults or caregivers.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
ADI	EDUCG (INDIV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	EDUCG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	EDUCI (INDIV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

EMERGENCY ALERT RESPONSE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIIIB

DESCRIPTION:

Emergency alert/response service is defined as a community based electronic surveillance service which monitors the frail homebound elder by means of an electronic communication link with a response center. The service consists of:

- a. 24 hours, seven days a week surveillance, from a remote location, of client actuated wireless signal, waterproof portable button;
- b. Response to the client actuated emergency signal by the surveillance/response center; and,
- c. An emergency telephone communication from the response center to a local emergency team such as 911, police, fire department, ambulance, friends and/or neighbors directing emergency services to the home of the client.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Components:

Home Communicator connected to telephone line.

Button. The client may activate the system by a wireless waterproof portable button unit.

Client must have, or be willing to arrange for private line telephone service. Client must be mentally and physically able to use the equipment appropriately.

All equipment shall be approved by the Federal Communications Commission (FCC) and both the button and communicator shall have proper identification numbers. The portable button sends a wireless signal, no less than 200 feet, to a receiver located in the communicator.

The communicator is designed to receive a wireless signal using a manual button for signaling a need for help. It also has a digital dialer to transmit the signal to the Central Receiving Station. It shall provide an audible and visual indication of system operation for visual and hearing impaired persons. It shall have a rechargeable battery with ten (10) hours backup in case of a power outage.

The communicator is attached and does not interfere with normal use of the telephone. It has the capability of automatically seizing the telephone line, even if the phone is off the hook, dialing the number of the central station and giving identifying information about the person. Where there are

multiple phones or devices on one telephone line, it will be necessary to install an alarm jack, e.g., a RJ31X.

The communicator shall continually check for no-power conditions and indicate such conditions to the client and monitor. The communicator shall check for an active telephone line at least once every 24 hours. If no signal is received the Central Station will contact the client to test the unit. If no test signal is received, the service provider shall investigate and resolve.

24 hour Monitoring Equipment Specifications:

The emergency response center equipment consists of a primary receiver, a back up receiver, a clock printer, a back up power supply and a primary and back-up telephone line monitor. A single element can fail without causing a loss of signal;

The printer prints out the time and date of the emergency signal, the client identification code, and emergency codes indicating active or passive alarm or responder reset;

The back-up power supply provides for in excess of ten hours of emergency response center operation in the event of a power failure;

The telephone line monitor gives visual and audible signals if the incoming telephone line is disconnected for more than ten (10) seconds; and,

The provider agency shall arrange monthly phone calls to each client's home to test system operation, update records, and provide direct client contact.

PROVIDER QUALIFICATIONS:

Alarm system manufacturers shall be in compliance with Chapter 489.503(15), Florida Statutes. Alarm system contractors shall be certified under Chapter 489, Part II, Florida Statutes. Lead Agencies shall operate in accordance with Chapter 489.503(15), Florida Statutes. Hospitals shall be licensed under Chapter 395, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One day. Installation may be reported separately as one episode.

A log must be kept of all signals received and reports filed for each active emergency. Verification of daily self checks must be available.

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CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	EAR	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1
CCPE	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	1
CSP	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	1
LSP	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	1
OA3B	EAR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	EARI (INSTALL)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	1

ESCORT

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIB, SC

DESCRIPTION:

Escort is personal accompaniment and assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Escorts may also provide language interpretation to persons with hearing/speech impairments or who speak a foreign language.

PROVIDER QUALIFICATIONS:

Providers of escort services shall have equipment available to assist in mobility of persons with disabilities such as steps, walkers, wheelchairs, and sliding guards and have the capacity to operate the equipment. Providers shall also be certified in first aid.

If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One one-way trip per person escorted.

Escort units may not be counted in addition to the transportation unit if the escort service is provided by the vehicle driver.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	ESC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
LSP	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
SCP	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCES*	ESC	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

*** Special Senior Companion Program to Capture Agency Dollar Match.**

FINANCIAL RISK REDUCTION (ASSESSMENT)

PROGRAM FUNDING SOURCE(S): CCE, OAAIII

DESCRIPTION:

Financial Risk Reduction services provide assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities, and expenditures. The service may include the establishment of checking accounts and direct deposits which reduce the risk of financial exploitation of the recipient.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service to be provided to a person at risk of financial exploitation or are unable or unwilling to manage their own financial affairs.

PROVIDER QUALIFICATIONS:

The provider shall have knowledge, skills, and abilities commensurate with the service being provided.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	RRFA ASSMT	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OA3E	RRFA ASSMT	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

FINANCIAL RISK REDUCTION (MAINTENANCE)

PROGRAM FUNDING SOURCE(S): CCE, OAAIIIIE

DESCRIPTION:

Financial Risk Reduction services provide ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities, and expenditures.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service to be provided to a person at risk of financial exploitation or are unable or unwilling to manage their own financial affairs.

PROVIDER QUALIFICATIONS:

The provider shall have knowledge, skills, and abilities commensurate with the service being provided.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
OA3E	RRFM MAINTAIN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

HEALTH PROMOTION

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIID

DESCRIPTION:

Health Promotion services offer individual and/or group sessions that assist participants to understand how lifestyle impacts physical and mental health and to develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders that are low income, minorities, or medically under served. Services related to health promotion include, health risk assessments, routine health screenings, home injury control services, mental health screenings for prevention and diagnosis, medication management screening and education, gerontological counseling, and the distribution of information concerning diagnosis, prevention, treatment, rehabilitation of aged related diseases and chronic disabling conditions such as osteoporosis and cardiovascular diseases.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Materials used to provide elders with health promotion services shall come from qualified agencies and organizations, that have used trained and licensed experts to develop such materials (flyers, brochures, handouts, video, slide presentations, etc.) Materials shall be approved by the DOEA Contract Manager or designee before being used in any health promotion activity.

PROVIDER QUALIFICATIONS:

Licensed health care professionals are to be used to conduct lectures, seminars, or workshops in which the main focus of the event is to provide the audience with information on diseases or to provide no cost health screening opportunities. When appropriate, trained lay persons outside of the medical profession can be used to provide services to elders upon approval from the DOEA Contract Manager or designee.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode is one client served regardless of the amount of information provided.

Unit of Service Group: An episode regardless of the number of persons educated. Examples of one unit of service are:

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- a. One presentation, regardless of number of attendees;
- b. One program-wide distribution of information;
- c. One article prepared and printed in a newsletter or newspaper;
- d. One radio or television presentation; or,
- e. One Exhibit at a health fair, whose audience or attendees are known to include older adults.

