



*“Working Harder To Make Aging Easier”*

## **Service Standards**

### **Title III-E Caregiver Counseling Center**

The Caregiver Counseling Center Service Provider must adhere to the Northeastern Illinois Area Agency on Aging General Services Requirements in addition to service-specific requirements listed below.

#### **I. Definitions**

##### **A. Eligible Population Definitions:** (IDOA 603.30, B; Older Americans Act, 2006)

- 1. Child** means a person who is not more than 18 years old, **or** a person age 19 – 59 who has a disability

**Note:** to qualify for this program, a grandparent/relative providing care cannot be the child’s parent.

- 2. Family Caregiver:** means an adult family member or another individual who provides unpaid in-home and community-based services to an older person or to a person with Alzheimer’s disease or a related disorder. Note that the individual with Alzheimer’s disease or a related disorder may be ages 19 – 59.

**Note:** If a person 19 – 59 years old receiving care does not have Alzheimer’s disease or a related disorder, the individual providing care does not qualify as a family caregiver.

**Note:** If a person receiving care 19 – 59 years old has disabilities, the individual providing care *might* qualify as a grandparent/relative caregiver.

- 3. Grandparent or Older Individual Who Is a Relative Caregiver:** means a grandparent, or a step grandparent of a child, or a relative of a child by blood, marriage or adoption who is 55 years of age or older. And, the Grandparent/Relative must live with the child; must be the primary caregiver of the child because the biological or adoptive parents cannot or will not be the primary caregiver of the child; and, must have a legal relationship to the child such as legal custody or guardianship; or is raising the child informally.

**Note:** The Agency on Aging refers to the Grandparent or Older Individual Who Is a Relative Caregiver as a *non-parent relative caregiver* for the purposes of III-E Service Standards.

- 4.** Federal Law defines the category of beneficiaries under this provision and the Administration for Community Living (ACL) recognizes a legally married same sex spouse as a relative of a child by marriage.

**5. Participant Eligibility and Priority Population Served** (IDOA 603.30, E.2):  
Service providers under Title III-E shall give priority for services to:

- a. family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
- b. non-parent relative caregivers who provide care to-children and adult children with severe disabilities; and
- c. older family caregivers with greatest social need and/or with greatest economic need (with particular attention to low-income individuals); and
- d. older family caregivers providing care to individuals with severe disabilities, including children and adult children with severe disabilities.

Consult Northeastern Illinois Area Agency on Aging General Service Requirements document (Section II, B) for Target Population rules.

**B. Service Definitions:**

- 1. Family Caregiver Counseling Center (CCC):** (NEIL III-E Standards, FY 2005)  
A clearly identifiable center that provides a range of Counseling services to family and non-parent relative caregivers. The Area Agency on Aging will designate the CCC to be the primary resource within a given county for caregivers to access III-E Counseling services.

The CCC will, at minimum, provide Title III-E Counseling and Caregiver Training services. The CCC may also choose to organize/provide Caregiver Support Groups.

**NOTE:** In this document the term “**caregiver**” applies to both family caregivers and non-parent relatives raising children.

- 2. Counseling:** (IDOA 603.30, C.3.a; NEIL III-E Standards, FY 2005)  
Advice, guidance and coaching to an individual caregiver (NEIL III-E Standards, FY 2005). Counseling assists the caregiver with role identity, permission to seek help, decision-making and solving problems relating to their caregiving roles. These services may include assistance in the areas of health, nutrition and financial literacy (IDOA 603.30, C.3.a).

In addition, Counseling may provide therapeutic assistance to clients who need help to improve mental health to cope with personal problems. (NEIL III-E Standards, FY 2005)

- 3. Caregiver Training:** (NEIL III-E Standards, FY 2005)  
Education to caregivers either individually or in a group. Caregiver training is designed to inform caregivers about self-care skills and/or to instruct clients in skills to care for the care receiver. Family members of the primary caregiver and care receiver may also receive training. Caregiver Training may be a single educational session or a series of sessions. (NEIL III-E Service Clarifications, FY 2016)

**4. Support Groups:** (NEIL III-E Standards, FY 2005)

Organization of one or more group settings to provide advice, guidance and support to caregivers on an ongoing basis. Organization includes creation of a support group by the CCC agency and/or collaboration with another entity to provide a support group. In addition, Support Groups may provide therapeutic assistance to clients who need help to improve mental health and to cope with personal problems.

**5. Access to Caregiver Legal Services:** (IDOA 603.30, C.5.b)

Legal Assistance Services are an allowable Supplemental Service for family caregivers and non-parent relative caregivers. The purpose of Caregiver Legal Services is a) to protect the caregiver's legal rights and/or the rights of the relative raising a child or b) to provide legal advice and legal education to the participant concerning legal rights and responsibilities.

