

This document contains DFTA's performance standards for contracted services. Not all contracts contain all services.

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CASE ASSISTANCE STANDARDS

Case Assistance service is provided to older persons to link them with appropriate entitlements, services or other resources, and to assist them with problems of daily living. As appropriate to the individual's need, activities include information provision, assisted referral, entitlement counseling, advocacy, assistance navigating service systems, and supportive contact. Where allowed by DFTA, activities may include comprehensive assessment, care planning and reassessment for clients who have requested home-delivered meals.

Unit of Service: Each hour of service provided to or on behalf of a client.

SCOPE

STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.

Compliance 1.1. The program provides the type(s) of case assistance that it proposed (in response to DFTA's RFP or in DFTA-approved updates). Each type is provided for the purpose(s) and in the manner defined below:

Referral (Assisted)

- The program serves clients with a wide variety of service needs by providing referrals to a full range of resources in the community. Exception: the response to DFTA's RFP specified that the program would refer only to specific services or resources (e.g. internal referrals only, such as referrals to other programs or services of the sponsoring organization or other services in the contract; referral only to a specialized health program, etc.).
- Each referral involves contact with the resource or service provider on behalf of a client to ascertain that the client can be served, and/or to make an appointment for the client, and/or to arrange the service for the client, and/or to facilitate linkage in some other way.

Benefits and Entitlements Assistance

- The program helps older individuals to apply for benefits and entitlements when they are eligible, or to obtain re-certification for entitlements.
- Each client is assisted through one or more of the following activities, as appropriate to the client's needs:
 - determination of the older person's eligibility for the benefit or entitlement.
 - screening of the older person for eligibility for other benefits and entitlements.
 - provision of counseling when the client is reluctant to apply for entitlements/benefits.

- assistance with filling out forms, completing paperwork, and/or collecting documentation.
- accompaniment of the older person to the office that administers the benefit or to other locations in connection with the application.

Immigrant Assistance

- The program helps non-native older individuals adjust to the customs, systems and institutions of this country, acquire benefits and entitlements, and develop support networks.
 - Each client is assisted through one or more of the following: assisted referral; entitlements/benefits assistance; supportive contact; advocacy; other activities appropriate to the client's need.

Supportive contact

- The program provides supportive contact to help individuals needing personal support or support with problems of daily living in one or both of the following ways:
 - provides help to clients who are frail, forgetful, or otherwise unable to cope independently with demands of daily life (e.g. by reading and interpreting mail; translation; helping the client make arrangements or appointments; reminding the client of appointments; helping to organize bill paying; accompanying the client to benefit offices, etc.).
 - assists older individuals to cope with or make decisions about specific personal or family problems identified as the reason for service need.
- Support is provided only where there is an identified problem/need/issue.
- Assistance involves such activities as reassurance, clarification, advice giving, filling out papers or forms, helping with tasks of daily living, etc.

Note: Referral for mental health counseling should be considered when the client's emotional or personal needs exceed the scope of this type of assistance.

Advocacy

- The program provides advocacy to help clients who require personal representation or other types of direct intervention to obtain an entitlement or needed service which has been denied (or which is in jeopardy of being denied), or to prevent or forestall an action against the client (e.g. eviction; service cut-off), to assist with housing problems, or to initiate a formal appeals process, etc.
- Activities involve personal contact to urge the older person's case, negotiation on behalf of the client, assistance drafting or explaining written appeals, etc.

Authorization of home-delivered meals (when allowed by DFTA).

- See Standard 3 below.
- **Other**
- As defined in the program's response to DFTA's RFP or DFTA-approved updates.

STANDARD 2. The program provides case assistance that is short-term or time-limited and outcome-oriented to clients served on site (walk-in) or over the telephone.

Compliance 2.1. Each person is interviewed to determine that the client has a specific need/problem/desire that is appropriate to short-term or time-limited and outcome oriented service. *Exception: Clients requesting home-delivered meals.*

- The client's need/problem/desire is:
 - clearly identified by the worker.
 - able to be addressed through specific activities of the worker.
 - able to be resolved in one contact with the client or in a number of contacts over a short period of time.
 - clearly related to a specific desired outcome that is implicit or stated (e.g. the client will gain access to a needed service or resource; the client will cope with a personal problem or issue; the client will be better able to maintain a physician-order health regimen, etc).
- Each activity of the case assistance provider is appropriate to achieving the specific desired outcome.

Compliance 2.2. If they cannot meet the client's identified need, workers refer to a more appropriate service provider.

- Clients in need of professional counseling are referred for appropriate mental health services.
- Service requests/needs for the following services are referred to a DFTA funded case management agency:
 - home care (unless the client is referred to a private home care provider or Medicaid).
 - adult day services.
 - home-delivered meals (unless the program has DFTA's permission to authorize meals).

STANDARD 3. The program provides case assistance appropriate to long-term care service authorization if allowed by DFTA to authorize home-delivered meals.

Compliance 3.1. Screening and Intake

- The program makes an appropriate determination whether to do an intake or to refer elsewhere by conducting a preliminary screening interview with each client.
- Clients who appear to need in-home services in addition to home-delivered meals are referred to a case management agency.
- Clients who are eligible for Medicaid home care are referred to Medicaid.
- Basic and intake information are entered into PDS if the client is accepted for in-home assessment.

Compliance 3.2. Comprehensive client assessment and financial assessment

- A worker who has been trained on client assessment techniques assesses each new client who appears to need home-delivered meals in her/his home before arranging for home-delivered meals service.
Exception: Emergency meals and meals for clients referred from a hospital discharge worker may be started prior to client assessment.
- The assessment of each new client consists of a comprehensive, multi-dimensional interview with, and observation of, the client in order to determine ability to perform activities of daily living, mental status, social supports, health, housing, entitlement/benefits needs, and financial sufficiency.
- Each client is assessed for nutritional risk.
- The interview/assessment is documented on a PDS-generated Assessment Instrument and all data elements entered into the PDS system, or all data elements are directly entered into PDS.
- The worker uses the DFTA Financial Assessment to collect information about the client's finances so as to determine the need for assistance with entitlements or benefits, including whether or not the client is eligible for Medicaid. *Note: The client may refuse to provide financial assistance without service denial. Refusal is documented in the client's record.*
- Financial assessment information is entered into the client's PDS record.

Opportunity 3.2. Assessment summaries provide a full and comprehensive picture of the client (for example, there is evidence that the following dimensions are routinely addressed):

- strengths and capacities of the client (e.g. abilities, interests, skills, life experiences, attitudes, motivation, ability to cope, etc.).
- the adequacy of the client's informal caregiving system to meet the client's needs.
- the adequacy of the client's social involvement relative to her/his desires.

- the client's mental status and emotional well-being, including the presence or absence of depression, fears and concerns, adjustment problems, problems in the living situation, alcohol problems, etc.
- the condition of the client's home and how well the physical arrangements meet her/his needs.
- the client's past history receiving services, particularly services within the past six months.
- the client's health history and current health status, including problems, treatments, medications and their effects, frequency of seeing the doctor, recent hospitalizations, use of alcohol and tobacco.
- any communication, hearing problems, or vision problems.
- sufficiency of the client's financial resources; and eligibility for entitlements and benefits.
- the client's interest in, and willingness to, be as independent as possible.

Compliance 3.3. Home-Delivered Meals eligibility/appropriateness determination

- The worker determines whether or not the client is eligible and appropriate for the service (whether the client has difficulty shopping for food or preparing food, or other food-related impairments; whether the client currently has a Medicaid home attendant worker, or is eligible to receive Medicaid home care). *See standards under Target Population).*

Compliance 3.4. Care Planning and Care Plan Implementation

- The worker and the client develop a care plan to address the client's identified needs.
- The care plan is entered into the client's PDS record.
- The care plan specifies each service the client will receive and the length of time the client will receive the service.
 - Case assistance is entered as a service on the care plan.
 - Meals are authorized for a period of six months (until the next scheduled reassessment). However, when the client's need for the service appears to be temporary (for example, after a recent hospital discharge), an earlier date is scheduled for the reassessment and meals are authorized only until this date.
- The care plan lists also lists, where appropriate to need, assistance that will be provided with entitlements and benefits, and referrals for services other than meals (including referral for nutrition counseling where a need has been identified).
- The worker implements the care plan by arranging for needed services. Implementation may include referral to a case management agency (for example, if the client needs home care).

Opportunity 3.4. Care plans provide evidence of comprehensive care planning to meet assessed needs.

Compliance 3.5. Client Monitoring. The worker or another staff person calls the client every three months to monitor the ongoing appropriateness of the service and to evaluate whether additional services are needed.

Compliance 3.6. Reassessment. The worker conducts a comprehensive re-assessment of the client every six months (or at an earlier time if the client is not expected to need service for a full six-month authorization, or if the client's circumstances have changed).

- The reassessment is conducted in the client's home or place of residence.
- The reassessment covers all areas that were originally assessed and is updated on the PDS-generated Assessment Instrument (data that has changed is entered into PDS), or is updated directly in PDS.
- The worker updates the care plan to reflect the client's current needs at reassessment.
 - The updated care plan is entered into PDS.

Compliance 3.7. Service Termination. Service is terminated when it is no longer needed.

Note: The program does not conduct the functions described in 3.1-2.7 for clients referred for home-delivered meals by a case management agency.

STANDARD 4. The program maintains a waiting list when service is not available, if allowed by DFTA to authorize home-delivered meals.

Compliance 4.1. If there is a wait for home-delivered meals service, the program maintains a waiting list, prioritized in order of need.

Compliance 4.2. The program develops uniform guidelines for prioritizing clients in order of need on wait lists for home-delivered meals.

STANDARD 5. Service activities are conducted in a timely manner.

Compliance 5.1. Referrals. Referrals to other service organizations are made in a timely manner.

Compliance 5.2. Entitlement/Benefit Applications. Entitlement/benefit applications are submitted in a timely manner.

Compliance 5.3. When the program is allowed to authorize home-delivered meals:

- Initial assessments are conducted within ten days of intake.
- Initial assessments are conducted prior to service start.

Exception: Emergency meals may be started prior to assessment. Initial assessments of clients with an emergency need for meals are conducted within ten working days of service start.

Exception: Meals for clients referred for short-term meals by a hospital discharge worker may be started prior to assessment. The assessment is conducted within 15 working days of service start. It must occur before home-delivered meals service can be terminated for a short-term client.

- The care plan is completed within ten days of the in-home assessment.
- The client is reassessed every six months.
- The client is contacted every three months to monitor satisfaction with the service and its continued appropriateness to the client's needs.
- A waiting list for assessment and/or reassessment, prioritized in order of need, is maintained if the program cannot meet compliance timeframes.
 - When there is a waiting list for assessment or reassessment, clients on the waiting list are assessed or reassessed before new clients.

STANDARD 6. The program conducts outreach, public information and resource development appropriate to service type.

Compliance 6.1. Outreach/creation of community awareness

If the program provides only case assistance, or only case assistance and information, then:

- The program conducts at least two of the outreach/building community awareness activities listed under General Program Standards.

If case assistance is provided by a senior center or multi-services program, then:

- General program outreach and marketing efforts (see general senior center standards) include a statement that the center can provide information about services and benefits for older persons, and (if applicable to the program) assistance in accessing them. It includes the service phone number, if different from the main telephone number.

Compliance 6.2. Resource Development

- If the program is approved by DFTA to assess and care plan for clients, or if it provides assistance with entitlements /benefits (type of case assistance proposed):
 - current information about eligibility and application requirements for the most common benefits and entitlements for seniors (e.g. Medicare, Medicaid, SSI, HEAP, Food Stamps, Reduced Fare, etc) is maintained.
- If the program provides assisted referral (type of case assistance proposed):
 - it develops and maintains a file of resources and services available in its service area, including but not limited to the DFTA-funded case management agency, senior centers, social adult day services, transportation programs, senior employment programs, mental health programs, local social security office, tax preparation assistance office, legal services provider.
 - the resource file includes informal service providers such as churches, synagogues, fraternal organizations, ethnic clubs.
 - the resource file specifies the provider organization's name (including common name and acronym, if applicable), address, offices, telephone number, days and hour when open, under what conditions service is available (e.g. eligibility requirements), fees, and other crucial information.
 - the program has a demonstrable system for updating its resource information annually and responding to interim information changes.

Compliance 6.3. Public Information

If the program provides only case assistance, or only case assistance and information, or,

If the program is a senior center that provides more than 1500 units of case assistance (case assistance type is not limited to assessment for home-delivered meals),

Then:

- The program conducts two public information events annually from the following list:
 - The program distributes information about one or more senior resources at one or more libraries, fairs, post offices, shopping centers or over the internet. The program may do this distribution alone or in collaboration with other agencies.
 - The program organizes a public presentation for older persons or people who work with the elderly on one or more services, benefits or programs.

- The program stations information staff or volunteers at one or more community locales (e.g. bank, library, shopping center).

Opportunity 6.3. The program conducts more than two public information events annually.

STANDARD 7. The service is available, convenient and accessible.

Compliance 7.1. The service is available throughout the hours of program operation, or the program posts designated hours (and/or days) in a visible place.

Compliance 7.2. Telephone lines for the service are either answered at all times, or there is a call waiting system, or a message stating calling hours.

Compliance 7.3. The program is able to provide assistance in the primary language of the majority of persons served.

Compliance 7.4. Senior center programs demonstrate that during the year they provided case assistance to persons who were not current center members at the time of first contact (this does not preclude the program from also serving persons who were center members when they first requested assistance).

LEVEL OF SERVICE

STANDARD 8. The program provides the number of budgeted units yearly.

Compliance 8.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 8.1. The program delivers more than 100% of budgeted units.

STANDARD 9. The program uses the correct unit definition in reporting level of service.

Compliance 9.1. A unit of case assistance is each hour spent on direct client service (assistance to, or on behalf of a client). In addition to direct client contact, it may include collateral contacts on behalf of the client; travel to the client's home to conduct an assessment or home visit, conferencing or supervision on the client, documenting client information (intake and case notes whether on paper or in PDS). It does not include professional development, such as staff training.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 10. Staffing is appropriate to the service.

Compliance 10.1. Staffing of the service (numbers of full-time staff, part-time staff, and volunteers, as well as number of persons in each position title) corresponds to the staffing proposed in the program's response to DFTA's RFP or the current program budget.

Opportunity 10.1. In addition to budgeted staff, the program utilizes students for MSW and/or BSW and/or Gerontology degrees to provide unpaid assistance.

STANDARD 11. Staff have the skills to perform the service.

Compliance 11.1. Staff who perform the service meet the qualifications and hold the job titles stated in the program's response to DFTA's RFP.

Compliance 11.2. Staff designated as caseworkers have a minimum of a BSW degree, or BA/BS plus two years supervised casework experience.

Compliance 11.3. Requisite skills. As appropriate to the tasks they perform, all service staff and any volunteers providing the service demonstrate the following skills and knowledge, as applicable to their functions:

- Knowledge of types of entitlement/benefits for older people, and eligibility and application requirements.
- Knowledge of local and citywide resources for older persons.
- Ability to accurately prepare entitlement applications and to assist clients in completing applications.
- Interviewing skills.
- Ability to make appropriate referrals and to follow-up in a timely manner.
- Ability to maintain client confidentiality.
- Ability to write case notes.
- Client assessment skills (where applicable).
- Ability to work with clients empathetically and respectfully.

STANDARD 12. Full and half-time staff receive appropriate training.

Compliance 12.1. Training. *See General Program Standards*

- **Programs that authorize home-delivered meals.** Staff that conduct client assessments and reassessments are trained on client assessment techniques by a person with an MSW degree, or by DFTA's Training Unit.

Opportunity 12.1. At least one of the staff that conduct client assessments and reassessments has participated in training for case managers offered by DFTA's Training Unit during the year.

STANDARD 13. Staff receive appropriate supervision.

Compliance 13.1. A supervisor is present to answer staff questions when the program is in operation, or a senior staff person is available for this purpose.

Compliance 13.2. Service supervisors have the skills and experience cited in the program's response to DFTA's RFP.

Compliance 13.3. Supervision of each worker is adequate (supervisory time is documented; supervision includes review of each worker's intake records and case notes and discussion of cases with the worker).

PROCEDURES AND METHODS

STANDARD 14. The program has appropriate screening and intake procedures.

Compliance 14.1. Screening to determine type of need. The initial inquiry is screened to determine whether the inquirer only needs information (client will follow up on information provided without additional assistance) or needs case assistance.

Compliance 14.2. Information provision. If the need is for information (without additional assistance) the person answering the inquiry:

- provides the information, *or*
- refers the inquirer to someone else who can answer the inquiry (this is not considered a referral), *or*
- makes an arrangement to call the inquirer back with the information needed or additional information.

Compliance 14.3. Case assistance – Intake

- See also General Program Standards.
- An Intake record is created in PDS on each new case assistance client.
 - If PDS has not been made available to the program, the program completes a paper Intake Form. In addition, the program completes a Participant Information Form for submission to DFTA if the program has not previously served the client.
- The PDS record documents basic information and intake information (if the basic elements are already in PDS --for example, client is currently being served by the program), they do not need to be entered again):

Basic

Name

Date of Birth

Sex

Social Security Number

Address

Borough

Living Arrangements

Marital Status

Ethnicity

Primary Language

Veteran Status

Total Monthly Income

Vision, Hearing, and Mobility Impairments (e.g. use of a wheelchair)

Intake

Date of Intake
Referral source
Presenting problem or need (reason why client is seeking assistance)
Requested service (if applicable)
Intake Next Steps

STANDARD 15. The program has appropriate procedures for documenting service provision.

Compliance 15.1. Case Assistance Worker logs.

- If PDS has been made available to the program, each worker maintains a log in PDS that is current and that documents:
 - The name of each person receiving case assistance.
 - The amount of time the worker spent providing case assistance to the client.
 - The specific casework activity to assist the client. *Note: May include supervision on the client, and/or case conferencing on the client, as well as direct client assistance.*
 - Non-client activities of the worker.
- If PDS has not been made available to the program, paper logs document the above.
- **Assisted Referral.** Assisted referrals are noted on the PDS Intake screen (Next Steps) with the name of the program to which the client is referred, or in the comments section of the log entry.

Compliance 15.2. Case Notes

- Caseworkers write case notes (should be within three days of the log entry) to explain and enlarge upon activities documented on the worker log or to establish casework history for a client. *Exception: When the type of casework activity noted on the worker log is self-explanatory.*
- Entries are sufficiently clear to enable a reader (e.g. another caseworker, the supervisor, or other authorized person) to understand exactly what was done for/with the client, including the nature of any counseling or supportive assistance or contacts made on behalf of the client, the date of the contact, and the parties involved.
- Case notes are written in PDS, if PDS has been made available to the program.

STANDARD 16. The program has appropriate procedures for determining the results of service referral and/or benefit application on behalf of a client.

Compliance 16.1. The outcome of assisted referrals and entitlement/benefit applications is noted in the client's file (e.g. case note indicating date of service start; date client begins to receive benefit/entitlement).

- Caseworkers follow up (call to client or provider) on the outcome of assisted referrals or entitlement/benefit applications when there is any doubt as to whether the client received the needed service or resource or benefit.
- Follow-up with either the client or the provider occurs within one month of the date assistance was provided, and monthly thereafter if action is pending.
 - Each follow-up contact is documented.

STANDARD 17. The program follows appropriate guidelines for requesting and obtaining the client's informed consent to information sharing.

Compliance 17.1. The client has given his/her informed consent (exception: PSA referrals) before the worker does any of the following:

- contacts community resources for information about the client.
- releases specific information about the client to a community resource.
- makes a referral or arranges services for the older person.
- arranges for group consultation with other agencies also serving the older person.

Compliance 17.2. The older person is informed of the following when his/her informed consent is requested:

- That consent is voluntary, but that it might not be possible to obtain or provide service without it.
- The nature and extent of the information being released or requested.

Compliance 17.3. Informed consent may be given orally or in writing, but is in writing (signed Release of Information) when casework occurs in the office (not over the telephone) or in any of the following circumstances:

- The community resource asking for or giving the information requires it.
- The older person requests it.
- The case assistance worker determines written consent is necessary.

Compliance 17.4. If the client's consent is given orally, the worker makes a dated and signed entry in the client record to document that consent was given. If the client's consent is in writing, a signed Release of Information Form or Authorization Form is placed in the client's record.

Compliance 17.5. Once given by the client, the client's consent (or Release form) covers all further exchanges of information related to the original request that are made within a year. A new consent (release or authorization) is obtained

- each year when the exchange is related to the original request.
- whenever the exchange is not related to the original request.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 18. The service has sufficient facilities and resources to operate efficiently and effectively.

Compliance 18.1. Client interviews can be conducted in privacy.

Compliance 18.2. There is a sufficient number of telephone lines.

ADHERENCE TO TARGET POPULATION AND TARGET AREAS

STANDARD 19. The service is provided to age-eligible residents of the program's contract service area.

Compliance 19.1. Persons served are 60 years of age and older.

Compliance 19.2. Where the program's proposal in response to DFTA's RFP targeted a specific population for service, it meets its targeting objectives.

Compliance 19.3. Where the program is allowed by DFTA to authorize home-delivered meals (does its own client finding), the program can demonstrate that clients live in every neighborhood of the program's contract service area.

STANDARD 20. The population served has an appropriate need for the service.

Compliance 20.1. All persons served have an identified need or problem (recorded at intake).

Compliance 20.2. Persons who are authorized for home-delivered meals meet all the following criteria:

- 60 years of age or older; *or* younger spouse and/or disabled dependent(s) of a person assessed to need meals, when in the client's best interest as determined by the assessor;
- Homebound or unable to walk/ride to congregate meal site unattended;
- Unable to prepare meals for any of the following reasons (documented on client assessment):
 - Incapacity due to accident, illness, or mental or physical frailty;
 - Lack of facilities such as refrigerator, stove;
 - Inability to shop for food;
 - Inability to safely prepare meals;
 - Lack of knowledge and/or skills;
- Inadequate or no informal supports who can provide meals on a regular basis;
- Able to live safely at home, if provided with meals or with meals and other services;
- Ineligible for, or does not require, Medicaid-funded home care;
- Not enrolled in a Medicaid-funded community based long term care program operating under a waiver (e.g. Lombardi, VNS Choice).

Compliance 20.3. The program encourages clients who pay privately for home care to have their worker prepare meals. Meals are provided only if:

- The client could not pay additional costs that would be involved.
- Worker is not available to prepare meals for each day.

Compliance 20.4. Medicaid exceptions

- **Temporary meals pending Medicaid decision.** Temporary meals may be arranged or continued for persons who have applied for Home Attendant service only while their application is pending.
- **Client Refusal to apply to Medicaid.** Temporary meals may be arranged or continued for persons who need but refuse to apply for Home Attendant service even though they appear income-eligible while the client is being counseled on the need to apply. Counseling may not extend beyond six months. If counseling has not been successful, the client should be referred to a DFTA-funded case management agency for case management.
- **Medicaid Home Attendant clients - emergency need.** Existing Medicaid clients whose meals are not prepared by a Medicaid home attendant may receive meals if:
 - Client has an emergency need for meal delivery
 - Program maintains contact with CASA until meal preparation is added to the CASA care plan.
- **Medicaid Home Attendant clients - refusal to eat meals prepared by Medicaid Home Attendant.** Meals may be provided only if:
 - The client's persistent refusal to eat meals prepared by their attendant has been documented.
 - The program can document ongoing unavailing advocacy with CASA for a home attendant who can prepare kosher or ethnic meals needed by the client.
 - The client would be at risk without meals.
- **Medicaid Home Attendant clients - insufficient CASA service.** Meals may be provided only if:
 - CASA will not change care plan (advocacy efforts must be documented).
- **Medicaid Home Attendant clients - lack of cooking facilities/cannot purchase food.** Meals may be provided if Medicaid client lacks cooking facilities or lacks resources to purchase food with Food Stamps.

RECORD KEEPING AND REPORTING

STANDARD 21. The program correctly reports documented units of service to DFTA.

Compliance 21.1. An accurate count of documented hours of case assistance is reported to DFTA.

Compliance 21.2. Reported units match on-site documentation of hours provided.

- If PDS is available to the program, PDS generated monthly units reports based on PDS worker log entries match hours of service reported to DFTA.
- If PDS is not available to the program, the total of hours documented on worker logs matches units reported to DFTA.

Opportunity 21.2. The program documents the type of information requests it receives in PDS (the program enters inquiry source, inquiry type, and caller type). If PDS has not been made available, the program tracks the number of contacts by type on paper.

STANDARD 22. The program maintains client files and other required documents.

Compliance 22.1. Client Files. Records in PDS (or client files if PDS has not been made available to the program) contain:

- Intake information.
- Case Notes, as applicable.
- Documentation of follow-up (monthly) on service referrals and entitlement/benefit application.
- Complete Assessment and Reassessment information (when meals have been authorized by program), including Financial Assessment.
- Complete and current Care Plan (when meals have been authorized by program).
- Documentation of monitoring phone calls (when meals have been authorized by program).

Compliance 22.2. Waiting List. When the program authorizes meals, complete and up to date waiting list information is maintained in PDS.

Compliance 22.3. Entitlement and Benefit Applications. The program maintains copies of entitlement and benefit applications made on behalf of clients.

Compliance 22.4. Service Records. Completed worker logs.

CONGREGATE MEALS STANDARDS

Congregate Meals Service is the provision to eligible participants in a group setting of one hot or other appropriate nutritional meal.

Unit of Service: Each complete meal served to an eligible person that meets RDA requirements.

Note: In addition to these standards, all state and city requirements for food service and food service establishments apply to the provision of congregate meals.

SCOPE

STANDARD 1. Each participant is offered a meal that meets 1/3 of the Recommended Daily Dietary Allowance and that adheres to U.S dietary guidelines and DFTA guidelines.

Compliance 1.1. Adherence to DFTA nutritionist-approved menu and DFTA meal guidelines.

- Items and quantities of food served match the menu approved by the DFTA nutritionist.
- The program implements changes required by the DFTA nutritionist for RDA compliance (e.g. food groups represented; required quantities needed for nutritional value).
- Any substitutions made after the menu has been approved are of equivalent nutritional value to the approved menu.
 - If required by the DFTA nutritionist, the program requests approval for a menu substitution before making the change.
- *See also requirements for monitoring caterers to ensure match between bulk food and/or plated meals and approved menu for the day (Compliance 25.2 and 25.3).*

Compliance 1.2.

- Food is served in standardized portions.
- Participants may request that an item not be put on their plate.

Compliance 1.3. Cold meals.

- The program serves hot meals, with no more than two pre-approved cold meals per week (may be fewer than two cold meals, or no cold meals).

Exception: If the program serves more than two cold meals per week, participants have been surveyed to determine their preference within the past six months, and:

- *At least 60% of regular participants responded (based on PDS-generated reports on average number of participants having a meal at the center at least once during a stated time period, or other acceptable methodology);*
- *A majority of those who responded to the survey preferred more than two cold meals per week;*
- *If the program serves home-delivered meals as well, home-delivered meals recipients are also in favor of cold meals (see standards for home-delivered meals service).*
- Cold meals are 1) part of the menu cycle or 2) pre-approved alternate menus for substitution on hot days or days of religious observance.

Compliance 1.4. Special Diets. If special dietary meals (therapeutic) are served, then the following:

- Recipients of special meals or nutrition supplements have a written order from a physician that states the time period.
- Preparation and/or service are feasible.
- A DFTA nutritionist has approved the special meal in accordance with menu submission procedures.
- Nutritional supplements do not replace conventional meals unless a physical disability warrants their sole use.

Opportunity 1.4. The program provides special therapeutic meals to participants in compliance with the four criteria above.

Compliance 1.5. Drinking Water. Unlimited drinking water is available from a water cooler, a water fountain or in a clean, sanitary dispenser at each table.

STANDARD 2. The service is available to as many persons over 60 as funding allows.

Compliance 2.1. The service is available five days a week or the number of days per week specified in the budget (with the exception of approved holiday closings).

Compliance 2.2. Participants are supplied with a list of alternate program sites and/or food pantries in the area when service is unavailable due to a program-related emergency.

Compliance 2.3. The program holds more than one seating when there is insufficient table room for all meal participants.

Compliance 2.4. All persons attending the congregative service are offered a complete meal before seconds are given.

Compliance 2.5. Persons in wheelchairs can be accommodated either at a handicapped-accessible table or through another arrangement that does not preclude their participating in the meal service.

Opportunity 2.5. *Each of the following is a separate opportunity:*

- Volunteers assist persons with disabilities at mealtimes (e.g. assist in cutting up food, and/or pouring liquids; escort to bathroom; etc.)
- Food containers and utensils designed for the blind and handicapped are available.

STANDARD 3. Approved menus are available to participants.

Compliance 3.1. Menu-Posting.

- The day's nutritionist-approved menu is posted in a public and visible place.
- The menu is written in large print.

Opportunity 3.1. In addition to posting daily menus, weekly or monthly menus are included in the center newsletter or copies are available for anyone to take.

STANDARD 4. Participants have the opportunity to offer input on meal planning and meal service.

Compliance 4.1. The program has a demonstrable system for obtaining participant input on menu planning (e.g. menu-planning committee; agenda item at membership meetings).

Opportunity 4.1. The program documents that they have made menu changes in response to participant recommendations within the last year.

STANDARD 5. All senior participants (including senior guests) are offered the opportunity to make a voluntary contribution for meals received.

Compliance 5.1. A posted sign states:

- Recommended contribution amount for meals;
- Contributions are confidential and voluntary;
- Contributions are used to support/expand the program;
- No eligible person will be denied service if they do not contribute.

STANDARD 6. The program requests a payment or a voluntary contribution from all non-participants.

Compliance 6.1. Unless they are designated contributing food handlers, the following persons pay the full cost of raw food and disposables or the caterer's charge per meal:

- Staff less than 60 years of age.
- Volunteers less than 60 years of age.
- Guests less than 60 years of age.
- Home attendants who accompany participants at the congregate meal site and who consume meals are treated as guests under 60, and required to pay the full cost of raw food and disposables for any meal received.

Compliance 6.2. Contributing Food Handlers

- The program may assign contributing status to food handlers who are less than 60 years of age rather than requiring payment of the full cost of raw food and disposables. Contributing food handler status may be assigned to staff, volunteers, and WEP workers under 60 who work primarily in the kitchen or otherwise handle food.
 - If the program requests a contribution from food handlers instead of requiring payment for raw food and disposables, it states this policy in writing.
 - The amount of suggested contribution for contributing foodhandlers is at least the amount of suggested contribution for participants.

STANDARD 7. The center collects the full cost of the meal for persons whose meal costs are covered by another government program.

Compliance 7.1. If the center serves persons who participate in another government-funded program that covers meal costs (i.e. group home, programs that provide adult day services), then the other program reimburses the center for those meals.

- The amount of reimbursement is the full cost of the meal to the center, or the amount the other program receives for providing the meal, if this is lower than the center's cost.

- *Meals paid for by a non-DFTA payer, or by a DFTA-funded social adult day services program whose rate includes meals, are not reported as participant units.*

STANDARD 8. The program serves a variety of appealing food.

Compliance 8.1. Each meal provided to older persons has variety and quality, in terms of color, texture, flavor, aroma and appearance.

Opportunity 8.1. *Each of the following is a separate opportunity:*

- At least weekly, menus incorporate nutritionist-approved food items specifically to expand meal appeal: (e.g. ethnic foods, vegetarian substitutes that meet DFTA meal pattern requirements, etcetera).
- The program develops and serves four or more DFTA-approved meals to celebrate different cultures/ethnic holidays during the fiscal year.

Compliance 8.2. If meals are prepared on-site, the program maintains a file of menu-relevant recipes for serving large groups.

Opportunity 8.2. The program tries at least two new nutritionist-approved recipes for possible addition to their file during the fiscal year.

STANDARD 9. Congregate meals service promotes socialization.

Compliance 9.1.

- Participants may arrive at the program site at least one hour before the lunch or dinner meal is served and may stay at the program site for at least one hour after the lunch meal is served.
- Participants are allowed sufficient time to eat their meal and to socialize.
- Participants appear to be enjoying the opportunity for conversation and social interaction during mealtime.

Compliance 9.2. Except on trips, or when meals are specifically prepared for off-site consumption, participants consume their meals on site.

- Home attendants, home care workers, or other persons acting on behalf of the participant are not allowed to regularly pick up meals for participants to eat at home.

STANDARD 10. Participants who need other nutritional services are identified and assisted.

Compliance 10.1. Nutritional risk information.

- During the year the program makes a specific effort to educate participants about the signs of nutritional risk and what to do if present –e.g. bulletin board display, nutrition education presentation, distribution of a flyer or other printed material, etc.

Opportunity 10.1. *Each of the following is a separate opportunity:*

- The program has administered the Nutrition Screening Questionnaire (DETERMINE) to participants at least once during the year. . *(The Questionnaire may be self-administered or the program may use appropriately qualified students – e.g. nursing students or nutrition students supervised by a registered dietician.)*
- The program has followed up with those scoring at high Nutritional Risk through an appropriate intervention

Compliance 10.2. Temporary meal pick-up.

- The staff person overseeing meal service may approve having the meal sent home (or picked up) on a one-time basis for a participant who is ill or has a medical appointment or other urgent business during meal service.
- Any participant allowed to have meals picked up or sent home on an ongoing basis or sequence of days has the director's (or meal supervisor's) written approval and has provided an acceptable reason (e.g. illness or other health reasons).
 - The reason and date of initial approval are documented in writing.
 - The initial approval is for a period no longer than three weeks.
- Any participant allowed to have meals picked up or sent home on an ongoing basis beyond the initial three-week authorization has the director's (or supervisor's) written approval for an extension (or authorization noted as an event in PDS), based on a documented phone call with the client to determine that extension is justified and that client plans to return to the center.
 - Only two three-week documented extensions (extensions may be for a shorter period than three weeks) are allowed for participants who plan to return to the center. If participants are incapacitated for longer than 9 weeks from initial approval, a referral is made for in-home assessment for home-delivered meals (or temporary pick-up/delivery is terminated).

Compliance 10.3. If a participant will not be returning to the center due to an incapacity that is expected to be long-term, or if it is apparent that the client will need home-delivered meals before extensions have been granted, the participant is referred as soon as possible to a case management agency (or to the program's own case assistance staff if they are allowed by DFTA to conduct client assessments).

- If there is a waiting list for assessment or for home-delivered meals, the program may continue to send meals home for the client or have them picked up until home-delivered meals start. Continued approval because client is on a waiting list is documented.
 - The waiting list client is contacted at least once every two months to reauthorize /discontinue congregate meals service.

- Continued approval is documented.

LEVEL OF SERVICE

STANDARD 11. The program provides the number of meals specified in the budget.

Compliance 11.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 11.1. The program delivers more than 100% of budgeted units.

Compliance 11.2. The program counts participant meals using the correct unit definition.

- Only one meal per participant is counted.
- Each meal meets the RDA requirement.
- Participant meals do not include meals for staff less than 60 years of age.
- Participant meals do not include meals for guests less than 60 years of age.
- Participant meals do not include meals for contributing food handlers (see Compliance 15.2)
- Participant meals do not include meals sold to non-DFTA agencies, or meals for which the program is reimbursed (e.g. social adult day programs).

STAFF APPROPRIATENESS AND CONTINUITY

(Note: “Food Production Staff” includes paid staff, volunteers, and WEP workers who work in the kitchen or assist with meal service)

STANDARD 12. There is an appropriate number of staff to provide food service.

Compliance 12.1. The service is staffed with the number of persons in the position titles specified in the program’s response to DFTA’s RFP or the current budget.

Compliance 12.2. If the use of volunteer assistance to provide the service was proposed in the program’s response to DFTA’s RFP, the program’s current volunteer resources match what was proposed.

STANDARD 13. Food production staff are in good health.

Compliance 13.1. Health.

- Food handlers are free from communicable diseases.
- Food handlers who are suffering from sneezing, coughing, diarrhea, open sores, or other communicable or contagious conditions are removed from food service tasks and areas.

STANDARD 14. Food production staff and volunteers are appropriately trained and supervised.

Compliance 14.1. Food Protection Training Course.

- A food handler who has successfully completed the Food Protection Training program offered by the Department of Health is present every day that service is provided.
 - The food service supervisor (or the program director) has a Food Protection Training Certificate.
 - If meals are prepared on site, the cook has a food Protection Training Certificate. (*Note: the cook may also be the food service supervisor.*)
- A certificate indicating that a currently employed food handler successfully completed the Food Protection Training Program provided by the Department of Health is posted in a food preparation area.

Compliance 14.2. The program conducts an orientation (for new food service staff and volunteers) or training (for all staff, or particular position titles) at least quarterly. (Training may be provided by a food services supervisor, the program director, or consultants/invited speakers).

- Training agenda, schedule, and attendance are documented.

Compliance 14.3. Food service staff receive on-going supervision from the food service supervisor, director, or other persons qualified to provide supervision.

PROCEDURES AND METHODS

STANDARD 15. Appropriate procedures are followed for menu approval.

Compliance 15.1. The program submits three copies of each planned menu cycle (includes a 4 or 6 week cycle menu, and any cold meal, trip, or special celebration menus being submitted for pre-approval) on the required form to the assigned DFTA nutritionist for written approval.

Compliance 15.2. Menus are submitted quarterly (unless nutritionist requires monthly submission) and at least four weeks before the cycle begins.

Compliance 15.3. Any substitutions that are made after the menu is approved (including the substitution of a pre-approved cold meal), and the date of the substitution, are clearly documented.

STANDARD 16. Regular meal participants are registered at the center.

Compliance 16.1. *See General Center Standards.*

- Eligible persons who regularly participate in meals are registered. Until they are registered, seniors sign-in for services as senior guests.

STANDARD 17. The program has appropriate procedures for signing in meals participants and documenting meals served.

Compliance 17.1. Programs with PDS use the software to manage meal sign-in and documentation.

Compliance 17.2. Sign-In – PDS Users.

- A trained staff member or volunteer oversees attendance.
- A bar code reader is used to scan the personalized ID card issued by PDS to registered participants.
 - Each participant is scanned in only once regardless of the amount of food that the participant receives.
- Any person with a non-personalized ID card (e.g. guest, staff, contributing food handlers) signs in. This is handled in one of the following two ways:
 - The program scans in a category card (e.g. Senior Guest, Guest/Staff Under 60, Contributing Food handler) for each person without a personalized ID card as they enter, and utilizes the Daily Attendance/Income Record to document signatures.
 - Any person without a personalized ID card signs on the Daily Attendance/Income Record and a staff person scans the barcodes the appropriate number of times after the meal.

- Any member who forgets his/her card signs in. After the meal, the program searches those members' barcodes and enters the meals manually. Alternatively, the program maintains an alphabetized rolodex with a copy of each regular participant's barcode which can be located and quickly scanned in.
- Any persons picking up a meal for a participant who has been approved for Temporary Pick Up signs on a dated PDS-generated Activity sheet that has the barcodes of participants authorized for Temporary Pick Up. Barcodes are scanned in after the meal.

Note: Smaller programs may choose to use an Activity Sheet rather than a barcode reader, if this is more practical.

Compliance 17.3. Sign-In – Paper.

- A trained staff member or volunteer monitors attendance.
- Each meal recipient signs on the appropriate section of the Daily Attendance/Income Record.
- Any participants unable to sign signs with an X and the attendance monitor fills in their name and initials the entry.
- If a person other than the attendance monitor signs for a participant (including temporary meal pick-up), the attendance monitor initials the entry.
- Each participant signs in only once regardless of the amount of food that the participant receives.
- The DFTA Daily Attendance/Income Record is completed daily, with two signatures.
- The Daily Attendance/Income Records clearly distinguishes categories of recipients.
- On a daily basis, each category of meal is totaled accurately and accurately transferred to the Monthly Meals/Income Summary to facilitate final totals.
- The person who prepares the Monthly Meals/Income Summary initials it to indicate that it is accurate.