Individual client records are not required but record of numbers shall be maintained, such as sign in sheets, registration logs or estimate based on number of materials distributed.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CCPE	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HEPG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HEPI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HEALTH RISK ASSESSMENT

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIID

DESCRIPTION:

Health Risk Assessment is defined as an assessment utilizing one or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors are modifiable, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The Health Risk Assessment helps the individual to determine the addictive nature of many factors in an individual's life. This can be done on a one-on-one or group basis.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Tools used to test older person for certain risk factors that are known to be associated with a disease or condition can be self administered by the client, if the tool is validated by a licensed health care professional or professional health care organization and approved by the DOEA Contract Manager or designee.

PROVIDER QUALIFICATIONS:

Licensed health care professionals should be used to conduct individual assessments or lectures, seminars, or workshops in which the main focus of the event is to provide the audience with information on risky health behaviors and to provide no cost health assessments.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode is one client who receives an assessment.

Unit of Service Group: An episode is one lecture, workshop, or seminar regardless of the number of persons who attend and receive an assessment.

Individual client records are not required but record of numbers shall be maintained, such as sign in sheets, registration logs or an estimated number of assessments distributed.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CCPE	HRAI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HRAI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HRAI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HEALTH RISK SCREENING

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIID

DESCRIPTION:

Health Risk Screening services utilize diagnostic tools to screen large groups of people or individuals for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed or a request is made by the individual being served. Health Risk Screening procedures screen for disease and ailments such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, and nutrition deficiencies.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Persons found to be at risk for certain diseases or ailments as determined by the specific risk screen, shall be counseled to seek the appropriate professional opinion for further evaluation. Documentation indicating client was advised to seek professional opinion shall be maintained.

PROVIDER QUALIFICATIONS:

Licensed health care professionals with appropriate liability insurance shall be used to conduct health screenings.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode is an individual screening test.

A record of the number of clients participating in screenings shall be maintained via sign in sheets or other methods. Release of information forms and documentation indicating clients determined to be at risk were counseled and advised to seek professional opinion shall also be maintained.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CCPE	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HRAI (INDIV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HEALTH SUPPORT

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIIIB

DESCRIPTION:

Health Support activities assist persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services. Examples of health support activities are:

- a. Physical activities, including regular exercise programs, weight control emphasis, and activities to reduce mental fatigue, stress, and boredom;
- b. Special programs, such as Hospice or Alzheimer's Disease support groups, which focus on caring rather than curing, for the impaired and terminally ill and their families; and,
- c. Prevention and assistance activities such as obtaining appointments for treatment, locating health and medical facilities, obtaining therapy;
- d. Obtaining clinic cards for clients; and,
- e. Arranging hospice service for non-Medicaid or Medicare clients when all other resources have been exhausted.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

For case managed clients, this service is appropriate only for group activity or if the activity is beyond the scope of case management.

PROVIDER QUALIFICATIONS:

A person qualified by training or experience shall be designated to provide the service.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Unit of Service Group: One hour regardless of the number of clients participating.

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CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	HSUI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CCPE	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
LSP	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HSUI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HOME AND COMMUNITY DISASTER PREPAREDNESS

PROGRAM FUNDING SOURCE(S): AC

DESCRIPTION:

Home and Community Disaster Preparedness provides individual home and neighborhood assessments for disaster readiness and resistance. Volunteers assist elders and families in preparing their homes for natural and man-made disasters. The service may include individual or group education on preparation for natural disasters or terrorist attacks.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Services are targeted to isolated elders or multi-generational families.

PROVIDER QUALIFICATIONS:

Volunteers shall meet the AmeriCorps® Provisions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of service.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	DISP	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HOME DELIVERED MEALS

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIC2

DESCRIPTION:

Provision of a home delivered meal which complies with the Dietary Guidelines for Americans and provide 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Menus:

Providers may develop menus using either the state menu development procedures or the computer assisted nutrient analysis method. Nutrition projects are encouraged to enter into contracts that limit the amount of time meals shall spend in transit before they are consumed. Refer to Congregate Meals Description for menu standards.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

All hot home-delivered meals for the noon meal shall be delivered no earlier than 10:30 a.m. and no later than 2:30 p.m.

More than one meal may be delivered each day, provided proper storage and heating facilities are available in the home and the participant is able to consume the second meal independently or with available assistance.

All food shall be individually packaged, packed in secondary insulated food carriers, and transported immediately under conditions that will ensure temperature control during delivery and prevent contamination and spillage. Cold and hot food shall be packaged and packed separately.

Potentially hazardous foods shall be held and transported in a method that ensures hot food temperatures are 140 degrees Fahrenheit or higher and cold food temperatures are 41 degrees Fahrenheit or lower as defined in Chapter 64E-11, Florida Administrative Code.

When frozen meals are delivered frozen to participants, the temperature shall be a maximum of 20 degrees Fahrenheit or the food shall be frozen solid. The nutrition provider shall ensure that:

- a. The participant or participant's caregiver has the needed equipment in the home (electricity, a stove with an oven that works, a working microwave oven, or a working toaster oven, and a freezer in which to store the meals);
- b. The participant or participant's caregiver has both the physical and mental capability to follow cooking directions and use the equipment;
- c. The frozen meals shall be dated and clearly labeled. Instructions for storage and cooking shall be provided in large print. The importance of following the directions shall be emphasized to participants on a regular on-going basis; and,
- d. Participants who may be unable to follow the instructions should not receive frozen meals in the home.

Consultation with a licensed dietitian/nutritionist is required. See list of Dietitian's/Nutritionist's responsibilities under Congregate Meal Description.

PROVIDER QUALIFICATIONS:

Meal preparation sites shall adhere to the requirements of a Public Health Department or equivalent inspection (DBPR, Chapter 509, Florida Statutes, DACS, Chapter 500, Florida Statutes, DOH Chapter 381, Florida Statutes), maintain documentation on file and shall conform to all local and state food hygiene codes (Chapter 64E-11, Florida Administrative Code).

Dietitians/Nutritionist qualifications: Refer to Congregate Meal Site Description for complete details.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One meal

Temperature checks shall be done at least monthly for each county. If multiple providers serve meals in a county, then each provider shall fulfill this requirement. Temperature checks shall be done on a random and rotating basis to assure that all food is served at the proper temperature. Where problems exist more frequent monitoring is required until the problem is resolved. Documentation of these temperature checks shall be maintained by providers and monitored by the area agencies.

CIRTS REPORTING REQUIREMENTS

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PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
CCPE	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
CSP	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
HCE	HDM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HDMV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100000
LSP	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
NDP*	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	100000
O3C2	HDM	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	10000
O3C2	HDMP (PRIVATE PAY)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	10000

*** Used to reconcile USDA reimbursement when funding is provided by a non-DOEA means. An example would be the United Way.**

HOME HEALTH AIDE SERVICE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Home Health Aide service is the provision of hands on personal care services, the performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. Services are performed by a trained home health aide or certified nursing assistant to an individual in the home as assigned by and under the supervision of a registered nurse or licensed therapist. Types of assistance provided with activities of daily living include: bathing, dressing, eating, personal hygiene, toileting, assistance with physical transfer, and other responsibilities as outlined in Chapter 59A-8, Florida Administrative Code.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Any client who is receiving a skilled service (nursing or therapy) shall have a plan of care established in consultation with the physician in accordance with Chapter 400.487, Florida Statutes, and the home health agency staff involved in providing care and services. Clients receiving nonskilled care from a home health agency shall have a service provision plan or written agreement in accordance with Chapter 59A-8.020, Florida Administrative Code. The service plan shall include specific goals and services to be provided, implementation plans, and any special activities permitted or prohibited such as special diets, medications and treatments.