**C. Unit of Service for CCC services:** One unit of service is a session per participant (IDOA 603.30, C.3.c)

For example, if there are 7 people attending a weekly counseling, training or support group session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly education session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 session in 1<sup>st</sup> week + 8 sessions in 2<sup>nd</sup> week), and the unduplicated count of people served is 11 (7 people in 1<sup>st</sup> week + 4 new people in 2<sup>nd</sup>)

**Unduplicated Count:** The non-repeated number of individuals who benefit from units of service

**II. Service Activities** (IDOA 603.30, C)

**A. Caregiver Counseling Center (CCC)** (NEIL III-E Standards, FY 2005)

The CCC will, at minimum, provide Title III-E Counseling and Caregiver Training services. The CCC may also choose to organize/provide Caregiver Support Groups. Counseling Center Services assist the caregiver with role identity, permission to seek help, decision making and solving problems relating to their caregiving roles. These services may include assistance in the areas of health, nutrition and financial literacy. (IDOA 603.3, C.3.a)

**B. Counseling** (NEIL III-E Standards, FY 2005) The CCC must provide Title III-E Counseling Services:

1. **Life Coaching:** Direct interaction between a trained counselor and an individual to assist the caregiver to cope with personal problems relating to the caregiving situation or relationship between caregiver and care receiver. Topics to address can include but are not limited to: a) issues of life/role transitions; b) interpersonal relationships; c) dealing with anxiety or depression; d) guardianship issues; e) health; f) nutrition; or, g) financial literacy.

2. **Purposeful therapeutic assistance:** Direct interaction between a trained counselor and an individual to improve mental health or coping with personal problems relating to the caregiving situation or inter-relationship between caregiver and care receiver. The therapeutic nature of the client/ counselor relationship is to be particularly stressed, and should be adapted to meet the unique needs of the family caregiving relationship. Work may be short or long term, including brief crisis assistance. Topics to address can include but are not limited to: a) issues of life/role transitions; b) interpersonal relationships; c) dealing with anxiety or depression; or, d) guardianship issues.
- C. Caregiver Education/Training** (NEIL III-E Standards, FY 2005) The CCC must provide Caregiver Education/Training Services.
1. **Self-Care Skills:** individual or group instruction to caregivers about skills to take better care of themselves, to reduce stress and increase confidence in their caregiving ability.
  2. **Caregiving Skills:** individual or group instruction to caregivers about skills needed to take care of the care receiver. Skills include but are not limited to: a) lifting and transferring the care receiver; b) disease specific characteristics; c) current parenting skills; d) health nutrition and financial literacy; and, e) legal options.
  3. **Caregiver Training Sessions** may be provided in the workplace for employers and their caregiving employees. The CCC must carry out distinct actions to reach out to family caregivers in the workplace.
  4. The CCC is required to provide at least one Caregiver Training session on legal options for family caregivers and/or non-parent relative caregivers.
- D. Support Groups** (NEIL III-E Standards, FY 2005) The CCC may provide Title III-E Support Group Services but is not required to do so.
1. **Organizing Support Groups:** Allowable activities: a) network with existing providers of caregiver support groups to avoid duplication of services; b) collaborate with another organization to create support groups for caregiving clients; or, c) conduct one or more support groups for family or non-parent relative caregivers either at the CCC or at another location. Topics to address can include but are not limited to: a) issues of life/role transitions; b) interpersonal relationships; c) dealing with anxiety or depression; d) guardianship issues; e) health; f) nutrition; or, g) financial literacy.
  2. **Purposeful therapeutic assistance:** Direct interaction between a trained counselor and group of family or non-parent relative caregivers to improve mental health or coping with personal problems relating to the caregiving situation or inter-relationship between caregiver and care receiver. The therapeutic nature of the client/ counselor relationship is to be particularly stressed, and should be adapted to meet the unique needs of the family

caregiving relationship. Work may be short or long term, including brief crisis assistance.

- E. Caregiver Legal Services** (NEIL III-E Standards, FY 2012) The Agency on Aging sets aside a small variable percentage of Title III-E CRC resources at the regional level for Caregiver Legal Services. Legal Services may be drawn down on a first-come, first-serve basis by CRCs or CCCs.

1. The Agency on Aging expects the CCC to identify individuals in their client base who might benefit from legal assistance e.g., a caregiver who needs help to resolve civil legal matters, such as guardianship issues.
2. The CCC may a) refer clients to the Caregiver Resource Center; or, b) may access Caregiver Legal Services Funds at the Regional Level on behalf of the caregiver.

