



*“Working Harder To Make Aging Easier”*

## **Service Standards**

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

The Caregiver Resource Center Service Provider must adhere to the Northeastern Illinois Area Agency on Aging General Service 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 Resource Center (CRC):** (IDOA 603.30, E.1; NEIL III-E Standards, FY 2005)

A clearly identifiable resource center that can serve as a point of entry to a broad range of services for family caregivers and non-parent relative caregivers raising children. The Area Agency on Aging will designate the CRC to be the primary resource within a given county for caregivers to access III-E Caregiver Services.

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

**CRC Service Funding Allocation Requirements:** The Access Assistance allocation provides caregiver assessments that are needed to determine how much Respite and Gap-Filling service the caregiver might need. Every dollar spent on Access Assistance is a dollar not able to be used for Respite or Gap-Filling services. Therefore, salaries and other expenses by the CRC are to come from the Access Assistance allocation.

In order to provide as much direct service to caregivers as possible, the CRC agency shall use a **maximum of 28%** of their total CRC Service Share for Title III-E *Access Assistance*.

Additionally, a small variable percentage of Title III-E CRC resources are set aside 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.

**2. Access Assistance:** (IDOA 603.30, C.2.a)

A value-added service for caregivers that assists them to obtain access to the services and resources that are available within their communities.

**Unit of Service:** (IDOA 603.30, C.2.c) one contact is one unit of service

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

The service units for Access Assistance refer to individual, one-on-one contacts between a service provider and the caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered a group service) should not be counted as a unit of Access Assistance services. Group services would fall under Public Information requirements under the Standards for Service Design (Section II, A - e.g., newsletter mailing and caregiver fairs) or Counseling (e.g., support groups and caregiver group training) service category.

Internet web site "hits" are to be counted only if information is requested by older individuals or family members and supplied by the provider. For example, an older person requests by e-mail on a provider's web site that they want information on pharmaceutical assistance program. If the provider provides this information by e-mail, traditional mail or telephone, this is one contact (one unit of service.)

If the older individual or family member simply reviews information on the provider's web site and does not request specific information, then this situation cannot be counted as a contact (unit of service).

**Unduplicated Count:** The non-repeated number of individuals who have received Caregiver Access Assistance services during a contract period.

**3. Respite:** (IDOA 603.30, C.4.a)

Temporary, substitute supports or living arrangements for care receivers in order to provide a brief period of relief or rest for primary caregivers and non-parent relative caregivers.

Limited to not more than \$1,000.00 per client per year.

A waiver for additional spending per client will be decided on a case-by-case basis. (NEIL III-E Standards, FY 2005)

**Unit of Service:** One hour of staff time expended on behalf of a client will constitute one unit of service. This will include the number of hours of respite that benefit caregivers, no matter what form of Title III-E Respite is provided.

**Unduplicated Count:** The non-repeated number of individuals who have received Caregiver Respite services during a contract period.

**4. Gap-Filling:** (IDOA 603.30, C.5.a)

The service is provided on a limited basis to complement the care provided by caregivers. Gap-Filling services are flexible and include emergency response services and items not covered by insurance nor paid by any other means. Most

responses will be to unforeseen/unexpected occurrences and will be designed to provide immediate caregiver relief.

Limited to not more than \$500.00 per client per year.

A waiver for additional spending per client will be decided on a case-by-case basis. (NEIL III-E Standards, FY 2005)

**Unit of Service:** One person will constitute one unit of service, no matter what form of Gap-Filling Service provided.

**Unduplicated Count:** The non-repeated number of individuals who have received Gap-Filling services during a contract period.

**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.

Limited to \$1,000.00 per client.

A waiver for additional spending per client will be decided on a case-by-case basis. (NEIL III-E Standards, FY 2005)

**Unit of Service:** One person will constitute one unit of service no matter what form of Caregiver Legal Service is provided.

**Unduplicated Count:** The non-repeated number of individuals who benefit from Caregiver Legal Services.

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

**A. Caregiver Resource Center (CRC)** (IDOA 603.30, E.1; NEIL III-E Standards, FY 2005)

The CRC should provide access and linkages to information, training, support groups, counseling, respite care, gap-filling services, caregiver legal services and resources for family and non-parent relative caregivers.

The CRC will, at minimum, provide Title III-E Access Assistance, Respite and Gap-Filling Services.

**B. Access Assistance** (NEIL III-E Standards, FY 2005) Allowable services include information and assistance, outreach and care management services.

1. Information & Assistance Services: The CRC provides information about opportunities and services available to caregivers; and features Caregiver Support Program Services (i.e., Respite, Gap-Filling and Caregiver Counseling Center services.)

2. Caregiver Needs Assessment: performs a brief condensed assessment of a caregiver's needs and capabilities in order to facilitate appropriate referrals.
3. Referral: provides connections to available opportunities and services; and, maintains records to identify services offered and gaps in existing services
4. Access Assistance: helps the caregiver to apply for benefits from Federal, State and local agencies; facilitates communication between service providers and referred caregivers; represents the caregiving client to obtain services or benefits.
5. Follow-up: contacts the caregiver or an agency to verify if services were received, if the services met the identified needs, and to determine if the services were useful. Assists the caregiver who was unsuccessfully referred or may have developed additional needs.
6. Outreach: The CRC must undertake special efforts to reach out to working caregivers in local business.