PROVIDER QUALIFICATIONS:

The service shall be provided in accordance with the regulation of Home Health Agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.

These services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or by independent contractors acting within the definitions and standards of their occupation. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA either directly or through a contractor, are exempt from home health agency licencing.

Home Health Aides shall meet training, certification, and background screening requirements of Chapters 400.497, 400.512, Florida Statutes, and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.

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Certified Nursing Assistants shall have documented competency in the home health core curriculum and meet training, certification, and background screening requirements of Chapters 400.512 and 464.203, Florida Statutes, and Chapters 59A-8.004(10) and (11) and 59A-8.0095(5), Florida Administrative Code.

Supervision of the home health aide and CNA by a registered nurse in the home will be in accordance with Chapter 400.487(3), Florida Statutes. Supervision is at the election and approval of the client.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with a client.

Travel time can be counted if the aide transports the client.

Providers shall maintain a written record of personal health care activities and report any unusual incidents or changes in the client’s appearance or behavioral changes.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
CSP	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
HCE	HHA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HHAV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3B	HHA	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HOME INJURY CONTROL

PROGRAM FUNDING SOURCE(S): OAAIID

DESCRIPTION:

Home injury control is defined as services aimed at preventing or reducing physical harm due to falls or other preventable injuries of elders in their homes. This can be done on a one-on-one or group basis.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

These may include: in-home screening of high risks environments; instructional sessions conducted in the home for injury prevention measures; and group educational seminars on injury prevention.

Needed safety equipment/repairs and home modifications **cannot** be purchased with OAA IID funds. Attempts should be made to secure donated items or refer the client to a program that provides such equipment, repairs, or home modifications.

PROVIDER QUALIFICATIONS:

Professionals with experience in home injury control, fire safety, poison control, and medication management as well as any interested persons who receive training by the DOEA Florida Injury Prevention for Seniors (FLIPS) program trainer can be used to conduct lectures, seminars, or workshops in which the main focus of the event is to provide the audience with information on falls and injury prevention.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode is one in-home screening and/or instructional session regardless of the amount of information provided.

Unit of Service Group: An episode instructional session or educational seminar regardless of the number of clients in attendance.

Record of numbers of clients shall be maintained, such as sign in sheets, registration logs, or other method.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	HICG (GROUP)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999
OA3D	HICI (INDV)	MONTHLY AGGREGATE REPORTING	NOT REQUIRED	9999

HOMEMAKER

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Homemaker service is defined as the accomplishment of specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine house-hold activities by a trained homemaker.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Homemaker under HCE can be provided only when the caregiver is physically unable to provide the service.

PROVIDER QUALIFICATIONS:

Providers of homemaker services may be home health or hospice agencies licensed or exempt under Chapter 400.464, Florida Statutes. Providers may also be independent vendors, who are individuals or employees of agencies registered with the Agency for Health Care Administration. Homemaker services provided by a state agency, either directly or through a contractor with the Department of Elder Affairs is exempt from this licensing requirement. Independent vendors are not required to be licensed or registered if they bill for and are reimbursed only for services personally rendered by the provider. If operating as an agency, using more than one employee to provide services and billing for their services, it shall be registered as a homemaker/sitter/companion provider in accordance with Chapter 400.509, Florida Statutes.

Homemakers shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One worker hour. Travel time can be counted if the homemaker transports the client or performs essential errands for the client as approved by the job order.

If services are provided to a couple, units cannot be counted twice.

Clients (and/or their caregivers) and homemakers shall be provided with copies of the tasks authorized

by the case manager, service coordinator, or homemaker supervisor.

Providers shall maintain a written record of activities and report any unusual incidents or changes in the client's appearance or behavioral changes.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
CSP	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
HCE	HMK	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HMKV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	20000
OA3B	HMK	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

HOUSING IMPROVEMENT

PROGRAM FUNDING SOURCE(S): AC, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Housing Improvement is defined as providing home repairs, environmental modifications, adaptative alterations, or installing security devices.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Examples of housing improvement and modifications include: installation of smoke detectors, vented heaters, ramps for access, and repairs or improvements to the clients bedroom area, installation of ramps and grab bars, widening doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which accommodate medical equipment.

Housing improvement may only be provided when there is no one else capable of or responsible to accomplish the task. The service shall be used to lower the environmental risk level and as funds are available.

All applicable federal, state, and local building codes are to be followed in repair work and required licenses and instructions obtained.

PROVIDER QUALIFICATIONS:

A person qualified by training or experience shall be designated to provide the service. Satisfactory procedures shall be established to develop sources of volunteer staff to augment paid staff. Providers are encouraged to use trained volunteers for the Housing Improvement services.

If the service is provided through the AmeriCorps program, volunteers shall meet the AmeriCorps® Provisions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One worker hour beginning at time of arrival and concluding at time of departure from client contact. Housing improvement service does not include travel time to or from the client's residence except as appropriate for performing essential errands (such as picking up materials or dumping debris) as approved by the job order.

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For AmeriCorps, one worker hour may include travel time.

If services are provided to a couple, units cannot be counted twice.

Materials used for improvement, modification, or repair such as smoke detectors, vented heaters, grab bars, and wood is not to be included in the unit rate of this service. Such materials should be donated, sponsored or purchased under the service Material Aid.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCE	HOIM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSB	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	HOIMH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HOIV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	HOIM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	DPHOIM (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

INFORMATION

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIIB, OAAIIE

DESCRIPTION:

Information is an “access” service and is defined as responding to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service is not limited to the elderly and may be provided in writing, by telephone, or in person. Information from Elder Help Lines must be accurate, pertinent to the request of the inquirer, and available from 8:00 a.m. to 5:00 p.m. After hours and weekend calls shall be covered by an answering device which informs the caller of emergency numbers.

PROVIDER QUALIFICATIONS:

Staff (paid and volunteer) shall receive pre-service and in-service training on listening techniques and information resources; be familiar with Information and Referral guidelines of the Elder Helpline - A Starting Point Information and Referral Manual, and knowledgeable of community resources.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode is providing information to one person regardless of the amount of information provided.

Records shall be kept which will assist the provider in identifying appropriate referrals and gaps in services.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
CSP	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
LSP	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3B	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000
OA3E	INFO	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	20000

INTAKE

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIII B, OAAIIIC2, OAAIIIE

DESCRIPTION:

Administering standard intake and screening instruments for the purpose of gathering information about an applicant for services. It also encompasses the follow-up of individuals waiting for services to review any changes in their situation and ensure prioritization for services. This service may also include assistance to clients with applications for the Emergency Home Energy Assistance for the Elderly Program.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Screen for the frailty level of clients to determine their need for services or to prioritize their need for service or for a comprehensive assessment in case managed programs. Clients can be directed to other sources of help if needed.