Purchased Caregiver Legal Services would assist the non-parent relative caregiver with custody, guardianship, or school enrollment; activities would also aid family caregivers with powers of attorney and other legal matters pertaining to caregiving and include providing legal information, assistance and/or individual training to family and non-parent older relative caregivers.

Examples of allowable Legal Service expenses would be a) legal advice, representation and investigation related to the resolution of civil legal matters and protection of civil rights relating to the caregiver; b) assistance with administrative hearings and small claims court preparation; c) individual education of family caregivers and non-parent relatives to increase their understanding of their rights and responsibilities as caregivers and to explain the legal rights of their care receivers.

- F. Procurement Requirements:** This section does not apply to CCCs that refer clients to the CRC for Caregiver Legal Services.

Caregiver Legal Services will be reimbursed from the regional allocation for Title III-E Legal funds.

Caregiver Counseling Centers may use their own procurement policies and procedures to purchase Legal Services provided they meet government procurement standards.

When the CCC determines that a caregiver needs legal services, the CCC may purchase services from the Title III-B legal services provider as the provider of choice **or** from another legal firm, depending on the caregiving circumstances.

- G. Service Restrictions on Client Eligibility for Title III-E Respite, Gap-Filling and Legal Services** (IDOA 603.30, D):

Family caregivers must be providing in-home and community care to older individuals who meet the following definition of "frail":

The term “frail” means that the older individual is determined to be functionally impaired because the individual a) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; **or** b) Due to a cognitive or other mental impairment requires a substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

**NOTE:** This restriction does not apply to non-parent relative caregivers of children less than 18 years old in order to receive respite care, gap-filling and/or legal services.

### **III. Service-Specific Standards**

#### **A. Assessment/Community Planning (IDOA 603.30, E.4)**

The recipient of funding from the Title III-E Caregiver Support Program Services shall develop a way to receive ongoing input and discussion about service and training needs from family caregivers and grandparents raising grandchildren.

#### **B. Coordination of Services/Community Relationships (see NEIL General Service Requirements Section II, E)**

No single organization can fulfill the needs of caregivers and in today’s landscape. Creating partnerships is critical for the success of Caregiver Counseling Center (NEIL III-E Program Narrative, FY2016) the Caregiver Counseling Center is:

- 1.** Required to maintain connections with the local Caregiver Resource Center (CRC) and the designated Case Coordination Unit. The CCC shall have a collaborative working relationship with other mental health providers in the community. CCC providers must assure direct entrée to Access Assistance services from Family Caregiver Resource Centers. They may use cooperative agreements for this purpose.
- 2.** Encouraged to seek public, non-profit or private organizations to cooperate/collaborate to serve clients. CCCs will work with these agencies to create partners/sponsors to provide additional counseling, training and support group services for caregivers.
- 3.** Required to show efforts to strengthen community relationships by a) providing community and/or group presentations about available resources and services; b) participating in community outreach efforts; c) encouraging participation while expressing no favoritism toward any one of the equally qualified competing service providers as the CCC refers clients to such services.
- 4.** Required to a) use community volunteers to expand CCC services if possible; and, b) work in coordination with organizations that have experience providing training, placement and stipends for volunteers or participants in community settings such as organizations carrying out Federal service programs

administered by the Corporation for National and Community Service. (IDOA 603.30 E.3)

5. Encouraged to find and educate working caregivers and employers at local business to increase their awareness and understanding of family caregivers and non-parent relative caregivers.

**C. Access:** (NEIL III-E Standards, FY 2005) Agencies funded to provide Title III-E Caregiver Counseling Center services must:

1. Ensure that all caregivers in the county have reasonably convenient access to the services
  - a. Maintain easy to find offices
  - b. Provide services by telephone and email
2. Website presence:
  - a. Add reference to Caregiver Resource Center Services and contact information to the organization's existing website.
  - b. and/or, agree to list contact information on the Northeastern Illinois Area Agency on Aging website ([www.AgeGuide.org](http://www.AgeGuide.org)) and on the website of the local CRC.
3. Provide in-home visits as needed to assure services
4. Deliver services during normal working hours and maintain a means for contact outside of normal working hours for example, an answering service
5. Provide services in the language spoken by the caregiver in areas with significant numbers of non-English speaking clients. The Caregiver Counseling Center providers must employ staff or maintain contractual arrangements to aid non-English speaking or deaf persons in obtaining services.
6. Maintain privacy and informed consent procedures

**D. Records and Documentation** (NEIL III-E Standards, FY 2005)

**Title III-E Counseling:** the CCC must use a standardized intake tool for all those who seek assistance from the program.