STANDARD 18. The program has appropriate procedures for contributions/payment collection and documentation.

Compliance 18.1. Participants.

- Procedures ensure that each participant's decision whether to make a contribution, and the amount of contribution to make, is private.
 - The program provides a slotted box or other secure receptacle for contributions.
 - No coercion is used by contribution monitors.

- Two persons (minimum of one staff) count the total contributions from participants each day and co-sign the Daily Summary section of the Lunch Attendance/Income Record.
- PDS users enter contribution amounts into PDS.

Compliance 18.2. Non-Participants.

- The amount of payment received from each non-participant is recorded next to the person's name on the Daily Summary Section of the Meals Attendance/Income Record.
- The amount of contribution received from each food handler (may be \$0) is documented next to her/his name on the Daily Attendance/Income Record.

Compliance 18.3. Contributions are safely stored until deposited in the bank.

STANDARD 19. Food service is efficient and organized.

Compliance 19.1. The following is observable:

- There are no avoidable delays or long waits for food.
- The method of serving food is well organized.
- Food servers are efficient.
- There is appropriate and adequate dinnerware for the number of participants served.

STANDARD 20. Participants are discouraged from taking food home.

Compliance 20.1. The program posts a sign in a visible place warning participants that it is a health hazard to take home left-over food without proper insulation, and stating participant responsibility for any food-borne illness.

Opportunity 20.1 The program supplements its posted sign with at least two additional efforts annually to heighten awareness of the need for proper precautions if food is removed from the premises – e.g. through hand-outs, educational presentations, etc.

STANDARD 21. Food emergencies are handled appropriately.

Compliance 21.1. Choking.

- A Choking/First Aid poster is posted in each dining room.
- At least one staff member present during meal service knows how to do the Heimlich Maneuver.

Compliance 21.2. Food Poisoning.

- Any suspected outbreaks of food-borne illness are reported promptly to the City Health Department Bureau of Field Services and a DFTA nutritionist.
- Food poisoning procedures are followed when several participants complain about an upset stomach, diarrhea, or feeling ill within 3 to 36 hours after consuming a meal at the site.
- If possible, half cup portions of all meal items are saved on an appropriate receptacle covered with plastic wrap and frozen for later laboratory tests by the Food Poisoning Unit of the Health Department.
- The program contacts affected persons to determine if they are under medical supervision or require medical assistance. Follow up is provided until the total incident has been resolved.
- The incident is documented in the program's incident file.

STANDARD 22. Preparation sites maintain food accountability.

Compliance 22.1. Inventory.

- At the preparation site, an inventory of food and supplies is completed accurately each month on the *Month End Inventory of Food and Supplies*, signed and dated by the director or designee, and submitted to DFTA.
- The inventory is conducted on the last working day of the month or the first working day of each new month.

Compliance 22.2. Food Use.

- The amount of all food used and daily meal attendance is recorded daily on the *Daily Food Used Record*.
- All daily food used is costed out and calculated correctly at least one week per month or until all menus in the cycle have been costed out.
- Per meal food costs are calculated monthly and submitted to DFTA on *The Monthly Food Cost Report* by the 10th of the following month.

Opportunity 22.2 The program costs out their menu every day.

STANDARD 23. Food purchases are appropriate and nutritionally safe.

Compliance 23.1. Purchases.

- All food is purchased from sources that comply with federal, state and local regulations related to food and food handling.
- All milk is pasteurized and purchased in half-pint containers for senior consumption.

- All meat, poultry, and fish purchased are government-inspected.
- Food delivery invoices/receipts are signed and dated upon delivery by the person receiving the food.
- Purchased food is carefully inspected and checked against the market order to ensure:
 - delivery matches the order;
 - price is correct;
 - quantity and weight are correct;
 - quality and grade are acceptable;
 - food is at required temperature;
 - food is in original packaging, which is free from swelling, bulges, dents, mold, leaks, and odors.
- Rejected foods are removed and arrangements made for immediate return and credit. (Spoiled goods are removed, and stored separately until they are returned.)

Compliance 23.2. Donated food.

- The program accepts only appropriate donated foods.
- The program does not serve foods prepared or canned in the home, road-killed game, wild game, or fresh/frozen fish donated by sportsmen.
- The program does not serve donated canned foods when:
 - Dates on packing cases or cans are expired, or cases or cans are missing labels;
 - Cans are rusted, mouldy, leaky, swollen or severely dented.

STANDARD 24. Food is dated and stored or disposed of in a sanitary manner.

Compliance 24.1. Prepared and fresh foods.

- Prepared food that is to be stored in refrigerators, freezers, or in storerooms is placed in food grade containers, covered, labeled, and dated.
- Stored foods are protected against cross-contamination (e.g. raw meat, chicken and fish are kept apart from raw fruits and vegetables).
- Cooked food is stored above raw food.

Compliance 24.2. Storage of dry food and supplies.

- Items are stored in an organized fashion so that they can be rotated on a first-in/first-out basis.
- Food and supplies are stored at least 6-10 inches above the floor.

- Precautions are taken to protect dry foods from dust, dirt, dampness, rodents, insects, pests, and foreign materials.
- Cartons are dated on receipt if contents are maintained in cartons.
- Individual containers are dated with month and year if removed from cartons.
- Cans or other individual items are dated on receipt.
- Canned goods are not stored longer than one year.
- Spoiled foods (dented, leaking, or rusted containers), outdated foods (received more than one year ago) and expired foods (past expiration date on original packaging) are discarded.

Compliance 24.3. Food storage temperatures.

- Dry storage areas are maintained at a temperature between 50°F and 70°F and well-ventilated.
- Refrigerators are maintained at a temperature between 35°F and 40°F.
- Freezers are maintained at a temperature between 0°F and –10°F.
- Perishable foods are refrigerated, except during necessary preparation.
- Commercially frozen foods are maintained in freezers.

Compliance 24.4. Food Disposal.

- Food that needs to be disposed of is promptly discarded.
- Food that needs to be disposed of is denatured by the addition of a disinfectant, removed from cans, and marked condemned. The label of the can is defaced, and marked condemned.
- Food that needs to be discarded (or returned to vendor because it is spoiled) is held separate and apart from foodstuff offered for consumption.

STANDARD 25. Leftover food is appropriately managed.

Compliance 25.1. Same day use.

- Catered sites dispose of leftovers on the day they are first served (by offering second at the end of meal service, or by increasing portion size or by discarding food).
- Meal preparation sites dispose of leftovers in the same way as catered sites, or store food in a sanitary fashion for next day (or second day) use. *See 24.2 and 24.3.*
- Leftovers are unplanned and occur infrequently.
- The program may at its discretion request a contribution for a full second meal.
- The program appropriately plates and packages (with proper insulation) any leftover meals that seniors take home for in-home consumption.

Compliance 25.2. Leftover Storage (at meal preparation sites only).

- Leftovers are rapidly cooled in shallow containers (not more than 2” deep) to 40°F, using the proper chill-down methods.
- When internal temperature reaches 40°F, the containers are covered, labeled, and dated.
- Leftovers are not frozen.

Compliance 25.3. Re-serving Leftovers (at meal preparation sites only).

- Leftovers not consumed on the day of preparation may be offered as an alternate choice up to two days following the date of preparation.
- Appropriate miscellaneous leftovers less than 48 hours old can be added to soup stock.
- Leftover food that requires heating is reheated to an internal temperature of 165°F, or held to a boil for at least 15 seconds.
- Leftover food that requires heating is reheated and served only once.

STANDARD 26. Caterers comply with DFTA standards for food preparation, food transportation, storage and sanitation.

Compliance 26.1. Caterer Responsibilities. The caterer complies with sanitary requirements set forth in the contract and DFTA’s standards for food preparation, storage, and sanitation, including the following:

- Temperatures are taken with a probe thermometer before portioning and/or packaging each day.
- Hot foods are packaged at a minimum of 160°F.
- Cold foods are packaged at a temperature below 40°F.
- Hot and cold foods are packed separately.
- All foods are packed for transportation in insulated carriers.
- Insulated carriers are in good condition and sanitarily maintained.
- Food is ready or delivered on time.
- Food is ready or delivered at the correct temperature.

Compliance 26.2. Program’s Responsibilities/Non-DFTA caterer.

- If the program is catered by a non-DFTA program, a Catering Agreement appropriate to the meals arrangement is signed by both parties and approved by DFTA.
- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.

- Agreed upon number/quantity of food items.
- Meals appropriately and safely packaged.
- Food arrives at required temperatures (food is quickly reheated or chilled if not at required temperature, caterer is notified, and notification documented).
- Food matches approved menu.
- The food service supervisor or director makes a documented visit to the caterer's preparation site at least once a year to observe that bulk and/or individual plated meals are prepared in accordance with the terms of the Agreement and basic sanitary requirements.
- The food service supervisor or director visits the caterer/preparation site as often as necessary if there are any substantial or repeated deviations/problems, and documents the problem and its resolution.
- Persistent problems with the caterer are brought to DFTA's attention.

Compliance 26.3. Program Responsibilities/DFTA-to-DFTA or main site/satellite.

- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.
 - Agreed upon number/quantity of food items.
 - Meals appropriately and safely packaged.
 - Food arrives at required temperatures (food is quickly reheated if not at required temperature, and caterer is notified).
 - Food matches approved menu.
- Any problems with the caterer are documented, and efforts made to resolve them.
- Persistent problems with the caterer are brought to DFTA's attention.

STANDARD 27. Food is prepared according to principles of nutritional health and safety.

Compliance 27.1. Conservation of nutrient value and flavor.

- Food is not overcooked.
- Food is prepared as close as possible to the serving time.

Compliance 27.2. Appropriate and safe temperatures.

- Perishable or potentially hazardous foods requiring cooking are cooked to an appropriate temperature and maintained at an internal temperature of at least 140°F.

- When cooked perishable food falls below 140°F, it is reheated quickly to 165°F or higher, then held at 140°F minimum.
- Poultry, poultry stuffing, stuffed meats and stuffing containing meat or poultry are cooked to an internal temperature of at least 165°F, with no interruption of the cooking process.
- Pork, ground beef and food containing pork or ground beef, are cooked to an internal temperature of at least 155°F.
- Frozen food is thawed in the refrigerator at 40°F, or under potable running water at 70°F, or as part of the cooking process. *(Note: If item weighs more than 3 lbs, it is not thawed by cooking.)*
- Cold food is held at 40°F or below until it is served and during service.
- Perishable food that is not served immediately after it is delivered or prepared is refrigerated.

Compliance 27.3. Sanitary practices.

- Food that requires no further cooking or is ready to eat is protected from bare hand contact by the use of appropriate utensils (e.g. long-handled tongs) or disposable gloves.
- Food is free from spoilage, filth, mold, odors, and contamination.
- Proteins and foods containing milk and egg products are handled with particular caution.
- Raw fruits and vegetables are washed thoroughly in potable water before they are served, including those with removable skin, such as bananas and oranges.
- Food preparation takes place only when there is hot and cold running water.

STANDARD 28. Quick chill methods (or specialized equipment approved by the nutritionist) are used when food is not prepared and delivered on the same day.

Compliance 28.1. Initial cooling. Cooked bulk food is allowed to cool at room temperature in shallow pans for approximately 30 minutes to bring internal temperature down to 120° F.

Compliance 28.2. Rapid chilling (non –freezer). Once the food has been brought down to 120 °F, it is rapidly cooled to 70 °F. within the next 2 hours, and to 40° within another 4 hours.

Compliance 28.3. Rapid chilling (freezer method – recommended).

- Shallow pans containing food cooled down to 120°F are distributed to all available freezers.
- Sufficient space is left for cold air circulation between pans.

- Food in freezers set to operate at 0° to –10 °F chills to an internal temperature of 70° F within one hour.

Compliance 28.4. Refrigerating/plating chilled meals. Chilled meals are transferred to the refrigerator and kept at 40 °F and/or portioned and packed as cold meals.

STANDARD 29. Food handlers follow basic sanitary procedures.

(Note: Food Handlers includes staff, volunteers, and WEP workers.)

Compliance 29.1. Attire.

- Food handlers wear clean and washable outer garments (e.g. aprons, smocks) or disposable outer garments.
- Food handlers wear hair restraints. *(Note: Hair spray is not an acceptable alternative to hair restraints. Note also: Long beards must be protected.*
- Food handlers have clean and trimmed fingernails, free of polish and artificial nails (or wear gloves at all times).
- Food handlers wear a minimum of jewelry.
- Food handlers have clean personal habits

Compliance 29.2. Basic Sanitary Procedures.

- Food handlers wash their hands with soap and warm water before beginning work, after each visit to the toilet, and as required by the sanitary code.
- Handwash signs are posted near handwash sinks in the kitchen and bathroom. The signs direct food handlers to wash their hands after use of the toilet.
- Food handlers do not use any tobacco products in designated food storage, service and preparation areas.
- “No Smoking” signs are posted in the food preparation, storage and service areas.
- “No Spitting” signs are posted in the food preparation, storage and service areas.
- Food handlers consume food only in designated dining areas where it will not result in contamination of food, equipment, or other items needing protection.
- Food handlers keep personal belongings outside of the food preparation, service and storage areas.

STANDARD 30. Food is served in a sanitary fashion.

Compliance 30.1. Temperatures.

- Food temperatures are taken with a sanitized probe thermometer at the beginning of each meal and periodically during meal service.
- If the program is catered, meal temperatures are taken with a probe thermometer upon delivery and at meal service.
- Cold food is maintained and served at 40°F or below.
- Hot food is maintained and served at 140°F or above.

Compliance 30.2. Sanitary Practices.

- No more than two hours elapse between the time potentially hazardous foods that require cooking are cooked and the time they are served.
- Sneeze guards or other appropriate means protect food placed out for service.
- Food is served restaurant style (e.g., waiter, cafeteria).
- Participants do not touch food with their bare hands before it is on their plates.
- Food (including cut fruits and fruits with edible skin) and serving utensils are placed on dishes or wrapped (cannot touch the table).
- Common drinking cups are not used.
- Straws for drinking are completely enclosed.
- Milk is served in unopened half-pint containers.

Compliance 30.3. Single Service Disposables.

- When adequate facilities for cleaning and sanitizing cookware and utensils are unavailable, single-service disposables are used.
- Single-service utensils and cookware (e.g. aluminum pans) are discarded after use.

STANDARD 31. Food storage, preparation and service areas are kept clean.

Compliance 31.1. A cleaning schedule is posted in food preparation areas.

Compliance 31.2. All areas are clean and well maintained including: floors, walls, ceilings, windows, doors, skylights, light fixtures, vent covers, fans, mats, duckboards and decorative materials.

- Push type brooms and dust arresting sweeping compounds are employed.

Compliance 31.3. Utensils, tableware, equipment, and work surfaces used for food preparation and service are kept clean and sanitized.

- Hot and cold running water are available in food service areas.
- Food contact surfaces are cleaned using cloths that are free of metal.
- Utensils and work surfaces are cleaned with soap and hot water and sanitized whenever they are used and in accordance with the cleaning schedule.
- All multi-use receptacles and other containers used in food preparation, service or transportation of food are cleaned before and after each use, sterilized or sanitized.
- New bottles, receptacles, and utensils are thoroughly cleansed, sanitized, and rinsed before use.
- Utensils for handling food and containers for storing food that are chipped, cracked, rusted, corroded, or badly worn are discarded.
- Grease is not poured down sinks but disposed of as garbage.
- The following cleaning and wiping cloths are kept separately:
 - Clean, dry cloths used for wiping food spills from tableware;
 - Moist cloths used for wiping food spills on kitchenware and food-contact surfaces;
 - Moist cloths for cleaning of non food-contact surfaces (e.g. counters, walls, dining tables).
- Moist cloths used for cleaning are stored in a sanitizing solution between uses.

STANDARD 32. The program conducts routine self-inspections.

Compliance 32.1. Self- inspections are conducted monthly.

Compliance 32.2. The program takes action to correct unsanitary or unclean conditions noted at self-inspection, and documents date and actions taken.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 33. The congregate meal facility and/or meal preparation site complies with all applicable federal, state and city codes.

Code compliance includes NYC Health Code, Article 81 for food preparation and food establishments, and the NY State Sanitary Code Subpart 14.1.

Compliance 33.1. Health Department Permit to Operate.

- The program has a current Permit to Operate from the Department of Health.
- If the Health Department has not inspected the site within the last year, the program requests an inspection.

Compliance 33.2. Response to Health Department Citations.

- The program responds to the Department of Health within the required time frame when cited for a violation of sanitation requirements.
- A copy of any response to a violation is forwarded to the assigned DFTA nutritionist and the Borough Director within one month of the response.

Compliance 33.3. Physical structures.

- Floors are made of a smooth, non-slip, and hard material.
- Floors, which are frequently wet or require frequent washing, are made of a hard, non-absorbent, watertight material.
- Walls and ceilings in food preparation areas are made of a hard, light-colored material.
- Walls and ceilings in contact with steam or vapor are made of smooth cement, glazed tile, glazed brick, or other non-absorbent material.
- Windows and doors in food preparation and service areas that open into outer air (with the exception of emergency exits) are equipped with fine mesh screens.

Compliance 33.4. Plumbing.

- Floors, refrigerators, cooking kettles, and steam tables have proper drains.
- Dishwashers have indirect drains and boosters for sanitizing temperatures.
- Indirect drains are installed where required by sanitary code, including in all food preparation and ware washing sinks.
- Sinks for food preparation and for the sanitizing of utensils, equipment, or the premises, are an adequate size, and have boosters where required by sanitary code.
- Sinks have running hot and cold water.

- Plumbing and plumbing fixtures are properly connected, vented, and drained.
- Each water supply outlet or connection is protected from back flow into the water system.
- Grease traps are installed in any cooking facility designed after 1997.

Compliance 33.5. Food Storage, Preparation, and Service Areas.

- If food is stored and prepared in areas not used solely for that purpose, the space has been adapted to fit food and safety requirements.
- Food storage, preparation and utensil-washing areas are restricted to those involved in food service.
- All three areas are well lit and adequately ventilated.
- Food storage areas contain no exposed or unprotected sewer lines.
- Toilet rooms are not used as storage areas for food and cooking supplies.
- There is a designated hand washing area in the food preparation area.
- The designated hand washing area is equipped with a hand wash sign, dispensed single-use towels, and soap or detergent.
- Lighting fixtures in all three areas have protective shields or shatterproof light bulbs.
- Fans in all three areas are shielded.

Compliance 33.6. Ventilation and Fire Protection Systems.

- The DFTA Facilities Unit and the Bureau of Fire Prevention are consulted before the purchase of a new ventilation and/or fire protection system (includes optional range hoods, exhaust fans, ductwork, filters).
- All contracts for new systems must guarantee that the systems meet applicable code requirements.
- The Fire Department inspects extinguishing systems for cooking equipment upon installation.
- Exhaust systems and filters are inspected, and cleaned, and filters are changed at least once every three months by a qualified employee or an approved cleaning service.
- Only “baffle” filters are used.
- Operating and cleaning instructions for cooking exhaust and the fire extinguisher system are posted under glass at the entrance to the kitchen.
- A sketch on 8-1/2 x11 inch paper showing the origin, run, and terminus of the grease duct is posted over the grease duct.
- A sufficient number of A:B:C portable fire extinguishers are strategically placed throughout food service areas.

- Portable fire extinguishers and fire extinguishing systems have been inspected, tested, and tagged with a current date of inspection.
- Fire extinguishing devices are inspected annually by a licensed maintenance service.

Compliance 33.7. Pest control.

- Extermination service is provided at least monthly or more frequently if necessary.
- The exterminator is certified by the State Department of Environmental Conservation.
- The exterminator uses only closed bait stations in food storage, service, and preparation areas and in utensil washing and storage areas.
- The program does not use or store pesticides.
- Exterminator services are used for fly and pest control (e.g. the program does not hang fly paper/strips in food storage, preparation or serving areas).

STANDARD 34. Equipment/utensils complies with all applicable federal, state and city codes.

Compliance 34.1. Equipment/Utensils.

- Equipment, unless easily movable, is:
 - sealed to the floor; or
 - installed on a raised platform of concrete or other smooth masonry; or
 - elevated at least 6 inches on legs.
- Equipment and utensils used for food preparation and service are lead and cadmium-free.
- Equipment and utensils used for food preparation and service are easily cleaned and inspected (e.g. easily disassembled).
- Cutting blocks and boards are smooth, clean, and constructed of hard maple or an equivalent non-absorbent material.

Compliance 34.2. Equipment Maintenance.

- All major equipment receives routine maintenance.
- Dish washing machines are maintained in good repair and operated in accordance with manufacturer's instructions. (*Recommended temperature for washing is 140-150 °F; 170-180 °F for final rinse.*)
- Refrigerators and freezers are equipped with accurate inside thermometers to register temperatures.
- Precautions are taken to prevent machinery, exposed pipes and equipment from entrapping foreign materials (For example dusting.)

- An equipment inventory is maintained and updated annually.
- Equipment is appropriately tagged to correspond with inventory lists.

Compliance 34.3. Garbage containers.

- Garbage receptacles are sufficient in size and number, and lined.
- Garbage receptacles are constructed of an appropriate material.
- Garbage containers hold contents without leakage and have tight-fitting covers.
- Garbage receptacles are rodent proof and fire proof.
- Filled garbage receptacles weigh less than 100 pounds.
- Garbage receptacles are emptied before garbage and waste materials accumulate and become a nuisance.
- Garbage receptacles and covers are properly cleansed after emptying.
- Garbage receptacles are covered when not in use, and maintained in a sanitary condition in the building or at the rear of the premises until the time of garbage removal.
- All waste is sorted according to recycling requirements (papers bundled, etc.).

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 35. Congregate meal service is targeted to eligible persons, with particular emphasis on low-income minority persons 60 years of age or older.

Compliance 35.1. The following persons are eligible to receive meals:

- Members, guests and staff who are 60 years of age and older.
- The spouse of any person under 60 who accompanies her/his age-eligible spouse.
- Non-elderly physically or cognitively disabled individuals who live in the household with and accompany an eligible participant.
- Disabled persons who reside in a primarily senior housing facility where the center is housed.

Compliance 35.2. The program serves ineligible persons (e.g. guests and staff under 60, contributing food handlers) only if it is apparent that there is sufficient food for all eligible participants.

RECORDKEEPING AND REPORTING

STANDARD 36. There is on-site documentation to support the number of units and the amount of income reported to DFTA on the monthly invoice.

Compliance 36.1. An accurate count of documented meals is reported to DFTA.

Compliance 36.2. The number of reported units for each type of meal served (participant, guests and staff under 60, contribution food handlers) is supported by the following on-site documentation.

Meal Attendance Records – PDS Users.

- Monthly Summary Report by Service (Congregate Lunch or Breakfast).
- Monthly Summary Report by Date.
- Daily Attendance/Income Records
- Temporary Meal Pick-Up Sheets.

Meal Attendance Records – Paper.

- Daily Meal attendance records are correctly totaled in each category of meals served and the amount correctly transferred to a Monthly Summary of Meals and Contributions.
- Daily totals for each category of meals entered on the Summary of Meals and Contributions are correctly added and the amount matches the number of meals reported for the month in each category.

Compliance 36.3. An accurate count of contributions and payments collected is reported to DFTA.

- Daily Attendance/Income Records and PDS totals of contributions/payments collected support the amount reported, if program has PDS.
- Daily Attendance/Income Records and the Monthly Summary of Meals and Contributions supports the amount collected, if program does not have PDS.

STANDARD 37. Menu planning is correctly documented and reported.

Compliance 37.1. The original copy of the approved menu, with the nutritionist's signature, is kept on file for one year after the closing date of the fiscal year in which the menu was served.

Compliance 37.2. Copies of menus actually served, with documented substitutions, are kept on file one year after the closing date of the fiscal year in which the menu was served.

Compliance 37.3. Consumer surveys are kept on file for one year after the date of the survey, including surveys on cold meal preferences.

STANDARD 38. Food supplies and costs are documented correctly and reported.

Compliance 38.1. Signed food delivery invoices/receipts are kept on file.

Compliance 38.2. The program submits its most recent *Monthly Physical Inventory of Food and Supplies* and its *Monthly Food Cost Report*, properly dated and signed, to the assigned DFTA nutritionist by the 10th of each month.

Compliance 38.3. *Daily Food Used Records*, *Monthly Food Costs Reports*, and *Physical Inventories* are maintained on file for six years after the closing date of the fiscal year in which they were completed.

STANDARD 39. Compliance with other requirements for nutrition services is correctly documented.

Compliance 39.1.

- Food temperature records are maintained for one year after the closing date of the fiscal year in which the temperature is recorded
- Self-inspection checklists are kept on file for one year after the closing date of the fiscal year in which the inspection was completed.

Compliance 39.2. Orientation and Training.

- Documentation (may be an Event generated in PDS Employee file) of orientations and training for food service staff and volunteers include the names of participants, names of persons providing training, and date and time of training.
- Orientation and training documentation is kept on file for one year after the closing date of the FY in which the training occurred.

Compliance 39.3. Equipment and service maintenance.

- The program maintains bills for quarterly exhaust system cleaning and inspection for one year after the close of the fiscal year in which the cleaning was done.

- Extermination service bills or reports specify the provider's name, address, certification number, date, and the form of service provided.
- The program maintains bills/reports for monthly extermination service for one year after the closing date of the FY in which the extermination service was provided.
- The Equipment Inventory is updated and maintained.
- All fire extinguisher tags are current.
- Service documents for other major equipment servicing are maintained for one year after the closing of the fiscal year in which the servicing was done.

Compliance 39.4. Health Department and DFTA Monitoring and Inspection.

- The Permit to Operate issued by the Health Department is kept on file.
- Health Department Sanitary Inspection Reports are kept on file for one year after the close of the fiscal year in which the inspection took place.
- If the most recent Health Department Inspection Report on file is not dated within the past year, a letter to the Department of Health requesting an inspection is on file.
- Any communication with the Health Department in response to a citation is copied to the assigned nutritionist and Borough Director and kept on file for one year after the closing date of the FY in which the communication took place.
- DFTA assessment and monitoring correspondence is kept on file for one year after the closing date of the fiscal year in which the correspondence was generated.

Compliance 39.5. Temporary Meal Pick-Up. Written documentation is in the client record for the following events:

- **Initial 3-Week Authorization.** May be a Case Note or a PDS Event
- **3-Week Follow-Up:** Case note or PDS Event documents one of the following:
 - Referral for Assessment
 - On Waiting list for HMDL or for Assessment
 - Specific cut-off date (agreed upon with participant)
- **Extension of cut-off date:** Case note or PDS event.
- **2-Month Follow-Up Phone Call** to clients waiting to receive home-delivered meals. Case Note or PDS Event.

COUNSELING SERVICE STANDARDS

Counseling is a planned and structured service provided to alleviate stress and anxiety, and help the older client cope with personal problems or make appropriate choices. It is short-term, time-limited and goal-specific. Qualified counselors provide the service face-to-face with clients on a one-to-one or group basis.

Counseling types include individual and group counseling. Entitlements counseling may be a type of counseling, if not provided as a type of case assistance.

Unit of service: One hour of individual or group counseling.

SCOPE

STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.

Compliance 1.1. The program provides the type(s) of counseling proposed in its response to DFTA's RFP (e.g. individual and/or group).

STANDARD 2. The program provides the service in accordance with professional standards.

Compliance 2.1. The counselor meets with the individual client or the client's system (family members or significant others), or with the group, in one or more sessions, in a space that ensures the privacy of the session.

Compliance 2.2. The counselor meets face-to-face with the client (or group) to provide counseling. *Exception: Counseling may be provided over the telephone when the client is homebound.*

Compliance 2.3. The counselor uses professional counseling techniques to assist the client or group.

Compliance 2.4. The counselor conducts an in-person psychosocial assessment of each client.

Compliance 2.5. The counselor establishes goals of treatment for each individual and each group.

Compliance 2.6. The counselor sets timeframes for treatment, and regularly evaluates the progress of each individual or each group. *Exception: crisis intervention.*

Compliance 2.7. Counseling is provided in scheduled sessions, with day of the week and time as consistent as possible. Counseling is provided on an as-needed basis only when justified in the counseling plan.

LEVEL OF SERVICE

STANDARD 3. The program provides the number of budgeted units during the year.

Compliance 3.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 3.1. The program delivers more than 100% of budgeted units.

STANDARD 4. The program uses the correct unit definition in reporting level of service.

Compliance 4.1. A unit of counseling is each hour spent on direct client service. It may include conferencing/supervising on the client or group, entry of client information (e.g. intake), and documentation of sessions (e.g. case notes). It does not include professional development, such as staff training.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 5. Staffing is appropriate to and adequate for the service.

Compliance 5.1. Staffing of the service (numbers of full-time staff, part-time staff, and volunteers, as well as number of persons in each position title) corresponds to the staffing proposed in the program's response to DFTA's RFP or DFTA-approved updates.

STANDARD 6. Counselors are qualified to perform the service.

Compliance 6.1. All persons providing counseling service have at least one of the following:

- Master's degree in Counseling, or Psychology, or Social Work, or Gerontology (with a concentration in Counseling), or Pastoral Counseling, or Nursing (with a concentration in psychiatric nursing).
- BSW, and one year supervised experience in counseling.
- Baccalaureate degree and two years experience as a counselor supervised by a psychiatrist, social worker, or psychologist in licensed clinical practice.

Compliance 6.2. All supervisors of counseling service have a Master's degree in Counseling, or Psychology, or Social Work, or Gerontology (with a concentration in Counseling), or Pastoral Counseling, or Nursing (with a concentration in psychiatric nursing).

STANDARD 7. All counselors receive appropriate training and supervision

Compliance 7.1. Each counselor employed by the program attends at least one documented formal training relevant to the provision of counseling service during the year.

Opportunity 7.1. At least one person on the counseling staff has attended more than one documented formal training session or conference relevant to the provision of counseling service during the year.

Compliance 7.2. The counseling supervisor assures that the individual/group counseling plan is properly developed and that individual/group notes document appropriate interventions.

Compliance 7.3. The supervisor holds scheduled supervision with each counselor on a weekly or biweekly basis.

PROCEDURES AND METHODS

STANDARD 8. The program screens each client for suitability.

Compliance 8.1. The initial inquiry is screened to determine whether the service is appropriate for the client (see Target Population) or whether the client should be referred elsewhere.

Compliance 8.2. If a client is referred to another service provider (e.g. community counseling program, etc.), the program follows up with the client or program to ensure linkage (referral and follow up are documented).

STANDARD 9. The program collects basic and intake information on each client accepted for service.

Compliance 9.1. The program collects the following information about the client and enters it in the Provider Data System.

Basic

Name

Address

Zip code

Social Security Number

Date of Birth

Sex

Income

Marital Status

Living Arrangements

Ethnicity

Veteran status

Total monthly income

Impairments (Vision, Hearing, etc.)

Intake information

Date of Intake

Referral source

Presenting problem

Requested Service

Intake Next Steps

- If PDS is not available to the program, a paper Intake and a Participant Information Form (PIF is submitted to DFTA) are completed.

STANDARD 10. The program does a psychosocial assessment of each client accepted for service.

Compliance 10.1. A psychosocial assessment is conducted on each client that documents:

- Personal history (e.g. marital status, children/family system; cultural/ethnic background; place of origin, personal milestones, religious affiliation).
- Physical and psychiatric history/history of current problem.
- Work history and accomplishments.
- Leisure time and hobbies (e.g. how time is spent, activities enjoyed; talents and skills).

Note: the Psychosocial for group counseling members may be conducted after the individual has become an established member of the group.

STANDARD 11. The program develops a counseling plan with each individual counseled or each group.

Compliance 11.1. The plan states:

- the problem that will be worked on.
- the goal(s) of treatment (individual or group).
- the projected date for evaluation of goal accomplishment.
- the schedule of sessions (e.g. weekly, bi-weekly, etc;).

Compliance 11.2. The counselor and counselees review the plan and status of the original problem within 10 days of the projected date for evaluation of goal accomplishment.

- The plan is updated if necessary, with a new timeframe.

STANDARD 12. The program maintains case notes on counseling sessions.

Compliance 12.1. Individual counseling

- A record of each session is maintained in the client's file.
- The nature of each entry is sufficiently detailed to facilitate transfer of the case and to serve as a tool for supervision.

Compliance 12.2. Group counseling

- A record of each session is maintained, listing those in attendance and highlighting dynamics of the meeting. Case notes on individuals are not required.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 13. The program serves only clients who are appropriate for counseling service.

Compliance 13.1. All clients served by the program are appropriate for short-term, time-limited, goal-oriented counseling that is supportive in nature.

Compliance 13.2. Persons in extremely agitated states, or persons who exhibit psychotic behavior or whose emotional or personal needs exceed the scope of the program, are inappropriate for this service and are referred to a mental health facility or other professional institution or practitioner.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 14. The physical space is appropriate for counseling activities.

Compliance 14.1. Counseling occurs in an enclosed space that provides an opportunity for the client(s) and counselor to talk openly without being overheard.

RECORD KEEPING AND REPORTING

STANDARD 15. There is on-site documentation to support unit reporting.

Compliance 15.1. There is on-site documentation for the number of units reported.

- If PDS has been made available to the program, PDS-generated monthly unit reports based on worker log entries match units reported.
- If paper is used, each worker maintains a dated worker log for individual counseling and/or a record for group counseling that documents:
 - The worker's name
 - Name of each client provided with individual counseling or indication that group counseling was provided.
 - Amount of time spent on counseling service.
- The amount of time spent on client activity matches the number of units reported to DFTA.

STANDARD 16. The program maintains other required records.

Compliance 16.1. Client Records

- Basic registration/intake information.
- Psychosocial information.
- Case notes.
- Termination note (client no longer receiving service).
- Record of actual counseling hours each client received (if PDS is available to the program).

Compliance 16.2. Employee Records

Compliance 16.3. Service records (worker logs)

Compliance 16.4. Other

- Documentation on clients referred out (inappropriate for counseling service).
- Individual and Group Counseling Plan

EDUCATION/RECREATION STANDARDS

Education/Recreation service consists of scheduled and organized activities that offer varied and diverse opportunities for (1) satisfying use of leisure time; (2) physical exercise and other types of health-related activities or education; (3) social interaction; (4) enjoyment of interests, skills, creativity, and talents; and (5) participant leadership. Note: Programs are “general focus” unless they have proposed that they will have a specialized focus only (e.g. is a program for teaching a special subject/skill only, or does not serve a general senior center population) it is a “general focus” program.

Unit: Each session of a scheduled activity.

SCOPE

STANDARD 1. The education/recreation activities program offers varied and diverse opportunities to participants.

Compliance 1.1. General focus programs. Each month the education/recreation program provides at least the monthly minimum number of different* activities proposed for each site in the program’s response to DFTA’s RFP, or in DFTA-approved updates. *Note: Does not apply if site is budgeted for fewer than 150 units of education/recreation service, and/or if funds are earmarked by the City Council for a specific purpose.*

Compliance 1.2. General focus programs. At minimum, the different activities offered include:

- at least one physical exercise sessions weekly (e.g. Tai Chi, stretch, muscle building, aerobics, dance, yoga, chair exercises, walking group, swimming, etc). *Note: The Program is exempt from this requirement if physical exercise is provided as an activity under contracted Health Promotion Service.*
- at least two different educational, instructional, or creative activities weekly (e.g. classes or workshops; trips or visits of a cultural nature; discussion groups; mental “stretch” activities).

**Note: The number of different activities offered is the measure of variety. Whether the same activity is offered only once during a period, or five times, it is still one activity.*

Opportunity 1.2. Each of the sub-bullets is a separate opportunity.

- The education/recreation program at the site:
 - provides more than the monthly minimum number of different activities during four or more months of the year.

- offers more than one physical exercise session during each week, or offers at least one blood pressure monitoring session monthly, in addition to its weekly exercise session.
- offers more than two different activities that are educational, instructional, or creative a week.
- offers at least one highly popular or innovative activity (and that is not a birthday party) at least two times during the year. Popularity/innovation may be demonstrated by large number of people participating/attending, and/or a story about the program and this activity in the local press, and/or agreement by program participants that the activity is creative and unusual in concept and has not been offered before.
- offers at least one special event per year, or one activity that is scheduled at regular times throughout the year, that is led by a volunteer participant in the program (initiated, organized, and/or instructed by the participant).

Compliance 1.3. Programs with specialized focus only.

- If the program has proposed a specialized rather than a general focus in response to DFTA’s RFP (e.g. a program addressed to a special population, or a program for teaching a particular skill only), there is a written description of the program’s specialized intent and objectives, and the type(s) of activities it provides.
- If the program has proposed a specialized focus only, it provides at least the number and type(s) of activities or sessions monthly that it proposed in its response to DFTA’s RFP or subsequent updates.

Opportunity 1.3 *Each of the following is a separate opportunity.*

- If the program has a specialized focus only, during at least four months of the year it exceeds the monthly minimum number and/or types of activities proposed.
- If the program has a specialized focus only, it organizes at least two educational “special events” during the year. To qualify as a “special event,” at least one of the following applies: special publicity was created for this event; increased participation in the event; special resources were devoted to the event.

Compliance 1.4. Participants feel that they have a variety of interesting activities to choose from, taking into account space and size limitations.

Compliance 1.5. Trips for which money is charged to offset the expense are not the program’s predominant activity, and are balanced by non-cost activities.

STANDARD 2. The program meets the interests and preferences of persons it intends to serve.

Compliance 2.1. The monthly average of individuals who attend at least one activity session at the site does not fall below the minimum monthly average proposed in response to DFTA's RFP (or in DFTA-approved updates).

Opportunity 2.1. **During at least four months of the year, the number of participants who have attended (or participated in) at least one activity session at/by the site during the month was more than the monthly minimum average proposed in response to the RFP (or in negotiated updates).**

Compliance 2.2. At least once during the year, members who have attended an activity during the past six months are asked for their feedback (either on the program as a whole, or on each activity they attended) in a formal satisfaction survey.

STANDARD 3. The program publicizes its education/recreation activities in the community.

Compliance 3.1. Programs budgeted for more than 200 units. The program's outreach activities in the community (see general standards) include publicity for its activities program.

Opportunity 3.1. At least one special event or activity session during the year drew older people from the community who were not members of the center at the time. Minimum attendance: 15. Minimum non-center members: at least 1/3 of those attending. *Not accepted for this opportunity: trips that require fees to be paid, or that are not sponsored by the program.*

STANDARD 4. The program assures the availability of service to all interested participants.

Compliance 4.1. Any eligible person may participate in an education/recreation activity, within the limits of space (e.g. room limitations), specific health requirements, or stated proficiency levels. *See General Program Standards for Senior Centers.*

- *See General Program Standards (non-exclusion policy) for trips or other activities with out-of-pocket costs to participants.*

LEVEL OF SERVICE

STANDARD 5. The program provides the number of budgeted units yearly.

Compliance 5.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program provides more than 100% of its budgeted units.

STANDARD 6. The correct unit definition is used in reporting the level of education/recreation service.

Compliance 6.1. Units are reported only for scheduled education/recreation sessions that are planned, structured, and organized (see Standard 9). Continuous or spontaneous, unplanned activities are not be counted as units.

Compliance 6.2. Activities counted as education/recreation units are not counted toward another service - for example, activities are not reported as both education/recreation and health promotion.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate for the service.

Compliance 7.1. The service is provided and supervised by the number of persons and the position titles (including consultants and volunteers) designated in the program's response to DFTA's RFP or in the current budget.

Compliance 7.2. Consultants (see Fiscal Manual for requirements).