Training and certification on DOEA assessment forms is required, with a competency score of 80% or above on the training test.

PROVIDER QUALIFICATIONS:

Provided by the Area Agency on Aging, designated Lead Agency, or as otherwise approved by the Area Agency on Aging. Minimum requirements for an intake worker is a high school diploma or GED. Job related experience may be substituted for a high school diploma or GED upon approval of the AAA.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Records shall be kept which will assist the provider in identifying appropriate referrals and gaps in services.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	INSC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	INSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	INSC	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

INTERPRETER/TRANSLATING

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIIB

DESCRIPTION:

Interpreter/Translating is defined as explaining the meaning of oral and/or written communication to non-English speaking and/or persons with disabilities unable to perform the functions.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Interpreters shall possess high levels of knowledge and fluency in English and the non-English language, a level generally equivalent to that of an educated native speaker of the language.

PROVIDER QUALIFICATIONS:

Sign language interpreters shall be certified by the National Registry of Interpreters for the Deaf under the Screening Program of Florida Registry of Interpreters for the Deaf, except in documented emergencies. Persons providing translation shall be proficient in the client’s language.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	INTE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

LEGAL ASSISTANCE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIB, OAAIIE

DESCRIPTION:

Legal Assistance is defined as legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes counseling or representation by a non-lawyer when permitted by law, to older individuals with economic or social needs. Legal Assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Priority shall be given to issues related to: Income, health care, long-term care, nutrition, housing, utilities, protective services, representation of wards or older individuals seeking guardianship or allegedly incapacitated persons, abuse, neglect, exploitation, and age discrimination.

Income protection may include matters concerning Social Security, Supplemental Security Income, Railroad Retirement benefits, Veterans Assistance benefits, Food stamps, and Unemployment Compensation.

Health care may include matters concerning Medicare, Medicaid, Medigap, Health Care Advance Directives and HMO's.

Housing may include matters concerning private landlord/tenant disputes, foreclosure and eviction defense, public housing issues, liens against homestead, and denial of access to shelter.

This service does not include group legal education. If the provider is not a Legal Services Corporation (LSC), it must coordinate its services with existing LSC's.

PROVIDER QUALIFICATIONS:

As required by licensure in accordance with Chapter 454.021, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	LEG	MONTHLY AGGREGATE REPORTING	NO CLIENT RECORD	9999
CCPE	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	LEG	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

MATERIAL AID

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Material Aid is defined as:

- a. Aid in the form of goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.;
- b. Food item(s) necessary for the health, safety, or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drug, and tobacco products are excluded;
- c. The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person;
- d. The purchase of materials necessary to perform the services Chore or Enhanced Chore (refer to Chore and Enhanced Chore services); and,
- e. The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (refer to Housing Improvement service).

DELIVERY STANDARDS/SPECIAL CONDITIONS:

The issuance of commodities shall be done in cooperation with Florida Department of Agriculture's Temporary Emergency Food Assistance Program.

PROVIDER QUALIFICATIONS:

The provider qualifications are commensurate with the products or services being provided.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode is one contact where goods, food, or assistance is given to a client.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	MATE	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	MATV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3ES (SUPPLEMENTAL)	MATE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

MEDICATION MANAGEMENT

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIID

DESCRIPTION:

Medication Management screening and education is defined as identification and counseling regarding the medication regime that individuals are using, including prescription and over the counter medications, vitamins and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions would ideally be included in this service. This can be done on a one-on-one or group basis.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

The service provider shall receive written consent from the elder before medication management counseling services are to be provided. All problems found during the counseling session should be noted in the patient's file and discussed with the client during the time that services are provided. The service provider should make every effort to follow up with the elderly client at a later date and/or with permission of the client follow up with his/her primary care physician.

PROVIDER QUALIFICATIONS:

Pharmacists or individuals trained in medication management shall be used to deliver the service.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: An episode is one client who receives individual counseling.

Unit of Service Group: An episode is one lecture, workshop, or seminar regardless of the number of clients who attend and receive counseling.

Record of numbers of clients shall be maintained, such as sign in sheets, registration logs, or other method. Where appropriate, client files shall contain written consent and follow-up documentation.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	MMG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	MMI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	MMI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	MMI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MMG (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	MMI (INDV)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAG* (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3D	MEMAI* (GROUP)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

***The MM and MEMA are two codes for medication management. The code MM has a unit of measure of episodes and the MEMA codes are measured in hours.**

MODEL DAY CARE

PROGRAM FUNDING SOURCE(S): ADI

DESCRIPTION:

Model Day Care is defined as a program of therapeutic, social and health activities specific to clients with memory disorders. Services and activities include but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy and other failure free activities appropriate to the client's level of functioning. Model Day Care Centers shall also provide training for health care and social service personnel in the care of persons having Alzheimer's Disease or related memory disorders.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Model Day Care services shall be made available to clients by providers for four-to-eight hours per day, one-to-five days a week. In some cases, Model Day Care services may be offered on weekends.

A staff to client ratio of 1 to 3 shall be maintained at all times. Trained volunteers may be considered in meeting the 1 to 3 ratio. Training and support for caregivers is provided to assist them in coping with Alzheimer's Disease. Model Day Care centers shall provide at least three of the specialized services listed in the service definition.

Incontinence alone will not preclude a client from participating in a Model Day Care program.

Centers shall offer support programs for family members attempting to cope with the effects of memory disorders. Each center shall provide a setting for conducting research with the Memory Disorder Clinics. Therapeutic interventions and research conducted with Memory Disorder Clinics shall be reported to the Department.

Staff and volunteers who provide Model Day Care service shall receive at least 30 hours of instruction in the following areas:

- a. Health problems and care of aged persons;
- b. Dealing with behaviors characteristic of memory disorders;
- c. Basic personal care procedures;
- d. First aid and handling of emergencies;
- e. Medical record keeping, policies and procedures; and,
- f. Medical, psychological, social and physiological changes of clients with memory disorders.

PROVIDER QUALIFICATIONS:

Adult Day Care Centers shall be licensed by the Agency for Health Care Administration in accordance with Chapter 400, Part V, Florida Statutes, and Chapter 58A-6, Florida Administrative Code.

Model Day Care Centers shall be affiliated with the Memory Disorder Clinic that serves their area, in accordance with Chapter 430.502(4), Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of actual client attendance at the day care center is one unit of ADC service. Actual client attendance is defined as the time of arrival time at the day care center and the departure time from the day care center.

Hours of daily attendance shall exclude transportation time to and from the center. The cost of the transportation is not to be included in the unit rate, and shall be billed separately.