The CCC must refer the client to an agency/resource appropriate for his/her needs if the client is ineligible for Title III-E services.

**Title III E Caregiver Support Groups or Caregiver Training:** the CCC is not required to perform a comprehensive intake assessment on family and non-parent relative caregivers in order to participate in sessions. However, every attempt should be made to collect the basic demographic data for each caregiver in these group services.

The Administration for Community Living requires basic demographic data to be collected on each family caregiver for "Group 1" services which are Title III-E Respite, Counseling Gap-Filling and Legal services. This data includes: age, gender,

race/ethnicity, rural status and relationship to the care receiver. The Area Agency requires the CCC to use software designed for this purpose.

Title III-E **Caregiver Counseling Center** providers shall:

1. Develop a data collection system to measure outcomes and identify gaps in community resources
2. Use a record-keeping system to keep count of daily units of service provided and the unduplicated count of persons served. The CCC must use software that has the capacity to report this information to the Area Agency in the format required by N.A.P.I.S.

Caregiver Resource Centers (CRCs) and Caregiver Counseling Centers (CCCs) use the *Elderly Services Program* as the means to maintain accurate, up-to-date information on services and opportunities available to older persons and family caregivers. CCC funded providers must:

1. supply the Agency on Aging with current data concerning opportunities, services, and other pertinent data for caregivers and non-parent relatives raising children
2. forward updated or new data the Agency on Aging as the family caregiver resource file is updated

#### **IV. Staff**

The Title III-E Family Caregiver Counseling Center provider must employ a staff with:

**A. Qualifications:** Any personnel having final responsibility for the care of clients in a therapeutic setting must have a Master's Degree in a field whose educational curriculum clearly demonstrates training and experience in therapeutic work with individuals, families, and groups. Further, those who perform in the role of clinical therapist must have a Bachelor's or Master's Degree in a social science field and must have both experience and course work in gerontology and psychotherapy. Master's level degrees can include but are not limited to: Master's in Social Work, Gerontology, Psychology, Counseling, Psychiatric Nursing and Rehabilitation Counseling.

1. Persons supervising master's level staff and below must have at least the same qualifications as those stated above.
2. In addition, positions that require persons holding a degree in a discipline that is licensed, registered or certified by the State of Illinois must be so licensed.
3. Staff that are not performing in the role of clinical therapists may have degrees including but not limited to a Bachelor's Degree in Social Work, Gerontology, Community Service, Nursing, Human Development or an Associate's Degree in Human Services.
4. Individuals in degreed professions must have obtained the degree from a program accredited by the appropriate authorized body. Any staff in currently funded programs who do not meet the State credential requirements of these



standards must, at the time of their termination, be replaced by an individual who does comply.

- B. Ethics:** Each paid staff person is required to adhere to his/her own professional discipline's code of ethics. Copies of each code should be made available on request.
1. In the case of a paid staff person whose discipline does not have a code of ethics, the agency will draw up a code of ethics based on input from the staff and submit it to the advisory council for approval.
- C. Liability:** Agencies are encouraged to carry malpractice insurance for their Master's level personnel. In the absence of agency malpractice insurance for Master's level personnel, individual practitioners must carry their own malpractice insurance. Agencies must carry malpractice insurance for their Bachelor's level personnel, Associate degree personnel and volunteers.
- D. Use of Volunteers:** All volunteers must be carefully screened to determine appropriateness for serving the functions to which they are assigned. Volunteers may not perform the functions listed under the degreed personnel categories unless it can be demonstrated that the individual has comparable experience and training.
1. Volunteers performing professional staff level functions should be supervised by at least Bachelor's level personnel. Volunteers performing support staff functions may be supervised by whomever is deemed appropriate. Volunteers must meet no less than monthly with the supervisor for purposes mutually agreed upon by the volunteer(s) and the supervisor.
  2. When the staff of the service so desire, training programs may be created to instruct all volunteers regardless of training or experience in the following staff functions only, intake and public awareness. Other training may be conducted for other functions related to the operation or enhancement of the program, but must meet with full staff approval.
- E. Clinical Supervision/Consultation:** The agency is expected to employ or contract with a professional in good standing for not less than bi-monthly clinical supervision/consultation with paid staff. These consultation sessions should cover at a minimum care review, broad issues relating to informal caregiving, grandparents raising grandchildren and/or client care, and other issues relating to enhancing professional practice.
- F. Licensure:** All licenses, certifications and registrations must be prominently displayed in the location where the paid staff person sees a majority of his/her clients. Copies of said licenses, etc., should be available for review upon request. Licenses, etc., must be kept current.

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