- Contracts or written agreements specifying rates, and number of sessions to be provided are on file.
- Resumes are on file.
- References are on file.
- Consultant schedules are on file.

Compliance 7.3. Volunteers.

- If volunteers are used to provide the service:
 - They are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - All volunteers have a designated supervisor who meets with them individually or in a group for regularly scheduled supervision.

STANDARD 8. Instructors/leaders are appropriately qualified.

Compliance 8.1. Persons providing instruction, or hands-on contact with participants (for example, hair or beauty treatments; massage; physical exercise) or having other special responsibilities, are appropriately qualified (e.g. licensure, if applicable; education, training, or experience).

- Where an appropriate level of qualification to instruct or lead an activity is appropriate or necessary, the program maintains documentation that the leader meets the qualifications.

PROCEDURES AND METHODS

STANDARD 9. All activities are planned, structured, and organized.

Compliance 9.1. Each activity has a planned beginning and ending time.

Compliance 9.2. A posted calendar or schedule lists each activity, with its name and starting time at least one day before the activity is scheduled to occur.

Opportunity 9.2. **In addition to posting the activities schedule, the program makes the schedule available for participants to have at home (e.g. a flyer; announcement in the center newsletter, etc.)**

Compliance 9.3. The posted calendar or schedule is current.

Compliance 9.4. Each group activity has at least one person who is responsible for keeping the activity organized – for example, getting supplies, checking attendance or overseeing sign-in, beginning or ending the activity, instructing or leading the activity.

STANDARD 10. The program has a planning process for education/recreation.

Compliance 10.1. There is a demonstrable annual (or more frequent) planning process that involves participants.

- The senior center can demonstrate that members who do not participate in the current education/recreation program are invited to give their input regarding activities that might interest them.

Opportunity 10.1. **The program can demonstrate that a new activity was added to its program as a result of suggestions from participants.**

STANDARD 11. Participants in education/recreation activities are registered.

Compliance 11.1. Regular participants in education/recreation activities are registered. *See General Standards for registration procedures and requirements.*

STANDARD 12. Participant attendance at education/recreation activities is documented.

Compliance 12.1. If PDS has been made available to the program:

- The name of each activity is entered into PDS.
- Each participant in an activity is scanned into PDS during or after the session (program uses a bar code scanner or activity sheet to record attendance).

Compliance 12.2. If the program does not have PDS, attendance at each session is checked off on a list of names, or each participant signs in for the activity.

RECORD KEEPING AND REPORTING

STANDARD 13. The program correctly reports documented units of service to DFTA.

Compliance 13.1. An accurate count of documented education/recreation sessions is reported to DFTA.

Compliance 13.2. Reported units are supported by on-site documentation.

- **PDS.** If PDS has been made available to the program, PDS-generated monthly unit reports match service units reported to DFTA.
- **Paper:** If PDS has not been made available to the program, the total of activity sessions recorded on education/recreation logs for the month (documenting the name of each session, the date it occurred, and the leader's name or name of person responsible for the activity) matches units reported to DFTA.

STANDARD 14. The program maintains other required documentation.

Compliance 14.1. Documentation of Attendance – PDS

- Record of each participant's participation (actual service delivered to the participant) in PDS.

Compliance 14.2. Documentation of Attendance – Paper

- Attendance record for each session.

Compliance 14.3. Documentation of Types of Activities

- PDS records if program has PDS.
- Attendance Sheets and posted calendars if program does not have PDS.

Compliance 14.4. Documentation of Surveys and Planning

- Satisfaction surveys.
- Planning process.

ESCORT SERVICE STANDARDS

Escort Service provides the older person with personal accompaniment to destinations in the community, including medical or other appointments. Persons accompanied by escorts have mobility, vision, or cognitive impairments, or cannot negotiate leaving the house for other reasons.

Escort Service Unit: each one-way trip.

SCOPE

STANDARD 1. The program uses the service to provide escorts to older persons who require personal accompaniment to reach a destination and/or to leave their homes.

Compliance 1.1. Service activities include the following:

- helping the older person dress in outerwear such as coat, sweater or hat for the trip;
- helping the older person lock and unlock his/her residence;
- helping the older person get to and from community programs and services, medical or other appointments, or other destinations in the community;
- remaining with the older person, and accompanying her/him home.

STANDARD 2. Escorts monitor clients' safety and well-being.

Compliance 2.1.

- Escorts report their observations of their clients' unmet needs, health problems, or problem situations to their supervisor.
- Problems reported by workers are documented in writing.
- Supervisors follow-up as necessary on all reported problems (e.g. to refer to case management; to arrange for additional services; to arrange family intervention; etc.).
- Client emergencies and other urgent situations are reported immediately.

STANDARD 3. The program publicizes service availability.

Compliance 3.1. Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).

Compliance 3.2. Where the program is a senior center, or sponsored by an organization that also sponsors senior centers, the program can demonstrate that

although it *may* serve center members, it also serves persons who do not attend the center for meals and activities.

STANDARD 4. The program surveys client satisfaction with the service.

Compliance 4.1. At least annually, the program calls or sends out a written client satisfaction survey to each client who has received the service during the past six months to survey their satisfaction and to determine whether their needs are being met.

Opportunity 4.1. Each of the following is an opportunity:

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with escorts providing the service and the program's sponsor.

STANDARD 5. The program requests contributions toward service provision.

Compliance 5.1. The program informs each client of the opportunity to contribute to the cost of the service and the amount of suggested contribution.

Compliance 5.2. The program has a standard time and procedure for requesting and collecting contributions.

STANDARD 6. The program covers travel costs incurred by escorts during the course of providing service.

Compliance 6.1. Programs provide escort workers with carfare when needed during the course of providing the service. This does not include travel costs to and from work.

LEVEL OF SERVICE

STANDARD 7. The program provides the number of budgeted units during the year.

Compliance 7.1. The number of units provided by the program is within the variance allowed by DFTA.

Opportunity 7.1. The program provides more than 100% of the number of units specified in its budget.

STANDARD 8. The program uses the correct unit definition for reporting levels of service.

Compliance 8.1. Each one-way trip to escort a client is a unit of escort service.

Compliance 8.2. Activities reported as escort service are not also reported as another service— e.g. intergenerational service, housekeeping service, shopping assistance, case assistance, transportation.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 9. Staffing is appropriate to the service.

Compliance 9.1. Staffing of the service (numbers of full-time staff, part-time staff, and volunteers, as well as number of persons in each position title) corresponds to the staffing proposed in the program's response to DFTA's RFP or DFTA-approved updates.

Compliance 9.2. Volunteers.

- If volunteers are used to provide the service:
 - Volunteers are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - All volunteers have a designated supervisor who meets with them individually or in a group for regularly scheduled supervision.

Opportunity 9.2 The majority (or all) of escort workers are volunteers (not paid for by DFTA funds).

Compliance 9.3. Oversight responsibility.

- The person with oversight responsibility for the service has at minimum a BSW degree, or a Bachelors degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

STANDARD 10. Escorts are appropriately qualified.

Compliance 10.1. Before hire (or acceptance of volunteer services), the service coordinator (or person with oversight responsibility) interviews the applicant (whether staff or volunteer) and determines suitability for the job.

STANDARD 11. Escorts are appropriately trained and supervised.

Compliance 11.1. All new escort workers (staff and volunteers) receive a documented orientation/training on:

- roles and responsibilities.
- client needs and concerns.
- situations that should be referred to staff (e.g. deterioration in physical and/or emotional status or expressed need for a different or more intensive service.
- what to do in urgent situations/emergencies.

- accompaniment of clients with vision or hearing impairments or mobility problems (if applicable).
- program's policies and procedures, including program's policies regarding use of client's money (e.g. for shopping, errands, etc.).

Opportunity 11.1. *Each of the following is an opportunity:*

- At least one escort worker has attended a formal training (documented with date, trainer's name, attendance) during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship, how to help without creating dependency, how to write up observations, etc.
- The program has provided a documented training for escort workers during the year on topics relevant to the service.

Compliance 11.2. Escorts meet with their supervisor either alone or in a group at least monthly.

PROCEDURES AND METHODS

STANDARD 12. The Program follows appropriate screening and intake procedures.

Compliance 12.1. Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

Compliance 12.2. An Intake is completed face-to-face on each client accepted for service.

- When the client has an emergency need for an escort, the intake may be completed after the first time service is provided.
- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** If PDS is not available to the program, an Intake Form, and a Participant Information Form (PIF is submitted to DFTA) are completed. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*
- **Information collection.** The following information is collected (*If basic information is already in the Provide Data System (client is currently receiving services) only items on the Intake Information screen are completed. Intake is not necessary if the client has been referred electronically by a case management agency.*

Basic

Name

Address

Zip Code

Date of Birth

Social Security #

Sex

Income

Marital status

Living Arrangements

Primary Language

Veteran Status

Ethnicity

Vision, Hearing and Mobility Impairments

Emergency contact

Intake Information

Date of Intake

Referral source
Presenting Problem or need (reason why client is seeking assistance)
Informal support adequacy/inadequacy
Intake Next Steps
Other services client receives

STANDARD 13. The program formally re-evaluates the client's need for service at least annually.

Compliance 13.1. A re-evaluation of service need is conducted with each client who receives ongoing service at least annually.

- Re-evaluation occurs earlier than one year, if the need was determined to be temporary at intake.
- Continued need is documented, or the service is terminated if need no longer exists.

STANDARD 14. The program appropriately schedules and documents service provision.

Compliance 14.1. A formal service plan agreed to by the client is developed for each client who receives services on a recurring basis.

- The service plan includes days of the week service will be provided, time service will be provided, destination(s). (*The service plan is entered into PDS on the care plan or in case notes*).

Compliance 14.2. If the program has PDS, it creates route sheets in PDS for documenting service provision.

Compliance 14.3. If the program does not have PDS, it uses worker or client logs that document:

- The name of each client provided with service.
- The date and time service was provided.
- Whether the trip was one way or both ways.
- The name of the worker.

Compliance 14.4. The worker's weekly or monthly record of service provision is signed by each client to whom service has been provided.

Compliance 14.5. If the program has PDS, it confirms planned units entered on the route sheet in actual services (PDS).

STANDARD 15. The program maintains a prioritized waiting list if service is not available.

Compliance 15.1. A prioritized waiting list is maintained when service is not available, based on the following criteria:

- Urgency of need.
- Inability to make other arrangements.
- Unavailability of informal supports or other means to meet the need.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 16. The service is provided to an appropriate population.

Compliance 16.1. The program only serves persons who meet the following criteria as documented on the Intake:

- 60 years of age or older.
- unable to travel independently to and from destinations in the community due to mobility problems, cognitive problems, sight or hearing problems, or other types of frailty.
- Unavailability of informal supports to meet their escort needs.

RECORD KEEPING AND REPORTING

STANDARD 17. The program correctly reports documented units of service to DFTA.

Compliance 17.1. An accurate count of documented one-way escort trips is reported to DFTA.

Compliance 17.2. Reported units match one-way escort trips documented at the site.

- If PDS is available to the program, PDS-generated monthly unit reports based on confirmed route sheets match units reported to DFTA.
- If PDS is not available to the program, the total of one-way escort trips entered on paper logs match units reported.

STANDARD 18. The program maintains other required records.

Compliance 18.1. Client files.

- A completed intake record.
- the date of service start.
- the client's service plan (if service is recurrent for the client).
- any reported incidents or observations.
- documentation of any contacts between program staff and the client outside of scheduled service provision (e.g. satisfaction surveys).
- the date of service re-evaluation(s) and documentation of continued need.
- the date of service termination, with the reason for termination.
- Amount of actual service provided to the client (if program utilizes PDS).

Compliance 18.2. Service Records

- Worker logs (paper) or PDS route sheets documenting:
 - Name of escort worker.
 - Each client's name.
 - Date and time service provided.
 - Client signatures.

Compliance 18.3. Other

- Employees (or volunteers) records.
- Satisfaction surveys.

FRIENDLY VISITING STANDARDS

Friendly Visiting provides an organized visiting service on a regular basis to older persons in their homes for the purpose of reducing isolation, and providing stimulating activities and companionship. The service is also used to monitor the older person's safety and well being, and to help identify the need for additional services early enough to avoid future emergencies. Friendly Visiting is not a one-time service.

Unit of Service: Each contact for the purpose of a friendly visit with the client.

SCOPE

STANDARD 1. Visitors provide companionship and encouragement in an ongoing relationship with the client.

Compliance 1.1. Clients are assigned visitors with whom they are compatible (program can demonstrate that it obtains information about the interests and preferences of both clients and visitors and makes assignments based on this information).

Compliance 1.2. Every effort is made to assign the same visitor to a client over time.

Compliance 1.3. The program provides each visitor with information about her/his client's needs, circumstances, and interests before the first visit.

Compliance 1.4. Before (or at the time of) the first visit, the coordinator or director for the service introduces the visitor to the client either by phone or in person.

Compliance 1.5. Visitors converse with the clients they visit and encourage expression of interests, concerns and needs.

Opportunity 1.5. *Each of the following is an opportunity.*

- Visitors regularly bring activities such as crafts or games into the home, or books or viewing materials, or provide limited services such as letter writing, sewing or escort to the person they are visiting, or take the person on trips.
- The program maintains a collection of games, crafts, books, etcetera for use by visitors, or a resource manual of suggested activities.
- The program organizes at least one group trip or other group activity a year for its friendly visiting clients (for example, a party or a trip to a movie).

STANDARD 2. Visitors monitor clients' safety and well-being.

- Compliance 2.1.** Visitors report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.
- Compliance 2.2.** Problems reported by workers are documented in writing.
- Compliance 2.3.** The supervisor follows-up as necessary on all reported problems (e.g. to refer to case management; to arrange for additional services; to arrange family intervention; etc.).
- Compliance 2.4.** Client emergencies and other urgent situations are handled immediately.

STANDARD 3. Service availability is publicized in the community.

- Compliance 3.1.** Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).
- Compliance 3.2.** Where the program is a senior center, or sponsored by an organization that also sponsors senior centers, the program can demonstrate that while it *may* serve center members, it also serves clients who do not attend the center for meals and/or activities.

STANDARD 4. The program surveys client satisfaction with the service.

Compliance 4.1. At least annually, the program calls each client or send a written form to survey their satisfaction with the service and the visitor, and to determine whether client needs are being met.

Opportunity 4.1. *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with escorts providing the service and the program's sponsor.

LEVEL OF SERVICE

STANDARD 5. The program provides the number of budgeted units annually.

Compliance 5.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program delivers more than 100% of budgeted units.

STANDARD 6. The program uses the correct unit definition for reporting levels of service.

Compliance 6.1. Units are counted only for completed visit contacts with clients who are appropriate for the service and on whom there is an intake.

- Senior centers do not count one-time or occasional visits by center members to homebound or hospitalized center members as friendly visiting (e.g. visits made by a sunshine club or other goodwill club; visits made one-time or sporadically; visits made to persons who have not had an intake interview).

Compliance 6.2. Units reported as friendly visiting are not also reported as another service – e.g. intergenerational service, education/recreation, escort service, etc.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate to and adequate for the service.

Compliance 7.1. The number(s) of full and part time personnel (including volunteers) providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or in negotiated updates.

Compliance 7.2. Volunteers

- If volunteers are used to provide the service:
 - Volunteers are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - All volunteers have a designated supervisor who meets with them individually or in a group for regularly scheduled supervision.

Opportunity 7.2. The majority (or all) of visitors are volunteers (not paid for by DFTA funds).

Compliance 7.3. The service is overseen (e.g. coordinated, supervised) by a staff person who has at minimum: a BSW degree, or a Bachelors degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

Compliance 7.4. All visitors are screened and interviewed (documented) by the staff person with oversight responsibility.

STANDARD 8. The program provides supervision and support to visitors.

Compliance 8.1. All new visitors receive documented orientation on topics such as the following:

- roles and responsibilities;
- how to introduce themselves to new clients;
- how to set limits;
- appropriate client and visitor behavior (services and activities that can be performed by the visitor);
- how to recognize situations that should be referred to staff;
- how to "read" unspoken clues to a client's needs;
- how to handle confidential issues;
- what to do in urgent situations;

- required record keeping.

Opportunity 8.1. The program has offered (or arranged for) formal training to be provided to visitors during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship, how to help without creating dependency, how to write up observations, etc.

Compliance 8.2. Visitors have contact with their supervisors at least monthly to report on their assigned clients.

PROCEDURES AND METHODS

STANDARD 9. The program appropriately schedules and documents service provision.

Compliance 9.1. To the extent possible, the client is assigned a consistent worker, and a permanent day (or days) when the worker provides service.

Compliance 9.2. The schedule for visiting is decided with the client but visiting occurs no less than once every two weeks.

Opportunity 9.2. *Each of the following is an opportunity.*

- Clients are visited at least weekly, unless the client requests a less frequent schedule.
- The program can demonstrate that some visitors arrange visits with their clients over and above the scheduled visit.

Compliance 9.3. If the program has PDS, it creates route sheets in PDS for documenting service provision.

Compliance 9.4. If the program does not have PDS, it uses worker or client logs that document:

- The name of the client provided with service.
- The worker's name
- The date and time service was provided.
- The total of contacts with clients during the month.

Compliance 9.5. If the program has PDS, it confirms planned visits made to each client in actual services(PDS).

STANDARD 10. The program follows appropriate screening and intake procedures.

Compliance 10.1. Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

Compliance 10.2. An Intake is completed on each client accepted for service.

Compliance 10.3. The Intake interview occurs in the client's home setting.

Compliance 10.4. Completion of Intake

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (the PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an*

Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.

- **Information collection.** The following information is collected (*If basic information is already in the Provide Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

Basic

Name
Address
Zip Code
Date of Birth
Social Security #
Sex
Income
Marital status
Living arrangements
Primary Language
Veteran Status
Vision, Hearing and Mobility Impairments
Emergency Contact

Intake

Date of Intake
Referral source (where applicable)
Informal support adequacy/inadequacy
Presenting problem/reason why service is requested/needed
Service Request
Other services client receives

Compliance 10.5. At the time of the in-home intake visit, an evaluation is made of the client's need for other services (e.g. home-delivered meals, transportation, home care, home safety evaluation, etc.) and findings of need/no other need are documented.

Compliance 10.6. The program follows up to refer the client if other need have been identified.

STANDARD 11. There is a demonstrable system for communicating information about the client.

Compliance 11.1. Where a client has multiple visitors, there are clear procedures and communication channels for passing on information about the client.

- Procedures protect the client's confidentiality while maximizing the ability of each volunteer to be helpful.

STANDARD 12. The program formally re-evaluates the client's need for service at least annually.

Compliance 12.1. Service need is re-evaluated at least annually. Review occurs earlier than one year, if the original need was temporary (e.g. post-hospitalization; expected to return to senior center).

Compliance 12.2. Continued need is documented, or the service is terminated if need no longer exists.

ADHERENCE TO TARGET POPULATION AND TARGET AREAS

STANDARD 13. The program serves the appropriate population.

Compliance 13.1. The program provides the service to persons who meet the following criteria as documented on the Intake:

- 60 years of age or older.
- frail or vulnerable (e.g. chronic illness; impairments).
- few or no informal supports (isolated).
- homebound or have only limited ability to leave their homes.

RECORD KEEPING AND REPORTING

STANDARD 14. The program correctly reports documented units of service to DFTA.

Compliance 14.1. An accurate count of documented contacts to provide friendly visiting is reported to DFTA.

Compliance 14.2. Reported units match on-site documentation.

- If PDS is available to the program, PDS-generated monthly unit reports match units reported to DFTA.
- If PDS is not available to the program, visits documented on logs match units reported to DFTA.

STANDARD 15. The program maintains other required records.

Compliance 15.1. Client files.

- a completed Intake documenting that client has an appropriate need for the service.
- the service plan (client's visiting schedule).
- the date of service start.
- the date(s) of service re-evaluation(s) and documentation of continued need.
- documentation of any contacts between supervisors/coordinators and the client (including satisfaction surveys).
- documentation of any reported observations by visitors (e.g. situations that require follow-up).
- the date service is terminated, with the reason for termination
- # of visits provided to the client (if program utilizes PDS)

Compliance 15.2. Service Records

- Worker logs (paper) or worker routes (PDS) documenting:
 - Name of visitor
 - Each client's name
 - Dates of each visit by the visitor to the client

Compliance 15.3. Other

- Employee/volunteer records.
- Satisfaction surveys.

GENERAL SENIOR CENTER STANDARDS

Senior Center programs serve meals in a congregate setting to older persons. The center may provide other services as well, including services that are provided off-site.

SCOPE

STANDARD 1. Center services are available to all older persons.

Compliance 1.1. Non-Exclusion Policy

- Any person sixty years or older may be a center participant, without regard to place of residence, citizenship status, economic status, race, creed, disability, gender, sexual orientation, marital status or national origin.
- A DFTA-issued Statement of Participants' Rights that guarantees the above is posted in a public place where it is clearly visible to participants, their families, and program staff.
- The center does not charge fees for attending the center or participating in services. Exception: Activity fees may be charged to offset specific expenses of special events or activities.
- If the center sponsors or arranges activities for which fees are charged, then:
 - these cost-incurring activities are balanced with no-cost activities that are comparable in appeal.
 - These cost-incurring activities have been approved by a majority of the center membership (documented – e.g. through surveys, minutes of membership meetings).

Compliance 1.2. Compliance with the Americans with Disabilities Act

- The center complies, to the extent possible, with the Americans with Disabilities Act, or comes into compliance when funding becomes available.
 - If not at street level, the center has (or will install) an exterior ramp and/or elevators from ground level.
 - At least one bathroom used by participants is (or will become) easily accessible from all program areas, and is (or will be) barrier free.

Compliance 1.3. Service Refusal. Seniors are not denied service except for the following reasons:

- Funding not available.
- The center cannot meet the individual's needs or another provider could more appropriately serve the individual (*at the discretion of the director*,

a senior who lives in another county may be asked to attend centers in that county).

- An individual's behavior causes physical or mental harm or distress to other participants

Opportunity 1.3 The center has House Rules that define unacceptable behavior (for example, racial and religious slurs; profanity and scatological remarks; refusal to comply with center rules and regulations; physical assault; intoxication, or unruly conduct).

Compliance 1.4. Visibility. The center has a visible identifying sign.

STANDARD 2. The center provides a welcoming and congenial environment.

Compliance 2.1. Welcoming Efforts. The center can demonstrate at least one of the following efforts to create a warm and welcoming environment:

- A host or hostess greets people at the door, or there is a hospitality table.
- Arts or crafts produced by senior members decorate the walls.
- Recorded music welcomes arriving seniors.
- Photographic display documents center activities.
- Prints, sculptures, plants or other decorations are placed around the center.

Opportunity 2.1. *Each of the following is a separate opportunity*

- Two or more of the above efforts.
- In addition to compliance, there is an orientation program for new members – for example, a welcome package given at registration; a buddy system to introduce the new member; a periodically scheduled luncheon to introduce new members, etc.

Compliance 2.2. Staff attitudes

- Director, staff and volunteers treat participants with respect and courtesy.
- Director and staff are visibly present and involved (e.g. know people by name; know individual members' needs and concerns; attend lunch and activities, etc.)
- Director and staff motivate and encourage participants.
- Director and staff listen to suggestions and recommendations.
- Director and staff clearly communicate center policies and procedures.

Compliance 2.3. The center has on its direct service staff at least one person fluent in the language(s) spoken by over 30% of its participants. It is permissible to use volunteer translators until such persons can be hired. Volunteer translators:

- have a job description;

- have designated time when they should be available;
- are supervised.

Compliance 2.4. Activity level/satisfaction level

- As appropriate to the population, participants appear active, engaged, and to be enjoying themselves.
- The opinion of most participants is that the center is open, congenial, and welcoming to new persons.

STANDARD 3. The center is open and accessible to seniors during its hours of operation.

Compliance 3.1. The center is open the number of days budgeted.

Compliance 3.2. The center is open to seniors during all budgeted hours of operation, with sufficient staff coverage so that seniors may attend.

Compliance 3.3. It is possible to talk with someone in charge via telephone during the hours of operation.

STANDARD 4. The center conducts community outreach.

Compliance 4.1. The center accomplishes at least one of the following during each year to encourage new membership and/or build community support for the program:

- Obtains media coverage for its program or services or other form of public recognition (e.g. from a civic, business, professional, or philanthropic group, an institution of higher learning, or other established institution in the community).
- Engages in a specific, formal project with other community organizations to benefit the community at large or older persons in particular.
- Places at least one public information announcement or advertisement in the media
- Stations a representative at a Resources Fair designed for the general community.
- Designs (or has designed) a brochure or other promotional material.
- Distributes flyers or other promotional materials to banks, stores, or other locations in the community, or at a local street fair, or to residences.
- Organizes door-to-door canvassing or a mass mailing of information.
- Holds an Outreach Event to attract older persons living in the community who do not attend the center.
- Makes a specific and demonstrable effort to attract older persons with special needs (e.g. vision or hearing impaired; frail older persons; developmentally disabled over 60; homeless, etc.).

- Makes a specific and demonstrable effort to attract an underserved population – for example, a younger population than the center’s current members, or persons from a specific cultural/ethnic group that is a minority at the center or in the community.
- Organizes at least two visits to the center by homebound seniors (e.g. for lunch and/or activities, meetings, etc.).

Opportunity 4.1 The program can document that during the year it accomplished at least four of the above.

STANDARD 5. The center works with other providers and organizations in the community to foster coordination and minimize duplication of services.

Compliance 5.1. Community linkages. The program maintains effective linkages with other organizations and groups for purposes such as services planning and coordination, information sharing, mutual referral, joint programming, senior advocacy, etc. as shown by one of the following:

- Board members, participant leaders and/or center staff serve on interagency councils, task forces or committees of government agencies, and/or community planning bodies (or regularly participate at meetings).
- Board members and/or participant leaders, and/or center staff testify at public hearings on aging issues and policies.
- The program regularly refers to, and receives referrals from, other local service providers.
- The program undertakes joint programming with other community organizations (for example, a jointly-sponsored health fair; coordinated recreational activities; etc.).
- The program has a letter of agreement with another provider of the same service to minimize duplication – e.g. by coordinating transportation or home-delivered meals routes.
- The program coordinates funding proposals with other human services providers (not including programs of the sponsoring agency).
- The program works with other providers to update service directories or listings of available services.

Opportunity 5.1 The program can demonstrate that it maintains linkages through at least three of the above.

Compliance 5.2. Information and referral

- The program provides information seekers with the names and contact phone numbers and/or addresses of providers of services and other resources in the community, or provides the inquirer with the phone number of DFTA’s Information and Referral Unit.

- The program maintains an up-to-date directory of local resources and service providers, including Access-A-Ride, social service agencies, housing assistance programs, etc.

Opportunity 5.2 The program conducts two public information events annually. Events may consist of one or more of the following:

- The program distributes information about one or more senior resources at one or more libraries, fairs, post offices, shopping centers or over the Internet. The program may do this distribution alone or in collaboration with other agencies.
- The program organizes a public presentation on one or more services, benefits or programs for older persons (individuals who attend are not claimed as contacts).
- The program stations information staff or volunteers to provide information about entitlements/benefits/services at one or more community locales (e.g. bank, library, shopping center).

STANDARD 6. The center enlists community support.

Compliance 6.1. The center enlists support for its services and activities from other organizations or institutions in the community in at least one of the following ways during the year:

- Person(s) affiliated with any of the following serve on the Board of Directors: community service organizations, community institutions, community businesses, community planning bodies, or government agencies in the community.
- Volunteers from the community or from organizations and institutions in the community assist at the center by leading classes, delivering meals, visiting the homebound, providing telephone reassurance, etc. These volunteers are not center members. They may include students or instructors at schools, universities or hospitals; employees or owners of banks or businesses; professionals in the community, etc.
- Organizations, institutions or businesses in the community provide assistance with one of the following:
 - Marketing.
 - Fundraising.
 - Training for staff or seniors.
 - Space or facilities.
 - Equipment or materials.
 - Grant monies (e.g. a community grant).

Opportunity 6.1 *Each of the following is a separate opportunity*

- More than one of the above (including sub-bullets).

- The center conducts formal recognition events for volunteers from the community.

STANDARD 7. The center promotes health and disease prevention.

Compliance 7.1. The program contracts for health promotion or can demonstrate at least one of the following efforts to encourage healthy living and disease prevention:

- Regular and ongoing bulletin board displays of health related material
- Flu shots or other programs administered at the center by the Department of Health.
- At least two health education talks or presentations by qualified individuals or health agencies during the year.
- At least one healthy lifestyle support group (e.g. stop smoking; blood pressure monitoring).
- Music therapy or art therapy led by a qualified therapist.
- At least one health-screening test by appropriately qualified individuals to assist in the early detection of health problems – e.g. blood pressure, vision, hearing, etc.
- Nutrition education over and above the required six units.

Compliance 7.2. If Health screening tests are voluntarily provided at the site (the program does not provide health promotion service under contract):

- Tests are provided for the purpose of detecting possible health problems (they are not used to diagnose an individual's health problem or as part of ongoing treatment for an individual).
- Testing is provided to members free-of-charge.
- No third party reimbursement is claimed for services provided on site
- No request is made for Medicare, Medicaid, or personal insurance identification number or social security numbers at the time of screening or pursuant to the screening.
- Persons administering each test are trained program employees, senior volunteers trained by DFTA, students in a New York State approved training program, appropriately qualified and/or licensed or certified professionals, or authorized employees of organizations that are appropriately licensed and/or certified.
- No invasive procedures are conducted, including but not limited to incisions, surgical procedures, or the collection of blood, stool, or urine. Exception: Flu shots or diabetes tests administered by providers named under a Department of Health initiative to promote public health)
- No test involves the use of sedatives.

- The site where the testing is done is sanitary and ensures privacy.
- Each client signs a Consent and Disclaimer Form for each type of screening test in which the client participates (not each time same test is provided).
- All persons who conduct screening sign a Non-Reimbursable Health and/or Medications Screening/Examination Agreement, with the exception of sponsor or program employees, hired consultants, or senior volunteers who are members of the center, or Department of Health employees.
- Participants receive information about the nature of problems detected by the test, the significance of the results, the importance of taking action if results are abnormal or tentative, and options in providing care.
- The Provider informs each individual tested about test results in private sessions at the Program. (Where screenings are provided at health fairs, the Provider may mail the results in confidence to each individual).
- The Provider refers each person in need of follow-up to the person's own physician (or ophthalmologist, podiatrist, optometrist, etc.) or provides a list of three names of qualified Providers in the community. The list states in writing that the DFTA-funded program does not endorse any name on the list. It also states that there is no obligation to choose a name on the list.

Compliance 7.3. If diagnostic services or treatment for specific conditions (medical/mental health/dental/foot care) are provided at the site:

- The Provider of these services is a medical institution or clinic that is licensed by the State of New York to provide clinic services. Services in this category include:
 - Medical examinations or tests for the purpose of diagnosing the cause of a health problem.
 - Ongoing medical care of a diagnosed problem.
 - Medication or eyeglass prescriptions.
 - Dental procedures (including cleaning, cavity filling, tooth extraction, root canals, etc).
 - Foot care (treatment of conditions).
 - Eye care (treatment of conditions).
 - Surgical procedures.
 - Administration of injections.
 - Individual or group psychotherapies, or other mental health therapies including behavior modification.
- The Provider has named the site where services will be provided (e.g. mobile van, or a unit collocated within the senior center or other community program) into its Article 28 or Article 31 Certificate. These Certificates specify that the site is an "extension site" where the institution

or clinic will provide services. Article 31 sites are regulated by the Department of Health, and Article 28 sites by the State Office of Mental Health.

- The providing institution's Article 31 or Article 28 Certificate is posted in a visible location on the premises where services are provided.
- The use of medical services is free of coercion, and final decisions as to what services are provided rest with the service recipient.
- Participants sign a Consent and Disclaimer Form administered by the service Provider (but provided by the Program, and maintained in Program Files) that releases the program and DFTA from any liability.
- The Provider and the Program have a signed Agreement that stipulates:
 - The relationship between the parties is that of independent contractors. Each is responsible for its own acts and omissions and neither assumes liability or obligation for the other.
 - The Provider shall maintain insurance coverage to cover all liabilities that might be incurred during the performance of the Agreement; and
 - The Provider shall hold harmless the Department of the Aging and the DFTA-funded program against all claims, action, or proceedings arising from the performance of the Agreement.
- If the Provider utilizes space within the DFTA-funded program site, the following additional requirements are met:
 - The DFTA-funded program is paid a dollar amount (specified in the Agreement) for use of its premises.
 - The premises designated in the Article 31 or Article 28 Certificate are dedicated to the provision of health services, and no other center activity occurs there.
 - The designated premises are private, securable, and maintained in sanitary condition.

STANDARD 8. The center offers participants opportunities to volunteer.

Compliance 8.1. Volunteers from among the senior membership serve on committees, and/or conduct activities, and/or assist in the kitchen, with contributions collection, and/or with other center operations.

Opportunity 8.1. *Each of the following is a separate opportunity:*

- The Center has written guidelines defining roles and responsibilities of volunteers.
- The Center conducts formal recognition events for volunteers.
- The center conducts volunteer recruitment activities.

- During the course of the year, center participants participate in an organized volunteer effort directed to the outer community (e.g. gift, clothing, food drive; visits to hospitals or nursing homes; youth tutoring, “grandparenting” children brought to the center; assisting homebound invited to the center; assisting another community program; voter registration or other community drive).
- Volunteers manage a system for making one-time calls to absent participants after a number of weeks to inquire about the reason and identify whether staff follow-up is needed. This activity differs from telephone reassurance service, which requires an intake and is not one-time.

STANDARD 9. The center offers participants opportunities for informal participation.

Compliance 9.1. Participants have opportunities for informal conversation, activities in small informal groups, and the pursuit of non-scheduled and individual interests. Examples include informal games, card playing, pool, knitting, sewing, painting or drawing as solitary or informal activities; helping to decorate the center; creating or listening to music; reading, watching other members who are engaged in activities, etcetera.

STANDARD 10. The center offers participants opportunities to be involved in program and operational decision-making.

Compliance 10.1. Advisory council

- The center has a functioning participant Advisory Council.
 - The Council has written by-laws.
 - Officers are center participants elected through regularly scheduled elections open to the entire membership.
 - The council has a publicized meeting schedule.
 - The director or her/his delegate attends meetings.
 - There are clear channels for communicating advice from the Advisory Board to the Board of Directors for the center, and the sponsoring organization’s Board, if the center is one of many programs sponsored by a large organization.
- In lieu of an Advisory Council, the Center has a single purpose Board of Directors, at least 51% of whom are center participants.

Opportunity 10.1. *Each of the following is a separate opportunity:*

- The Advisory Council organizes at least three active participant committees each with its particular area of responsibility and decision-making – e.g.

program planning, menu planning, decorations, new member orientation, etcetera.

- The center holds quarterly membership meetings of at least one half hour in length attended by at least 30% of the average monthly attendance at the center. Agenda and minutes document discussion of center program and issues, and request for comments and suggestions from participants.
- The center conducts written surveys of participant interests, preferences, and recommendations regarding services offered.
- The center can demonstrate that specific policy changes, new procedures, or new activities have been implemented in response to participant recommendations.

STANDARD 11. The center provides participants with the opportunity to voluntarily and confidentially contribute to the cost of services.

Compliance 11.1. Contributions Collection – Applicable Services. The program provides participants with an opportunity to contribute to the cost of services. Services for which contributions are requested are congregate meals, home-delivered meals, escort, shopping assistance/chore service, transportation, and residential repair. Contributions may be requested for education/recreation.

Compliance 11.2. Participant Input

- The center membership decides annually (Advisory Council Meeting or general membership meeting) whether to recommend that in the following year the current suggested contribution amount (1) be increased –and specific amount of new suggested contribution; (2) be decreased – and specific amount of new suggested contribution; or (3) remain the same.
- The decision of the membership is documented in minutes.

Compliance 11.3. Visible Sign A sign that states the following (or uses different words to convey the following) is posted in a visible location:

- Participants are encouraged to contribute to the cost of the center program (or to meal costs and/or cost of other services).
- The recommended contribution amount is ____ (center’s recommended contribution amount). *Note: DFTA recommends that program request a contribution amount of at least \$.75 for lunch.*
- Contributions are used to help maintain the program (or services).
- No person will be denied service because of inability or unwillingness to contribute.

STANDARD 12. The center is effectively administered.

Compliance 12.1. Communication. Staff are provided in a timely fashion with information needed for job performance, including but not limited to:

- Changed or new policies and procedures;
- DFTA's standards and requirements;
- Operational issues, problems, and concerns as relevant.

Compliance 12.2. Daily oversight. Either the site director or an appropriate delegate is at the site during the hours of operation.

Compliance 12.3. Relationship to sponsoring organization. The lines of communication and reporting are clear between the center's director and the following, as applicable:

- The sponsoring Board.
- Administrative staff of the sponsoring agency.
- Any relevant advisory committee of the sponsoring agency or its governing structure.
- Any other entity within the sponsoring agency or governing structure with responsibility for the center.

Compliance 12.4. Personnel Policies

- The program has written personnel policies that adhere to city, state and federal regulations.
- The program's written personnel policies cover at minimum the areas underlined below.
- Where specific policies are required by DFTA for staff positions funded by DFTA (see provisions below), they are incorporated in the personnel policies of the program.

Prohibition of Nepotism and Conflict of Interest

- No staff positions are filled by members of the sponsoring Board of Directors or by relatives of members of the sponsoring Board or of managerial or supervisory staff.
- No relative of an employee is hired when the appointment might influence the work assignment, promotion, or compensation of the employee.

Work Schedule

- Full-time employees paid through DFTA funds work a minimum of 35 hours per week exclusive of lunch breaks.
- Approved compensatory time (including authorized overtime) for employees paid through DFTA funds may accumulate at no less than one hour and no more than 20 hours.

Resignations

- Resigning staff members notify the Program Director and the Board of their intention in writing. The written resignation letter is included in the employee's personnel file.

Disciplinary Actions and Dismissals

- Dismissed or disciplined employees may appeal the decision before the Board of Directors. The Board's decision is final and binding. (The program may have a formal probationary period during which the employee does not have the rights to dismissal proceedings or grievance proceedings related to dismissal).
- Documentation regarding the procedure (where DFTA-funded employees are concerned) is maintained by the contractor and is available to DFTA when requested.
- Any employee involved in theft or inflicting bodily harm on another is suspended immediately without pay pending further investigation of the charges.
- Dismissed employees receive a report outlining reasons for termination of services.

Annual Leave

- Full-time employees (paid for under the DFTA contract) receive annual leave as determined in personnel policies of the program.
 - Paid annual leave does not exceed 20 days per contract year.
 - Maximum accrued for every month worked is 1-2/3 days of annual leave (may be less, depending on program's policies).
 - Monthly accrual of annual leave is possible only after the employee has been in full-time status for at least 15 calendar days of the month.
- Part-time employees accrue annual leave pro-rated for the number of hours they work.
- DFTA funds are not used to pay for unused annual or sick leave from the preceding fiscal year if the program's contract is terminated.
- Employees who resign or are dismissed are paid for any unused leave.

Sick leave

- Sick leave is used only for personal illness or medical needs of the employee. Personnel policies state when a physician's note stating the nature of illness is required.
- Medical disability leave of an indeterminate length is certified by a physician on letterhead.
- Full-time employees accrue sick leave at the rate of one day per month. Part-time employees working a minimum of 17 ½ hours accrue sick leave

on a pro-rated basis, in comparison to full time workers. Not more than 24 working days can be accrued as unused sick leave.

- If an employee's sick leave allowance is exhausted, absences due to illness may be deducted from any available accrued annual leave or compensatory time. Further absences due to illness are taken without pay.
- Persons who leave employment are not paid for unused sick leave.