Meals cannot be counted as congregate meal units if included in the cost of the service.

Model Day Care Centers may participate in the Child and Adult Care Food Program and receive cash supplements for meals and snacks that meet USDA guidelines. Adult Day Care Centers may not, however, receive benefits or reimbursements through the Child and Adult Care Food Program for meals served with Older Americans Act Title IIIC funds.

Meals shall comply with the Dietary Guidelines for Americans and provides 1/3 daily RDA pattern for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences and follows the state menu development procedures in the service description for Congregate Meals.

A daily attendance log with time in and time out shall be maintained.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	MDC	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	310

NUTRITION COUNSELING

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAC1, OAAC2, OAAIID

DESCRIPTION:

Nutrition Counseling provides individualized advice and guidance to persons, who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use or chronic illnesses. Nutritional Counseling includes options and methods for improving an individuals' nutritional status. The service may be provided individually or in small groups.

Individuals to receive counseling may be identified through a screening/intake process, self-referred, or referred by a caregiver or other concerned party. A licensed dietitian/nutritionist (LD/N) or a Registered Diet Technician (RDT) under the supervision of a LD/N evaluates the participant's nutritional needs, conducts a comprehensive nutrition assessment, and develops a nutrition care plan in accordance with Chapter 64B8-43, Florida Administrative Code. Based on the individual's needs and with appropriate contact with the individual's physician and caregiver, the LD/N develops and implements or supervises the development and implementation of the nutrition care plan.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Face to face counseling is preferred. Initial and follow up contacts may be appropriate by telephone if justified on an individual basis.

PROVIDER QUALIFICATIONS:

Nutrition counseling shall be provided by a Licensed Dietitian (LD/N) (Chapter 468 Part X, Florida Statutes, Dietetics and Nutrition Practice, Chapter 468.504, Florida Statutes) who is covered by liability insurance. A Registered Dietetic Technician may assist the LD/N in the screening and assessment process.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service Individual: One hour of direct service with or on behalf of a client accumulated on a daily basis.

Unit of Service Group: One hour of direct service with or on behalf of a clients regardless of the number of participants accumulated on a daily basis.

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Licensed Dietitians/Nutritionists shall keep applicable written participant records that shall include the nutrition assessment, the nutrition counseling plan, dietary orders, nutrition advice, progress notes, and recommendations related to the participant’s health or the participant’s food or supplement intake, and any participant examination or test results, in accordance with Chapter 64B8-44, Florida Administrative Code.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCPE	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
LSP	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
LSP	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C1	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C1	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C2	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
O3C2	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3D	NUCOG (GROUP)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3D	NUCOI (INDV)	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

NUTRITION EDUCATION

PROGRAM FUNDING SOURCE(S): CS, CCPE, LS, OAAIHC1, OAAIHC2

DESCRIPTION:

Nutrition Education is an activity designed to promote better health by providing accurate, scientifically sound, practical and culturally sensitive nutrition information and instruction to participants and caregivers in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Nutrition and related client and health instruction or information is provided by or under the direction of a licensed dietitian at each congregate site and distributed to each home-delivered meal participant a minimum of two times per year, with at least 3 months between each session.

Congregate Nutrition Education is a formal program of regularly scheduled health promotion presentations on culturally sensitive nutrition, or physical fitness, or health as they relate to nutrition information and instruction to participants in a group setting.

Home Delivered Nutrition Education is a formal program of regularly scheduled individual distribution of health promotion information on culturally sensitive nutrition, or physical fitness or health as they relate to nutrition topics.

PROVIDER QUALIFICATIONS:

Nutrition education shall be planned and directed by a licensed dietitian/nutritionist (LD/N) (Chapter 468.504, Florida Statutes) who is covered by liability insurance. Under the direction of the dietitian, individuals with comparable expertise or special training, e.g. Cooperative Extension agents or trained Meal Site Coordinators, may provide such education activities. An individual with comparable expertise is defined as a person who has a Bachelor's or Master's degree in Home Economics, Family and Consumer Sciences, or Human Sciences with an emphasis in Nutrition or Dietetics.

RECORD KEEPING AND REPORTING REQUIREMENTS:

An annual nutrition education plan/schedule is developed. Participants' needs, comments and requests

are considered when planning programs. Teaching methods and instructional materials must accommodate the older adult learner, e.g. large print handouts, demonstrations. Other resources are used to enhance programming as appropriate, e.g. Diary Council, Cooperative Extension.

Unit of Service: An episode regardless of the number of persons educated. Examples of one unit of service are:

- a. One congregate meal presentation, regardless of number of attendees;
- b. One program-wide distribution of nutrition information to congregate meal and/or home delivered meal participants;
- c. One article prepared and printed in a newsletter or newspaper;
- d. One radio or television presentation; or,
- e. One Exhibit at a health fair, whose audience or attendees are known to include older adults.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	NTED	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

OCCUPATIONAL THERAPY

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Occupational therapy services are services prescribed by a physician that are necessary to produce specific functional outcomes in self-help, adaptive, and sensory motor skill areas, and assist the individual to control and maneuver within the environment. The services may also include an occupational therapy assessment, that does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

These services may be provided in the therapist's office, in the residence, or anywhere in the community.

A registered Occupational Therapist and Occupational Assistant Practitioner shall abide by American Occupational Therapy Association (AOTA) Standards of Practice for Occupational Therapy.

PROVIDER QUALIFICATIONS:

The occupational therapist and occupational therapist assistant shall be currently licensed in the state pursuant to Chapter 468, Florida Statutes, with one year experience. Duties of the occupational therapist assistant shall be directed by the licensed occupational therapist and shall not exceed those outlined in the Chapter 59A-8.0185, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client.

The registered occupational therapist shall develop and document an intervention plan that is based on the results of the evaluation and the desires and expectations of the client and appropriate others about the outcome of the service.

A clinical record shall be kept for each client.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	OCTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OCTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	OCTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

OTHER

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS

DESCRIPTION:

A miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety, or welfare of the person.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Other services may be provided only when there is no one else capable of or responsible to accomplish the service or supply the goods. Prior approval shall be obtained from the Area Agency on Aging.

PROVIDER QUALIFICATIONS:

The provider qualifications are commensurate with the products or services being provided.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode is one contact where goods or services are given to a client.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	OTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	OTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	OTHV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	OTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
NDP	OTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

UTREACH

PROGRAM FUNDING SOURCE(S): AC, CCPE, CS, LS, OAAIIB, OAAIIC1, OAAIIC2, OAAIIE

DESCRIPTION:

Outreach is an access service and is a required service or function in Title IIB or Title IIC. Outreach is defined as making active efforts to reach target individuals face to face, either in a community setting or in their home, neighborhood with large numbers of low income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Group contact is not outreach. Efforts shall take place in highly visible public locations or in neighborhoods identified for visiting or canvassing.

Outreach activities cannot be counted for individuals already receiving any Older Americans Act services or other DOEA funded services. Contact is initiated by the Outreach worker, not by the client.