**C. Respite:** (IDOA 603.30 C.4.b; NEIL III-E Standards, FY 2005) Temporary, substitute supports or living arrangements for care receivers in order to provide a brief period of relief or rest for primary family caregivers and non-parent relatives raising children.

1. In-home: respite provided by a service aide, child care aide, companion care provider, etc. in the home. Services can include friendly visiting with the care receiver (CR), reading to or playing games with the CR, sitting with the CR while they sleep/rest, eat a meal or do other pursuits. Activities may also include personal care services. In-home services may be provided from a few hours to overnight care.

Excluded in-home services: those funded under the Illinois State Community Care Program

2. Adult or Child Care Day Services: respite provided through an intergenerational program, at a summer camp or in a day-services facility for children or adults.

Excluded day services: those funded under the Illinois State Community Care Program, by insurance or through the Illinois Department of Human Services.

3. Facility: respite provided in an assisted living, long-term care facility, or temporary housing facility for seniors.

Excluded: services for care receivers funded by any insurance coverage.

**D. Gap-Filling Services** (IDOA 603.30 C.5.b; NEIL III-E Standards, FY 2005) Gap-Filling services complement the care provided by the family caregiver and non-parent relatives. The services are flexible and intended to cover a variety of services and items not covered by insurance nor paid by any other means. Examples of services for emergency support and home renovation services are listed below.

1. Emergency support:
  - a. Relieves the caregiver's anxiety about leaving the care receiver at home while the caregiver works or attends to other caregiving responsibilities through the purchase of
    - Emergency response systems
    - Emergency transportation (not covered by Medicare or other insurance) to a medical provider
    - Home delivered meals for specific medical conditions that are not provided by Title III-C (nutrition) or the Community Care Program.
  - b. Mitigates the caregiver's extenuating financial situations as a result of caregiving activities by paying for
    - Unpaid utility bills
    - Incontinence supplies
    - Required school or activity fees
    - Clothing, shoes, etc.

Other activities could be included under this category and will be considered on a case by case basis.

2. Home renovation means the purchase of and/or installation of assistive technology devices that:
  - a. Enhance accessibility and mobility
  - b. Provide safety in the bathroom environment
  - c. Enhance safe communication devices for hearing or visually impaired individuals

Other devices that improve the quality of the care receiver's environment will be considered on a case-by-case basis.

\*Due to limited funding, Title III-E dollars will be used to leverage additional resources, i.e. cooperative ventures from other home renovations providers. Where more extensive renovations are needed to allow the care receiver to become more self-sufficient, Title III-E Gap-Filling services will reimburse the cost of a comprehensive professional environmental assessment.

- E. Caregiver Legal Services** (IDOA 603.30 C.5.b; 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 for caregivers or nonparent relative caregivers. Legal Services may be drawn down on a first-come, first-serve basis by CRCs or CCCs.
1. The Agency on Aging expects the CRC 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 CRC may access Caregiver Legal Services Funds at the Regional Level on behalf of the caregiver. It may access Legal services on behalf of caregivers identified by the CCC.

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 for Gap-Filling and Legal Services:**

Caregiver Resource Centers may use their own procurement policies and procedures to purchase Gap-Filling Services provided the policies meet government procurement standards.

When the CRC determines that a caregiver needs legal services, the CRC 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.

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

**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; NEIL General Service Requirements II.C)

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** (NEIL General Service Requirements Section II, F; NEIL III-E Program Narrative, FY2016)

No single organization can fulfill the needs of family caregivers and grandparents raising grandchildren in today's landscape. Creating partnerships is critical for the success of Caregiver Resource Center. The CRC is:

1. Required to maintain connections with the local Caregiver Counseling Center (CCC) and the designated Case Coordination Unit. The CRC shall have a collaborative working relationship with other providers in the community as established in the NEIL General Service Requirements document
2. Encouraged to seek public, non-profit or private organizations to cooperate/collaborate to serve clients. CRCs will work with these agencies to create partners/sponsors to provide additional counseling, training and support group services for family caregivers and non-parent relatives raising children.
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 CRC refers clients to such services.
4. Required to a) use community volunteers to expand CRC 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 Resource Center services must:

1. Ensure that all family and non-parent relative 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 Counseling Center Services and contact information to the organization's existing website, and/or
  - b. 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 CCC.
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. CRC 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)

The Administration on Community Living requires basic demographic data to be collected on each family caregiver or non-parent relative raising children 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 the caregiver's relationship to the care receiver.

The Agency on Aging requires the CRC to use software designed for this purpose.

Title III-E Access Assistance is a "Group 2" service for N.A.P.I.S. demographic tracking. This category requires the CRC to report only the unduplicated count of family caregivers that receive this service.

The CRC must refer the client to an agency/resource appropriate for his/her needs if the client is not eligible for Title III-E services.

Title III-E **Caregiver Resource 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 CRC must use software that has the capacity to report this information to the Agency on Aging 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. CRC 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

**E. Staff**

The Title III-E Family Caregiver Counseling Center provider must employ a specially trained staff to inform family caregivers and nonparent relative caregivers of the opportunities and services that are available and to assist them to access services. The staff shall be competent, ethical, qualified and sufficient in number to implement the policies of state programs and service objectives.

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