Jury Duty

- The program pays the employee's salary for the period of court leave if the court does not pay the employee.

Military Service Leave

- The program grants any military leave required by law. Such leave is without pay. The employee submits documentation confirming the beginning and ending dates of such leave as far in advance of leave requested as possible.

Infant and Child Care Leave

- The program complies with the Family and Medical Leave Act of 1993 (FMLA) for persons employed at least twelve months plus 1,250 hours immediately preceding the start of the leave.
- Leave may be granted without pay to an employee who becomes a parent of an infant child up to four years of age by birth or adoption. Leave may commence at any time prior to the child's fourth birthday.
- Leave may not exceed 48 months commencing the day after all applicable leave with pay is exhausted. This leave is limited to one instance. All other childcare leaves are limited to 36 months. Employees who request less than the 48-month leave or the 36 month leave may request up to 2 extensions (maximum extension is 6 months) provided the total leave does not exceed the maximum (48 or 36, whichever is applicable).

Grievances

- There is a written employee grievance procedure that allows employees to express grievances without fear of retribution or reprisal, settle disputes amicably and appeal decisions to the Board.
- Documentation regarding employee grievances is maintained and made available to DFTA upon request.

Benefits

- Employees are offered the benefits outlined in the program's response to DFTA's RFP.
- Employees are kept fully informed of available benefits, both mandatory and elective.

Staff Training and Development

- Employees are expected to attend training programs applicable to their job assignments as indicated by the Program Director.

STANDARD 13. The center complies with all contractual requirements.

Compliance 13.1. The program complies with all contract terms and responsibilities, including but not limited to insurance requirements, employment and other hiring requirements, records maintenance, etc.

STANDARD 14. The center complies with key federal, state and city requirements.

Compliance 14.1. Public funds are not used to support prohibited activities. Prohibited activities include:

- Religious worship, counseling or instruction.
- Collective saying of prayers.
- Solicitation by charitable groups (collecting funds for other organizations or programs), unless the group has written approval from the Advisory Council and the center director. This should not be confused with fundraising activities initiated by the participants or sponsor to enhance the program.
- Gambling by participants (winning or losing of money as a part of the activity or of chits, chips, or other items that are redeemed for money).
Exception: Bingo may be played for prizes (each prize not exceeding 5.00 per game) if the following requirements are met:
 - The program has been issued an identification number by the NY State Racing and Wagering Board.
 - The program has submitted to DFTA a copy of its Permit for Senior Citizens Bingo from the NY State Racing and Wagering Board, and has signed a General Release required by DFTA.
 - The activity is organized and run by volunteers (no staff participate).
 - The program does not charge participants to play (no charge for bingo cards).
- Serving or selling of alcoholic beverages.
- Verbal or written endorsement of products, services, or political candidates.
- Sale of commercial products or services:
 - Mailing or calling lists that contain participant names, addresses, telephone numbers, etc. are not given out.

- Individual vendors do not peddle their products or conduct sales on the premises. They may give instructional and educational talks on specific topics of concern to older persons – e.g. availability and use of home health equipment, medical equipment, etc. The presentations must be educational, not commercial, and must occur in a panel or at a health fair where other sellers of the same item are represented.
- Solicitation of votes:
 - Staff are not allowed to promote one political candidate over another.
 - Staff activities are consistent with prohibitions against participation in partisan activities.
 - Public officials may only visit at the invitation of the center director.
 - The center director schedules the visit to fit within daily activities and so that it is not disruptive in her/his reasonable judgment.
 - If the center permits any legally qualified candidate for any public office (including the current office holder) to visit the facility for political purposes (e.g. to make a speech, provide a photo or TV opportunity, etc); other candidates for the same office are allowed to visit for the same purpose, amount of time, number of appearances, time of day, etc. (The center is not obligated to inform other candidates, but only to respond to requests).
 - Attendance by seniors is voluntary.

Compliance 14.2. Smoking is not permitted (“No Smoking” signs posted) or allowed only in designated areas that are ventilated in accordance with city regulations.

Compliance 14.3. The program gives due recognition to DFTA in printed program brochures, printed stationery, and on vehicles (DFTA recognition carries with it recognition of SOFA and the Administration on Aging).

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 15. The center has adequate personnel to perform contracted services.

Compliance 15.1. The center's staffing structure corresponds to the structure proposed in its response to DFTA's RFP (or negotiated updates).

Compliance 15.2. There is currently a director for the center who meets the qualifications proposed in the program's response to DFTA's RFP, or, if the position of director is vacant, satisfactory efforts are being made to recruit a director.

Compliance 15.3. *See also service specific standards.*

STANDARD 16. Staff understand their job responsibilities.

Compliance 16.1. There are current job descriptions for each position, including title, minimum qualifications, duties and responsibilities, and salary or salary range.

Compliance 16.2. New staff sign that they have read and understood their job descriptions.

Compliance 16.3. Staff function in the position for which they are being paid, and in accordance with their job descriptions and program personnel policies.

STANDARD 17. Staff (including administrators) are appropriately qualified.

Compliance 17.1. Staff and director meet DFTA's required minimum qualifications and any additional qualifications required by the program sponsor (as stated in response to DFTA's RFP).

Compliance 17.2. At least one person on staff has received DFTA's CPR training (or comparable training) or is on a waiting list to be trained on CPR.

STANDARD 18. Staff and volunteers are appropriately oriented and supervised.

Compliance 18.1. New staff and volunteers receive a documented orientation that covers the following, at minimum (*see also service specific standards*).

- Participant rights (including rights to consideration, privacy, dignity, and respect for individuality and choice);
- Emergency procedures;
- Program policies and procedures;
- Program personnel policies;

- Job functions and tasks.

Opportunity 18.1. *Each of the following is an opportunity.*

- During the year, the center director attends a training session or professional conference sponsored by an outside organization (may be DFTA).
- During the year, the center itself has offered a training attended not only by its own staff but also staff from other programs (this does not apply to situations where the center served as host for its sponsoring agency to provide a training).

Compliance 18.2. Appropriate staff attend mandated DFTA training.

Compliance 18.3. A designated staff person supervises volunteers.

Opportunity 18.3. During the year, at least one volunteer attends a training or professional conference in connection with his/her volunteer responsibilities.

PROCEDURES AND METHODS

STANDARD 19. The center registers each participant.

Compliance 19.1. Registration Procedures

- The program has a policy regarding how long seniors may attend the program before being asked to register. Until they are registered, seniors sign-in for services as senior guests.
- Eligible persons who attend the program/participate in services are registered as participants.
- Participants are informed about the purpose for collecting personal information at registration. *See also Standard 21 on the protection of individual privacy.* Note: Center participation and service provision cannot be denied if a participant declines to provide any element of the requested registration information other than name and date of birth (or age).
- The following information is collected from each participant:

Name

Date of Birth (or age)

Social Security Number

Sex

Address

Zip code

Living Arrangements

Primary Language

Marital Status

Ethnicity

Veteran Status

Total Monthly Income

Impairments (Vision/Hearing and use of wheelchair, walker or cane)

Emergency Contact

Doctor

Compliance 19.2. The information collected at registration is entered into PDS (if PDS has been made available to the program) or on a Participant Information Form if PDS has not been made available.

Compliance 19.3. The participant is issued an Identification Card (PDS), if PDS has been made available (at no charge to the participant).

Compliance 19.4. The program has a system for updating participant information on an annual basis.

Compliance 19.5. Only active participants are registered.

- Participants who have not participated for more than one year (no services registered to the client in PDS) are terminated and archived in PDS. If paper files are maintained, their registrations are moved to an inactive file.

Compliance 19.6. Intake for specific services.

- *See standards for each service.*

STANDARD 20. The center has a comprehensive participant complaints/grievance procedure.

Compliance 20.1. Informal means. Informal expression of complaints is welcomed – for example, the director maintains an “open door” policy; membership meetings are scheduled regularly; drop-in complaint or suggestion boxes are utilized.

Compliance 20.2. Written Procedure.

- The center has a written policy and procedure that covers responses to the following categories of complaint or grievance:
 - Complaints about service denial (note that remedial action is not required if service is denied because of (a) funding restrictions; (b) ineligibility; (c) change in hours or program location; (d) client’s disruptive behavior as defined in the program’s House Rules).
 - Complaints about satisfaction issues (e.g. center services or staff)
 - Complaints about center members by other members.
- The written complaint/grievance procedures (or summary) are displayed in a prominent location at the site.
- If large groups of participants (more than 30%) do not speak English, the procedures are written in their languages.

Compliance 20.3. Procedure content. At a minimum, the written complaints/grievance procedure states:

- The name(s) and title(s), where applicable, of a clearly identified impartial third party, whether a staff member or group of participants and/or staff (e.g. grievance committee) with authority to make a binding decision on the grievance.

- That the complaint or grievance may be presented privately.
- That the complaint will be addressed promptly.
- That the complainant has the right to appeal to the program's Board of Directors
- That the complainant has the right to appeal the Board of Directors' decision to DFTA.
- That the complainant has the right to have all information and documentation relating to a complaint or grievance treated as a confidential matter unless disclosure is required by a court order or for program monitoring by an authorized agency.

Compliance 20.4. Documentation. Complete and dated records are maintained of all complaints/grievances and actions taken.

STANDARD 21. The center protects the privacy of individuals served.

Compliance 21.1. Explanation to Participants/Applicants for Service. Prior to registering the participant or completing an intake, the participant is informed of the following either in writing or orally:

- That personal information is requested to help the program provide the best service to the person and to help the funding agency assist all older persons.
- That personal information will be kept confidential although it will be shared with the program's funding source (DFTA) for purposes of program monitoring or reporting on service use.
- That the funding source (DFTA) will keep personal information confidential.
- That the funding source (DFTA) may contact clients by mail concerning their satisfaction with services.
- That no one who has an appropriate need for a service the center provides will be denied the service on the basis of information they supply.

Compliance 21.2. Physical Privacy. Every effort is made to ensure privacy when a staff person discusses personal matter with participants.

Compliance 21.3. Storage of Participant Information (Paper files)

- Only workers authorized to use program files have access to them.
- Files are quickly accessible at all times, and are not removed from the premises.
- Files are kept in a secure area.

Compliance 21.4. Storage of Participant Information (PDS)

Compliance 21.5. All employees who use PDS have been entered into the database and assigned appropriate individualized passwords and security levels based on their job responsibilities and need to know.

Compliance 21.6. The computer is kept in a locked room and/or protected from theft, damage, misuse or tampering.

Compliance 21.7. Any tapes or diskettes are stored in a secure drawer or cabinet when not in use.

Compliance 21.8. Discussion of client information with others/release of information to others

- All program staff and volunteers refrain from discussing personal information regarding an individual participant or client except:
 - with the client or other persons with whom they have been authorized by the client to discuss such information.
 - with other program staff in connection with providing services to the client or as part of supervision.
 - as required by court order.
 - in connection with program monitoring by federal, state and city agencies authorized to monitor the contractor's performance, or as required for program funding purposes.
- The program refuses requests from outside organizations or persons for lists of its participant/client names or other identifying information such as addresses and phone numbers, unless the request is authorized by DFTA.
- If the program shares any information about the client with other providers of service to the client, the program obtains and documents the client's consent (a written Release of Information, or documentation in the client's record of date and content of a telephone conversation in which the client or his/her authorized representative authorizes the release of information).

Compliance 21.9. Public Information Activities. Materials such as reports, press releases, videotapes, etc. produced by the program for public dissemination do not contain personally identifying data regarding any participant without his/her written consent.

Compliance 21.10. Participant Contributions. The amounts given by individuals as voluntary contributions for services is regarded as confidential information and protected in the same manner as other personal client data.

STANDARD 22. The center maintains confidentiality and accountability with regard to participant contributions.

Compliance 22.1. Contributions Collection – Center Procedures

- Contributions are collected on a daily basis.
- Participants directly deposit their contributions into a locked box through a slot (they do not hand it to a “monitor”) to ensure privacy about the amount given.
- The program may (not required to) accept Food Stamps upon proper certification by the local Food Stamps Office.
- Change is available prior to depositing their contribution in the box for those who want it (change is not taken out of the contributions box).
- No one is coerced into making a contribution.
- A staff person and either a program participant or program supervisor count contributions each day they are received.

Compliance 22.2. Contributions Collection – Procedures for Services that are not provided at the center.

- See service specific standards (e.g. Home-Delivered Meals; Transportation)

Compliance 22.3. Contributions Collection – Safeguards

- The two persons who count the contributions (and other payments) record the amount collected and certify the record by co-signing it.
- Contributions are kept in a secure location, and deposited regularly in the bank.
- Contributions are not taken home.
- The program maintains an audit trail of all incoming contributions.

STANDARD 23. The center has appropriate procedures for fire/accident prevention and emergency response.

Compliance 23.1. Fire or Other Evacuation Emergency/Emergency Prevention Procedures

- The program has a current Fire Inspection Report or a current Place of Assembly Permit.
- The program responds in a timely manner to any violations cited by the Fire Department or Building Department.
- The program has a written evacuation plan that has been developed in consultation with the local Fire Station for any situation requiring building evacuation. The plan includes:
 - The location of fire extinguishers.
 - The primary fire exits and alternative exits.

- The order in which groups should leave the building.
- Persons responsible for leading groups.
- Persons responsible for checking premises, including bathrooms.
- The destination of each group once outside.
- The written plan (or diagram) is posted in each room, office and public bulletin board.
- The program holds evacuation (fire) drills at least twice yearly.
- The program documents date and time of each evacuation drill, time needed to evacuate the building, and any problems.
- Each staff person and volunteer, where appropriate, is trained on and knows his or her responsibility in an evacuation emergency, including person(s) to notify.

Compliance 23.2. On Site Emergencies

- The program has a written plan that specifies individual staff responsibilities in dealing with accidents or medical emergencies. The plan includes what to do for the victim, what to do for other participants who witness the emergency, person(s) to notify, and any insurance or other forms that must be completed.
- The program has the telephone number of its local precinct.

Compliance 23.3. Emergencies on Group Trips

- The program has a written plan to deal with emergencies that occur on trips, such as accidents, medical emergencies, or the disappearance of a participant from the group.
- The written plan specifies what to do for the ill or injured individual; what do for the rest of the group; criteria for ending the trip and returning to the Center or program; person(s) to notify, and forms to complete.
- A staff person or volunteer who has been trained on emergency procedures accompanies each trip as the designated “leader,” and knows the exact population count.
- Before each group trip the designated leader checks that participants carry identification with them, and that they have the telephone number of the Center or program.
- Group trip participants are told that they must notify the group leader if they intend to leave the group for any reason.
- Mentally and/or physically frail participants are assigned “buddies” on group trips.
- The center appropriately reports and documents accidents and other incidents.

Compliance 23.4. Site Damage Emergencies/Site closings

- Any unscheduled closings are reported to DFTA, including weather-related closings, with the phone numbers of persons DFTA can contact, if necessary.
- Damage to the site (e.g. from floods, fire, excessive vandalism, etc.) that requires center closing is reported immediately to DFTA.

Compliance 23.5. Accident and Incident Recording and Reporting

- There is an accident/incident report on file for all significant accidents and incidents occurring during the year, including but not limited to: accidents or other participant emergencies, incidents of physical violence, facility emergencies such as flooding or fires, burglaries or forced entry; thefts, vandalism, etc.
- Accidents and incidents are reported appropriately to insurance companies or other regulatory bodies.
- Accidents or incidents involving serious injury or death of a participant are reported immediately to DFTA.
- If a participant is “lost” on a group trip, and her/his whereabouts cannot be ascertained, the incident is immediately reported to the program and to DFTA.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 24. The center program is targeted to eligible persons in greatest social and economic need, with particular attention to low-income minority persons.

Compliance 24.1. The number of age-eligible low-income minority persons, and/or persons in greatest social need served by the program is at least in proportion to their presence in the community districts served by the program. *Social need includes needs caused by non-economic factors including physical and mental abilities, language barriers, and cultural, social or geographic isolation, including that caused by racial or ethnic status.*

- Exception: The program has a specific target population.

STANDARD 25. Center participants are age-eligible.

Compliance 25.1. Participants are 60 years of age or older. *Note: Younger persons may be served when so specified in service standards (e.g. see congregate meals) or under the terms of agreements between DFTA and other governmental agencies.*

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 26. The center facility is clean, well-maintained, pleasant and comfortable.

Compliance 26.1. Physical comfort

- Furnishings are comfortable, sturdy and safe.
- To the extent possible, illumination is adequate and glare avoided.
- Noise level is controlled to the extent possible, with sound deadening where necessary.
- Ventilation is as adequate as possible in all areas.
- To the extent possible, temperature is maintained within a comfortable range. Excessive drafts are eliminated.

Compliance 26.2. Program rooms and grounds

- All program rooms and grounds are kept clean.
- All program rooms and grounds are well-maintained.
- Paint and plaster is maintained in good condition (no serious breaks or cracks)

Compliance 26.3. Bathrooms

- Cleanliness is maintained.
- Ventilation is adequate.
- Windows are screened.
- Adequate supply of toilet tissue in appropriate dispensers.
- Adequate number of hand washing sinks with hot and cold running water, and soap or a filled liquid soap dispenser at each sink.
- Adequate supply of soap, and single use towels (unless mechanical hand drying devices are used).
- Toilets, urinals, sinks and any mechanical hand dryers are in working condition.
- Hand washing facilities are marked with “hand wash” signs.

STANDARD 27. The center facility is safe.

Compliance 27.1. Code Compliance. All code violations cited by the NYC Building, Fire, Health or Sanitation Departments are addressed and corrected as required by the Department issuing the citation.

Compliance 27.2. Certificate of Occupancy. The site has a Certificate of Occupancy issued by the New York City Building Department (The Certificate

of Occupancy certifies that the building is suitable for occupancy for the purpose for which it is being used).

- *Exception:* Buildings erected before 1938. However, if the building has been substantially altered, a Certificate is required.

Compliance 27.3. Place of Assembly Permit

- Each room capable of being occupied by 75 or more persons has a current Place of Assembly Permit issued by the NYC Building Department.
- The Permit is publicly posted.

Compliance 27.4. Exits and Exit Lights

- The site has two exits.
- Exit doors:
 - Have working exit lights to identify their location.
 - Are clearly identified as exits.
 - Open in the direction of exit travel. If premises are occupied by 75 or more persons, one exit leads directly outside while the second may lead to a rated corridor.
 - Are unobstructed and may be easily opened at all times when building is in use.
 - Do not require a key from the exiting side.

Compliance 27.5. Emergency Lighting. Rooms occupied by 75 or more persons have emergency lighting as specified in building code.

Compliance 27.6. Fire Preparedness

- If the site is not required to obtain a Place of Assembly Permit each year, the program requests an **annual fire inspection** through the local Firehouse.
- In facilities with elevators, **signs at each landing** show the location of the stairs in a diagram and instruct occupants to use the stairs in case of fire.
- Premises are equipped with **smoke detectors**.
- Premises are equipped with **fire extinguishers** as required by the Fire Department. Specifications of the type, number, placement and maintenance are obtained from the Bureau of Fire Prevention.
- Extinguishers are tagged with a current date of maintenance inspection (within six months).
- Extinguishers are of approved type.
- Decorations, drapes, curtains, scenery used in play production, etc. are **flame proofed** or made of fire-retardant fabric.
- Tables in the dining room provide **clear aisles** to the exits.

- **Combustible materials** are appropriately stored.
- **Smoking** is not permitted (“No Smoking” signs posted) or allowed only in designated areas that are ventilated in accordance with city regulations).

Compliance 27.7. Emergency first aid. First Aid Kits are visible and accessible to staff. Contents are replenished after use.

Compliance 27.8. Pest and Rodent Control

- There is no roach infestation, or infestation by other pests or rodents, in any program room, or in the kitchen, dining room, or bathroom.
- Insect infestation control is scheduled when participants not at center.

Compliance 27.9. Avoidance of safety hazards

- Stairs and passageways are well lighted.
- Stairs are equipped with non-skid treads, hand rails, etc.
- Hallways and areas leading to exists are free of obstructions and debris.
- Electric wires are covered.
- Window glass has no serious breaks or cracks.
- Flooring is safe – no broken, cracked, chipped loose tiles or planks
- Ceilings are safe – no extensive breaks, cracks, peeling or chipping in tiles, paint or plaster.
- Toxic substances are not accessible to participants.
- The site is litter free.

DOCUMENTATION AND RECORD KEEPING

STANDARD 28. The center maintains records in good order.

Compliance 28.1. If PDS has been made available to the program:

- New participants have been registered.
- Information about all participants is up-to-date.
- Information about participant terminations is up-to-date.
- Information about actual service(s) provided to each participant has been entered on a timely basis.
- The database is adequately and appropriately backed up.
- The database is e-mailed to DFTA, or diskettes are sent on a monthly basis, or as required by DFTA.

Compliance 28.2. Paper records are:

- Clear;
- Legible;
- Well-organized;
- Up-to-date.

STANDARD 29. Records and other documents are available for monitoring purposes.

Compliance 29.1. These include, but are not limited to, the following (as applicable):

- Documentation of any service denials and temporary exclusions, including actions taken and reasons (if applicable).
- Health Services Documentation (if applicable):
 - Signed Client Consent and Disclaimer Forms.
 - Non-Reimbursable Health and/or Medications Screening/Examination Form signed by Provider organizations.
 - Agreement with Provider of medical services.
- Each employee has a permanent file containing:
 - Documentation of orientation.
 - Signed job description/or statement that employee saw job description.
 - Job application or resume.
 - Other records relating to the hiring process, as applicable.

- Participant complaint/grievance records.
- Daily contributions records.
- Notice(s) of Code Violations and copies of response(s) to issuing agencies.
- Emergency Procedures
 - Fire and evacuation.
 - Record of Fire Drills.
 - On-site emergencies.
 - Trip and other off-site emergencies.
- Accident/Incident Records.

Compliance 29.2. Records are maintained for six years from the final (fiscal) closeout date of the contract year in which the activity took place. If any litigation, claim, audit, negotiation or other action involving the records has been started before the expiration of the six year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or for a six year period, whichever is longer.

GENERAL STANDARDS FOR NON-SENIOR CENTER PROGRAMS THAT PROVIDE SERVICES ON SITE

Non-Center programs that provide on-site services are those that do not provide congregate meals but may provide other services on site such as information and case assistance, non-senior center education/recreation, etc.

SCOPE

STANDARD 1. Services are available and accessible to all older persons in the program's service area.

Compliance 1.1. Within funding limits, the program serves any person sixty years or older who lives in the service area and meets service need criteria, without regard to place of residence, citizenship status, economic status, race, creed, disability, gender, sexual orientation, marital status or national origin.

Compliance 1.2. Service Refusal. Eligible seniors are not denied services provided by the program except for the following reasons:

- Funding not available.
- The individual is not appropriate or eligible for the service.
- The program cannot meet the individual's needs or another provider could more appropriately serve the individual.

Compliance 1.3. The program is able to provide its contracted services in the primary language of the majority of persons served.

Compliance 1.4. Respect for Participants.

- Director, staff and volunteers treat participants/clients with respect and courtesy.
- Complaints are handled with respect and attention.
- Director and staff listen to suggestions and recommendations from clients and/or staff.
- Director and staff clearly communicate program policies and procedures.

Compliance 1.5. Accessibility.

Compliance 1.6. The program is open the number of days budgeted.

- The program provides services during all budgeted hours of operation, unless otherwise stated in the program's response to DFTA's RFP or DFTA-approved updates.
- It is possible to talk with someone in charge via telephone during the hours of operation.

STANDARD 2. The program conducts community outreach.

Compliance 2.1. The program accomplishes at least one of the following during each year as outreach and/or to build community support for the program:

- Obtains media coverage for its program and/or services or other form of public recognition (e.g. from a civic, business, professional or philanthropic organization, an institution of higher learning, or other established community institution, etc.)
- Places at least one public information announcement or advertisement in the media.
- Engages in a specific, formal project with other organizations in the community to benefit the community as a whole or older persons in particular.
- Stations a representative at a Resources Fair designed for the general community.
- Designs (or has designed) a brochure or other promotional material.
- Distributes flyers or other promotional materials to places in the community, at a local street fair, or to residences.
- Posts program information at community sites such as libraries, post offices, supermarkets.
- Organizes door-to-door canvassing or a mass mailing of information about its services.
- Makes a presentation on the program/services at a public forum.
- Holds an Outreach Event to attract one or more under-served groups in the community.
- Makes a specific and demonstrable effort to attract older persons with special needs (e.g. vision or hearing impaired; frail older persons; developmentally disabled over 60; homeless, etc.).
- Makes a specific outreach effort (documented) to potential referral sources in the community.

Opportunity 2.1. The program can document that during the year it accomplished at least four of the above.

STANDARD 3. The program works with other providers and organizations in the community to foster coordination, minimize duplication of services, and facilitate senior access to resources.

Compliance 3.1. Community linkages. The program maintains effective linkages with other organizations and groups for purposes such as services

planning and coordination, information sharing, mutual referral, joint programming, senior advocacy, etc. as shown by one of the following:

- Board members, program participants and/or program staff serve on interagency councils, task forces or committees of government agencies, and/or community planning bodies (or regularly participate at meetings).
- Board members, program participants, and/or program staff testify at public hearings on aging issues and policies.
- The program regularly refers to, and receives referrals from, other local service providers.
- The program undertakes joint programming with other community organizations.
- The program has a letter of agreement with another provider of the same service to minimize duplication.
- The program coordinates funding proposals with other human services providers (not including programs of the sponsoring agency).
- The program works with other providers to update service directories or listings of available services.

Opportunity 3.1 The program can demonstrate that it maintains linkages through at least three of the above.

Compliance 3.2. Information provision. The program answers requests for information about resources, services and opportunities for seniors in the community, or provides the inquirer with the phone number of an appropriate information provider. *Not applicable to programs providing Information Service and/or Case Assistance Service.*

Opportunity 3.2. The program maintains a current resource file on local service providers. *Not applicable to programs providing Information Service and/or Case Assistance Service.*

STANDARD 4. The program enlists community support.

Compliance 4.1. The program enlists support for its services and activities from other organizations or institutions in the community in at least one of the following ways during the year:

- Person(s) affiliated with any of the following serve on the Board of Directors: community service organizations, community institutions, community businesses, community planning bodies, or government agencies in the community.
- Volunteers from the community or from organizations and institutions in the community assist at the program. Volunteers may include students or instructors at schools, universities or hospitals; employees or owners of banks or businesses; professionals in the community, etc.

- Organizations, institutions or businesses in the community provide any of the following types of assistance:
 - Marketing.
 - Fundraising.
 - Training for staff or seniors.
 - Use of space or facilities.
 - Equipment or materials.
 - Grant monies (e.g. a community grant)

Opportunity 4.1. *Each of the following is a separate opportunity:*

- More than one of the above (including sub-bullets).
- The program has written guidelines defining roles and responsibilities of volunteers from the community.
- The program conducts formal recognition events for volunteers.

STANDARD 5. The program is effectively administered.

Compliance 5.1. Communication. Staff are provided in a timely fashion with information needed for job performance, including but not limited to:

- Changed or new policies and procedures;
- DFTA's standards and requirements;
- Operational issues, problems, and concerns, as relevant.

Compliance 5.2. Daily oversight. Either the site director or her/his appropriate designate is at the site during the hours of operation each day.

Compliance 5.3. Relationship to sponsoring organization. The lines of communication and reporting are clear between the program's director and the following, as applicable:

- The sponsoring Board.
- Administrative staff of the sponsoring agency.
- Any relevant advisory committee of the sponsoring agency or its governing structure.
- Any other entity within the sponsoring agency or governing structure with responsibility for the program.

Compliance 5.4. Personnel Policies.

- The program has written personnel policies that adhere to city, state and federal regulations.
- The program's written personnel policies cover at minimum the areas underlined below.

- Where specific policies are required by DFTA for staff positions funded by DFTA (see bulleted provisions for staff positions below), they are incorporated in the personnel policies of the program.

Prohibition of Nepotism and Conflict of Interest

- No staff positions are filled by members of the sponsoring Board of Directors or by relatives of members of the sponsoring Board or of managerial or supervisory staff.
- No relative of an employee is hired to fill a staff position when the appointment might influence the work assignment, promotion, or compensation of the employee.

Work Schedule

- Full-time employees work a minimum of 35 hours per week exclusive of lunch breaks.
- Approved compensatory time (including authorized overtime) may accumulate at no less than one hour and no more than 20 hours.

Resignations

- Resigning staff members notify the Program Director and the Board of their intention in writing. The written resignation letter is included in the employee's personnel file.

Disciplinary Actions and Dismissals

- Dismissed or disciplined employee may appeal the decision before the Board of Directors. The Board's decision is final and binding. (The program may have a formal probationary period during which the employee does not have the rights to dismissal proceedings or grievance proceedings related to dismissal).
- Documentation regarding the procedure is maintained by the contractor and is available to DFTA when requested.
- Any employee involved in theft or inflicting bodily harm on another is suspended immediately without pay pending further investigation of the charges.
- Dismissed employees receive a report outlining reasons for termination of services.

Annual Leave

- Full-time employees (paid for under the DFTA contract) receive annual leave as determined in personnel policies of the program.
 - Paid annual leave does not exceed 20 days of annual leave for the contract year.
 - Maximum accrued for every month worked is 1-2/3 days of annual leave (may be less, depending on program's policies).

- Monthly accrual of annual leave is possible only after the employee has been in full-time status for at least 15 calendar days of the month.
- Part-time employees accrue annual leave pro-rated for the number of hours they work.
- DFTA funds are not used to pay for unused annual or sick leave from the preceding fiscal year if the program's contract is terminated.
- Employees who resign or are dismissed are paid for any unused leave.

Sick leave

- Sick leave is used only for personal illness or medical needs of the employee. Personnel policies state when a physician's note stating the nature of illness is required.
- Medical disability leave of an indeterminate length is certified by a physician on letterhead.
- Full-time employees accrue sick leave at the rate of one day per month. Part-time employees accrue sick leave on a pro-rated basis, in comparison to full time workers. Not more than 24 working days can be accrued as unused sick leave.
- If an employee's sick leave allowance is exhausted, absences due to illness may be deducted from any available accrued annual leave or compensatory time. Further absences due to illness are taken without pay.
- Persons who leave employment are not being paid for unused sick leave

Jury Duty

- The program pays the employee's salary for the period of court leave if the court does not pay the employee.

Military Service Leave

- The program grants any military leave required by law. Such leave is without pay. The employee submits documentation confirming the beginning and ending dates of such leave as far in advance of leave requested as possible.

Infant and Child Care Leave

- The program complies with the Family and Medical Leave Act of 1993 (FMLA) for persons employed at least twelve months plus 1,250 hours immediately preceding the start of the leave.
- Leave may be granted without pay to an employee who becomes a parent of an infant child up to four years of age by birth or adoption. Leave may commence at any time prior to the child's fourth birthday.

- Leave may not exceed 48 months commencing the day after all applicable leave with pay is exhausted. This leave is limited to one instance. All other child care leaves are limited to 36 months. Employees who request less than the 48 month leave or the 36 month leave may request up to 2 extensions (maximum extension is 6 months) provided the total leave does not exceed the maximum (48 or 36, whichever is applicable).

Grievances

- There is a written employee grievance procedure that allows employees to express grievances without fear of retribution or reprisal, settle disputes amicably and appeal decisions to the Board.
- Documentation regarding employee grievances is maintained and made available to DFTA upon request.

Benefits

- Employees are offered the benefits outlined in the program's response to DFTA's RFP.
- Employees are kept fully informed of available benefits, both mandatory and elective.

Staff Training and Development

- Employees are expected to attend training programs applicable to their job assignments as indicated by the Program Director.

STANDARD 6. The program complies with all contractual requirements.

Compliance 6.1. The program complies with all contract terms and responsibilities, including but not limited to insurance requirements, employment and other hiring requirements, records maintenance, etc.

STANDARD 7. The program complies with key federal, state and city requirements.

Compliance 7.1. Public funds are not used to support prohibited activities. Prohibited activities include:

- Religious worship, counseling or instruction.
- Solicitation by charitable groups (collecting funds for other organizations or programs) unless the group has written approval from the program director. This should not be confused with fundraising activities initiated by the clients/participants or sponsor to enhance the program.
- Verbal or written endorsement of products, services, or political candidates.
- Sale of commercial products or services

- Mailing or calling lists containing client names, addresses, telephone numbers, etc. are not given out.
- Individual vendors do not peddle their products or conduct sales on the premises. They may give instructional and educational talks on specific topics of concern to older persons – e.g., availability and use of home health equipment, medical equipment, or home aids. The presentations must be educational, not commercial, and must occur in a panel or at a health fair where other sellers of the same item are represented.
- Solicitation of votes:
 - Staff are not allowed to promote one political candidate over another.
 - Staff activities are consistent with prohibitions against participation in partisan activities.
 - Public officials may only visit the program at the invitation of the program director.
 - The program director schedules the visit to fit within daily activities and so that it is not disruptive in her/his reasonable judgment.
 - If the program permits any legally qualified candidate for any public office (including the current office holder) to visit the facility for political purposes, other candidates for the same office are allowed to visit for the same purpose, amount of time, number of appearances, time of day, etc. (The program is not obligated to inform other candidates, but only to respond to requests).

Compliance 7.2. The program gives due recognition to DFTA in printed program brochures, printed stationery, and on vehicles (DFTA recognition carries with it recognition of SOFA and the Administration on Aging).

Compliance 7.3. If the program voluntarily elects to provide health screening tests (provision of health screening is not part of contracted health promotion service):

- Tests are provided free of charge to any client who wishes to participate in the testing for the purpose of detecting possible health problems (they are not used to identify the cause of an individual's health problem or as part of ongoing treatment for an individual).
- No request is made at the time of screening or pursuant to the screening for Medicare, Medicaid, or personal insurance/identification numbers, or social security numbers.
- No third party reimbursement is claimed for services provided on site.
- Persons administering each test are trained program employees, students in a New York State approved training program, appropriately licensed and/or certified professionals, or authorized employees of organizations that are appropriately licensed and/or certified.

- No invasive procedures are conducted, including but not limited to incisions, surgical procedures, or the collection of blood, stool, or urine.
- No test or examination involves the use of sedatives.
- The site where the testing is done is sanitary.
- Each client signs a *Consent and Disclaimer Form* for each type of screening test in which the client participates (not each time same test is provided).
- All screening providers with the exception of program or sponsor employees, hired consultants, or members of the Department of Health sign a *Non-Reimbursable Health and/or Medications Screening/Examination Agreement*.
- Participants receive information about the nature of problems detected by the test, the significance of the results, the importance of taking action if results are abnormal or tentative, and options in providing care.
- The Provider informs each individual tested about test results.
- The Provider refers each person in need of follow-up to the person's own physician (or ophthalmologist, podiatrist, optometrist, etc.) or provides a list of three names of qualified Providers in the community. The list states in writing that the DFTA-funded program does not endorse any name on the list. It also states that there is no obligation to choose a name on the list.

Compliance 7.4. The program does not provide diagnostic services, primary care, therapies, or other types of treatment.

Exception: The provider of these services is a medical institution or clinic that is licensed by the State of New York to provide clinic services under the terms for Article 28 or Article 31 Certificate

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 8. The program has adequate personnel to perform contracted services.

Compliance 8.1. The program's staffing structure corresponds to the structure proposed in its response to DFTA's RFP.

Compliance 8.2. There is currently a director for the program who meets the qualifications proposed in the program's response to DFTA's RFP, or, if the position of director is vacant, satisfactory efforts are being made to recruit a director.

Compliance 8.3. *See also service specific standards.*

STANDARD 9. Staff understand their job responsibilities.

Compliance 9.1. Current job descriptions exist for each position, including title, minimum qualifications, duties and responsibilities, and salary or salary range.

Compliance 9.2. New staff sign a statement that they have read and understand their job descriptions.

Compliance 9.3. Staff function in the position for which they are being paid, and in accordance with their job descriptions and program personnel policies.

STANDARD 10. Staff (including administrators) are appropriately qualified.

Compliance 10.1. Staff and director meet DFTA's required minimum qualifications and any additional qualifications required by the program sponsor (as stated in response to DFTA's RFP).

STANDARD 11. Staff and volunteers are appropriately oriented and supervised.

Compliance 11.1. New staff and volunteers receive an orientation that covers the following, at minimum (*see also service specific standards*):

- Client rights (including rights to consideration, privacy, respect, and individual choice;
- Emergency procedures;
- Program policies and procedures (including personnel policies);
- Job functions and tasks.

Opportunity 11.1. *Each of the following is an opportunity:*

- In addition to providing orientation and appropriate training to its own staff, the program has provided at least one training session that included invited

staff from other programs (training provided or arranged by the program itself, not the program's sponsor).

- During the year the program director attends a training session or professional conference sponsored by an outside organization (may be DFTA).

Compliance 11.2. Designated staff attend any DFTA-mandated training.

Compliance 11.3. A designated staff person supervises volunteers.

Opportunity 11.3 During the year, at least one volunteer attends a training or professional conference in connection with his/her volunteer responsibilities.

PROCEDURES AND METHODS

STANDARD 12. The program has appropriate procedures for opening and closing client files.

Compliance 12.1. *See service specific standards for registering clients or for client screening/intake.*

Compliance 12.2. Clients are informed about the purpose for collecting personal basic/intake information and their right to privacy. *See also Standard 13.* Note: Service provision cannot be denied if a client declines to provide any element of the requested basic information other than name and date of birth (or age):

Compliance 12.3. Case Management Agency Referral. A record of referral is on file for each client managed by a case management agency and referred to the program.

- If the case management agency has electronically transferred the client's file, entry of basic and intake data in PDS is not required.

Compliance 12.4. Inactive clients are separated out from active clients, or terminated in PDS.

- If using PDS, clients who have not received services for more than one year (no actual services registered to the client in PDS) are terminated in PDS, and archived.
- If PDS is not available, files of clients who have not received services in more than one year are moved to an inactive file.

STANDARD 13. The program protects the privacy of individuals served.

Compliance 13.1. Explanation to Participants/Applicants for Service. Prior to completion of registration and/or intake, the participant/client is informed (explanation may be in writing or presented orally):

- That personal information is requested to help the program provide the best service to the person and to help the funding agency assist all older persons.
- That personal information will be kept confidential although it may be shared with the program's funding source (DFTA) for purposes of program monitoring or reporting on service use.
- That the funding source (DFTA) will keep personal information confidential.
- That the funding source (DFTA) may contact clients by phone or mail concerning their satisfaction with services.

- That service may not be denied other than for reasons of ineligibility (age) or service inappropriateness to the client's needs.

Compliance 13.2. Storage of Participant Information (Paper files)

- Only workers authorized to use program files have access to them.
- Client files are not removed from the premises and are always available to authorized personnel.
- Files are kept in a secure area.

Compliance 13.3. Storage of Participant Information (PDS)

- All employees who use PDS have been entered into the database and assigned appropriate security levels based on their job responsibilities and need to know, and individualized passwords.
- The computer is kept in a locked room and/or protected from theft, damage, misuse or tampering.
- Any tapes or diskettes are stored in a secure drawer or cabinet when not in use.