PROVIDER QUALIFICATIONS:

Outreach services are provided by paid or volunteer staff of the designated Lead Agency or as otherwise approved by the Area Agency on Aging. Minimum requirements for outreach workers include a high school diploma or GED. Job related experience may be substituted for a high school diploma or GED upon approval of the AAA. Outreach staff shall be knowledgeable about local resources.

If the service is provided through the AmeriCorps program, volunteers must meet the AmeriCorps® Provisions.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of outreach is one-on-one, face to face, contact with an older individual who is not receiving any DOEA funded services.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CCPE	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C1	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
O3C2	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	OTR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PERSONAL CARE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Personal Care is assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation, housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.

Personal care can include accompanying the client to clinics, physician office visits, or trips for the purpose of health care provided that the client does not require special medical transportation. Personal care can also include shopping assistance to purchase food, clothing, and other items needed for the client's personal care needs.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Personal care may be provided by home health aides or certified nursing assistants under Home Health Aide Services but does not substitute for the medical care usually provided by a registered or practical nurse or therapist, home health aide or certified nursing assistant. Personal care does **not** include the performance of simple procedures as an extension of therapy or nursing services and assistance with self-administrated medication. Services provided shall be specified in a written service agreement and essential to the needs of the individual rather than the individual's family.

PROVIDER QUALIFICATIONS:

This service shall be provided in compliance with the regulation of the Home Health Agencies in Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Services are provided by persons employed by agencies licensed or exempt under Chapter 400.464, Florida Statutes, or independent vendors in compliance with Chapter 400, Part IV Florida Statutes, and Chapter 59A-8, Florida Administrative Code. Per Chapter 400.464(5)(b)(1), Florida Statutes, home health services provided by DOEA either directly or through a contractor, are exempt from home health agency licensing.

Personal Care assistants shall meet background screening requirements in accordance with Chapter 400.512, Florida Statutes, and Chapter 59A-8.004(10) and (11), Florida Administrative Code.

Supervision by a registered nurse in the home shall be in accordance with Chapter 400.487(3), Florida

Statutes. Supervision is at the election and approval of the client.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with a client.

Personal care providers shall maintain a chronological written record of services and report any unusual incidents or changes in the client’s appearance or behavior.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICE	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
HCE	PECA	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PECV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	PECA	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

PEST CONTROL (ENHANCED INITIATION)

PROGRAM FUNDING SOURCE(S): CCE

DESCRIPTION:

Helps rid the environment of insects, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Initiation covers start up costs. This service is beyond the scope of pest control initiation due to the greater effort required.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Pest control services must be necessary to enhance the safety, sanitation, and cleanliness of the elder’s home.

PROVIDER QUALIFICATIONS:

Shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of enhanced initial treatment may consist of more than one application.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	EPECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PEST CONTROL (INITIATION)

PROGRAM FUNDING SOURCE(S): CCE

DESCRIPTION:

Helps rid the environment of insects, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Initiation covers start up costs.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Pest control services must be necessary to enhance the safety, sanitation, and cleanliness of the elder’s home.

PROVIDER QUALIFICATIONS:

Shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of initial treatment may consist of more than one application.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	PECI (INITIAL)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PEST CONTROL (MAINTENANCE)

PROGRAM FUNDING SOURCE(S): CCE

DESCRIPTION:

Helps rid the environment of insects and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Pest control services must be necessary to enhance the safety, sanitation, and cleanliness of the elder’s home.

PROVIDER QUALIFICATIONS:

Shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: Episode. Maintenance consists of a maximum of one application per month.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	PECM (MAINTAIN)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100

PEST CONTROL (RODENT CONTROL)

PROGRAM FUNDING SOURCE(S): CCE

DESCRIPTION:

Helps rid the environment of rodents, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Rodent control services must be necessary to enhance the safety, sanitation, and cleanliness of the elder’s home.

PROVIDER QUALIFICATIONS:

Shall be provided by a licensed and insured company or individual in accordance with Chapter 482, Florida Statutes.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of rodent control may require more than one treatment.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	ROCI	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	100

PHYSICAL FITNESS

PROGRAM FUNDING SOURCE(S): OAAIID

DESCRIPTION:

Physical Fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Activities shall be geared to all levels of fitness including frail individuals and those in wheelchairs.

PROVIDER QUALIFICATIONS:

Physical fitness activities shall be provided by persons qualified by training or experience; such as, aerobics instructors, physical fitness trainers, or physical therapists.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour, regardless of the number of clients in attendance.

Documentation of the number of clients attending and evaluation of the service shall be maintained.

Providers are encouraged to keep a physician’s certification or a client waiver on file for participants.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3D	PHFI	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

PHYSICAL THERAPY

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Physical therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control, and postural development, and prevent or reduce further physical disability. The service may also include a physical therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service may be provided in the therapist's office, individual's residence, or anywhere in the community.

A physical therapist assistant shall comply with the Standards of Ethical Conduct for Physical Therapist Assistant and with all the legal requirements of jurisdictions relating to the practice of physical therapy.

PROVIDER QUALIFICATIONS:

The physical therapist and physical therapist assistant shall be currently licensed in the state in accordance with Chapter 468, Florida Statutes, with one year experience. Duties of the physical therapist assistant shall be directed by the licensed physical therapist and shall not exceed those outlined in the Chapter 59A-8.0185, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client.

A physical therapist shall develop and document a plan of care that is based on the results of the evaluation and the desires and expectations of the client and appropriate others about the outcome of the service.

A clinical record shall be kept for each client.

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CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	PHTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	PHTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	PHTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

RECREATION

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIIB

DESCRIPTION:

Recreation is defined as participation in or attendance at planned leisure events such as, games, sports, arts and crafts, theater, trips, and other relaxing social activities.

The purpose is to offer activities of interest for participants, increase physical and mental stimulation, prevent isolation, and encourage socialization.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Services shall be provided that are: varied so as to include activities which appeal to all program participants and levels of functioning; increase physical stamina in older persons; provide mental stimulation; provide social interaction; and provide an appropriate mix of individual and group activities.

PROVIDER QUALIFICATIONS:

A person qualified by training or experience shall be designated to provide the service. Training shall include the process of aging, interest of the elderly, and acquiring knowledge of community resources available for use in recreational activities.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour.

Recreation cannot be counted as a separate unit of service if delivered through Adult Day Care Services or Adult Day Health Care.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
CSP	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
LSP	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	15000
OA3B	RECR	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	50000

REFERRAL/ASSISTANCE

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIIB, OAAIIE

DESCRIPTION:

Referral is an activity provided via telephone or one on one in person. Information is obtained about a person's needs, needs are assessed, and persons are directed to the appropriate resources most capable of meeting the need. Contact with the resource is made for the person as needed. Follow-up is a mandatory part of Referral/Assistance and is conducted with the referred person and/or the resource to determine the outcome of the Referral/Assistance.

In Referral/Assistance, more in-depth interviewing and assessment may be required than in information-giving to assist an individual in either determining his or her need; or, linking him or her with an appropriate resource.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Follow-up shall be made within ten (10) calendar days of the Referral/Assistance. Agencies making referrals will need to obtain intake information from the client to be used as part of the Referral/Assistance process.

Providers are expected to assist the person being referred by making arrangements for appointments, assistance with forms and paperwork requirements, and making arrangements for travel and escort services.

PROVIDER QUALIFICATIONS:

Staff (paid and volunteer) shall receive pre-service and in-service training on listening techniques and information resources; be familiar with Information and Referral guidelines of the Elder Helpline - A Starting Point Information and Referral Manual, and knowledgeable of community resources.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of referral is counted only after **all** follow-up, regardless of the number of contacts, has been completed.

Records shall be kept to identify organizations to which a referral has been made and of the follow-up results.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3EG (GRANDPARENT)	REFE	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

RESPIRE (FACILITY BASED)

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE, SC

DESCRIPTION:

Respite Care is defined as relief or rest for a primary caregiver from the constant/continued supervision, companionship, therapeutic and/or personal care, of a functionally impaired older person for a specified period of time.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

If Respite Care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite Care cannot substitute for care that must be provided by a licensed nurse or therapist. Respite may include personal care, homemaker, or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.

The primary caregiver (relative or non-relative) who is eligible to receive DOEA funded respite is unpaid and provides care on a 24 hour basis with little or no relief. Paid (salaried or hourly) caregivers may not receive respite care. Respite Care may be provided for caregivers who are employed regardless of program funding source. Caregivers who receive a stipend under the Home Care for the Elderly (HCE) program are eligible for respite services if needed.

PROVIDER QUALIFICATIONS:

This service can be provided in any safe environment suitable to the needs of the clients, or a licensed facility. If the service is provided in a licensed facility, the standards applicable to the type of facility apply, i.e. ADC, ALF. If the service is provided in a non-licensed facility, there shall be at least 2 staff for every 6 clients, 4 staff for every 12 clients and then 1 staff for each additional 6 clients.

If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of actual client attendance at the facility is one unit of facility based respite. Actual client attendance is defined as arrival time at the facility and departure time from the facility.

Time in transit is not counted in the daily attendance.

Unit of Service for the Senior Companion Program: One worker hour.

A daily attendance log with time in and time out shall be maintained.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
CCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	1000
CCPE	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
CSP	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
HCE	RESF	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
OA3B	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
OA3E	RESF	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
SCP	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000
CCES*	RESF	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	1000

*** Special Senior Companion Program to Capture Agency Dollar Match.**

RESPITE (IN-HOME)

PROGRAM FUNDING SOURCE(S): AC, ADI, CCE, CCPE, CS, HCE, LS, OAAIII B, OAAIII E, RELIEF, SC

DESCRIPTION:

Respite Care is defined as relief or rest for a primary caregiver from the constant/continued supervision, companionship, therapeutic and/or personal care, of a functionally impaired older person for a specified period of time.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

If Respite Care requires a home health aide due to the client's medical condition, a physician or medical professional shall prescribe the service. Respite Care cannot substitute for care that shall be provided by a licensed nurse or therapist. Respite may include personal care, homemaker, or companionship activities and may be provided by a home health aide. It must be provided according to the standards for the service under which it is provided.

Respite Care shall meet the needs of the client and caregiver and be inclusive of the services which will allow the caregiver to leave the premises. For instance, if the client requires help with personal care, the respite service shall include this as part of the respite service.

The primary caregiver (relative or non-relative) who is eligible to receive DOEA funded respite is unpaid and provides care on a 24 hour basis with little or no relief. Paid (salaried or hourly) caregivers may not receive respite care. Respite Care may be provided for caregivers who are employed regardless of program funding source. Caregivers who receive a stipend under the Home Care for the Elderly (HCE) program are eligible for respite services if needed.

PROVIDER QUALIFICATIONS:

This service can be provided in the home or a safe environment suitable to the needs of the client. Respite may include personal care, homemaker, or companionship activities and may be provided by a home health aide. It shall be provided according to the standards for the service under which it is provided.

If the service is provided through the AmeriCorps program, volunteers shall meet the AmeriCorps® Provisions.

If this service is provided through the Senior Companion Program, volunteers shall meet the Corporation for National and Community Service Senior Companion Program guidelines.

If this service is provided through the RELIEF Program, volunteers shall meet the department's guidelines for Volunteer Service.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service.

Providers shall maintain a written record of activities and report any unusual incidents or changes in the client's appearance or behavioral changes.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ACP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
ADI	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
CCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
CCPE	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CSP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
HCE	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	RESV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3B	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
OA3E	RESP	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3E	RESI	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

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OA3E	DPRESP (DIRECT PAY)	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
RELF	RESP	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	200
SCP	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999
CCES*	RESP	MONTHLY AGGREGATE REPORTING	ZERO UNIT ENTRY REQUIRED ANNUALLY	9999

***Special Senior Companion Program to Capture Agency Dollar Match.**

SCREENING/ASSESSMENT

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIIB, OAAIIC2, OAAIIE

DESCRIPTION:

Screening/Assessment is defined as administering standard assessment instruments for the purpose of gathering information about and prioritizing clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service assesses clients for services and may include referral and follow-up if needed.

The person conducting an assessment shall receive training and certification on DOEA assessment forms and shall score at least 80% on the training test.

PROVIDER QUALIFICATIONS:

Provided by the Area Agency on Aging, designated Lead Agency, or as otherwise approved by the Area Agency on Aging. Minimum requirements for new staff are a bachelor's degree in social work, psychology, sociology, nursing, gerontology or related field, plus two years of experience in social service programs and activities. Year for year related job experience or any combination of education and related experience may be substituted for a bachelor's degree upon approval of the AAA.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client accumulated on a daily basis. It can include travel time related to the client. The time may include time spent with caregivers when it is related to the client's situation.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	9999
CSP	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	9999
LSP	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	100
OA3B	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	9999
O3C2	SCAS	MONTHLY AGGREGATE REPORTING BY CLIENT	SERVICES REPORTED BY CLIENT	
OA3E	SCAS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	100
OA3EG (GRANDPARENT)	SCAS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	100

SHOPPING ASSISTANCE

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, LS, OAAIIB

DESCRIPTION:

Shopping Assistance is defined as assisting a client in getting to and from stores or shopping on behalf of a client; and includes the proper selection of items to purchase. The service also includes storing purchased items upon return to the client’s home. An individual Shopping Aide may assist more than one client during a shopping trip.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Transportation, if provided to the client, shall be provided both ways. This assistance may be provided individually or in groups.