Compliance 13.4. Discussion of client information with others/release of information to others

- All program staff and volunteers refrain from discussing personal information regarding an individual participant or client except:
 - with the client or other persons with whom they have been authorized by the client to discuss such information.
 - with other program staff in connection with providing services to the client or as part of supervision.
 - as required by court order.
 - in connection with program monitoring by federal, state and city agencies authorized to monitor the contractor's performance, or as required by the funding source.
- The program refuses requests from outside organizations or persons for lists of its participant/client names or other identifying information such as addresses and phone numbers, unless the request is authorized by DFTA.
- If the program shares any information about the client with other providers of service to the client, the program obtains and documents the client's consent (a written Release of Information, or documentation in the client's record of date and content of a telephone conversation in which the client or his/her authorized representative authorizes the release of information). *See also Case Assistance Standards for Informed Client Consent.*

Compliance 13.5. Public Information Activities. Materials such as reports, press releases, videotapes, etc. produced by the program for public dissemination do not contain personally identifying data regarding any participant without his/her written consent.

Compliance 13.6. Client/Participant Contributions. The amounts given by individuals as voluntary contributions for services is regarded as confidential information and protected in the same manner as other personal client data.

STANDARD 14. The program has a comprehensive participant complaints/grievance procedure.

Compliance 14.1. Written Procedure

- The program has a written policy and procedure that covers how the following categories of complaint or grievance will be responded to:
 - Complaints about service denial (note that remedial action is not required if service is denied because of (a) funding restrictions; (b) ineligibility; (c) change in hours or program location.
 - Complaints about satisfaction issues (e.g. program services or staff).
- The written complaint/grievance procedures are given to clients.
- If large groups of participants (more than 30%) do not speak English, the procedures are written in their languages.

Compliance 14.2. Procedure content. At a minimum, the written complaints/grievance procedure states:

- The name(s) and title(s), where applicable, of a clearly identified impartial third party, with authority to make a binding decision on the grievance.
- That the complaint or grievance may be presented privately.
- That the complaint will be addressed promptly.
- That the complainant has the right to appeal to the program's Board of Directors
- That the complainant has the right to appeal the Board of Directors' decision to DFTA, and to receive assistance with drafting and filing the appeal if requested.
- That the complainant has the right to have all information and documentation relating to a complaint or grievance treated as a confidential matter unless disclosure is required by a court order or for program monitoring by an authorized agency.

Compliance 14.3. Documentation. Complete and dated records are maintained of all complaints/grievances and actions taken.

STANDARD 15. The program maintains confidentiality and accountability with regard to client contributions.

Compliance 15.1. Information about the amount of any contribution received from individuals is kept confidential.

Compliance 15.2. Contributions Collection – Safeguards

- A staff person and either a program participant or program supervisor count contributions (and fees, where applicable) each day they are received.
- The persons who count the contributions (and other payments) record the amount collected and certify the record by co-signing it.
- Contributions are kept in a safe location under lock and key, and deposited in the bank at least weekly.
- Contributions are not taken home.
- The program maintains an audit trail of all incoming contributions.

STANDARD 16. The program has appropriate procedures for fire/accident prevention and emergency response.

Compliance 16.1. Fire Prevention Procedures/Evacuation Procedures

- The program has a current Place of Assembly Permit if more than 75 persons are present in a room.
- The program responds in a timely manner to any violations cited in the Fire Department Report.
- Any materials that can catch fire are safely stored and used.
- A sufficient number of the correct type of fire extinguisher are strategically placed in rooms where combustible materials are used.
- The program has a written evacuation plan including location of fire extinguishers; primary exits, and alternative exits; persons responsible for leading groups outside; persons responsible for checking premises.

Compliance 16.2. On Site Emergencies

- The program has a written plan that specifies individual staff responsibilities in dealing with accidents or medical emergencies. The plan includes actions to be taken for the victim, actions to be taken for other participants who witness the emergency, persons to notify, and any insurance or other forms that must be completed.

Compliance 16.3. Emergencies on Group Trips

- If group trips are taken by participants, the program has a written plan to deal with emergencies that may occur, such as accidents, medical emergencies, or the disappearance of a participant from the group.
- The written plan specifies actions to be taken for the ill or injured individual; actions to be taken for the rest of the group; criteria for ending

the trip and returning to the program; persons to notify, and what forms to complete.

- A staff person or volunteer who has been trained on emergency procedures accompanies each trip as the designated “leader,” and knows the exact population count.
- Before each group trip the designated leader checks that participants carry identification with them, and that they have the telephone number of the program.
- Group trip participants are told that they must notify the group leader if they intend to leave the group for any reason.
- Mentally and/or physically frail participants are assigned “buddies” on group trips.

Compliance 16.4. Accident and Incident Reporting

- There is an accident/incident report on file for all significant accidents and incidents occurring while providing services during the year, including burglaries or forced entry; thefts, vandalism, etc.
- Accidents and incidents are reported appropriately to insurance companies or other regulatory bodies.
- Accidents or incidents involving serious injury or death of a participant are reported immediately to DFTA.
- If a participant is “lost” from a group trip, and her/his whereabouts cannot be ascertained, the incident is immediately reported to the program and to DFTA.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 17. The program is targeted to eligible persons in greatest social and economic need, with particular attention to low-income minority persons.

Compliance 17.1. The number of low-income minority persons and/or persons in greatest social need served by the program is at least in proportion to their presence in the community districts served by the program. Social need includes needs caused by non-economic factors including physical and mental abilities, language barriers, and cultural, social or geographic isolation, including that caused by racial or ethnic status.

Exception: *The program has a specific target population.*

Compliance 17.2. If the program has a specific target, it can demonstrate service to that group.

STANDARD 18. The program serves an appropriate population.

Compliance 18.1. Persons served by the program are 60 years of age and older.

Compliance 18.2. Persons served by the program meet criteria for service appropriateness (see standards for each service).

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 19. The program facility is clean and well maintained.

Compliance 19.1. All program rooms are kept clean and well maintained.

Opportunity 19.1. The program makes a demonstrable effort to make program rooms appealing and attractive to older persons – e.g. posters on the walls, plants, attractive bulletin boards, comfortable furniture.

Compliance 19.2. There is no roach infestation, or infestation by other pests or rodents, in any program room, or bathroom.

Compliance 19.3. Insect infestation control is scheduled when participants not at center.

STANDARD 20. The program facility is safe.

Compliance 20.1. Code Compliance. All code violations cited by the NYC Building, Fire, Health or Sanitation Departments are addressed and corrected as required by the Department issuing the citation.

Opportunity 20.1. Place of Assembly Permit

- Each room capable of being occupied by 75 or more persons has a current Place of Assembly Permit issued by the NYC Building Department.
- The Permit is publicly posted.

Compliance 20.2. Exits and Exit Lights

- The site has two exits.
- Exit doors:
 - Have working exit lights to identify their location.
 - Are clearly identified as exits.
 - Open in the direction of exit travel. If premises are occupied by 75 or more persons, one exit leads directly outside while the second may lead to a rated corridor.
 - Are unobstructed and may be easily opened at all times when building is in use.
 - Do not require a key from the exiting side.

Compliance 20.3. Fire Preparedness

- Premises are equipped with **smoke detectors**.
- Premises are equipped with **fire extinguishers** as required by the Fire Department. Specifications of the type, number, placement and maintenance are obtained from the Bureau of Fire Prevention.

- Extinguishers are tagged with a current date of last maintenance inspection (within six months).
- Extinguishers are of approved type.
- Decorations, drapes, curtains, scenery used in play production, etc. are **flame proofed** or made of fire-retardant fabric.
- **Combustible materials** are appropriately stored.
- **Smoking** is not permitted (“No Smoking” signs posted) or allowed only in designated areas that are ventilated in accordance with city regulations).

Compliance 20.4. Avoidance of safety hazards

- Stairs and passageways are well lighted.
- Stairs are equipped with non-skid treads, hand rails, etc.
- Hallways and areas leading to exits are free of obstructions and debris.
- Electric wires are covered.
- Window glass has no serious breaks or cracks.
- Flooring is safe – no broken, cracked, chipped loose tiles or planks
- Ceilings are safe – no extensive breaks, cracks, peeling or chipping in tiles, paint or plaster.
- Toxic substances are not accessible to participants.
- The site is litter free.

DOCUMENTATION AND RECORD KEEPING

STANDARD 21. The program maintains records in good order.

Compliance 21.1. If PDS has been made available to the program:

- New participants/clients have been registered.
- Information about all participants/clients is up-to-date.
- Information about participant/client terminations is up-to-date.
- Information about actual service(s) provided to each participant/client has been entered on a timely basis.
- The database is adequately and appropriately backed up.
- The database is e-mailed to DFTA, or diskettes are sent on a monthly basis, or as required by DFTA.

Compliance 21.2. Paper records are:

- Clear.
- Legible.
- Well-organized.
- Up-to-date.

STANDARD 22. Records and other documents are available for monitoring purposes.

Compliance 22.1. These include, but are not limited to, the following (as applicable):

- Documentation of service denials and temporary exclusions, including actions taken and reasons (if applicable).
- Health Services Documentation (if applicable).
 - Signed Client Consent and Disclaimer Forms.
 - Non-Reimbursable Health and/or Medications Screening/Examination Form signed by Provider organizations.
 - Agreement with Provider of medical services.
- Each employee has a permanent file containing
 - Documentation of Orientation.
 - Documentation that employee saw Job Description.
 - Job application or resume.
 - Other records relating to the hiring process, as applicable.

- Client complaint/grievance records.
- Contributions records, if applicable.
- Emergency Procedures.
- Accident/Incident Records.

Compliance 22.2. Records are maintained for six years from the final (fiscal) closeout date of the contract year in which the activity took place. If any litigation, claim, audit, negotiation or other action involving the records has been started before the expiration of the six year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or for a six year period, whichever is longer.

GENERAL STANDARDS FOR PROGRAMS THAT PROVIDE SERVICES OFF SITE ONLY

Programs that provide services off site include case management agencies, home care agencies, programs that provide transportation only, home-delivered meals only, or only such services as escort, friendly visiting, telephone reassurance, intergenerational, etc.

SCOPE

STANDARD 1. Services are available and accessible to all eligible older persons in the program's service area.

Compliance 1.1. If the program does its own client finding:

- Within funding limitations, the program serves any person sixty years or older who lives in the service area and is appropriate for the service (meets eligibility requirements), without regard to place of residence, citizenship status, economic status, race, creed, disability, gender, sexual orientation, marital status or national origin.
- The program follows service specific standards for maintaining a waiting list when service is not available.

Compliance 1.2. Service Refusal. Eligible seniors are not denied service except for the following reasons:

- Funding not available.
- The individual is not appropriate for the service.
- The program cannot meet an individual's needs or another provider could more appropriately serve the individual.

Compliance 1.3. The program is able to provide services in the primary language spoken by the majority of its clients/participants.

Compliance 1.4. Respect for Clients

- Director, staff and volunteers treat clients with respect.
- Complaints are handled with respect and attention.
- Director and staff listen to suggestions and recommendations from clients and concerned others.
- Director and staff clearly communicate program policies and procedures.

Compliance 1.5. Accessibility

- The program is open the number of days budgeted.
- The program provides services during all budgeted hours of operation, unless otherwise stated in the program's response to DFTA's RFP or subsequent updates.

Compliance 1.6. It is possible to talk with someone in charge during hours of operation.

STANDARD 2. The program conducts community outreach.

Compliance 2.1. The program accomplishes at least one of the following during each year as outreach to potential clients and/or to build community support:

- Obtains media coverage for its services or other public recognition (e.g. from a civic, business, professional or philanthropic organization, an institution of higher learning, or other established community institution).
- Places at least one public information announcement or advertisement in the media.
- Engages in a specific, formal project with other community organizations to benefit the community at large or older persons.
- Stations a representative at a Resources Fair designed for the general community.
- Designs (or has designed) a brochure or other promotional material.
- Distributes flyers or other promotional materials to places in the community or to residences.
- Organizes door-to-door canvassing or a mass mailing of information about its services.
- Makes a specific outreach effort to attract one or more under-served groups in the community.
- Makes a specific outreach effort to older persons with special needs (e.g. vision or hearing impaired; developmentally disabled over 60; homeless, etc.).
- Makes a specific outreach effort (documented) to potential referral sources in the community.

Opportunity 2.1. The program can document that during the year it accomplished at least four of the above.

STANDARD 3. The program works with other providers and organizations in the community to foster coordination and minimize duplication of effort.

Compliance 3.1. Community linkages. The program maintains effective linkages with other organizations and groups for purposes such as services planning and coordination, information sharing, mutual referral, joint programming, senior advocacy, etc. as shown by one of the following:

- Board members or program staff serve on interagency councils, task forces or committees of government agencies, and/or community planning bodies (or regularly participate at meetings).

- Board members, program staff, or program clients testify at public hearings on aging issues and policies.
- The program regularly refers to, and receives referrals from, other local service providers.
- The program undertakes joint programming with other community organizations.
- The program has a letter of agreement with another provider of the same service to minimize duplication.
- The program coordinates funding proposals with other human services providers (not including programs of the sponsoring agency).
- The program works with other providers to update service directories or listings of available services.

Opportunity 3.1. The program can demonstrate that it maintains linkages through at least three of the above.

Compliance 3.2. Information provision.

- The program answers requests for information about resources, services and opportunities for seniors in the community or refers to an appropriate information provider. Note: *Service specific standards apply to programs providing Case Management.*

Opportunity 3.2. The program maintains a comprehensive and up-to-date resource file on local service providers and resources. *This opportunity is not available to case management agencies.*

STANDARD 4. The program enlists community support.

Compliance 4.1. The program enlists support for its services and activities from other organizations or institutions in the community in at least one of the following ways during the year:

- Person(s) affiliated with any of the following serve on the Board of Directors: other community service organizations, community institutions or businesses, community planning bodies or government agencies.
- Volunteers from the community or from organizations and institutions in the community assist at the program. Volunteers may include students or instructors at schools, universities or hospitals; employees or owners of banks or businesses; professionals in the community, etc.
- Organizations, institutions or businesses in the community provide any of the following types of assistance:
 - Marketing.
 - Fundraising.
 - training for staff.

- space or facilities.
- equipment or materials.
- grants (e.g. a community grant).

Opportunity 4.1. *Each of the following is a separate opportunity:*

- More than one of the above.
- If volunteers are used, the program has written guidelines defining roles and responsibilities of volunteers.
- If volunteers are used, the program conducts formal recognition events for volunteers.

STANDARD 5. The program provides participants with the opportunity to voluntarily and confidentially contribute to the cost of services, where appropriate.

Compliance 5.1. Contributions Collection – Appropriate Services. Services for which contributions are requested are congregate meals, home-delivered meals, escort, home care, shopping assistance/chore service, transportation, and residential repair.

STANDARD 6. The program is effectively administered.

Compliance 6.1. Communication. Staff are provided in a timely fashion with information needed for job performance, including but not limited to:

- Changed or new policies and procedures.
- DFTA’s standards and requirements.
- Operational issues, problems, and concerns, as relevant.

Compliance 6.2. Daily oversight. Either the program director or her/his appropriate designate is at the site during the hours of operation.

Compliance 6.3. Relationship to sponsoring organization. The lines of communication and reporting are clear between the program’s director and the following, as applicable:

- The sponsoring Board.
- Administrative staff of the sponsoring agency.
- Any relevant advisory committee of the sponsoring agency or its governing structure.
- Any other entity within the sponsoring agency or governing structure with responsibility for the program.

Compliance 6.4. Personnel Policies

- The program has written personnel policies that adhere to city, state and federal regulations.
- The program's written personnel policies cover at minimum the areas underlined below.
- Where specific policies are required by DFTA for DFTA-funded employees (see bulleted provisions below), the program incorporates them in its personnel policies.

Prohibition of Nepotism and Conflict of Interest

- No staff positions are filled by members of the sponsoring Board of Directors or by relatives of members of the sponsoring Board or of managerial or supervisory staff.
- No relative of an employee is hired to fill a staff position when the appointment might influence the work assignment, promotion, or compensation of the employee.

Work Schedule

- Full-time employees work a minimum of 35 hours per week exclusive of lunch breaks.
- Approved compensatory time (including authorized overtime) may accumulate at no less than one hour and no more than 20 hours.

Resignations

- Resigning staff members notify the Program Director and the Board of their intention in writing. The written resignation letter is included in the employee's personnel file.

Disciplinary Actions and Dismissals

- Dismissed or disciplined employee may appeal the decision before the Board of Directors. The Board's decision is final and binding. *The program's sponsor may designate a formal probationary period during which the employee does not have the rights to dismissal proceedings or grievance proceedings related to dismissal.*
- Documentation regarding the procedure is maintain by the contractor and is available to DFTA when requested.
- Any employee involved in theft or inflicting bodily harm on another is suspended immediately without pay pending further investigation of the charges.
- Dismissed employees receive a report outlining reasons for termination of services.

Annual Leave

- Full-time employees (paid for under the DFTA contract) receive annual leave as determined in personnel policies of the program.
 - Paid annual leave does not exceed 20 days per contract year.
 - Maximum accrued for every month worked is 1-2/3 days of annual leave (may be less, depending on program's policies).
 - Monthly accrual of annual leave is possible only after the employee has been in full-time status for at least 15 calendar days of the month.
- Part-time employees accrue annual leave pro-rated for the number of hours they work.
- The program has a stated policy regarding accrual of annual leave. However, DFTA will not pay for unused annual or sick leave from the preceding fiscal year if the program's contract is terminated.
- Employees who resign or are dismissed are paid for any unused leave.

Sick leave

- Sick leave is used only for personal illness or medical needs of the employee. Personnel policies state when a physician's note stating the nature of illness is required.
- Medical disability leave of an indeterminate length is certified by a physician on letterhead.
- Full-time employees accrue sick leave at the rate of one day per month. Part-time employees working a minimum of 17 ½ hours accrue sick leave on a pro-rated basis, in comparison to full time workers. Not more than 24 working days can be accrued as unused sick leave.
- If an employee's sick leave allowance is exhausted, absences due to illness may be deducted from any available accrued annual leave or compensatory time. Further absences due to illness are taken without pay.
- Persons who leave employment are not paid for unused sick leave.

Jury Duty

- The program pays the employee's salary for the period of court leave if the court does not pay the employee.

Military Service Leave

- The program grants any military leave required by law. Such leave is without pay. The employee submits documentation confirming the beginning and ending dates of such leave as far in advance of leave requested as possible.

Infant and Child Care Leave

- The program complies with the Family and Medical Leave Act of 1993 (FMLA) for persons employed at least twelve months plus 1,250 hours immediately preceding the start of the leave.
- Leave may be granted without pay to an employee who becomes a parent of an infant child up to four years of age by birth or adoption. Leave may commence at any time prior to the child's fourth birthday.
- Leave may not exceed 48 months commencing the day after all applicable leave with pay is exhausted. This leave is limited to one instance. All other child care leaves are limited to 36 months. Employees who request less than the 48 month leave or the 36 month leave may request up to 2 extensions (maximum extension is 6 months) provided the total leave does not exceed the maximum (48 or 36, whichever is applicable).

Grievances

- There is a written employee grievance procedure that allows employees to express grievances without fear of retribution or reprisal, settle disputes amicably and appeal decisions to the Board.
- Documentation regarding employee grievances is maintained and made available to DFTA upon request.

Benefits

- Employees are offered the benefits outlined in the program's response to DFTA's RFP.
- Employees are kept fully informed of available benefits, both mandatory and elective.

Staff Training and Development

- Employees are expected to attend training programs applicable to their job assignments as indicated by the Program Director.

STANDARD 7. The program complies with all contractual requirements.

Compliance 7.1. The program complies with all contract terms and responsibilities, including but not limited to insurance requirements, employment and other hiring requirements, records maintenance, etc.

STANDARD 8. The program complies with key federal, state and city requirements.

Compliance 8.1. Public funds are not used to support prohibited activities. Prohibited activities include:

- Religious worship, counseling or instruction.

- Solicitation by charitable groups (collecting funds for other organizations or programs). This should not be confused with fundraising activities to enhance the program.
- Verbal or written endorsement of products, services, or political candidates.
- Sale of commercial products or services. Lists of client names, addresses, telephone numbers may not be given out.
- Solicitation of votes:
 - Staff are not allowed to promote one political candidate over another are prohibited.
 - Staff activities are consistent with prohibitions against participation in partisan activities.

Compliance 8.2. The program gives due recognition to DFTA in printed program brochures, printed stationery, and on vehicles (DFTA recognition carries with it recognition of SOFA and the Administration on Aging).

Compliance 8.3. If the program voluntarily elects to provide health screening tests to clients in their homes (and the program does not have a contract to provide health promotion service):

- Tests are provided free of charge to any client who wishes to participate in the testing for the purpose of detecting possible health problems (they are not used to diagnose an individual's health problem or as part of ongoing treatment for an individual).
- No request is made for Medicare, Medicaid, or personal insurance/identification numbers, or social security numbers.
- No third party reimbursement is claimed for services provided on site.
- Persons administering each test are trained program employees, senior volunteers trained by DFTA, students in a New York State approved training program, appropriately licensed and/or certified professionals, or authorized employees of organizations that are appropriately licensed and/or certified.
- No invasive procedures are conducted, including but not limited to incisions, surgical procedures, or the collection of blood, stool, or urine.
- No test or examination involves the use of sedatives.
- The place where the testing is done is sanitary.
- Each client signs a *Consent and Disclaimer Form* for each type of screening test in which the client participates (not each time same test is provided).
- All providers of screening tests sign *Non-Reimbursable Health and/or Medications Screening/Examination Agreement* with the exception of

program or sponsor employees, hired consultants, or members of the Department of Health.

- Participants receive information about the nature of problems detected by the test, the significance of the results, the importance of taking action if results are abnormal or tentative, and options in providing care.
- The Provider informs each individual tested about test results.
- The Provider refers each person in need of follow-up to the person's own physician (or ophthalmologist, podiatrist, optometrist, etc.) or provides a list of three names of qualified Providers in the community. The list states in writing that the DFTA-funded program does not endorse any name on the list. It also states that there is no obligation to choose a name on the list.

Compliance 8.4. The program does not provide (through staff, consultants, volunteers or on a sub-contract basis) diagnostic services or primary care, including therapies or other types of treatment (e.g. foot care).

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 9. The program has adequate personnel to perform contracted services.

Compliance 9.1. The program's staffing structure corresponds to the structure proposed in its response to DFTA's RFP (or DFTA-approved updates).

Compliance 9.2. There is currently a director for the program who meets the qualifications proposed in the program's response to DFTA's RFP, or if the position of director is vacant, satisfactory efforts are being made to recruit a director.

Compliance 9.3. *See also service specific standards.*

STANDARD 10. Staff understand their job responsibilities.

Compliance 10.1. Current job descriptions exist for each position, including title, minimum qualifications, duties and responsibilities, and salary or salary range.

Compliance 10.2. New staff sign a statement that they have read and understand their job descriptions.

Compliance 10.3. Staff function in the position for which they are being paid, and in accordance with their job descriptions and program personnel policies.

STANDARD 11. Staff (including administrators) are appropriately qualified.

Compliance 11.1. Staff and director meet DFTA's required minimum qualifications and any additional qualifications stated in the program's response to DFTA's RFP.

STANDARD 12. Staff and volunteers are appropriately oriented, trained and supervised.

Compliance 12.1. New staff and volunteers receive an orientation that covers, at minimum (see also specific service standards):

- Client rights (including rights to consideration, dignity, individuality and choice);
- Emergency procedures;
- Program policies and procedures (including personnel policies);
- Job functions and tasks.

Opportunity 12.1. *Each of the following is an opportunity:*

- During the year, the program itself has offered training attended not only by its own staff but also staff from other programs (this does not apply to situations where the program served as host for its sponsoring agency to provide a training).
- During the year the program director attends a training session or professional conference sponsored by an outside organization (may be DFTA).

Compliance 12.2. Designated staff attend mandated DFTA training.

Compliance 12.3. A designated staff person supervises volunteers.

PROCEDURES AND METHODS

STANDARD 13. The program has appropriate procedures for closing cases.

Compliance 13.1. Inactive clients are separated out from active clients, or terminated in PDS.

- If the program uses PDS, clients who have not received services for more than one year (no actual services registered to the client in PDS) are terminated in PDS, and archived.
- If PDS is not available, files of clients who have not received services in more than one year are moved to an inactive file.

STANDARD 14. The program has a comprehensive participant complaints/grievance procedure.

Compliance 14.1. Written Procedure

- The program has a written policy and procedure describing its response to the following categories of complaint or grievance:
 - Complaints about service denial (note that remedial action is not required if service is denied because of (a) funding restrictions; (b) ineligibility; (c) change in hours or program location.
 - Complaints about satisfaction issues (e.g. program services or staff).
- The written complaint/grievance procedures are given to clients.
- If large groups of clients (more than 30%) do not speak English, the procedures are written in their languages.

Compliance 14.2. Procedure content. At a minimum, the written complaints/grievance procedure states:

- The name(s) and title(s), where applicable, of a clearly identified impartial third party, with authority to make a binding decision on the grievance.
- That the complaint or grievance may be presented privately.
- That the complaint will be addressed promptly.
- That the complainant has the right to appeal to the program's Board of Directors.
- That the complainant has the right to appeal the Board of Directors' decision to DFTA, and to receive assistance with drafting and filing the appeal if requested.
- That the complainant has the right to have all information and documentation relating to a complaint or grievance treated as a confidential matter unless disclosure is required by a court order or for program monitoring by an authorized agency.

Compliance 14.3. Documentation. Complete and dated records are maintained of all complaints/grievances and actions taken.

STANDARD 15. The program protects the right to privacy of individuals served.

Compliance 15.1. Explanation to Participants/Applicants for Service. Prior to completion of intake for a service, the client is informed in writing or orally:

- That personal information is requested to help the program provide the best service to the person and to help the funding agency assist all older persons;
- That personal information will be kept confidential although it will be shared with the program's funding source (DFTA);
- That the funding source will not identify the person in any information it uses for monitoring, reporting, research or other purposes;
- That the funding source may contact the person concerning satisfaction with services received.
- That the service may not be denied other than for reasons of ineligibility or service inappropriateness to the client's needs.

Compliance 15.2. Storage of Participant Information (Paper files)

- Only workers authorized to use program files have access to them.
- Client files are not removed from the premises and are always available to authorized personnel.
- Files are kept in a secure area.

Compliance 15.3. Storage of Participant Information (PDS)

- All employees who use PDS have been entered into the database and assigned appropriate security levels based on their job responsibilities and need to know, and individualized passwords.
- The computer is kept in a locked room and/or protected from theft, damage, misuse or tampering.
- Any tapes or diskettes are stored in a secure drawer or cabinet when not in use.

Compliance 15.4. Discussion of client information with others/release of information to others

- All program staff and volunteers refrain from discussing personal information regarding an individual participant or client except:
 - with the client or other persons with whom they have been authorized by the client to discuss such information.
 - with other program staff in connection with providing services to the client or as part of supervision.

- as required by court order.
- in connection with program monitoring by federal, state and city agencies authorized to monitor the contractor's performance or as required for funding purposes by the City, State, or Federal government.
- The program refuses requests from outside organizations or persons for lists of its participant/client names or other identifying information about the persons it serves (for example, addresses, phone numbers) unless the request is authorized by DFTA.
- If the program shares any information about the client with other providers of service to the client, the program obtains and documents the client's consent (a written Release of Information, or documentation in the client's record of date and content of a telephone conversation in which the client or his/her authorized representative authorizes the release of information).

Compliance 15.5. Public Information Activities. Materials such as reports, press releases, videotapes, etc. produced by the program for public dissemination do not contain personally identifying data regarding any participant without his/her written consent.

Compliance 15.6. Client Contributions. The amounts given by individuals as voluntary contributions for services is regarded as confidential information and protected in the same manner as other personal client data.

STANDARD 16. The program maintains confidentiality and accountability with regard to client contributions/fees.

Compliance 16.1. Information about the amount of contribution received from individuals is kept confidential.

Compliance 16.2. Contributions/fees Collection

- See service specific standards (e.g. Home-Delivered Meals; Transportation; Home Care)

Compliance 16.3. Contributions/fees Collection – Safeguards

- A staff person and either a program participant or program supervisor count contributions (and fees, where applicable) each day they are received.
- The persons who count the contributions (and other payments) record the amount collected and certify the record by co-signing it.
- Contributions/fees are kept in a safe location, and deposited in the bank regularly.
- Contributions/fees are not taken home.
- The program maintains an audit trail of all incoming contributions/fees.

STANDARD 17. The program has appropriate procedures for accident prevention and emergency response.

Compliance 17.1. Written procedures cover staff response when an accident or emergency occurs while service is being provided to a client.

Compliance 17.2. If a worker (or administrator in response to information provided by an on-site worker) calls 911 in response to an accident or emergency, the worker stays with the client until 911 is on the scene.

STANDARD 18. Accidents and other incidents are appropriately reported and documented.

Compliance 18.1. There is an accident/incident report on file for all significant accidents and incidents occurring while providing services during the year, including burglaries or forced entry; thefts, vandalism, etc.

Compliance 18.2. Accidents and incidents are reported appropriately to insurance companies or other regulatory bodies.

Compliance 18.3. Accidents or incidents involving serious injury or death of a participant are reported immediately to DFTA.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 19. The program is targeted to persons aged 60 and over in greatest social and economic need, with particular attention to low-income minority persons.

Compliance 19.1. If program does its own case finding, the number of low-income minority persons and/or persons in greatest social need served by the program is at least equal to their proportional representation in the community district's served by the program. Social need includes needs caused by non-economic factors including physical and mental abilities, language barriers, and cultural, social or geographic isolation, including that caused by racial or ethnic status.

Exception: *The program has a specific target population.*

Compliance 19.2. If the program has a specific target, it can demonstrate service to that group.

STANDARD 20. The program serves an appropriate population.

Compliance 20.1. Persons served by the program are 60 years of age and older.

Compliance 20.2. Persons served by the program meet service-specific standards for service appropriateness.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 21. The site is physically safe.

Compliance 21.1. Avoidance of safety hazards

- Stairs and passageways are well lighted.
- Non-carpeted stairs are equipped with non-skid treads, handrails, etc.
- Hallways and areas leading to exits are free of obstructions and debris.
- Electric wires are covered.
- Window glass has no serious breaks or cracks.
- Flooring is safe – no broken, cracked, chipped loose tiles or planks.
- Ceilings are safe – no extensive breaks, cracks, peeling or chipping in tiles, paint or plaster.

DOCUMENTATION AND RECORD KEEPING

STANDARD 22. The program maintains records in good order.

Compliance 22.1. If PDS has been made available to the program:

- New clients have been entered.
- Information about all clients is up-to-date.
- Information about client terminations is up-to-date.
- Information about actual service(s) provided to each client has been entered on a timely basis.
- The database is adequately and appropriately backed up.
- The database is e-mailed to DFTA, or diskettes are sent on a monthly basis, or as required by DFTA.

Compliance 22.2. Paper records are:

- Clear.
- Legible.
- Well-organized.
- Up-to-date.

STANDARD 23. Records and other documents are available for monitoring purposes.

Compliance 23.1. These include, but are not limited to, the following (as applicable):

- Documentation of service denials and temporary exclusions, including actions taken and reasons (if applicable).
- Health Services Documentation (if applicable).
 - Signed Client Consent and Disclaimer Forms.
 - Non-Reimbursable Health and/or Medications Screening/Examination Form signed by Provider organizations.
- Each employee has a permanent file containing
 - Documentation of Orientation.
 - Documentation that employee saw Job Description.
 - Job application or resume.
 - Other records relating to the hiring process, as applicable.
- Client complaint/grievance records.
- Contributions records, if applicable.

- Emergency Procedures.
- Accident/Incident Records.

Compliance 23.2. Records are maintained for six years from the final (fiscal) closeout date of the contract year in which the activity took place. If any litigation, claim, audit, negotiation or other action involving the records has been started before the expiration of the six year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or for a six year period, whichever is longer.

GENERAL STANDARDS FOR NON-CENTER PROGRAMS THAT SHARE A SITE WITH ANOTHER DFTA PROGRAM

Non-Center Programs that share a site with another DFTA program are programs where another DFTA program is responsible for facility maintenance and “hosts” the smaller unit within its site.

SCOPE

STANDARD 1. Services are available and accessible to all eligible older persons in the program’s service area.

Compliance 1.1. If the program does its own client finding:

- Within funding limitations, the program serves any person sixty years or older who lives in the service area and meets the program’s criteria for service need, without regard to place of residence, citizenship status, economic status, race, creed, disability, gender, sexual orientation, marital status or national origin.

Compliance 1.2. Service Refusal. Eligible seniors are not denied service except for the following reasons:

- Funding not available.
- The individual is not appropriate for the service.
- The program cannot meet an individual’s needs or another provider could more appropriately serve the individual.

Compliance 1.3. Respect for Clients.

- Director, staff and volunteers treat clients with respect.
- Complaints are handled with respect and attention.
- Director and staff listen to suggestions and recommendations from clients and concerned others.
- Director and staff clearly communicate program policies and procedures.

Compliance 1.4. Accessibility.

- The program is open the number of days budgeted.
- The program provides services during all budgeted hours of operation, unless otherwise stated in the program’s response to DFTA’s RFP or subsequent updates.
- It is possible to talk with someone in charge via telephone during all hours of operation.

STANDARD 2. The program conducts community outreach.

Compliance 2.1. The program accomplishes at least one of the following during each year as outreach and/or to build community support:

- Obtains media coverage for its services or other form of public recognition (e.g. from a civic, business, professional or philanthropic organization, institution of higher learning, or other community institution).
- Places at least one public information announcement or advertisement in the media.
- Engages in a specific, formal project with other community organizations to benefit the community at large or older persons in particular.
- Stations a representative at a Resources Fair designed for the general community.
- Designs (or has designed) a brochure or other promotional material.
- Distributes flyers or other promotional materials to places in the community or to residences.
- Organizes door-to-door canvassing or a mass mailing of information about its services.
- Makes a specific outreach effort to an under-served population in the community.
- Makes a specific outreach effort to older persons with special needs (e.g. vision or hearing impaired; developmentally disabled over 60; homeless, etc.).
- Makes a specific outreach effort (documented) to potential referral sources in the community.

Opportunity 2.1. The program can document that during the year it accomplished at least four of the above.

STANDARD 3. The program works with other providers and organizations in the community to foster coordination and minimize duplication of effort.

Compliance 3.1. Community linkages. The program maintains effective linkages with other organizations and groups for purposes such as services planning and coordination, information sharing, mutual referral, joint programming, senior advocacy, etc. as shown by one of the following:

- Board members or program staff serve on interagency councils, task forces or committees of government agencies, and/or community planning bodies (or regularly participate at meetings).
- Board members, program staff, or program clients testify at public hearings on aging issues and policies.

- The program regularly refers to, and receives referrals from, other local service providers.
- The program undertakes joint programming with other community organizations.
- The program has a letter of agreement with another provider of the same service to minimize duplication.
- The program coordinates funding proposals with other human services providers (not including programs of the sponsoring agency).
- The program works with other providers to update service directories or listings of available services.

Opportunity 3.1. The program can demonstrate that it maintains linkages through at least three of the above.

STANDARD 4. The program is effectively administered.

Compliance 4.1. Communication. Staff are provided in a timely fashion with information needed for job performance, including but not limited to:

- Changed or new policies and procedures.
- DFTA's standards and requirements.
- Operational issues, problems, and concerns, as relevant.

Compliance 4.2. Daily oversight. Either the program director or her/his appropriate designate is at the site during the hours of operation.

Compliance 4.3. Relationship to sponsoring organization. The lines of communication and reporting are clear between the program's director and the following, as applicable:

- The sponsoring Board.
- Administrative staff of the sponsoring agency.
- Any relevant advisory committee of the sponsoring agency or its governing structure.
- Any other entity within the sponsoring agency or governing structure with responsibility for the program.

Compliance 4.4. Personnel Policies

- The program has written personnel policies that adhere to city, state and federal regulations.
- The program's written personnel policies cover at minimum the areas underlined below.
- Where specific policies are required by DFTA for DFTA-paid employees (see bulleted provisions below), the program incorporates them in its personnel policies.

Prohibition of Nepotism and Conflict of Interest

- No staff positions are filled by members of the sponsoring Board of Directors or by relatives of members of the sponsoring Board or of managerial or supervisory staff.
- No staff position is filled by a relative of an employee when the appointment might influence the work assignment, promotion, or compensation of the employee.

Work Schedule

- Full-time employees work a minimum of 35 hours per week exclusive of lunch breaks.
- Approved compensatory time (including authorized overtime) may accumulate at no less than one hour and no more than 20 hours.

Resignations

- Resigning staff members notify the Program Director and the Board of their intention in writing. The written resignation letter is included in the employee's personnel file.

Disciplinary Actions and Dismissals

- Dismissed or disciplined employee may appeal the decision before the Board of Directors. The Board's decision is final and binding. *The program's sponsor may designate a formal probationary period during which the employee does not have the rights to dismissal proceedings or grievance proceedings related to dismissal.*
- Documentation regarding the procedure is maintain by the contractor and is available to DFTA when requested.
- Any employee involved in theft or inflicting bodily harm on another is suspended immediately without pay pending further investigation of the charges.
- Dismissed employees receive a report outlining reasons for termination of services.

Annual Leave

- Full-time employees (paid for under DFTA contract) receive annual leave as determined in personnel policies of the program.
 - Paid annual leave does not exceed 20 days per contract year.
 - Maximum accrued for every month worked (full time employees) is 1-2/3 days of annual leave. Monthly accrual of annual leave is possible only after the employee has been in full-time status for at least 15 calendar days of the month.
- Part-time employees accrue annual leave pro-rated for the number of hours they work.

- The program has a stated policy regarding accrual of annual leave. However, DFTA will not pay for unused annual or sick leave from the preceding fiscal year if the program's contract is terminated.
- Employees who resign or are dismissed are paid for any unused leave.

Sick leave

- Sick leave is used only for personal illness or medical needs of the employee. Personnel policies state when a physician's note stating the nature of illness is required.
- Medical disability leave of an indeterminate length is certified by a physician on letterhead.
- Full-time employees accrue sick leave at the rate of one day per month. Part-time employees working a minimum of 17 ½ hours accrue sick leave on a pro-rated basis, in comparison to full time workers. Not more than 24 working days can be accrued as unused sick leave.
- If an employee's sick leave allowance is exhausted, absences due to illness may be deducted from any available accrued annual leave or compensatory time. Further absences due to illness are taken without pay.
- Persons who leave employment are not paid for unused sick leave

Jury Duty

- The program pays the employee's salary for the period of court leave if the court does not pay the employee.

Military Service Leave

- The program grants any military leave required by law. Such leave is without pay. The employee submits documentation confirming the beginning and ending dates of such leave as far in advance of leave requested as possible.

Infant and Child Care Leave

- The program complies with the Family and Medical Leave Act of 1993 (FMLA) for persons employed at least twelve months plus 1,250 hours immediately preceding the start of the leave.
- Leave may be granted without pay to an employee who becomes a parent of an infant child up to four years of age by birth or adoption. Leave may commence at any time prior to the child's fourth birthday.
- Leave may not exceed 48 months commencing the day after all applicable leave with pay is exhausted. This leave is limited to one instance. All other childcare leaves are limited to 36 months. Employees who request less than the 48-month leave or the 36 month leave may request up to 2 extensions (maximum extension is 6 months) provided the total leave does not exceed the maximum (48 or 36, whichever is applicable).

Grievances

- There is a written employee grievance procedure that allows employees to express grievances without fear of retribution or reprisal, settle disputes amicably and appeal decisions to the Board.
- Documentation regarding employee grievances is maintained and made available to DFTA upon request.

Benefits

- Employees are offered the benefits outlined in the program's response to DFTA's RFP.
- Employees are kept fully informed of available benefits, both mandatory and elective.

Staff Training and Development

- Employees are expected to attend training programs applicable to their job assignments as indicated by the Program Director.

STANDARD 5. The program complies with all contractual requirements.

Compliance 5.1. The program complies with all contract terms and responsibilities, including but not limited to insurance requirements, employment and other hiring requirements, records maintenance, etc.