PROVIDER QUALIFICATIONS:

A person qualified by training or experience shall be designated to provide the service. Training should include nutritional needs of older persons, best seasonal buys for food and other products, selecting for quality and quantity, and selecting for economy.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One - one way trip per person assisted.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	SA	MONTHLY AGGREGATE REPORTING BY CLIENT	NA	200
CCPE	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
LSP	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

OA3B	SA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
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SITTER

PROGRAM FUNDING SOURCE(S): OAAIIIIE

DESCRIPTION:

Sitter services are provided to a minor child, not more than 18 years old, residing with an age 60+ grandparent or other age 60+ related caregiver. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends and are arranged by the caregiver for a specified period of time.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

Services shall be delivered as a respite to enable caregivers to be temporarily relieved of caregiver responsibility.

PROVIDER QUALIFICATIONS:

Determined by the relative caregiver.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service.

A direct payment shall be provided to the relative caregiver in accordance with the agency’s direct pay policies. Prior authorization from the Title III-E Coordinator or designated staff is required.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
OA3EG (GRANDPARENT)	DPSIT	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

SKILLED NURSING SERVICES

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Skilled Nursing Service is part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client’s place of residence, pursuant to a plan of care approved by a licensed physician.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

A physician’s prescription/plan of treatment is required to obtain Skilled Nursing services in the home which is reviewed at 62 day intervals.

PROVIDER QUALIFICATIONS:

This service shall be provided by persons currently licensed under Chapter 464, Florida Statutes, operating within their scope of practice, and pursuant to physician’s plan of treatment.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	HN	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	HNV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

OA3B	HN	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
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SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES

PROGRAM FUNDING SOURCE(S): ADI, CCE, CCPE, CS, HCE, LS, OAAIII B, OAAIII E

DESCRIPTION:

Specialized Medical Equipment, Services, and Supplies include:

- a. Adaptive devices, controls, appliances or services which enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts;
- b. Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids, and other mechanical or nonmechanical, electronic, and non-electronic adaptive devices;
- c. Supplies may include such things as adult briefs, bed pads, oxygen or nutritional supplements;
- d. Medical services pay for doctor visits or dental visits; and,
- e. Pharmaceutical services pay for needed prescriptions.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service shall only be provided if it cannot be purchased through Medicare, Medicaid or other third parties. If a 20% Medicare co-payment is needed for the purchase, it is permissible.

All items shall have direct medical or remedial benefit to the individual and be related to the client’s medical condition. A physician’s verification of the need for any item or service may be requested.

PROVIDER QUALIFICATIONS:

The provider qualifications are commensurate with the products or services being provided. Items shall meet applicable standards of manufacture, design and installation.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode is one contact where equipment, services, or supplies are given to a client.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
ADI	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
CSP	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
HCE	SCSM	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SCSV (VENDOR)	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3ES (SUPPLEMENTAL)	SCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3ES (SUPPLEMENTAL)	DPSCSM	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999

SPEECH THERAPY

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB

DESCRIPTION:

Speech Therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing or language disability. The service may also include a speech therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

This service may be provided in the therapist's office, in the individual's residence, or anywhere in the community.

Speech/language pathologists identify and evaluate communication and swallowing problems. The Speech Therapist may determine the need for personal alternatives or augmentative systems, and recommends and trains for utilization of such systems.

PROVIDER QUALIFICATIONS:

Providers shall be governed by the board of Speech-Language and Audiology and shall abide by the Code of Ethics last revised November 16, 2001.

Speech-Language Pathologists/Audiologists shall practice in accordance with Chapter 468, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: One hour of direct service with or on behalf of a client.

A clinical record shall be maintained for each client and include an evaluation of the client's needs, statement of problems, plan of care or service provision plan, and service/progress notes.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
CSP	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
HCE	SPTH	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	SPTV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999
OA3B	SPTH	MONTHLY AGGREGATE REPORTING	NO REQUIREMENT	9999

TELEPHONE REASSURANCE

PROGRAM FUNDING SOURCE(S): CCPE, CS, LS, OAAIII B

DESCRIPTION:

Telephone Reassurance is defined as communicating with designated clients by telephone on a mutually agreed schedule to determine their safety and to provide psychological reassurance, or to implement special or emergency assistance.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

A client must be homebound to receive this service. Records shall be maintained specifying the agreed to emergency procedures. Assistance shall be sent to the home if contact cannot be made. Schedules should provide coverage for temporary absences and weekend and holiday coverage is encouraged.

PROVIDER QUALIFICATIONS:

Volunteers are encouraged to provide telephone reassurance.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: An episode of telephone reassurance is one documented telephone contact with one client or one household.

Phone calls made but not received cannot be billed.

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCPE	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
CSP	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
LSP	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999
OA3B	TERA	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	9999

TRANSPORTATION

PROGRAM FUNDING SOURCE(S): CCE, CCPE, CS, HCE, LS, OAAIIB, OAAIIE

DESCRIPTION:

Transportation is defined as travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.

DELIVERY STANDARDS/SPECIAL CONDITIONS:

All transportation provided with federal, state, and local government funds shall be purchased through a contractual arrangement with the Community Transportation Coordinator (CTC) or approved coordination provider within the coordinated system. Exceptions are permitted in accordance with Chapter 41-2, Florida Administrative Code.

When transportation suited to the unique and diverse needs of an elderly person cannot be met through the coordinated system; the provider may purchase or provide transportation utilizing the following alternatives:

- a. Privately owned vehicle of an agency volunteer or employee;
- b. State owned vehicles;
- c. Privately owned vehicle of a family member or custodian;
- d. Common carriers, such as commercial airlines or bus; and,
- e. Emergency medical vehicles.

The provider may utilize other modes of transportation when the CTC determines it is unable to provide or arrange the required service.

Providing transportation through sources other than the CTC shall be approved by the CTC. Local procedures for the review/approval process apply.

Transportation providers shall hold applicable licenses issued by the Department of Highway Safety and Motor Vehicles in accordance with Chapter 322, Florida Statutes, and shall maintain minimum vehicle liability insurance coverage, as required by law.

PROVIDER QUALIFICATIONS:

As determined by the Community Transportation Coordinator, in accordance with Chapter 427,

Florida Statutes, and Chapter 41-2, Florida Administrative Code.

RECORD KEEPING AND REPORTING REQUIREMENTS:

Unit of Service: A unit of service is a one-way trip (the single entrance, travel to a destination, and exit of a client from a transportation vehicle).

CIRTS REPORTING REQUIREMENTS				
PROGRAM	SERVICE	REPORTING OF SERVICES	OAA CLIENT REQUIREMENTS	MAX UNITS
CCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
CCPE	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	30000
CSP	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	30000
HCE	TRS	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
HCE	TRSV	MONTHLY AGGREGATE REPORTING BY CLIENT	N/A	100
LSP	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	30000
OA3B	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	50000
OA3E	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT)	TRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E	DPTRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100
OA3E3G (GRANDPARENT)	DPTRS	MONTHLY AGGREGATE REPORTING	NO REQUIREMENTS	100