STANDARD 6. The program complies with key federal, state and city requirements.

Compliance 6.1. Public funds are not used to support prohibited activities. Prohibited activities include:

- Religious worship, counseling or instruction.
- Solicitation by charitable groups (collecting funds for other organizations or programs). This should not be confused with fundraising activities to enhance the program.
- Endorsement of products, services, or political candidates.
- Sale of commercial products or services: Names, addresses, or other identifying information from participants may not be given out for the purpose of sales solicitation.
- Solicitation of votes:
 - Staff do not promote one political candidate over another.
 - Staff activities are consistent with prohibitions against participation in partisan activities.

Compliance 6.2. The program gives due recognition to DFTA in printed program brochures, printed stationery, and on vehicles (DFTA recognition carries with it recognition of SOFA and the Administration on Aging).

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. The program has adequate personnel to perform contracted services.

Compliance 7.1. The program's staffing structure corresponds to the structure proposed in its response to DFTA's RFP.

Compliance 7.2. There is currently a director for the program who meets the qualifications proposed in the program's response to DFTA's RFP, or, if the position of director is vacant, satisfactory efforts are being made to recruit a director.

Compliance 7.3. *See also service specific standards.*

STANDARD 8. Staff understand their job responsibilities.

Compliance 8.1. Current job descriptions exist for each position, including title, minimum qualifications, duties and responsibilities, and salary or salary range.

Compliance 8.2. New staff sign a statement that they have read and understand their job descriptions.

Compliance 8.3. Staff function in the position for which they are being paid, and in accordance with their job descriptions and program personnel policies.

STANDARD 9. Staff (including administrators) are appropriately qualified.

Compliance 9.1. Staff and director meet DFTA's required minimum qualifications and any additional qualifications stated in the program's response to DFTA's RFP.

STANDARD 10. Staff and volunteers are appropriately oriented and supervised.

Compliance 10.1. New staff and volunteers receive an orientation that covers, at minimum:

- Client rights;
- Emergency procedures;
- Program policies and procedures, including personnel policies;
- Job functions and tasks.

Compliance 10.2. Appropriate staff attend all DFTA-mandated trainings.

Compliance 10.3. A designated staff person supervises volunteers.

Opportunity 10.3. During the year, at least one volunteer attends a training or professional conference in connection with his/her volunteer responsibilities.

PROCEDURES AND METHODS

STANDARD 11. The program has appropriate procedures for opening and closing client files.

Compliance 11.1. *See service specific standards for registering clients or for client screening/intake.*

Compliance 11.2. Clients are informed about the purpose for collecting personal basic/intake information and their right to privacy. *See also Standard 12.* Note: Service provision cannot be denied if a client declines to provide any element of the requested basic information other than name and date of birth (or age):

Compliance 11.3. Inactive clients are separated out from active clients, or terminated in PDS.

- If the program uses PDS, clients who have not received services for more than one year (no actual services registered to the client in PDS) are terminated in PDS, and archived.
- If PDS is not available, files of clients who have not received services in more than one year are moved to an inactive file.

STANDARD 12. The program protects the right to privacy of individuals served.

Compliance 12.1. Explanation to Participants/Applicants for Service. Prior to completion of registration and/or intake, the participant/client is informed (explanation may be in writing or presented orally):

- That personal information provided at registration is necessary to help the program provide the best service to the person and to help the funding agency assist all older persons.
- That personal information will be kept confidential although it will be shared with the program's funding source (DFTA).
- That the funding source will not identify the person in any information it uses for monitoring, reporting, research or other purposes.
- That the funding source may contact the person concerning satisfaction with services received.
- That no one will be denied service on the basis of information they supply (other than age).

Compliance 12.2. Storage of Participant Information (Paper files)

- Only workers authorized to use program files have access to them.
- Files are available to authorized personnel at all time and are not removed from the premises.

- Files are kept in a secure area.

Compliance 12.3. Storage of Participant Information (PDS)

- All employees who use PDS have been entered into the database and assigned appropriate security levels based on their job responsibilities and need to know, and individualized passwords.
- The computer is kept in a locked room and/or protected from theft, damage, misuse or tampering.
- Any tapes or diskettes are stored in a secure drawer or cabinet when not in use.

Compliance 12.4. Discussion of client information with others/release of information to others

- All program staff and volunteers refrain from discussing personal information regarding an individual participant or client except:
 - with the client or other persons with whom they have been authorized by the client to discuss such information.
 - with other program staff in connection with providing services to the client or as part of supervision.
 - as required by court order.
 - in connection with program monitoring by federal, state and city agencies authorized to monitor the contractor's performance or as required for funding purposes by the City, State, or Federal government.
- The program refuses requests from outside organizations or persons for lists of its participant/client names or other identifying information about the persons it serves (for example, addresses, phone numbers) unless the request is authorized by DFTA.
- If the program shares any information about the client with other providers of service to the client, the program obtains and documents the client's consent (a written Release of Information, or documentation in the client's record of date and content of a telephone conversation in which the client or his/her authorized representative authorizes the release of information).

Compliance 12.5. Public Information Activities. Materials such as reports, press releases, videotapes, etc. produced by the program for public dissemination do not contain personally identifying data regarding any participant without his/her written consent.

Compliance 12.6. Participant Contributions. The amounts given by individuals as voluntary contributions for services is regarded as confidential information and protected in the same manner as other personal client data.

STANDARD 13. The program has a comprehensive participant complaints/grievance procedure.

Compliance 13.1. Written Procedure

- The program has a written policy and procedure describing its response to the following categories of complaint or grievance:
 - Complaints about service denial (note that remedial action is not required if service is denied because of (a) funding restrictions; (b) ineligibility; (c) change in hours or program location.
 - Complaints about satisfaction issues (e.g. program services or staff).
- The written complaint/grievance procedures are given to clients.
- If large groups of participants (more than 30%) do not speak English, the procedures are written in their languages.

Compliance 13.2. Procedure content. At a minimum, the written complaints/grievance procedure states:

- The name(s) and title(s), where applicable, of a clearly identified impartial third party, with authority to make a binding decision on the grievance.
- That the complaint or grievance may be presented privately.
- That the complaint will be addressed promptly.
- That the complainant has the right to appeal to the program's Board of Directors.
- That the complainant has the right to appeal the Board of Directors' decision to DFTA, and to receive assistance with drafting and filing the appeal if requested.
- That the complainant has the right to have all information and documentation relating to a complaint or grievance treated as a confidential matter unless disclosure is required by a court order or for program monitoring by an authorized agency.

Compliance 13.3. Documentation. Complete and dated records are maintained of all complaints/grievances and actions taken.

STANDARD 14. The program maintains confidentiality and accountability with regard to client contributions.

Compliance 14.1. Information about the amount of contribution received from individuals is kept confidential.

Compliance 14.2. Contributions Collection See service specific standards (e.g. Home-Delivered Meals; Transportation).

Compliance 14.3. Contributions Collection – Safeguards

- A staff person and either a program participant or program supervisor count contributions (and fees, where applicable) each day they are received.
- The persons who count the contributions (and other payments) record the amount collected and certify the record by co-signing it.
- Contributions are kept in a safe location, and deposited in the bank at least weekly.
- Contributions are not taken home.
- The program maintains an audit trail of all incoming contributions.

STANDARD 15. The program has procedures for preventing and responding to accidents and emergencies.

Compliance 15.1. Written procedures cover staff response when an accident or emergency occurs while service is being provided to a client.

STANDARD 16. Accidents and other incidents are appropriately reported and documented.

Compliance 16.1. There is an accident/incident report on file for all significant accidents and incidents occurring while providing services during the year, including burglaries or forced entry; thefts, vandalism, etc.

Compliance 16.2. Accidents and incidents are reported appropriately to insurance companies or other regulatory bodies.

Compliance 16.3. Accidents or incidents involving serious injury or death of a participant are reported immediately to DFTA.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 17. The program serves an appropriate population.

Compliance 17.1. The program serves the population it proposed to serve in its response to DFTA's RFP.

Compliance 17.2. Persons served by the program are 60 years of age or older.

Compliance 17.3. Persons served by the program meet the criteria for service appropriateness (see standards for each service).

DOCUMENTATION AND RECORD KEEPING

STANDARD 18. Records are maintained in good order.

Compliance 18.1. If PDS has been made available to the program:

- New participants/clients have been registered.
- Information about all participants/clients is up-to-date.
- Information about participant/client terminations is up-to-date.
- Information about actual service(s) provided to each participant/client has been entered on a timely basis.
- The database is adequately and appropriately backed up.
- The database is e-mailed to DFTA, or diskettes are sent on a monthly basis, or as required by DFTA.

Compliance 18.2. Paper records are:

- Clear.
- Legible.
- Well-organized.
- Up-to-date.

STANDARD 19. Records and other documentation are available for monitoring purposes.

Compliance 19.1. These include, but are not limited to, the following (as applicable):

- Service records (e.g. logs).
- Documentation of service denials and temporary exclusions, including actions taken and reasons (if applicable).
- Employee Records containing:
 - Documentation of Orientation.
 - Documentation that employee saw job description.
 - Job application or resume.
 - Other records relating to the hiring process, as applicable.
- Client complaint/grievance records.
- Contributions records, if applicable.
- Emergency Procedures.
- Accident/Incident Records.

Compliance 19.2. Records are maintained for six years from the final (fiscal) closeout date of the contract year in which the activity took place. If any litigation, claim, audit, negotiation or other action involving the records has been started before the expiration of the six year period, the records must be retained until completion of the action and resolution of all issues which arise from it, or for a six year period, whichever is longer.

HEALTH PROMOTION STANDARDS

Health Promotion services promote good health, avoidance of accidents, and a better understanding and awareness of healthy life style habits and current issues in health care. Services consist of educational, supportive, and preventive activities. They do not include medical diagnosis and/or tests for the purpose of identifying the cause of an individual's health problems. Nor do they include treatment for conditions (for example, foot care, eye care, dental care, etcetera).

Health Promotion Unit: each scheduled group activity or scheduled administration to a group of persons of a vaccine or test.

SCOPE

STANDARD 1. The program provides the service in accordance with its service proposal to DFTA.

Compliance 1.1. The program provides each of the following types of health promotion that it proposed in response to DFTA's RFP or DFTA-approved updates:

- educational presentations (for example, on accident prevention, diet and nutrition, etc).
- consumer education presentations related to health (for example, on Medicare, Health Care Proxy/Living Will, long term care insurance, medications management, tips for finding a doctor, etc.).
- classes or other activities that promote health, including exercise or stretch classes, yoga classes, swimming groups, walking groups, stress reduction workshops, etc.
- support groups (e.g. weight maintenance, widowed persons, arthritis self-help, smoking cessation, etc.).
- screening tests to detect health problems.**
- blood pressure monitoring.
- Flu shots (if administered by the Department of Health).
- One-on-one medications review for the purpose of educating the senior about medication management and adverse drug reactions.

****Health Screening tests do not involve:**

- *invasive procedures, including but not limited to incisions, surgical procedures, injections.*
- *the collection of blood, stool, or urine on site.*
- *the use of sedatives.*

STANDARD 2. The screening service includes participant education, feedback on results, and counseling and referral.

Compliance 2.1. Education. Before an individual receives a type of screening for the first time, screening personnel provide the following information to the individual (may be in a group lecture or presentation):

- What the test involves and what to expect from it;
- The nature of the problem(s) the test detects;
- The importance of ongoing attention to the problem;
- Preventive measures that can be taken by an individual to lower risk (where applicable to the screening tests);
- Warning signs associated with the problem;
- Genetic factors and lifestyle influences.

Compliance 2.2. Feedback. After each screening, screening personnel inform each individual about test results.

- The feedback occurs in private sessions at the program. Exception: when results cannot be determined on the same day as screening, results may be mailed.
 - If results are mailed, a standard form letter (with blanks for confidential information about results to be inserted) is used which has been approved by the program director or her/his delegate.
 - The program maintains a copy of any standard form letter used to inform participants about test results.
- Wherever appropriate, the individual receives a written record of the test results e.g. for screening tests which are repeated at regular intervals, such as blood pressure).
- Participants are informed in person (on site, or by telephone if necessary) when tests results are abnormal or tentative.

Compliance 2.3. Counseling. Personal counseling by screening personnel is provided to all individuals whose tests results are tentative or abnormal.

- Counseling includes an explanation of the significance of the results and a discussion of appropriate courses of action.

Compliance 2.4. Referral. When test results are abnormal or tentative, screening personnel refer the individual to their own primary physician, or ophthalmologist, podiatrist, optometrist, etc.

- If the individual requests the name of a health care provider, she/he is provided with the phone number of the local hospital's referral services, or given the names of at least three qualified providers in the community.

- If the participant is provided with names of a health care provider, she/he is informed in writing that the DFTA-funded program does not endorse any name provided, nor is the individual obligated to choose any name provided.

Opportunity 2.4. The program follows up on persons referred due to an abnormal or tentative screening result to determine whether the suggested referral (including referral to their own doctor) was pursued or any other action was taken.

STANDARD 3. All service provision is non-commercial, non-coercive, and free of charge.

Compliance 3.1. The program does not endorse, either orally or in writing, any product or health care provider.

Compliance 3.2. Health care providers and health product companies that provide health education, health screening, or health support activities at the program do not use these activities to find clients or buyers for their services or products.

Compliance 3.3. Organizations or individuals providing services do not obtain social security or Medicare numbers for personal or professional use (*see compliance 3.8 below for exceptions*).

- Agencies or individuals administering screening tests may request participant names, addresses and telephone numbers only for the purpose of providing test results to the participant.

Compliance 3.4. Product presentations (for example, on private insurance plans, health products, home improvement products, private nursing homes, private housing options, etc.) are presented only in panel or health fair format where other sellers of the same item are represented.

Opportunity 3.4. The program invites the Health Insurance Information, Counseling, and Assistance Program (HIICAP) to present on Medicare or managed care options (panel or health fair format not necessary). *Programs can call the Department's Information and Referral Service to find the nearest HIICAP location.*

Compliance 3.5. Participation in the service is free of coercion.

Compliance 3.6. All health promotion services are delivered free of charge to participants, including health screening tests or examinations. ***See exceptions below.*

- No third party reimbursement is claimed for services provided on site.
- If the screening provider bills an insurance carrier for treating an individual at her/his place of business following diagnosis by the screening test, the provider assumes all risks of non-reimbursable claims.

Compliance 3.7. Participants are not required to disclose their Medicare, Medicaid, or personal insurance identification numbers, or social security numbers. ***See exceptions below.*

Compliance 3.8. No third party reimbursement (including Medicare or Medicaid) is claimed for services provided on site. ***See exceptions below.*

Organizations that are exempt from the above requirements are:

- Hospitals, clinics, or other institutions, if the location where they are providing services is covered by an Article #28 Certificate from the Department of Health (covering medical services) or an Article #31 Certificate from the State Office of Mental Health (covering mental health services). The Certificate must name the site where services are provided as an “extension site” of the hospital, clinic or institution.
- Government agencies that provide services (such as the Department of Health provision of flu shots) or the Department of Mental Health or organizations that contract with these agencies and are on their approved list to provide services such as flu shots, etc.)
- Government-sponsored demonstration projects (e.g. the Community Nursing Organization of VNS) that have a waiver agreement with DFTA, or other government approved projects.

LEVEL OF SERVICE

STANDARD 4. The program provides the number of number of budgeted units yearly.

Compliance 4.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 4.1. The program provides more than 100% of its budgeted units.

STANDARD 5. The correct unit definition is used in reporting the level of health promotion service.

Compliance 5.1. The program uses the correct unit definition of each session (presentations; classes; screening series, etc.) for reporting purposes.

Compliance 5.2. Activities counted as health promotion units are not also counted as another service – for example, activities are not reported as both health promotion and education/recreation, or as health promotion and nutrition education.

Compliance 5.3. Units are not counted for screenings provided at health fairs by participating organizations such as hospitals or health care organizations.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 6. Staffing is appropriate to the service.

Compliance 6.1. The service is staffed (employees and volunteers, where applicable) as proposed in the program's response to DFTA's RFP or in negotiated updates.

Compliance 6.2. Oversight responsibility. The service is overseen by a person who has at minimum a BSW degree, or a Bachelors degree and one year experience in health or social services provision, or an AA degree and two years health or social service experience, or four years of direct health or social service experience.

Compliance 6.3. Adequate program personnel or designated volunteers are available to assure the smooth flow of screening activities when offered.

Compliance 6.4. Persons providing testing are directly supervised by center staff or by hospital or agency personnel.

STANDARD 7. All service providers are appropriately qualified.

Compliance 7.1. Health promotion services (education, exercise group, support groups, health screening tests, blood pressure monitoring, medications review, etc.) are provided only by persons in the following categories:

- Staff or paid consultants (resumes listing suitable qualifications are on file, including licensure where applicable).
- Trained seniors (DFTA's Health Promotion Unit).
- Student nurses, medical technicians, or others in a health sciences training program approved by New York State, and under the supervision of their instructor.
- Employee representatives of health care organizations that designate the program as a site where they provide community service (including doctors or nurses employed by hospitals or clinics, or other health professionals working for health product manufacturers, insurance companies, etc.).
- Professional health care consultants who are either paid by the program or who provide free community service (resumes listing suitable qualifications are on file, including licensure where applicable).
- Employees of government agencies mandated to assist in the promotion of public health or the prevention of diseases and epidemics, such as the Department of Health and the Department of Mental Health.
- Employees of organizations or institutions with which DFTA has a waiver agreement (e.g. Community Nursing Organization of VNS).

Compliance 7.2. At least some staff or consultants who provide screenings are able to provide counseling to clients on health issues.

- Non-professional screeners are cautioned not to give advice or information outside their narrowly defined task.

Compliance 7.3. To the extent possible, programs check the qualifications of persons or organizations proposing to perform health screening tests with the appropriate County Medical Society or specialty professional organizations.

Phone numbers are as follows:

Manhattan Medical Society	212-684-4670
Brooklyn Medical Society	718-467-9000
Queens Medical Society	718-268-7300
The Bronx Medical Society	718-548-4401
Staten Island Medical Society.....	718-442-7267
NYS Dept. of Health.....	212-613-2440
NYS Dept. of Education, Professional Licensing/Certification	518-474-3817

PROCEDURES AND METHODS

STANDARD 8. Each participant in health promotion services is registered.

Compliance 8.1. The program registers each participant in health promotion services. *See General Program Standards.*

- If PDS has been made available to the program, the participant is registered in PDS.
- If PDS is not available, a Participant Information Form is completed on the participant if one does not already exist.

STANDARD 9. Clients give written consent to participate in health screening services.

Compliance 9.1. All clients who participate in a health screening (or group of health screenings) sign Consent and Disclaimer Forms (DFTA form or Consent Form used by the health screening administrator (outside agency)).

- The consent form names the type of screening or screenings.
- If an outside agency administers and retains the client consent forms, a copy of the form used is provided to the program for its records, with a statement that the participants from the program have completed the forms.
- Repeated screenings for the same condition do not require new forms.

STANDARD 10. External organizations, and paid or volunteer consultants, sign a written Agreement with the program before providing health screening services.

Compliance 10.1. All non-employees (employees include staff of the program or the sponsoring agency) who provide screening/examination services sign and comply with a Non-Reimbursable Health and/or Medications Screening/Examination Agreement (DFTA form). This Agreement holds the outside provider to the requirements that apply to program and/or sponsor employees.

Exception: In addition to program or sponsor employees, the following do not have to sign an Agreement: DFTA-trained senior volunteers, representatives of government agencies, organizations that provide screening under the terms of an Article #28 or Article #31 Certificate – *see General Standards.*

STANDARD 11. The program appropriately schedules and documents service provision.

Compliance 11.1. Each session is scheduled and publicized to program members.

Compliance 11.2. If PDS has been made available to the program:

- The name of each session is recorded in PDS.
- Each participant is scanned into PDS for the appropriate session name during or after each session (program uses a bar code scanner or activity sheet to record attendance).

Compliance 11.3. If the program does not have PDS, the program uses health promotion logs that document: Date of the screening or other health promotion activity

- Name of the session or nature of the screening or health promotion activity.
- Name of the service provider for the activity (screening organization or instructor, etc.)
- Date of the activity.
- Name of each person attending the activity.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 12. Services are provided to the appropriate population.

Compliance 12.1. The service is provided to persons 60 years of age or older.

Compliance 12.2. The program serves the population it has identified in its response to DFTA's RFP or DFTA-approved updates - for example, center members only; older persons in the general public; homebound clients, etc.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 13. Services are provided only in an appropriate setting.

Compliance 13.1. Health screening tests are conducted only in conditions that are sanitary and ensure privacy

RECORD KEEPING AND REPORTING

STANDARD 14. The program correctly reports documented units of service to DFTA.

Compliance 14.1. PDS. If PDS has been made available to the program, PDS-generated monthly unit reports match reported health promotion sessions.

- **Paper:** If PDS is not available for use by the program, the total of sessions documented on logs matches units reported to DFTA for the month.

STANDARD 15. The program maintains other required documentation.

Compliance 15.1. Health Screening

- Signed Agreements with providers of screening services who are not employees.
- Signed Client Consent Forms (or copy of generic form used by providers of screening services external to the program).
- A record of persons referred to a health care provider as the result of a screening test administered by a staff person or consultant to the program.
 - Confirmation that counseling and referral of participants with abnormal or tentative results occurred.

Compliance 15.2. Participation Records

- If PDS is used to document service, there is a record of actual participation for each participant in the service.
- If paper is used to document the service, the paper form includes the following:
 - Number of persons participating in the activity.
 - Names of persons participating in the activity.

HOME-DELIVERED MEALS STANDARDS

Home-Delivered Meals Service is the delivery of hot or other appropriate nutritional meals to eligible participants in their homes.

Unit of Service: Each complete meal delivered to an eligible person that meets RDA requirements.

Note: In addition to these standards, all state and city requirements for food service apply to the provision of home-delivered meals.

SCOPE

STANDARD 1. The program delivers to each client a meal that meets 1/3 of the Recommended Daily Dietary Allowance and that adheres to U.S dietary guidelines and DFTA guidelines.

Compliance 1.1. Adherence to DFTA nutritionist-approved menu and DFTA meal guidelines.

- Items and quantities of food served match the DFTA nutritionist-approved menu.

Note: Menu must be the same as the approved menu for congregate meals, if program offers both services.

- The program implements any menu changes made by the nutritionist to ensure RDA compliance (e.g. food groups represented; quantities needed for nutritional value).
- Any substitutions after the menu has been approved are of equivalent nutritional value to the approved menu.
 - If required by the DFTA nutritionist, the program requests approval for a menu change before making the substitution.
- *See also requirements for monitoring of caterers' delivery of bulk food and/or plated meals to ensure match with approved daily menu (Compliance 23.2 and 23.3).*

Compliance 1.2.

- Food is delivered in standardized portions.
- A complete meal is sent to each client (all items match items served to congregate meals participants, if program offers both services).

Compliance 1.3. Cold meals.

- The program serves hot meals, with no more than two pre-approved cold meals served per week (may be fewer than two cold meals, or no cold meals).

Exception: If the program serves more than two cold meals, home-delivered meals clients have been surveyed to determine their preference within the past six months, and:

- *At least 60% of persons received home-delivered meals in an average month responded;*
- *A majority of those who responded to the survey preferred more than two cold meals per week.*
- *If the program also serves congregate meals, persons attending are also in favor of cold meals (see standards for Congregate Meals).*
- Cold meals are 1) part of the menu cycle or 2) pre-approved alternate menus for substitution on hot days or days of religious observance.

Compliance 1.4. Special Diets. If special dietary (therapeutic) meals are served, then the following:

- A DFTA nutritionist has approved the meals in accordance with menu submission procedures.
- Preparation and/or service are feasible.
- Nutritional supplements do not replace conventional meals unless a physical disability warrants their sole use.
- Recipients of special diets or nutrition supplements have a written order from a physician that also states the time period.

Opportunity 1.4. The program provides special therapeutic dietary meals to clients in compliance with the four criteria above.

STANDARD 2. The program makes meal deliveries each weekday except for agreed upon holidays, or on the basis specified in the most recent contract.

Compliance 2.1. The program makes meal deliveries meals each weekday (or on the basis stated in the program's most recent contract), with the exception of agreed upon holidays.

Compliance 2.2. Each client receives only one meal per delivery.

Exceptions:

- *Delivery of two meals daily to some or all clients is approved by DFTA.*
- *An additional meal may be delivered for weekend or holiday consumption.*

- *Extra meals left over because the meal could not be delivered may be distributed to another consumer on the route, and reported as a meal delivered.*

STANDARD 3. Meals are provided only to meet a current assessed need.

Compliance 3.1. Assessments conducted by the program.

- All clients added to home-delivered meals route(s) have been assessed and have a care plan (see standards for Case Assistance).

Exception: Clients with a documented emergency need and clients referred for short-term meals by a hospital discharge worker.

- Clients receive emergency meals for only ten weekdays before an in-home assessment is conducted.
- Clients referred by hospital discharge workers receive emergency meals for only 3 weeks before an in-home assessment is conducted.
- Meals are provided to each client in accordance with their assessed need and as specified in the care plan. (The care plan states the number of meals the client should get daily (and/or weekly), any special dietary needs of the client (e.g. kosher, diabetic), and duration of the service).

Compliance 3.2. Reassessments conducted by the program.

- Every client on the route for longer than six months has a current reassessment and current care plan on record (reassessment within six months).

Compliance 3.3. Assessments conducted by a referring agency.

- The referring agency is one designated by DFTA to assess the program's home-delivered meals clients.
- No clients are added to the route without authorization from the assessing agency.
- The program has received (and placed in the client's record, unless it is a PDS transmitted referral) a current referral form from the assessing agency within five days of service start.
- Meals are provided to each client in accordance with the current written referral instructions from the assessing agency. The referral specifies the number of meals the client should get weekly, any special dietary needs of the client (e.g. kosher, diabetic), and duration of the service.

Compliance 3.4. Reassessment conducted by a referring agency.

- Every client on the route for longer than six months who has been referred by a DFTA-designated referring agency has a current reassessment and referral on record.

STANDARD 4. The meals program monitors home-delivered meal clients.

Compliance 4.1. Meal deliverers have direct, face-to-face contact with the client at the time of delivery.

- Meals are not left in apartment house lobbies or in front of the client's door, nor does delivery occur in any other way than face-to-face.
- *One-time exception:* The client may request delivery to a neighbor on a one-time or exceptional basis only.
 - The request is made to the program, not the driver.
 - The request (and approval) is documented.
 - The delivery is face-to-face with the neighbor, and the neighbor is told to refrigerate the meal.
- *Ongoing exception:* Only the referring case manager, or the supervisor of the person who conducted the client assessment, may authorize, in writing, ongoing delivery to someone other than the client.

Compliance 4.2. Deliverers report to their supervisor changes they observe in a client's physical health, mental status, support and environmental situation, or possible hazards or dangers to the client.

Compliance 4.3. Supervisors follow up appropriately on observations reported by deliverers.

Opportunity 4.3. In addition to meeting monitoring requirements, the program helps to reduce the client's isolation through one or more of the following:

- Teleconferencing activities for clients.
- Provision of friendly visiting, shopping or escort assistance to the client (when these services are not in the program's contract).
- Delivery of holiday gifts to clients paid for through donations or grants.
- Get-together for home-delivered meals clients (e.g. site-based event such as a party or luncheon).
- Delivery of a weekly or monthly newsletter to homebound clients (does not include DFTA-produced nutrition leaflets).

Compliance 4.4. Communication with case manager or caseworker.

- There is ongoing communication with referring case managers or caseworkers regarding significant changes in client needs.
- Case managers/caseworkers are informed when a client suspends service due to hospitalization, or an extended visit away from home, or of other changes in status that may affect the service plan.

STANDARD 5. The program serves a variety of appealing food.

Compliance 5.1. Each meal provided to clients has variety and quality, in terms of color, texture, flavor, aroma and appearance.

Opportunity 5.1 *Each of the following is a separate opportunity:*

- At least weekly, menus incorporate nutritionist-approved food items specifically to expand meal appeal (e.g. ethnic foods, vegetarian substitutes that meet DFTA meal pattern requirements, etcetera).
- The program develops and serves four or more DFTA-approved meals to celebrate different cultures/ethnic holidays during the fiscal year.

Compliance 5.2. If meals are prepared on-site, the program maintains a file of menu-relevant recipes for serving large groups.

Opportunity 5.2. The program tries at least two new recipes for possible addition to their file during the fiscal year.

STANDARD 6. Approved menus are available to clients.

Compliance 6.1. Clients are given menu information prior to meal delivery (this does not count as a unit of information).

STANDARD 7. Clients receive their meals within the span of time they have been told to expect delivery.

Compliance 7.1. Meals are delivered within the timeframe stated to clients.

STANDARD 8. Clients have the opportunity to offer input on meal planning and meal service.

Compliance 8.1. The program has a demonstrable system for obtaining periodic client input on menu planning (e.g. survey, committee of volunteer homebound consumers, homebound client representation on Advisory Council).

Opportunity 8.1. The program documents that they have made menu changes in response to client request or recommendation within the last year.

STANDARD 9. The agency's policies and procedures are explained to clients.

Compliance 9.1. Prior to, or at the time service starts, clients receive written information on the program, including:

- Agency's phone number.
- Agency's complaint procedures (and procedures for complaint resolution).
- Expected time of delivery.

- Contributions policy and procedures for collecting contributions.
- Agency's face-to-face delivery policy (including restrictions on the deliverer leaving meals in lobbies or at doors).
- That client will be notified of service delays or closings.
- That client must notify the agency if she/he won't be home to receive a meal on a particular day.
- That food requires refrigeration if not consumed immediately.
- That meals should be consumed within 48 hours of delivery.

Opportunity 9.1. In addition to providing client with written information, the program provides clients with stickers for their phone or refrigerator with the program's name and phone number.

Compliance 9.2. Clients are kept informed of any changes in policy and procedures that affect them.

Opportunity 9.2. The program re-issues to each client a new package of information each year.

STANDARD 10. All eligible meal participants are offered the opportunity to make a voluntary contribution for home-delivered meals.

Compliance 10.1. Clients receive written information stating the following:

- Suggested contribution amount.
- Contributions are used to help support or enhance the program.
- Contributions are voluntary and confidential.
- Services may not be denied if no contribution is made.
- Procedure for making a contribution (envelope)/collection date.
- Availability of a receipt if requested.

LEVEL OF SERVICE

STANDARD 11. The program provides the number of meals specified in the budget.

Compliance 11.1. The number of units of service provided by the program is within the variance allowed by DFTA. (*Allowable variance may include meals sampled for temperature control*).

- The unit for counting home-delivered meals is each meal delivered to a client.
- Each meal counted meets the RDA requirement.
- Each meal counted is delivered to a person eligible to receive home-delivered meals.
- Meals sold to non-DFTA agencies are not reported as contracted meals.

Opportunity 11.1. The program provides more than 100% of meals specified in the budget.

STAFF APPROPRIATENESS AND CONTINUITY

Note: "Food Production Staff" includes paid staff, volunteers and WEP workers

STANDARD 12. There is an appropriate number of staff to provide the service.

Compliance 12.1. The service is staffed with the number of persons in the position titles specified in the program's response to DFTA's RFP or the current budget.

Compliance 12.2. If the use of volunteer assistance to provide the service was proposed in the program's response to DFTA's RFP, the program's current volunteer resources match what was proposed.

STANDARD 13. Food production staff are in good health.

Compliance 13.1. Health.

- Food handlers are free from communicable diseases.
- Food handlers who are suffering from sneezing, coughing, diarrhea, open sores, or other communicable or contagious conditions are removed from food service tasks and areas.

STANDARD 14. Food production staff and volunteers are appropriately trained and supervised.

Compliance 14.1. Food Protection Training Course.

- A food handler who has successfully completed the Food Protection Training program offered by the Department of Health is present every day that service is provided.
 - The food service supervisor (or the program director) has a Food Protection Training Certificate.
 - If meals are prepared on site, the cook has a food Protection Training Certificate. (*Note: the cook may also be the food service supervisor.*)
- A certificate indicating that a currently employed food handler successfully completed the Food Protection Training Program provided by the Department of Health is posted in a food preparation area.
- A certificate indicating that a currently employed food handler successfully completed the Food Protection Training Program provided by the Department of Health is posted in a food preparation area.

Compliance 14.2. The program conducts an orientation (for new food service staff and volunteers) or training (for all staff, or particular position titles) at least quarterly. *Training may be provided by a food services supervisor, the program director, or consultants/invited speakers).*

- Training agenda, schedule, and attendance are documented.

Compliance 14.3. Food service staff receive on-going supervision from the food service supervisor, director, or other persons qualified to provide supervision.

STANDARD 15. Meal Deliverers are appropriately trained and supervised.

Compliance 15.1. Each deliverer has received documented training on the following:

- Methods for maintaining hot and cold food temperatures.
- Taking food temperatures at the end of the route.
- “How to’s” of gathering all meal components at each stop.
- Face-to-face requirement for delivering meals.
- Emergency procedures in case client does not answer the door as expected.
- Recognition and reporting of client problems.
- Importance of:
 - Fast delivery.
 - Keeping hot and cold food items separate.
 - Keeping carriers closed between stops.
 - Protecting food in transit between kitchen and vehicle and vehicle and client.
 - Urging the client to consume hot meals when delivered or to refrigerate meals not immediately consumed.

Compliance 15.2. The service coordinator or other designated supervisor supervises all drivers and deliverers.

Compliance 15.3. The coordinator/supervisor travels each delivery route to observe actual delivery procedures as needed, but at least once a year.

STANDARD 16. Drivers meet job qualifications.

Compliance 16.1. New Hires/Agency Vehicle.

- Valid current license appropriate to delivery vehicle: Class D (or E) license for small van (18,000 lbs or less); Commercial Driver License C for vans weighing 26,000 pounds or less); Commercial License B for bus weighing 26,001 pounds or more).

- At least one year of driving experience.
- Current New York State Department of Motor Vehicles print-out indicates that during the past 24 months the driver had no (or no more than one) moving violations and no convictions for driving while intoxicated.

Compliance 16.2. New Hires or Volunteers/Private Owned Vehicle.

- Valid current license.
- Insurance as required by New York State.
- Current vehicle inspection.

Compliance 16.3. Ongoing.

- Valid current license appropriate to vehicle.
- New York State Department of Motor Vehicle print-out renewed every two years.

Opportunity 16.3. All drivers utilized by the program have taken a defensive driving course.

PROCEDURES AND METHODS

STANDARD 17. The program has adequate emergency procedures.

Compliance 17.1. Weather or program emergencies. Clients are notified when meals cannot be delivered or cannot be delivered on time.

Compliance 17.2. Vehicular breakdown. In case of vehicle breakdown, another vehicle is leased or borrowed, or the schedule of operating vehicles is adjusted to accommodate additional delivery.

Compliance 17.3. When the deliverer cannot make direct contact with the client or ascertain the client's whereabouts:

- The deliverer notifies the appropriate professional staff no later than the end of the route.
- Staff take immediate and appropriate steps to determine whether the client is at risk (e.g. by obtaining information about why the client did not answer the door from informal supports and/or gaining access to the client's apartment or home; or in the absence of emergency contacts, by calling the landlord or super, the police or 911).
- The case manager is notified if situation is not immediately resolved.
- DFTA is notified about situations that may result in public inquiry, police action, or consumer/family complaint about the program.

Opportunity 17.3. Deliverers are equipped with communication devices (e.g. cell phones, beepers) so as to be in instant contact with the program.

Compliance 17.4. Food-borne illness.

- Any suspected outbreaks of food-borne illness are reported promptly to the City Health Department Bureau of Field Services and a DFTA nutritionist.
- Food poisoning procedures are followed when several participants complain about an upset stomach, diarrhea, or feeling ill within 3 to 36 hours after consuming a meal at the site.
- If possible, half-cup samples of all meal items are saved on an appropriate plate covered with plastic wrap and frozen for later laboratory tests by the Food Poisoning Unit of the Health Department.
- The program contacts affected persons to determine if they are under medical supervision or require medical assistance. Follow up is provided until the total incident has been resolved.
- The incident is documented.

STANDARD 18. Appropriate procedures are followed for menu approval.

Compliance 18.1. The program submits three copies of each planned menu cycle (includes a 4 or 6 week cycle menu, and any cold meal, or special celebration menus being submitted for pre-approval) on the required form to the assigned DFTA nutritionist for written approval.

Compliance 18.2. Menus are submitted quarterly (unless nutritionist requires monthly submission) and at least four weeks before the cycle begins.

Compliance 18.3. Any substitutions that are made after the menu is approved (including the substitution of a pre-approved cold meal), and the date of the substitution, are clearly documented.

STANDARD 19. The program appropriately schedules and documents service provision.

Compliance 19.1. If PDS has been made available to the program, the program uses PDS to generate daily or weekly route sheets for each driver that list the name and address of each client on the route.

- If PDS has not been made available to the program, route sheets are developed for each driver on paper that list the name and address of each client on the route.

Compliance 19.2. The driver/deliverer checks off each meal delivery on the route sheet (with a double check, or other clear indication, when more than one meal is delivered to a client).

Compliance 19.3. The deliverer certifies the record by initialing the route sheet.

Compliance 19.4. If the program has PDS, planned units indicated on the route sheet for each client are confirmed in PDS (actual services).

STANDARD 20. The program has appropriate procedures for the collection and documentation of contributions.

Compliance 20.1. Collection Procedures

- Contribution are mailed to the provider, or collected by the meal deliverer on an established schedule.
- When contributions are collected by the deliverer, envelopes are used.
 - The program provides envelopes, or clients are requested to use envelopes.
 - The deliverer carries “spares,” so that loose money handed to him/her is put in the envelope and sealed in front of the client.

- The deliverer indicates that an envelope was received on the route sheet.
- Two persons count contributions on the date of collection and co-sign a Contributions Record certifying the amount.
- PDS users enter contribution amounts into PDS.
- Contributions are safely stored until deposited in the bank.

STANDARD 21. Preparation sites maintain food accountability.

Compliance 21.1. Inventory.

- At the preparation site, an inventory of food and supplies is completed accurately each month on the *Month End Inventory of Food and Supplies*, signed and dated by the Director or designee, and submitted to DFTA.
- The inventory is conducted on the last working day of the month or first working day of the next month.

Compliance 21.2. Food Use.

- The amount of food used and daily meal consumption is recorded daily on the *Daily Food Used Record*.
- All daily food used is costed out and calculated correctly at least one week per month or until all menus in the cycle have been costed out.
- Per meal food costs are calculated monthly and submitted to DFTA on *The Monthly Food Cost Report* by the 10th of the following month.

Opportunity 21.2. The program costs out their menu every day.

STANDARD 22. Food purchases are appropriate and nutritionally safe.

Compliance 22.1. Purchases.

- All food is purchased from sources that comply with federal, state and local regulations related to food and food handling.
- All milk is pasteurized and purchased in half-pint containers.
- All purchased meat, poultry, and fish is government-inspected.
- Purchased food is carefully inspected and checked against the market order to ensure:
 - delivery matches the order.
 - price is correct.
 - quantity and weight are correct.
 - quality and grade are acceptable.
 - food is at required temperature.

- Food is in original packaging, which is free from swelling, bulges, dents, mold, leaks, and odors.
- Rejected foods are removed and arrangements made for immediate return and credit. (Spoiled goods are removed, and stored separately until they are returned).

Compliance 22.2. Donated food.

- The program accepts only appropriate donated foods.
- The program does not serve foods prepared or canned in the home, road-killed game, wild game, or fresh/frozen fish donated by sportsmen.
- The program does not serve donated canned foods when:
 - cans are rusted, leaky, swollen or severely dented.
 - dates on packing cases or cans are expired, or cases or cans are missing labels.

STANDARD 23. Food is dated and stored or disposed of in a sanitary manner.

Compliance 23.1. Prepared and fresh foods.

- Prepared food that is to be stored in refrigerators, freezers, or in storerooms is placed in food grade containers, covered, labeled, and dated.
- Stored foods are protected against cross-contamination (e.g. raw meat, chicken and fish are kept apart from raw fruits and vegetables).
- Cooked food is stored above raw food.

Compliance 23.2. Dry food and supplies storage procedures.

- Items are stored in an organized fashion so that they can be rotated on a first-in/first-out basis.
- Food and supplies are stored at least 6-10 inches above the floor.
- Precautions are taken to protect dry foods from dust, dirt, dampness, rodents, insects, pests, and foreign materials.
- Cartons are dated on receipt if contents are maintained in cartons.
- Cans or other individual containers are dated with month and year if removed from cartons.
- Cans or other individual items are dated on receipt.
- Canned goods are not stored longer than one year.
- Spoiled foods (dented, leaking, or rusted containers), outdated foods (received more than one year ago) and expired foods (past expiration date on original packaging) are discarded.

Compliance 23.3. Food storage temperatures.

- Dry storage areas are maintained at a temperature between 50°F and 70°F and well-ventilated.
- Refrigerators are maintained at a temperature between 35°F and 40°F.
- Freezers are maintained at a temperature between 0°F and –10°F.
- Perishable foods are refrigerated, except during necessary preparation.
- Commercially frozen foods are maintained in freezers.

Compliance 23.4. Food Disposal.

- Food that needs to be disposed of is promptly discarded.
- Food that needs to be disposed of is denatured by the addition of a disinfectant, the label is defaced, and the product is marked condemned.
- Food that needs to be discarded (or returned to the vendor because it is spoiled) is held separate and apart from foodstuff offered for consumption.

STANDARD 24. Caterers comply with DFTA standards for food preparation, food transportation, storage and sanitation.

Compliance 24.1. Caterer Responsibilities.

- The caterer complies with sanitary requirements set forth in the contract and DFTA’s standards for food preparation, storage, and sanitation, including the following:
 - Temperatures are taken with a probe thermometer before portioning and/or packaging each day.
 - Hot foods are packaged at a minimum of 160°F.
 - Cold foods are packaged at a temperature below 40°F.
 - Hot and cold foods are packed separately.
 - All foods are packed for transportation in insulated carriers.
 - Insulated carriers are maintained in good and sanitary condition.
 - Food is ready or delivered on time.
 - Food is ready or delivered at the correct temperature.

Compliance 24.2. Program’s Responsibilities/Non-DFTA caterer.

- If the program is catered by a non-DFTA program, a Catering Agreement appropriate to the meals arrangement is signed by both parties and approved by DFTA.
- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.

- Agreed upon number/quantity of food items.
- Meals appropriately and safely packaged.
- Food arrives at required temperatures (food is quickly reheated if not at required temperature, caterer is notified, and notification is documented).
- Food matches approved menu.
- The food service supervisor or director makes a documented visit to the caterer's preparation site at least once a year to observe that bulk and/or individual plated meals are prepared in accordance with the terms of the Agreement and basic sanitary requirements.
- The food service supervisor or director visits the caterer/preparation site if there are any substantial or repeated deviations/problems, and documents the problem and its resolution.
- Persistent problems with the caterer are brought to DFTA's attention.

Compliance 24.3. Program Responsibilities/DFTA-to-DFTA or main site/satellite.

- The program monitors delivery of catered food on the following items on a daily basis and documents recurring problems and follow-up:
 - Arrival of food at agreed upon time.
 - Agreed upon number/quantity of food items.
 - Meals appropriately and safely packaged.
 - Food arrives at required temperatures (food is quickly reheated if not at required temperature, and caterer is notified).
 - Food matches approved menu.
- Any problems with the caterer are documented, and efforts made to resolve them.
- Persistent problems with the caterer are brought to DFTA's attention.

STANDARD 25. Food is prepared according to principles of nutritional health and safety.

Compliance 25.1. Food for delivery is freshly prepared or pre-approved frozen. No leftovers may be used.

Compliance 25.2. The program prepares food in a manner that conserves the nutrient value and flavor (e.g. food is not overcooked; food is prepared as close as possible to the serving time).

Compliance 25.3. Safe and appropriate temperatures:

- Perishable or potentially hazardous foods requiring cooking are heated to and maintained at an internal temperature of at least 140° F.

- When cooked perishable food falls below 140°F, it is reheated quickly to an internal temperature of 165°F or higher, and held at 140°F.
- Poultry, poultry stuffing, stuffed meats and stuffing containing meat or poultry are cooked to an internal temperature of at least 165°F, with no interruption of the cooking process.
- Pork, ground beef and food containing pork or ground beef, are heated to an internal temperature of at least 155°F.
- Frozen food is thawed in the refrigerator at 40°F, or under potable running water at 70°F, or as part of the cooking process. (*Note: If item is more than 3 lbs, it is not thawed by cooking.*)
- Cold food is held below 40°F until it is served.

Compliance 25.4. Adherence to sanitary principles.

- Food that requires no further cooking or is ready to eat is protected from bare hand contact by the use of appropriate utensils (e.g. long-handled tongs) or disposable gloves.
- Food is free from spoilage, filth, mold, odors, and contamination.
- Proteins and foods containing milk and egg products are handled with particular caution.
- Raw fruits and vegetables are washed thoroughly in potable water before they are served (including those with removable skins such as bananas or oranges)
- Food is portioned and packaged in appropriate and clean containers or appropriately wrapped.
- Food preparation takes place only when there is hot and cold running water.

STANDARD 26. Quick chill methods (or specialized equipment approved by the nutritionist) are used when food is not prepared and delivered on the same day.

Compliance 26.1. Initial cooling. Cooked bulk food is allowed to cool at room temperature in shallow pans for approximately 30 minutes to bring internal temperature down to 120°F.

Compliance 26.2. Rapid chilling (non –freezer). Once the food has been brought down to 120°F, it is rapidly cooled to 70°F. within the next 2 hours, and to 40°F. within another 4 hours.

Compliance 26.3. Rapid chilling (freezer method – recommended).

- Shallow pans containing food cooled down to 120°F are distributed to all available freezers.

- Sufficient space is left for cold air circulation between pans.
- Food in freezers set to operate at 0° to –10°F chills to an internal temperature of 70°F within one hour.

Compliance 26.4. Refrigerating/plating chilled meals. Chilled meals are transferred to the refrigerator and kept at 40°F and/or portioned and packed as cold meals.

STANDARD 27. Food handlers follow basic sanitary procedures.

(Note: Food Handlers includes staff, volunteers, and WEP workers.)

Compliance 27.1. Attire.

- Food handlers wear clean and washable outer garments (e.g. aprons, smocks) or disposable outer garments.
- Food handlers wear hair restraints. *(Note: Hair spray is not an acceptable alternative to hair restraints.)*
- Food handlers have clean and trimmed fingernails.
- Food handlers wear a minimum of jewelry.
- Food handlers have clean personal habits.

Compliance 27.2. Basic Sanitary Procedures.

- Food handlers wash their hands with soap and warm water before beginning work, after each visit to the toilet, and whenever else necessary.
- Hand wash signs are posted near hand wash sinks in the kitchen and bathroom. The signs direct food handlers to wash their hands after use of the toilet.
- Food handlers do not use any tobacco products in designated food storage, service and preparation areas.
- “No Smoking” signs are posted in the food preparation, storage and service areas.
- “No Spitting” signs are posted in food preparation, storage and service areas.
- Food handlers consume food only in designated dining areas.
- Food handlers keep personal belongings outside of the food preparation, service and storage areas.

STANDARD 28. Food is packed in a sanitary fashion.

Compliance 28.1. Temperatures.

- Temperature of food prepared for home delivery, including catered food, is taken with a probe thermometer before portioning and packaging each day.

- Hot food is packed and maintained at a minimum temperature of 160°degrees F. If catered food is below this temperature, it is quickly reheated to a minimum internal temperature of 165°F.
- Cold food is packed at a temperature below 40°F.

Compliance 28.2. Handling hot foods.

- Hot food is portioned into sectioned aluminum foil plates or other approved containers, and appropriately covered.
- Plated hot food is placed in pre-heated insulated carriers unless vans with temperatures controls built in are used.
- Carriers for plated hot food are heated with hot tiles or manufactured heating packs placed at the bottom of the carrier for maximum efficiency.
- Carriers are closed securely to prevent heat loss.

Compliance 28.3. Handling cold foods.

- Cold components of a hot meal, or cold meals, are packed separately from hot components or hot meals and individually bagged.
- Cold food bags are placed in pre-chilled insulated carriers for transport, or returned to the refrigerator until being packed for transport.
- Carriers for cold food are equipped with auxiliary chilling devices (e.g. ice packs).
- Carriers for cold food are closed securely to maintain temperature.

STANDARD 29. Food is delivered in a sanitary fashion.

Compliance 29.1. Carriers.

- The program has a sufficient number of carriers to enable proper packing and closure.
- Carriers are in good condition.
- Carriers are equipped with temperature controlling devices.
- Carriers are kept upright and covered except when opened to remove cold or hot foods.
- After delivery is completed, carriers are cleaned with hot water and soap, and a sanitizing solution, and then air-dried.
- Carriers are stored at 6 to10 inches off the floor in a clean and safe place.
- Hot Shot vans, if used, are clean and sanitary.

Compliance 29.2. Delivery Time.

- Total delivery time from pick-up to delivery of the last meal does not exceed two hours.

Compliance 29.3. Temperature at end of route.

- At the end of the delivery route, hot food is at a minimum of 140°F. Cold food is at 40°F. or less.
- The temperature of the last meal on the route is taken monthly (a sample meal should be included for this purpose).
- Route size is reduced or better temperature controls instituted if food temperatures do not meet requirements.

STANDARD 30. Food storage, preparation and service areas are kept clean.

Compliance 30.1. A cleaning schedule is posted in food preparation area.

Compliance 30.2. All areas are clean and well maintained including: floors, walls, ceilings, windows, doors, skylights, light fixtures, vent covers, fans, mats, duckboards and decorative materials.

- Push type brooms and dust arresting sweeping compounds are employed.

Compliance 30.3. Utensils, tableware, equipment, and work surfaces used for food preparation and service are kept clean and sanitized.

- Hot and cold running water are available in food service areas.
- Food contact surfaces are cleaned using cloths that are free of metal.
- Utensils and work surfaces are cleaned with soap and hot water and sanitized whenever they are used and in accordance with the cleaning schedule.
- All multi-use receptacles and other containers used in food preparation, service or transportation of food are cleaned before and after each use, sterilized or sanitized.
- New bottles, receptacles, and utensils are thoroughly cleansed, sanitized and rinsed before use.
- Utensils for handling food and containers for storing food that are chipped, cracked, rusted, corroded, or badly worn are discarded.
- Grease is not poured down sinks but disposed of as garbage.
- The following cleaning and wiping cloths are kept separately:
 - Clean, dry cloths used for wiping food spills from tableware;
 - Moist cloths used for wiping food spills on kitchenware and food-contact surfaces;
 - Moist cloths for cleaning of non food-contact surfaces (e.g. counters, walls, dining tables).
- Moist cloths used for cleaning are stored in a sanitizing solution between uses.

STANDARD 31. The program conducts routine self-inspections.

Compliance 31.1. Self-inspections are conducted monthly.

Compliance 31.2. The program takes action to correct unsanitary or unclean conditions noted at self-inspection, and documents date and actions taken.

PHYSICAL ENVIRONMENT AND EQUIPMENT

STANDARD 32. The site complies with all applicable federal, state and city codes.

Code compliance includes NYC Health Code Article 81 for food preparation and food establishments; and the NY State Sanitary Code Subpart 14.1.

Compliance 32.1. Health Department Permit to Operate.

- The program has a current Permit to Operate from the Department of Health. If the Health Department has not inspected the site within the last year, the program requests an inspection.

Compliance 32.2. Response to Health Department Citations.

- The program responds to the Department of Health within the required time frame when cited for a violation of sanitation requirements.
- A copy of any response to a violation is forwarded to the assigned DFTA nutritionist and the Borough Director within one month of the response.

Compliance 32.3. Physical structures.

- Floors are a smooth, non-slip, and hard material.
- Floors that are frequently wet or require frequent washing are made of a hard, non-absorbent, watertight material.
- Walls and ceilings in food preparation areas are made of a hard, light-colored material.
- Walls and ceilings in contact with steam or vapor are made of smooth cement, glazed tile, glazed brick, or other non-absorbent material.
- Windows and doors in food preparation and service areas that open into outer air (with the exception of emergency exits) are equipped with screens.

Compliance 32.4. Plumbing.

- Floors, refrigerators, cooking kettles, and steam tables have proper drains.
- Dishwashers have indirect drains and boosters for sanitizing temperatures.
- Indirect drains are installed where required by sanitary code, including all food preparation and ware washing sinks.
- Sinks for food preparation and for the sanitizing of utensils, equipment, or the premises, are an adequate size, and have boosters where required by sanitary code.
- Sinks have running hot and cold water.
- Plumbing and plumbing fixtures are properly connected, vented, and drained.

- Each water supply outlet or connection is protected from back flow into the water system.
- Grease traps are installed in any facility designed after 1997.

Compliance 32.5. Food Storage, Preparation, and Service Areas.

- If food is stored and prepared in areas not used solely for that purpose, the space has been adapted to fit food and safety requirements.
- Food storage, preparation and utensil-washing areas are restricted to those involved in food service.
- All three areas are well lit and adequately ventilated.
- Food storage areas contain no exposed or unprotected sewer lines.
- Toilet rooms are not used as storage areas for food and cooking supplies.
- There is a designated hand washing area in the food preparation area.
- The designated hand washing area is equipped with a hand wash sign, single-use towels, and soap or detergent.
- Lighting fixtures in all three areas have protective shields or shatterproof light bulbs.
- Fans in all three areas are shielded.

Compliance 32.6. Ventilation and Fire Protection Systems.

- The DFTA Facilities Unit and the Bureau of Fire Prevention are consulted before the purchase of new ventilation and/or fire protection systems (includes optional range hoods, exhaust fans, duct work, filters).
- All contracts for new systems must guarantee that the systems meet applicable code requirements.
- The Fire Department inspects extinguishing systems for cooking equipment upon installation.
- Exhaust systems and filters are inspected, and cleaned, and changed at least once every three months by a qualified employee or an approved cleaning service.
- Only “baffle” filters are used.
- Operating and cleaning instructions for cooking exhaust and the fire extinguisher system are posted under glass at the entrance to the kitchen.
- A sketch on 8-1/2 x11 inch paper showing the origin, run, and terminus of the grease duct is posted over the grease duct.
- A sufficient number of A:B:C portable fire extinguishers are strategically placed throughout food service areas.
- Portable fire extinguishers and fire extinguishing systems are inspected, tested, and tagged with a current date of inspection.

- Fire extinguishing devices are inspected by a licensed maintenance service.

Compliance 32.7. Pest control.

- Extermination service is provided at least monthly or more frequently if necessary.
- The exterminator is certified by the State Department of Environmental Conservation.
- The exterminator uses only closed bait stations in food storage, service, and preparation areas and in utensil washing and storage areas.
- The program does not use or store pesticides.
- Exterminator services are used for fly and pest control (e.g. the program does not hang fly paper/strips in food storage, preparation or serving areas).

STANDARD 33. Equipment/utensils comply with all applicable federal, state and city codes.

Compliance 33.1. Equipment/Utensils.

- Equipment, unless easily movable, is:
 - sealed to the floor, or
 - installed on a raised platform of concrete or other smooth masonry; or
 - elevated at least 6 inches on legs.
- Equipment and utensils used for food preparation and service are lead and cadmium-free.
- Equipment and utensils used for food preparation and service are easily cleaned and inspected. (e.g. easily disassembled)
- Cutting blocks and boards are smooth, clean, and constructed of hard maple or an equivalent non-absorbent material.

Compliance 33.2. Equipment Maintenance.

- All major equipment receives routine maintenance.
- Dish washing machines are maintained in good repair and operated in accordance with manufacturer's instructions. (*Recommended temperature for washing is 140-150 °F; 170-180 °F for final rinse.*)
- Refrigerators and freezers are equipped with accurate inside thermometers to register temperatures.
- Precautions are taken to prevent machinery, exposed pipes and equipment from entrapping foreign materials (for example, dusting.)
- An equipment inventory is maintained and updated annually.
- Equipment is appropriately tagged.

Compliance 33.3. Garbage containers.

- Garbage receptacles are sufficient in size and number, and lined.
- Garbage receptacles are constructed of an appropriate material.
- Garbage containers hold contents without leakage and covers fit tightly.
- Garbage receptacles are kept rodent and fireproof.
- Filled garbage receptacles weigh less than 100 pounds.
- Garbage receptacles are emptied before garbage and waste materials accumulate and become a nuisance.
- Garbage receptacles and covers are properly cleansed after emptying.
- Garbage receptacles are covered when not in use and maintained in a sanitary condition in the building or at the rear of the premises until the time of garbage removal.
- All waste is sorted according to recycling requirements (papers bundled, etc.), and covered.

STANDARD 34. Vehicles are properly insured and maintained.

Compliance 34.1. Insurance.

- All vehicles are insured by an insurance company authorized and qualified to do business in New York State.
- Liability coverage names the City of New York as coinsured.
- Minimum coverage includes Bodily Injury Liability, and Property Damage Liability.
- Coverage is adequate to the size of the vehicle, as specified in DFTA's Request for Proposals.
- Funds are set aside for necessary repairs if vehicle is not covered by collision insurance.

Compliance 34.2. Inspection, Registration, Maintenance.

- Current inspection stickers
- Current registration
- Vehicles are protected against theft and vandalism.
- Vehicles receive routine preventive maintenance, and timely repairs.
- Vehicle interiors are clean and sanitary.

Compliance 34.3. Mileage and fuel

- Daily mileage and fuel purchases are documented.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 35. Home delivered meals are targeted to eligible persons, with particular emphasis on low-income minority persons 60 years of age or older.

Compliance 35.1. Persons who receive home-delivered meals meet each of the following eligibility criteria (dark bullets), as determined by the agency responsible for authorizing meals (the agency that assesses the client's need):

- 60 years of age or older; *or* younger spouse and/or disabled dependent(s) of a person assessed to need meals, when in the client's best interest as determined by the assessor;
- Homebound or unable to walk/ride to congregate meal site unattended;
- Unable to prepare meals for one or more of the following reasons:
 - Incapacity due to accident, illness, or mental or physical frailty.
 - Lack of facilities such as refrigerator, stove.
 - Inability to shop for food.
 - Inability to safely prepare meals.
 - Lack of knowledge and/or skills;
- Inadequate or no informal supports who can provide meals on a regular basis;
- Able to live safely at home, if provided with meals or with meals and other services;
- Ineligible for, or does not require, Medicaid-funded home care (unless an exception to policy);
- Not enrolled in a Medicaid-funded community based long term care program operating under a waiver (e.g. Lombardi, VNS Choice).

RECORDKEEPING & REPORTING

(The documentation requirements below are not exhaustive. Additional requirements are referenced in the preceding standards).

STANDARD 36. There is on-site documentation to support the number of units and the amount of contributions reported to DFTA on the monthly invoice.

Compliance 36.1. An accurate count of documented meals is reported to DFTA.

Compliance 36.2. Reported units match documentation maintained on site.

- If the program has PDS, PDS-generated monthly unit reports based on confirmed units on route sheets (actual services) match units reported to DFTA.
- Route sheets signed by the driver (with meals delivered checked off) back-up PDS records.
- If the program does not have PDS:
 - Checked off meals on route sheets are totaled correctly each delivery day and the correct totals are entered onto a Monthly Summary of Meals and Contributions.
 - Daily entries on the Monthly Summary are added correctly.
 - The program clearly differentiates DFTA-funded meals from meals funded by other sources (e.g. Citymeals).

Compliance 36.3. Reported contributions are supported by on-site PDS documentation, if the program has PDS.

- Reported contributions are supported by paper records on-site if the program does not have PDS.

STANDARD 37. Client records are maintained.

Compliance 37.1. The program has on record one of the following for each client: (1) a completed client assessment (paper form, or completed screens in PDS) and all 6 month reassessments; or (2) a referral form or PDS record of referral from the assessing agency; or (3) note that the client is a current emergency referral (within ten days) or a hospital referral for short-term delivery (less than one month).

Compliance 37.2. A record in PDS of meals delivered to each client, or, if the program does not have PDS software, daily or weekly route sheets indicating delivery of meals.

Compliance 37.3. Documentation of the reason for any delivery schedule that is different from 5 days a week.

STANDARD 38. Menu planning is correctly documented and reported.

Compliance 38.1. The original copy of the approved menu, with the nutritionist's signature, is kept on file for one year after the closing date of the fiscal year in which the menu was served.

Compliance 38.2. Copies of menus actually served, with documented substitutions, are kept on file one year after the closing date of the fiscal year in which the menu was served.

Compliance 38.3. Consumer surveys on cold meals are kept on file for one year after the date of the survey.

STANDARD 39. Food supplies and costs are documented correctly and reported.

Compliance 39.1. Signed food delivery invoices/receipts are kept on file.

Compliance 39.2. The program submits its most recent *Physical Inventory of Food and Supplies* and its *Monthly Food Cost Report* to the assigned DFTA nutritionist by the 10th of each month.

Compliance 39.3. *Daily Food Used Records*, *Monthly Food Costs Reports*, and *Physical Inventories* are maintained on file for six years after the closing date of the fiscal year in which they were completed.

STANDARD 40. Compliance with other requirements for nutrition services is correctly documented.

Compliance 40.1.

- Food temperature records are maintained for one year after the closing date of the fiscal year in which the temperature is recorded
- Self-inspection checklists are kept on file for one year after the closing date of the fiscal year in which the inspection was completed.

Compliance 40.2. Orientation and Training.

- Documentation (may be an Event generated in PDS Employee file) of orientations and training for food service staff and volunteers include the names of participants, names of persons providing training, and date and time of training.
- Orientation and training documentation is kept on file for one year after the closing date of the FY in which the training occurred.

Compliance 40.3. Equipment.

- The program maintains bills for quarterly exhaust system cleaning and inspection for one year after the close of the fiscal year in which the cleaning was done.
- Extermination service bills or reports specify the provider's name, address, certification number, date, and the form of service provided.
- The program maintains bills/reports for monthly extermination service for one year after the closing date of the FY in which the extermination service was provided.
- The Equipment Inventory is kept on file.
- All fire extinguisher tags are current.
- Service documents for other major equipment servicing are maintained for one year after the closing of the fiscal year in which the servicing was done.

Compliance 40.4. Monitoring and Inspection.

- The Department of Health Permit and any Health Department Sanitary Inspection Reports are kept on file for one year after the close of the fiscal year in which they were issued.
- If the most recent Health Department Inspection Report on file is not dated within the past year, a letter to the Department of Health requesting an inspection is on file.
- Any communication with the Health Department in response to a citation is copied to the assigned nutritionist and Borough Director and kept on file for one year after the closing date of the FY in which the communication took place.
- DFTA assessment and monitoring correspondence is kept on file for one year after the closing date of the fiscal year in which the correspondence was generated.

Compliance 40.5. Other.

- Policies and Procedures for clients.
- Employee files contain documentation of qualifications.
- Written emergency plans.

INFORMATION SERVICE

Information service involves the provision to individual inquirers of accurate and relevant information about programs, services, benefits, entitlements, and other resources for older persons. It is provided to an individual face-to-face, by telephone, or through the mail, and is intended for persons who can take appropriate action on their own once provided with information. It does not include assisted referral or follow-up on a referral (case assistance activities).

Unit of Service: Each contact.

SCOPE

STANDARD 1. The program provides accurate, complete, and current information about community resources.

Compliance 1.1. The program provides the types of information appropriate to whether to whether it is a full-scale information service, or a specialized information service, as proposed in its response to DFTA's RFP.

Full-scale information service:

The program provides information on:

- Eligibility and application requirements for the most common benefits and entitlements for seniors (e.g. Medicare, Medicaid, SSI, HEAP, Food Stamps, Reduced Fare, etc.)
- Resources and services available in the community, including but not limited to the DFTA-funded case management agency, senior centers, social adult day services, transportation programs, senior employment programs, mental health programs, local social security office, tax preparation assistance office, legal services provider.
- Informal service providers, such as churches, synagogues, fraternal organization, ethnic clubs etc. in the community.

Social service or health program providing limited information service:

The program provides information about the organization's own programs only, or about specific services or resources only, as specified in its response to DFTA's RFP.

Compliance 1.2. The program maintains up-to-date comprehensive resource files, as appropriate to its type.

Compliance 1.3. Resource files on service/resource providers contain current information on:

- provider name and/or acronym, address, telephone number, and days and hours when service are provided by both the main office of the resource and any branch office.
- contact name.
- services provided by the resource.
- eligibility requirements and application procedures or intake procedures.
- cost of the service and/or donation policies.
- geographic areas served.

Compliance 1.4. The resource file can be easily understood and accessed by staff that provide information.

Compliance 1.5. The program has a demonstrable system for updating staff on changes to entitlements/benefits/services requirements and other information changes as they occur (e.g. posted memos, agenda item for staff meetings).

Compliance 1.6. The resource file is updated at least once a year.

STANDARD 2. Information is provided in a manner that enables inquirers to obtain the services/resources they need.

Compliance 2.1. Information workers:

- Respond to each inquirer's stated needs or help the inquirer to clarify the type of information needed.
- Provide sufficient information to enable the inquirer to understand the services provided by the resource and how to obtain these services (eligibility requirements, name of provider, hours of operation, telephone number or address).
- Confirm that the inquirer understands the services available and how to access them, and that the inquirer can self-access, or has a source of informal help.
- Encourage the inquirer to call back if he/she encounters additional problems or has trouble getting services.

LEVEL OF SERVICE

STANDARD 3. The program provides the number of budgeted units yearly.

Compliance 3.1. The number of units provided by the program is within the variance allowed by DFTA.

Opportunity 3.1. The program provides more than 100% of budgeted units.

STANDARD 4. The program uses the correct unit definition in reporting levels of service.

Compliance 4.1. Each contact with an individual inquirer is one unit of service.

- Multiple requests for information made during one contact with an individual are counted as one contact only.
- When a phone call from an inquirer is transferred from one staff person or volunteer to another, it counts as one unit only.
- Senior-center based programs do not count information about the center's services as units – e.g. what's on the lunch menu; hours of program operation; informing a center member about educational/recreational activities.
- Group presentations are not counted as units.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 5. Staffing is appropriate to deliver the service.

Compliance 5.1. There are a sufficient number of information givers to provide the service at budgeted levels.

STANDARD 6. Information givers have the skills to perform the service.

Compliance 6.1. Information givers demonstrate the following:

- General knowledge of the aging process.
- General knowledge of the aging network service delivery system.
- Knowledge of the range and structure of services available to older residents of the service area.
- Knowledge of entitlement and benefit programs for older persons.

Compliance 6.2. Information givers have the skills to perform the following activities:

- Compile, use and update resource files.
- Communicate with older people and service providers.
- Direct the interview so as to determine whether the inquirer needs help clarifying his/her information need.
- Assist in clarifying the information need, where necessary.

STANDARD 7. Information givers receive ongoing training and supervision.

Compliance 7.1. Training. *See General Program Standards.*

Compliance 7.2. Each information giver has a supervisor who routinely reviews the information giver's performance.

PROCEDURES AND METHODS

STANDARD 8. Procedures ensure timely response to inquiries.

Compliance 8.1. Staff is deployed so that during normal program operating hours, a staff person capable of providing accurate information answers the telephone or is immediately available if a receptionist answers the telephone. If a staff person trained to provide information is unavoidably not present, the person answering the telephone is trained to:

- Know what information he/she can give.
- Take the caller's name and telephone number and tell the caller when he/she will be recontacted.
- Provide the name and telephone number of a resource if caller has an emergency need.

STANDARD 9. The program appropriately documents service provision.

Compliance 9.1. If the program has PDS, each inquiry contact is documented in PDS by entering the inquiry source and the inquiry type.

Compliance 9.2. If the program does not have PDS, the program tracks:

- the number of inquiries (contacts/units).
- the types of inquiry.

PHYSICAL ENVIRONMENT

STANDARD 10. The program has adequate telephone lines.

Compliance 10.1. There are sufficient telephone lines so that staff can call out and incoming calls can be received.

RECORDKEEPING AND REPORTING

STANDARD 11. The program correctly reports documented units of service to DFTA.

Compliance 11.1. An accurate count of documented information contacts is reported to DFTA.

Compliance 11.2. Reported units are supported by on-site documentation.

- If PDS is available to the program, PDS-generated monthly unit reports document units reported to DFTA.

STANDARD 12. The program maintains other required documentation.

Compliance 12.1. Records of information contacts by type of inquiry are maintained at the site.

INTERGENERATIONAL STANDARDS

Intergenerational services are planned, purposeful and structured activities that engage younger persons with older persons in mutually beneficial interactions. There are three categories of Intergenerational activities: (1) Youth serving elders: performance of a service activity by a younger person or group of younger persons for an older person or group of older persons; (2) Elders serving youth: performance of a service activity by an older person or group of older persons for a younger person or group of younger persons, and (3) Joint activities: equal participation by younger and older persons in the same activity for the purpose of sharing and participating together.

Unit of Service: Each hour of service provided by a senior or youth to an individual or group of individuals of a different generation, and/or each hour of a joint activity involving persons of different generations. The unit also may include each scheduled training activity for youth and/or elder participants in an intergenerational program, or time preparing participants for a particular event or activity.

SCOPE

STANDARD 1. The intergenerational program is comprised of activities that promote clearly stated goals.

Compliance 1.1. The program's annual plan submitted to the Intergenerational Programs Unit prior to the start of each fiscal year specifies the services and/or activities that will comprise the program, and any products that will be generated as a result of service activities (e.g. a concert; an art project; a newsletter, etc.).

Compliance 1.2. The intergenerational services/activities described in the annual plan support the goals of the program stated in the program's response to DFTA's RFP.

Compliance 1.3. The intergeneration services/activities described in the annual plan are substantive and meaningful.

- Students in the Intergenerational Work Study Program (IWSP) are provided with opportunities to work with seniors that will prepare them for future work or academic pursuit.
- A minimum of 2/3 of the intergenerational units reported monthly involve direct substantive contact between generations (older adults and adolescents, older adults and children).

Compliance 1.4. The services/activities described in the annual plan are appropriate (e.g types of activities, volume of activities, etc.) to the type of program and to program funding.

Opportunity 1.5. The most recent annual plan included an additional type of intergenerational activity or enriched service component not included in its previous annual plan.

Compliance 1.5. During the year, the program carries out its annual plan as specified, or with acceptable substitutes.

STANDARD 2. The program operates at the locales, sites, and times specified in the program’s response to DFTA’s RFP or as subsequently negotiated.

Compliance 2.1. The program operates at each of the locales or sites specified in its proposal to provide services, or in subsequent negotiations with DFTA.

Compliance 2.2. The program operates for the number of weeks per year specified in its proposal to provide service, or in subsequent negotiations.

STANDARD 3. The program engages the number of participants suitable to its program type.

Compliance 3.1. Projections of the number of participants who will provide service, the number who will receive service, and the number who will participate in joint activities are included in the annual plan submitted to the Intergenerational Programs Unit.

Compliance 3.2. The projected number of participants is suitable to the type of intergenerational program and the scope of activities.

Compliance 3.3. The program can demonstrate an active participant recruitment effort based on its recruitment goals for the year.

- The program has a back-up plan to meet its recruitment goals, if its original plan is not successful.

Compliance 3.4. The program meets its approved recruitment and/or participation goals for the year.

Opportunity 3.4. The program exceeds its approved recruitment and/or participation goals for the year.

STANDARD 4. The program provides participants with the opportunity to comment on service activities, to make program suggestions formally and informally, and to be recognized for their contribution.

Compliance 4.1. The program can demonstrate that it routinely seeks comments and suggestions from participants.

Compliance 4.2. Where appropriate to the type(s) of intergenerational services provided, the program holds at least one participant recognition event or activity annually.

LEVEL OF SERVICE

STANDARD 5. The program provides the number of units specified in its Annual Plan and its annual budget.

Compliance 5.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program delivers more than 100% of budgeted units.

Compliance 5.2. The number of projected annual units submitted to the Intergenerational Programs Unit on the annual plan matches the number of annual units specified in the annual budget.

Compliance 5.3. The number of units reported on Quarterly Reports submitted to the Intergenerational Programs Unit is equal to the sum of units reported on the monthly invoices for the same period.

STANDARD 6. The program uses the correct unit definition in reporting level of service.

Compliance 6.1. A unit of intergenerational service is each hour spent on one or more of the types of intergenerational activity. It may include time spent in reflective sessions and training of participants.

- The unit does not include time spent on recruitment of participants, or orientation.
- Activities reported as intergenerational units are not also reported as units for another service – e.g. escort service, telephone reassurance, friendly visiting, shopping assistance, etc.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate to the service.

Compliance 7.1. A professional staff person oversees the service.

Compliance 7.2. The number of personnel for the program (paid and volunteer staff, coordinators, liaisons, etc) matches the personnel proposed in the program's RFP or the program's current budget.

Compliance 7.3. Each staff person on the intergenerational budget works his/her budgeted time for the program.

PROCEDURES AND METHODS

STANDARD 8. The program appropriately schedules and documents service provision.

Compliance 8.1. The program maintains weekly, or monthly, or semester program calendars listing all planned intergenerational activities by name, day, date, and time.

Compliance 8.2. The program maintains daily, weekly, or monthly activity/attendance records that document the following:

- the date of each service/activity.
- the service/activity description (e.g. escort, tutoring, class visit, joint exercise, discussion group, holiday celebration, etc.)
- the start and end time of the activity.
- the names of participants (the approximate number of persons if group is too large to record every name).
- the name and title of the person supervising the activity.
- The activity/attendance record is signed by:
 - each participant (or a person authorized to sign for a participant group)
 - the person supervising the activity (and the date of sign-off).

STANDARD 9. The program provides orientation and training to participants who provide service.

Compliance 9.1. All participants are oriented to:

- program description.
- program policies and procedures.
- job responsibilities.
- needs and characteristics of the age group they will be paired with (for example, youth providers are sensitized to the needs of the elderly in the community or nursing home; seniors working in Head Start programs are familiarized with Head Start age-group issues, etc.).

Compliance 9.2. Participants who provide service receive:

- training (where applicable) to prepare them for the tasks they will carry out.
- pertinent information about the persons or group to whom they are assigned.

STANDARD 10. All intergenerational activities are adequately supervised.

Compliance 10.1. An assigned person oversees/supervises each activity (If the interaction is at a group site, the overseer is present during the activity. If the interaction is at the home of a person, the overseer/supervisor monitors the interaction on a schedule of regular contacts with both participant providers and recipients).

- Supervisors encourage providers to report their observations of any unmet need of the person(s) they are helping, or situations that come to their attention that might require professional intervention.

Compliance 10.2. Program directors or supervisors who are not directly involved in oversight maintain regular contact with persons overseeing activity at service sites.

Compliance 10.3. Each IWSP student has a supervisor at school who communicates regularly with the work site supervisor regarding the student's work performance.

STANDARD 11. The program has appropriate screening and intake procedures.

Compliance 11.1. Participants who provide service:

- A program coordinator screens the participant for suitability. Screening covers skills, interests, activity preferences, prior experience, reason for volunteering.
- An Intake is completed on each person accepted to provide service (Intake may be completed by school personnel for school-based programs). Intake documents the participant's:
 - name
 - address
 - telephone number
 - date of birth
 - emergency contact
 - start date of participation.
- Participants provide two references if they will be providing service to older persons in their homes (the reference requirement is waived for volunteers known to the program director, such as senior center participants, and for students referred by their teacher or guidance counselor to the IWSP program.)
 - References are checked.

Compliance 11.2. Participants who receive in-home service or assistance:

- A program coordinator screens the request to determine whether the need and the home environment are appropriate.
- The program coordinator completes an Intake on the older person documenting the following: *Exception: A case management agency referral or an internal referral from another component of the program may substitute for an Intake.*
 - name.
 - address.
 - telephone number.
 - date of birth.
 - emergency contact.
 - service need.
 - health conditions.
 - referral source.
 - date of service start.

STANDARD 12. The program maintains current information about participants.

Compliance 12.1. There is a current master roster of all senior and youth participants.

ADHERENCE TO TARGET POPULATIONS

STANDARD 13. The program addresses identified community needs.

Compliance 13.1. The annual plan submitted to the Intergenerational Programs Unit states specifies the target groups that will be served and identifies the needs that will be met.

Compliance 13.2. The program can demonstrate that it is serving its target populations.

PROGRAM RECORD KEEPING AND REPORTING

STANDARD 14. Reporting to DFTA is accurate and on time.

Compliance 14.1. An accurate count of documented hours of intergenerational activity is reported to DFTA.

Compliance 14.2. Reported units match documentation on site.

- Time documented on activity/attendance records is totaled each month and reported to DFTA as intergenerational units on the monthly invoice.

Compliance 14.3. Quarterly reports on program activities are submitted to the DFTA Intergenerational Programs Unit within 10 working days after the close of each quarter.

Compliance 14.4. There is back-up for time spent on reflection group sessions, training, and other non-service activities that are counted as units (e.g. agendas).

STANDARD 15. The program maintains other required records.

Compliance 15.1. The following documents (required documents are not limited to the list below) are available on site:

- Annual Plan.
- Program calendars.
- Program policies and procedures.
- Intake on each participant.
- References of participants (where applicable).
- Master roster of current youth and senior participants.
- Documentation of recruitment efforts (where applicable)
- Agendas, other documentation (where applicable)
- Any “products” proposed in the program’s response to DFTA’s RFP (e.g. concert program; newsletters; etc.)
- Quarterly reports are used to document the following:

NUTRITION EDUCATION STANDARDS

Nutrition Education provides instruction or information to participants regarding nutrition and dietary requirements for good health, the relationship of diet to illness, proper purchasing, preparation and storage of food, etc.

Unit: Each session of nutrition education.

SCOPE

STANDARD 1. The program provides educational events that teach participants the principles of good nutrition.

Compliance 1.1. The program provides nutrition and consumer education to groups of participants on topics such as planning nutritious meals, maximizing the use of food dollars, being a wise purchaser, and understanding the reason for good dietary practices.

Opportunity 1.1. *Each of the following is a separate opportunity:*

- Each session is devoted to a single topic covered in depth rather than covering several topics superficially.
- More than one session is devoted to some topics.

Compliance 1.2. Nutrition education sessions may be offered in a classroom format, or as demonstrations, presentations, showing of films, field trips, etc.

Compliance 1.3. When audio-visual materials are utilized, they do not promote specific products and are from a reliable source approved by an official agency.

STANDARD 2. The service reaches as many persons as possible.

Compliance 2.1. To the extent possible, the program schedules nutrition education sessions when a large number of participants will be available.

Opportunity 2.1. At least 30% of the average monthly number of persons attending meals also attended at least one nutrition education session.

LEVEL OF SERVICE

STANDARD 3. Units are counted appropriately.

Compliance 3.1. The program uses the appropriate unit definition for nutrition education – e.g. each session provided to participants.

Compliance 3.2. Activities reported as nutrition education are not also reported as another service – e.g. education/recreation.

STANDARD 4. The program provides the number of budgeted units annually.

Compliance 4.1. The program provides 6 units of nutrition education annually.

Opportunity 4.1. The program provides more than 6 units annually.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 5. Staffing is appropriate to the service.

Compliance 5.1. Persons providing nutrition education are appropriately qualified (for example, registered dietitians; nutrition students supervised by a registered dietitian; other licensed or credentialed professionals with knowledge of nutrition (e.g. Doctor, RN, LPN, PT, OT) as appropriate to the subject addressed).

PROCEDURES AND METHODS

STANDARD 6. The program appropriately schedules and documents service.

Compliance 6.1. Attendance at nutrition/education sessions is recorded in PDS, if PDS has been made available to the program.

- If PDS has not been made available, the program uses sign-in sheets that also indicates the topic covered.

STANDARD 7. The program appropriately documents content of nutrition education provided.

Compliance 7.1. The program maintains documentation on the content of each nutrition education session (e.g. outline; copy of handouts, a class curriculum, etc.).

RECORD KEEPING AND REPORTING

STANDARD 8. The program correctly reports documented units of service to DFTA.

Compliance 8.1. An accurate count of documented sessions of nutrition education is reported to DFTA.

- Reported units are supported by on-site documentation.

STANDARD 9. The program maintains other required documentation.

Compliance 9.1. The credentials of persons providing nutrition education are on file at the program.

Compliance 9.2. Nutrition Education outlines, syllabi, or other appropriate content descriptions are on file.

SENIOR SAFETY SERVICES (SAFE)

Senior Safety Services are services to alleviate the effects of crime on older crime victims, and to heighten individual and community awareness of crime prevention.

Unit: Each hour spent assisting elderly crime victims or conducting crime prevention activities.

SCOPE OF SERVICES

STANDARD 1. The program assists elderly crime victims.

Compliance 1.1. The program conducts the following activities to assist crime victims:

- Establishes and maintains good referral relationships with appropriate resources, including designated police precincts, housing police personnel, appropriate court personnel, district attorney office(s), community programs in the geographic areas served, and DFTA's Senior Safety Initiative and Crime Victims' Resource Center.
- Outreaches to elderly crime victims in coordination with local precincts.
- Provides, or arranges for, counseling/advice to reduce trauma in clients.
- Refers crime victims for additional supportive services as needed.
- Provides financial assistance for payment of bills or personal expenses, and/or assists with application to Crime Victims' Board, or other programs providing financial aid.
- Helps crime victims replace stolen documents or times.
- Assists in obtaining home security survey and/or repairs when needed.
- Assists with orders of protection.
 - Surveys are provided only by police officers, or persons who have completed the NYPD course with certificate. Exception: In emergency cases the program obtains DFTA approval for surveys to be performed by vendors.
- Escorts clients to police precinct, court, or lawyer.
- Conducts home visits where necessary to better determine client needs or to ensure the safety of the victim.

STANDARD 2. The program conducts crime prevention activities.

Compliance 2.1. The program conducts the following activities at the minimum level specified by the Senior Safety Initiatives Program:

- Requests Household Surveys from police precinct(s).
- Arranges for installation of security devices.
- Conducts presentations at Roll-Call at assigned precinct(s) and/or conducts sensitivity training at assigned precinct(s), and/or makes presentations to Beat officers assigned to precinct(s).
- Attends/presents at Precinct Advisory Council meetings (evenings) in assigned precinct(s).
- Attends/presents at District Cabinet meetings, Community Board and/or Interagency Council meetings in Community District(s) served.
- Presents/participates at Health Fairs, Information Forums, Anti-Crime Coalitions, Block Watchers, other similar events.
- Conducts workshops, safety forums at senior centers in Community District(s) served.
- Monitors Safe Corridors Program in each precinct served.
- Contacts merchants for Safe Corridors/Decal Program within at least one Safe Corridor.
- Conducts shopping/banking trips with police escort or other.
- Participates in National Night Out Against Crime.

Opportunity 2.1: *Each of the following is an opportunity:*

- The program provides more than the minimum level of at least one required crime prevention activity.
- The program provides more than the minimum level of five or more required crime prevention activities.

STANDARD 3. The program does active outreach to crime victims.

Compliance 3.1. Case finding.

- The program obtains the names of elderly crime victims from each police precinct served at least two times a month.
- The program encourages each precinct to refer elderly clients with emergency needs to the program immediately.
- The program identifies Crime Prevention Officers and Domestic Violence Officers at each designated precinct, and establishes good working relationships with these officers.

Opportunity 3.1. The program can demonstrate that it has multiple referral sources (referrals not limited to police precinct) – e.g. referrals from housing police, appropriate court personnel, social services programs, senior centers, etc.

Compliance 3.2. The program offers assistance by standard letter or phone call to each person referred by the police precinct.

Compliance 3.3. Follow up on first contact.

- The program follows up with a second letter or phone call in all cases where there has been no response to the first letter/call offering service.
- In cases of no response, every effort is made to reach victims of serious crime.

Compliance 3.4. Service acceptance rate/ each police precinct.

- The program serves at least 35% of referrals received from the police precinct during an annual period.

Opportunity 3.4. The program meets the 35% rate for each precinct, and has a higher than 35% in one or more precincts.

Compliance 3.5. Referrals from DFTA’s Elderly Crime Victims Resource Center.

- The program gives priority to referrals from the Center.
- Within 10 business days of each such referral from the Crime Victims Resource Center, the program reports via phone to the Center on the status on the referral.

STANDARD 4. The program provides financial assistance to eligible crime victims.

Compliance 4.1. Programs budget and spends the percentage of their total contract funds designated by DFTA on financial assistance to crime victims who cannot pay bills or meet emergency expenses, and to provide home security devices.

Compliance 4.2. Financial assistance monies are used only for items essential to the victim’s well being including:

- Transportation related to the crime (i.e. court appearance, medical appointment).
- Replacement of medical items (eyeglasses, canes).
- Security devices.
- Only licensed locksmiths are used to install security devices.
- Only fire department approved gates and locks are installed.
- Home repairs.
- Bills/Rent/Mortgage payments.

- Moving costs.
- *The program does not offer financial assistance toward payments of bank loans.*

Compliance 4.3. Pre-requisites for financial assistance:

- The client has a police identification number (the crime has been reported to the police). *Exception: elder abuse cases.*
- The client has provided income information and other financial information. *Exception to this requirement may be made at the Director and/or supervisor's discretion, with documentation of reason.*

Compliance 4.4. Maximization of financial resources:

- In deciding whether or not dispense funds to persons who have money or items stolen, the program considers the following factors:
 - the length of time before the victim receives another check (if social security or other income support was stolen) ;
 - the amount of money that was stolen and the client's ability to meet expenses (including whether the client needs the full amount, or can contribute toward meeting expenses);
 - whether or not the client can afford to wait for compensation until the claim is reviewed by the Crime Victims Board;
 - whether a payment plan can be negotiated with utility companies or other creditors;
 - whether the client is credible regarding the loss or has frequently alleged robberies that were unsubstantiated;
 - whether the cost of replacing the money or item exceeds the program's resources at the time.
- If the client has Medicaid coverage, and meets the Medicaid guidelines, the program assists the client with an application to Medicaid for replacement of canes, dentures, etc.

Compliance 4.5. Petty cash.

- The program uses \$30 as a guideline for cash reimbursements. Supervisor's approval for amounts in excess of \$30 is documented in the client's file.
- Petty cash is given only to crime victims who apply in person.

Compliance 4.6. Bill Payments.

- The program uses \$150 as guideline for payment of bills/rent, etc. Supervisor's approval for amounts in excess of \$150 is documented in the client's file.

LEVEL OF SERVICE

STANDARD 5. The program provides the number of budgeted units during the year.

Compliance 5.1. The number of units of service provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program provides more than 100% of its budgeted units.

STANDARD 6. The program uses the correct unit definition for reporting levels of service.

Compliance 6.1. Each hour of approved crime victims' assistance activities is reported as a SAFE unit, including:

- Performing approved service activities (see Compliance 1.1).
- Care planning for clients/documenting case work in client file.
- Providing information to client's family and/or representative.
- Contacts with others on behalf of the client with reference to the client, including time spent arranging locksmith services.
- Travel time when accompanying a client or acting on a client's behalf.

Compliance 6.2. Each hour of approved crime prevention activities is reported as a SAFE unit, including:

- Planning, promoting, and conducting approved prevention activities (see Compliance 1.2).
- Documenting prevention activities.
- Traveling time to and from prevention activities.
- Arranging for home security surveys ; arranging for locksmith services as a result of home security surveys.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate to the service.

Compliance 7.1. The program has at least one designated worker if it provides more than 500 units of crime victims' assistance.

Compliance 7.2. The number of full and part time staff on DFTA's contract for this service corresponds to the number proposed in the program's response to DFTA's RFP or the current budget.

Compliance 7.3. The amount of time spent on the service by full and part time staff, including administrative and management staff, corresponds to staff time allocations proposed in the program's response to DFTA's RFP or the current budget.

STANDARD 8. Staff who perform the service meet the qualifications and hold the job titles specified in the program's response to DFTA's RFP.

Compliance 8.1. Persons who provide crime victims assistance have a BSW degree at minimum, or a baccalaureate degree and two years additional coursework in counseling or a related field, or equivalent in casework experience.

Compliance 8.2. All staff are familiar with resources in the community (social services, mental health, medical and legal assistance, entitlements/benefits).

STANDARD 9. Staff receive appropriate supervision.

Compliance 9.1. There is a routine for supervisory review of each worker's records and discussion of cases with the worker.

PROCEDURES AND METHODS

STANDARD 10. The program conducts an intake interview with each crime victim accepted for service.

Compliance 10.1. An intake interview is conducted with the elderly crime victim in the office, by phone, or in the person's home to determine the nature of the crime and its effect on the client, the client's needs related to the crime, and other needs – e.g. benefits, referral.

Compliance 10.2. The following information is collected at intake and documented on an Intake Form or in PDS, if the program has been provided with PDS (if some of these elements are already on record at the program. they do not need to be entered again):

- Name
- Date of Birth, or Age
- Sex
- Social Security Number
- Address
- Telephone Number
- Emergency Contact Phone #
- Borough
- Date of Registration/Intake
- Living Arrangements
- Marital Status
- Ethnicity
- Primary Language
- Veteran Status
- Total Monthly Income
- Vision, Hearing, and Mobility Impairments
- Referral Source
- Nature of Crime

STANDARD 11. Workers write case notes to explain victims' assistance activities.

Compliance 11.1. Workers write case notes to explain and enlarge upon client-related activities that are documented on the worker log or to establish a casework history for the client.

Compliance 11.2. Entries are sufficiently clear to enable a reader (e.g. another worker, the supervisor or other authorized person) to understand exactly what was done for/with the client, including the nature of any counseling or supportive assistance or contacts made on behalf of the client, the date of the contact, and the parties involved.

STANDARD 12. Workers follow-up to determine the results of service referral and/or benefits application or crime victims' board application.

Compliance 12.1. Caseworkers follow up on the outcome of assisted referrals for services, and on benefit applications or crime victims board applications when there is any doubt as to whether the client received the needed service, resource, entitlement or benefit.

- Follow-up with the client or the provider occurs within one month of the date assistance was provided, and monthly thereafter if action is pending.
- Each follow-up contact is documented.

Compliance 12.2. The outcome of assisted referrals and applications is noted in the client's file (e.g. date of service start; date client begins to receive benefit).

STANDARD 13. The program protects client confidentiality.

Compliance 13.1. The client gives permission (exception: PSA referrals) before the worker:

- Contacts community resources for information about the client.
- Releases specific information about the client to a community resource.
- Makes a referral or arrange services for the older person.
- Arranges for group consultation with other agencies also serving the older person.

Compliance 13.2. The older person is informed of the following when his/her informed consent is requested:

- That consent is voluntary, but that it might not be possible to obtain or provide service without it.
- The nature and extent of the information being released or requested.

Compliance 13.3. Informed consent may be given orally or in writing, but is in writing (signed Release of Information) when casework occurs in the office (not over the telephone) or in any of the following circumstances:

- The community resource asking for or giving the information requires it.

- The older person requests it.
- The case assistance worker determines written consent is necessary.

Compliance 13.4. If the client’s consent is given orally, the worker makes a dated and signed entry in the client record to document that consent was given. If the client’s consent is in writing, a signed Release of Information Form or Authorization Form is placed in the client’s record.

Compliance 13.5. Once given by the client, the client’s consent (or Release form) covers all further exchanges of information related to the original request that are made within a year.

- A new consent (release or authorization) is obtained:
 - each year when the exchange is related to the original request.
 - whenever the exchange is not related to the original request.

STANDARD 14. The program provides financial assistance to crime victims in accordance with guidelines.

Compliance 14.1. All payments are made to the vendor or service provider, not to the client, except for personal expense monies.

Compliance 14.2. Clients submit receipts or bills for all expenses covered by the program (signed petty case vouchers are acceptable for public transportation).

Compliance 14.3. All personal expense cash recipients sign a petty cash voucher

Compliance 14.4. All clients who receive financial assistance and/or security devices sign a *Client Authorization/Emergency Assistance Acknowledgement Form*.

- Receipts/bills/petty cash vouchers/invoices and copies of checks paid to the vendor are attached to the Form and maintained in the client’s file.
- The *Authorization/Acknowledgement Form* is signed by clients before any services/installations recommended by Crime Prevention Officers take place.

STANDARD 15. The program has guidelines for closing cases.

Compliance 15.1. Cases are considered “open” when there is an appropriate reason, such as contacts are still occurring or anticipated to occur relevant to an identified problem or need of the client, or the presenting problem has not been resolved.

Compliance 15.2. Cases are closed when there is an appropriate reason, such as the problem or need was resolved, the service or benefit was obtained, or there has been no contact with the client for six months or longer.

- Termination dates are included in the record, and a note written.

ADHERENCE TO TARGET POPULATION AND TARGET AREAS

STANDARD 16. The program serves the appropriate population.

Compliance 16.1. Crime Victims Assistance is provided only to persons 60 years of age or older, who have been victims of crime (burglary, robbery, mugging, assault, rape, harassment, elder abuse, etc) and who live in, and/or are have been victims of a crime committed within, the police precincts served by the area.

STANDARD 17. The program serves its contracted areas.

Compliance 17.1. The program serves all it assigned police precincts.

RECORDKEEPING AND REPORTING

STANDARD 18. The program correctly reports documented units of service to DFTA.

Compliance 18.1. An accurate count of documented hours of SAFE services is reported to DFTA.

Compliance 18.2. Reported units match hours recorded on worker logs that document the worker's name, client's name (crime victims' assistance) or nature of crime prevention activity, date, time spent, and a brief description of assistance or activity.

STANDARD 19. The program submits reports on service activity to DFTA.

Compliance 19.1. The program submits complete Monthly Summary Reports on Crime Victims' Assistance to the Safe Streets Director by the 10th of each month for the preceding month.

Compliance 19.2. Total Units reported on the Monthly Summary match units reported on monthly invoices.

Compliance 19.3. The program submits a Quarterly Crime Prevention Report to the Safe Streets Director 4 times a year.

STANDARD 20. The program maintains required documentation of service activities.

Compliance 20.1. Crime Prevention Activities.

- The program keeps all records of crime prevention activities – agendas, flyers, sign-in sheets, etc. – on file for review.

Compliance 20.2. Intakes/Case notes.

- Intake forms or PDS record on file.
- Notes on specific interventions planned/completed to assist clients either on Intake or in case notes.

Compliance 20.3. Police Precinct Referral Lists.

- The program keeps police precinct referral lists for the past fiscal year on file.
- Each precinct list includes an indication (note or checkmark) that the client was offered services.

Compliance 20.4. Home Security Surveys.

- Where possible, the program obtains a copy of the Crime Prevention Officer's written report of a home security survey from the client and keeps it in the client's file.
- If the results of a crime prevention survey are received verbally, the name of the Crime Prevention Officer, date, time and recommendations are noted in the client files.

Compliance 20.5. Records of financial assistance.

- Client Authorization/Emergency Assistance Acknowledgement Forms, with receipts/bills/petty cash vouchers/invoices/copies of checks paid to vendor attached (filed in client's file).

SHOPPING ASSISTANCE/CHORE SERVICE STANDARDS

Shopping Assistance/Chore Service provides help with household chores and/or shopping needs to older persons who can be adequately maintained in their homes with fewer than four hours a week of this service, alone or in combination with other services. Case managers may utilize shopping assistance/chore service as a stopgap measure for clients on a waiting list for more intensive home care service.

Shopping Assistance/Chore Service Unit: Each contact with a client to provide the service.

SCOPE

STANDARD 1. The program provides the type of service activity proposed in its response to DFTA's RFP.

Compliance 1.1. The program provides each or both of the following types of service activity, as proposed in its response to DFTA's RFP or in DFTA-approved updates.

Chore service

- Activities may include: laundry, cleaning, dusting, vacuuming and other household tasks; light yard tasks; errands.

Shopping Assistance

- The program has a written policy as to whether shoppers shop for clients, or with clients on shopping trips (or whether it does both).
- Shoppers assist with the following activities:
 - Making or reviewing shopping list (items needed) with the client before going to the store.
 - Collecting the money, check or food stamps from the client in order to make purchases (in accordance with program's policies).
 - Shopping with the client (or for the client) for food, medicines, or other necessities (service may limit grocery shopping to one store).
 - Paying for purchases with the client's money.
 - Returning items bought, change and a receipt to the client.
 - Reviewing purchased items with the client.
 - Assisting with unpacking and putting items away, if necessary.
- If shopping with the older person, shoppers also assist with the following activities:
 - accompanying the older person on the shopping trip.

- helping to select items while shopping.
- carrying packages.
- helping the older person dress in outerwear such as coat, sweater or hat for the trip.
- helping the older person lock and unlock his/her residence.

STANDARD 2. The program publicizes service availability in the community.

Compliance 2.1. Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).

Compliance 2.2. Where the program is a senior center, or sponsored by an organization that sponsors senior centers, the program can demonstrate that while it *may* serve center members, it also serves clients who do not attend the center for meals and/or activities.

STANDARD 3. Workers monitor clients' safety and well-being.

Compliance 3.1.

- Workers report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.
- Problems reported by workers are documented in writing.
- Supervisors follow-up as necessary on all reported problems (e.g. refer to case management; arrange for additional services; arrange family intervention; obtain mental health counseling; medical attention; legal assistance; an entitlement; etc.)
- Client emergencies and other urgent situations are reported immediately.

STANDARD 4. The program surveys client satisfaction with the service.

Compliance 4.1. At least annually, the program calls or sends out a written client satisfaction survey to each client who has received the service during the past six months to survey their satisfaction and to determine whether their needs are being met.

Opportunity 4.1. *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with workers providing the service and the program's sponsor.

STANDARD 5. The program requests contributions for service provision.

Compliance 5.1. The program informs each client of the opportunity to contribute to the cost of the service and the amount of suggested contribution.

Compliance 5.2. The program has a standard procedure and time for requesting and collecting contributions.

STANDARD 6. The program covers travel costs incurred by workers during the course of providing service.

Compliance 6.1. Programs provide workers with carfare when needed during the course of providing the service. This does not include travel costs to and from work.

LEVEL OF SERVICE

STANDARD 7. Units are counted appropriately.

Compliance 7.1. The program uses the appropriate unit definition for shopping assistance/chore service – e.g. each contact with a client to provide service.

Compliance 7.2. Activities reported as shopping assistance/chore service are not also reported as another service – i.e. intergenerational service, escort service, housekeeping service, case assistance.

STANDARD 8. The program provides the number of budgeted units annually.

Compliance 8.1. The number of units provided by the program is within the variance allowed by DFTA.

Opportunity 8.1. The program provides more than 100% of the number of units specified in its budget.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 9. Staffing is appropriate to the service.

Compliance 9.1. The number(s) of full and part time personnel providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or DFTA-approved updates.

Compliance 9.2. Volunteers

- If volunteers are used to provide the service:
 - Volunteers are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - Each volunteer has a designated supervisor.

Opportunity 9.2. The majority (or all) of shopping assistance/chore workers are volunteers (not paid for by DFTA funds).

Compliance 9.3. Oversight responsibility

- The person with oversight responsibility for the service has at minimum a BSW degree, or a Bachelors degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

STANDARD 10. Workers are appropriately qualified.

Compliance 10.1. Before hire, the service coordinator (or person with oversight responsibility) interviews the applicant (documented) and confirms work history or other experience, to the extent possible.

STANDARD 11. Workers are appropriately trained and supervised.

Compliance 11.1. All new workers (staff and volunteers) receive a documented orientation/training on:

- roles and responsibilities
- situations that should be referred to staff (e.g. deterioration in physical and/or emotional status or expressed need for a different or more intensive service
- what to do in urgent situations/emergencies
- working with persons with disabilities – for example, vision or hearing impairments or mobility problems
- policies and procedures including policies regarding use of client's money (for shopping, errands involving money, etc)

Opportunity 11.1. The program has offered (or arranged for) additional formal training (documented with date, trainer's name, attendance by at least one worker) during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship; how to help without creating dependency; how to write up observations, etc.

Compliance 11.2. All workers (including volunteers) meet with their supervisor either alone or in a group at least monthly.

PROCEDURES AND METHODS

STANDARD 12. The program follows appropriate screening and intake procedures.

Compliance 12.1. Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

Compliance 12.2. An intake is completed face-to-face with each client accepted for service prior to service provision.

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*
- **Information collection.** The following information is collected (*If basic information is already in the Provider Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

Basic

Name

Date of Birth

Sex

Social Security Number

Address

Zip code

Living Arrangements

Marital Status

Ethnicity

Primary Language

Veteran Status

Total Monthly Income

Impairments (Vision, Hearing, and Mobility Impairments (e.g. use of a wheelchair)

Emergency Contact

Intake information

Referral source.

Date of Intake

Presenting problem or need (reason why client is seeking assistance).

Informal support adequacy/inadequacy.

Requested Service

Other services the client receives

Intake Next Steps

STANDARD 13. The program appropriately schedules and documents service provision.

Compliance 13.1. To the extent possible, the client is assigned a consistent worker, and a permanent day (or days) when the worker provides service.

Compliance 13.2. A formal service plan (schedule) agreed to by the client is developed for each client who receives services on a routine basis.

- The service plan includes days of the week service will be provided, time service will be provided, duration of the service. *If PDS is used to record the service plan, the service plan may be entered in the care plan or in case notes.*

Compliance 13.3. If the program has PDS, it creates route sheets in PDS for documenting service provision.

Compliance 13.4. If the program does not have PDS, it uses worker or client logs that include:

- the name of the worker.
- the name of each client provided with service.
- the date and time service was provided

Compliance 13.5. The worker's weekly or monthly record of service provision is signed by each client to whom service has been provided.

Compliance 13.6. If the program has PDS, it confirms planned contacts recorded on the route in actual services (PDS).

STANDARD 14. The program formally re-evaluates the client's need for service at least annually.

Compliance 14.1. A documented re evaluation of service need is conducted with each client who receive ongoing or intermittent service at least annually. Re-evaluation should occur earlier than one year, if the need was determined to be temporary at intake.

- Continued need is documented, or the service is terminated if need no longer exists.

STANDARD 15. The program maintains a prioritized waiting list if service is not available.

Compliance 15.1. A prioritized waiting list is maintained based on the following criteria:

- Urgency of need.
- Inability to make other arrangements.
- Unavailability of informal supports or unable to utilize other means to meet the need.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 16. The program provides service to an appropriate population.

Compliance 16.1. Persons served meet the following criteria as documented on the intake:

- 60 years of age or older.
- unable to perform needed chores independently
- unavailability of informal supports to meet the client's need.
- need is low-level unless service is being used as a stop-gap intervention when home care is not available, or as a bridge to more intensive service needed but not wanted by the client (noted on intake).

RECORD KEEPING AND REPORTING

STANDARD 17. The program correctly reports documented units of service to DFTA.

Compliance 17.1. An accurate count of documented contacts to provide service is reported to DFTA.

Compliance 17.2. Reported units match documentation maintained on site.

- If PDS is available to the program, PDS-generated monthly unit reports based on confirmed route sheets match units reported to DFTA.
- If PDS is not available to the program, the total of documented contacts recorded on worker or client logs match units reported.

STANDARD 18. The program maintains client, employee and other required records.

Compliance 18.1. Client files.

- A completed intake record.
- the date of service start.
- the client's service plan (if service is recurrent for the client).
- documentation of reported incidents or observations
- documentation of contacts between program staff and the client outside of scheduled service (including satisfaction surveys).
- the date of service re-evaluation(s) and documentation of continued need.
- the date of service termination, with the reason for termination.
- Amount of actual service provided to the client (if program utilizes PDS).

Compliance 18.2. Service Records

- Worker logs (paper) or PDS route sheets documenting:
 - Name of worker.
 - Each client's name.
 - Date and time service provided.
 - Client signatures.

Compliance 18.3. Other

- Employee and/or volunteer records.
- Customer Satisfaction surveys.

TELEPHONE REASSURANCE STANDARDS

Telephone Reassurance is an organized service providing supportive contact and monitoring on an ongoing basis via regularly scheduled telephone calls to older persons who live alone, or are temporarily alone, and have limited ability to leave their homes. The purpose of the service is to reduce isolation, provide reassurance and companionship, and to determine if the older person is safe and well. Callers also help to identify the need for other services early enough to avoid future emergencies, and provide reminders to recipients who suffer from memory loss or confusion. Telephone Reassurance is not a one-time service.

Unit of service: Each contact with a client.

SCOPE

STANDARD 1. Callers provide support and reassurance in an ongoing relationship.

Compliance 1.1. Before making the first call to the client, the caller is provided with information about the client's needs, circumstances, and interests.

Compliance 1.2. Callers routinely inquire about and follow-up on issues of concern to the client.

Compliance 1.3. Where more than one caller is assigned to a client, each is kept informed about the client's current needs and status (e.g. notes from other callers are shared).

Compliance 1.4. Each client receives a scheduled call no less than twice monthly at a time established with the client.

Opportunity 1.4. *Each of the following is an opportunity:*

- Clients are called at least weekly, unless the client requests a less frequent schedule.
- In addition to the regularly scheduled call, special calls are made on birthdays and/or holidays.
- The program organizes at least one group trip or other group activity a year for its telephone reassurance clients (for example, a party, trip to a movie, etc.).

STANDARD 2. Callers monitor clients' safety and well-being.

Compliance 2.1. Callers report observations on their clients' unmet needs, health problems, or problem situations to their supervisor.

Compliance 2.2. Problems reported by callers are documented in writing.

Compliance 2.3. Supervisors follow-up as necessary on all reported problems (e.g. to refer to case management; to arrange for additional services; to arrange family intervention; etc.).

Compliance 2.4. Client emergencies and other urgent situations are dealt with appropriately.

STANDARD 3. Service availability is publicized in the community.

Compliance 3.1. Community-wide advertising is done for the service at least once annually (may be done as part of general program publicity).

Compliance 3.2. Where the program is a senior center, or sponsored by an organization that also sponsors senior centers, the program can demonstrate that although it *may* serve center members, it also serves persons who do not attend the center for meals or activities.

STANDARD 4. The program surveys client satisfaction with the service.

Compliance 4.1. At least annually, the program calls or sends out a written client satisfaction survey to each client who has received the service during the past six months to survey their satisfaction and to determine whether their needs are being met.

Opportunity 4.1. *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons who received the service during the year.
- The program can demonstrate that the results of the survey were shared with callers providing the service and the program's sponsor.

LEVEL OF SERVICE

STANDARD 5. The program provides the number of budgeted units annually.

Compliance 5.1. The number of units provided by the program is within the variance allowed by DFTA.

Opportunity 5.1. The program provides more than 100% of the number of units specified in its budget.

STANDARD 6. The program uses the correct unit definition for reporting levels of service.

Compliance 6.1. Units are counted only for completed telephone contacts with clients who are appropriate for the service and on whom there is an intake.

- Senior centers do not count calls to absent participants to inquire about their absence (participant is not expecting the call) as telephone reassurance unless the call results in an intake for scheduled telephone reassurance service.
- Units reported as telephone reassurance units are not also reported as another service – e.g. intergenerational service, case assistance.

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 7. Staffing is appropriate to the service.

Compliance 7.1. The number(s) of full and part time personnel (including volunteers) providing this service corresponds to the number(s) proposed in the program's response to DFTA'S RFP or DFTA-approved updates.

Compliance 7.2. Volunteers.

- If volunteers are used to provide the service:
 - Volunteers are consistently available.
 - Records of interviews with each volunteer to establish interest and reliability are on file.
 - Schedule of each volunteer is on file.
 - All volunteers have a designated supervisor.

Opportunity 7.2. The majority (or all) of callers are volunteers (not paid for by DFTA funds).

Compliance 7.3. Service oversight. The service is overseen by a staff person who has at minimum: a BSW degree, or a Bachelor's degree and one year experience in social services provision, or an AA degree and two years social service experience, or four years of direct social service experience.

Compliance 7.4. All callers are screened and interviewed to determine suitability by the staff person with oversight responsibility.

- The interview is documented.

STANDARD 8. The program provides supervision and support to its callers.

Compliance 8.1. All callers receive documented training on topics such as the following:

- roles and responsibilities;
- how to introduce themselves to new clients;
- how to ask leading questions and respond to information;
- how to "read" a client's attitude, tone, and strength of voice;
- how to handle confidential issues;
- which situations should be reported to staff;
- what to do when a client expresses a need for service which cannot be met by the caller;
- what to do in urgent or emergency situations;

Opportunity 8.1. The program has offered (or arranged for) additional formal training to be provided to callers during the year on topics relevant to the service – e.g. aging issues, characteristics of chronically ill, handicapped, and isolated older persons, how to build a relationship, how to help without creating dependency; how to write up observations, etc.

Compliance 8.2. Callers have contact with their supervisor (documented) either alone or in a group at least monthly.

PROCEDURES AND METHODS

STANDARD 9. The program follows appropriate screening and intake procedures.

Compliance 9.1. Service requests are screened prior to service provision to determine whether the client needs the service and is appropriate for the service.

Compliance 9.2. An Intake is completed on each client accepted for service.

Compliance 9.3. The Intake interview occurs in the client's home setting.

Compliance 9.4. Completion of Intake.

- **PDS.** The program uses PDS to collect basic and intake information on the client (if PDS has been made available to the program).
- **Paper.** An Intake Form, and a Participant Information Form (the PIF is submitted to DFTA) are completed if PDS is not available to the program. *If an Intake and PIF have been completed for another service, no new forms are necessary. An internal referral form may substitute for an Intake, if the client is already receiving service from another unit or component of the program. A case management agency Referral may substitute for an Intake.*
- **Information collection.** The following information is collected (*If basic information is already in the Provide Data System (client is currently receiving services) only items on the Intake Information screen are completed*).

Basic

Name

Address

Zip Code

Date of Birth

Social Security #

Sex

Income

Marital status

Living arrangements

Primary Language

Veteran Status

Vision, Hearing and Mobility Impairments

Emergency Contact

Intake

Referral source (where applicable)

Informal support adequacy/inadequacy

Presenting problem/reason why service is requested/needed

Other services client receives
Date of Intake
Service Request
Intake Next Steps

Compliance 9.5. At the time of the in-home intake visit, an evaluation is made of the client's need for other services (e.g. home-delivered meals, transportation, home care, home safety evaluation, etc.) and findings of need/no other need are documented.

Compliance 9.6. The program follows up to refer the client if other need have been identified.

STANDARD 10. There is a demonstrable system for communicating information about the client.

Compliance 10.1. Where a client has multiple callers, there are clear procedures and communication channels for passing on information about the client.

- Procedures protect the client's confidentiality while maximizing the ability of each caller to be helpful.

STANDARD 11. The program re-evaluates the client's continuing need for service at least annually.

Compliance 11.1. Service need is re-evaluated at least annually. Review occurs earlier than one year, if the original need was temporary (e.g. post-hospitalization; expected to return to senior center).

Compliance 11.2. Continued need is documented, or the service is terminated if need no longer exists.

STANDARD 12. The program appropriately schedules and documents service provision.

Compliance 12.1. A formal plan for telephone calls is developed with each client.

Compliance 12.2. If the program has PDS, it creates route sheets (schedules) in PDS for documenting service provision.

Compliance 12.3. If the program has PDS, it confirms planned telephone calls entered on the route sheet in actual services (PDS screen).

Compliance 12.4. If the program does not have PDS, it uses worker or client logs that include:

- the name of each client called.
- the date and time of service provision.
- the caller's name.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 13. The program serves the appropriate population.

Compliance 13.1. Persons served meet the following criteria as documented in the client file:

- 60 years of age or older.
- few or no informal supports (isolated)
- frail or vulnerable (e.g. chronic illness; impairments)
- homebound or have only limited ability to leave their homes.

RECORD KEEPING AND REPORTING

STANDARD 14. The program correctly reports documented units of service to DFTA.

Compliance 14.1. An accurate count of documented contacts is reported to DFTA.

Compliance 14.2. Reported units match documentation on-site.

- PDS-generated monthly unit reports based on confirmed route sheet match units reported to DFTA.
- If PDS is not available to the program, the total of contacts documented on worker or client logs match units reported.

STANDARD 15. The program maintains other required records.

Compliance 15.1. Client files.

- A completed intake record.
- the date of service start.
- any notes or observations reported by the caller.
- documentation of any contacts between program staff and the client outside of scheduled service provision (e.g. satisfaction surveys).
- the date of service re-evaluation(s) and documentation of continued need.
- the date of service termination, with the reason for termination.
- Amount of actual service provided to the client (if program utilizes PDS).

Compliance 15.2. Service Records.

- Worker logs (paper) or PDS route sheets.

Compliance 15.3. Other.

- Employee or volunteer records.
- Client satisfaction surveys.

TRANSPORTATION SERVICE STANDARDS

Transportation service provides older persons with transportation to a variety of locations including senior centers, service agencies, recreational activities, and to medical or other essential appointments.

SCOPE

STANDARD 1. The program provides individual and/or group transportation as proposed in its response to DFTA's RFP, for the purposes proposed in its response to DFTA's RFP.

Compliance 1.1. Trip Type. The program provides at least the types of trip (individual and/or group) proposed in its response to DFTA's RFP, in the proportion proposed.

Compliance 1.2. Trip Purpose. The program provides trips for each of the purposes identified in its response to DFTA's RFP or DFTA-approved updates -- for example, trips to medical appointments, stores, banks, senior centers, adult day services, paid or volunteer jobs, group recreational trips, cemeteries.

STANDARD 2. The program publicizes service availability in the community.

Compliance 2.1. *The following applies to any program that provides individual transportation or where transportation is the major or only service provided:*

- At least once a year the program provides the public with information about the service, its availability to all seniors in the community, the number to call, and the program's policy regarding advance notice (for example, through a community newspaper; postings in public places such as libraries, pharmacies, churches, etc.). *See also General Program Standards.*

STANDARD 3. The service is accessible to persons with disabilities.

Compliance 3.1. Any new vehicle purchased or leased by the program meets provisions of the Americans with Disabilities Act. *The program may choose a vehicle that does not meet ADA requirements only if it already owns or leases a working ADA-compliant vehicle.*

- Programs that do not own or lease an accessible vehicle have referral arrangements with an organization that can accommodate the needs of persons with disabilities.

- The program provides information about how to access the Access-A-Ride program when it cannot serve a person with disabilities..

Compliance 3.2. Drivers provide assistance to clients who require help getting on and off the vehicle if there is no one else available.

Compliance 3.3. Home attendants or other escorts are allowed to accompany persons in need of special assistance on the trip.

STANDARD 4. The program serves as many persons as possible.

Compliance 4.1. Every effort is made to accommodate as many persons with service need as possible – e.g. a rotation system for passengers being taken to a senior center, or on shopping trips, if the vehicle cannot accommodate everyone.

Compliance 4.2. If service is available from another transportation provider in the area, the program refers clients whose requests it cannot meet.

Compliance 4.3. Transportation may be provided on an exceptional basis to an individual who lives outside the community districts specified in the contract. Trips for persons who live outside the service area are authorized in writing (with reason for providing the trip explained) by the program director or transportation coordinator.

Compliance 4.4. Waiting list. The program maintains a waiting list when clients who need recurring transportation service cannot be served or appropriately referred.

STANDARD 5. The program promotes safety.

Compliance 5.1. Programs that own or lease their own vehicles. The program can demonstrate an effort to bring safety issues to driver and/or passenger awareness – e.g. posting of information (other than seat belt information); distribution of flyers or brochures; distribution to drivers of the DMV Driver’s Manual; showing of a film or videotape; discussion at a staff meeting, etc.

Opportunity 5.1. The program offers incentives for safe driving – e.g. formal recognition.

Compliance 5.2. Seat Belts.

- Vehicles are equipped with seat belts.
- Passengers are required to use seat belts (sign posted in vehicle).

Compliance 5.3. Accidents involving vehicles owned or leased by the program.

- When an accident occurs:
 - the driver completes an accident report.
 - any participants involved are debriefed.

- the driver is interviewed to identify cause of the accident and to identify steps that will be taken to prevent accidents in the future, including steps to improve or correct the driving of any driver at fault in an accident. Examples of acceptable program action include: driver assigned to a defensive driving course; transportation coordinator re-trains the driver; disciplinary action if necessary.

Compliance 5.4. Accidents involving car or taxi services, ambulette services, etc.

- The program obtains the police report on any accident. Where the driver was at-fault, the program obtains written assurance from the non-DFTA provider that actions have been taken to re-train or terminate the service of the driver. If more than one at-fault accident occurs during a year, the program terminates any arrangement with the provider. .

STANDARD 6. The program invites consumer input on service improvement and passenger satisfaction.

Compliance 6.1. Every client receives in writing the name of the person to contact and the contact phone number and address in case of complaint. *See also General Program Standards.*

Compliance 6.2. Group Transportation providers. The program has a demonstrable system for obtaining suggestions and recommendations from clients for service improvement (e.g. program makes a written request in writing for suggestions; senior center based program has a suggestion box, or item is on agenda for a meeting) and for determining passenger satisfaction.

Compliance 6.3. Providers of individual transportation service At least once a year, the program calls or sends out a written client satisfaction survey to each client for whom recurring individual service has been scheduled during the past six months, to survey their satisfaction and to determine whether their needs are being met.

Opportunity 6.3. *Each of the following is an opportunity:*

- Feedback is obtained from at least 50% of persons contacted for the satisfaction survey.
- The program can demonstrate that the results of the survey were shared with drivers providing the service and the program's sponsor

STANDARD 7. Passengers are offered the opportunity to make a voluntary contribution to transportation service.

Compliance 7.1. *Note: The following does not apply to clients of DFTA-funded social adult day service programs with whom the provider has an agreement.* The program informs service users of the following in writing or by phone, and by a posted sign in owned or leased vehicles used for transportation:

- Suggested contribution amount (at least equivalent of Reduced Fare) for group trip; higher suggested contribution amount for specialized trips such as door-to-door service.
- Contributions are used for the program.
- Contributions are voluntary and confidential.
- Service may not be denied if a contribution is not received.
- Procedure for making a contribution.
- Note: Contributions should not be requested from home attendants who accompany service consumers on the trip. Contributions may be requested from family members.

Compliance 7.2. The method of collection (e.g. box with slit, mail-in, prepaid voucher, coupon or token) ensures the privacy of each individual with regard to the amount given.

LEVEL OF SERVICE

STANDARD 8. The program provides the number of budgeted units annually.

Compliance 8.1. The number of units of service provided by the program is within the variance from budgeted units allowed by DFTA.

Opportunity 8.1. The program provides more than 100% of its budgeted units.
Note: Transportation programs provided by senior centers may not meet this opportunity by providing group recreational trips for center members.

STANDARD 9. The correct unit definition is used in reporting the level of transportation service.

Compliance 9.1. Units are measured in one-way trips per individual.

Compliance 9.2. Transportation units are not counted for trips provided to:

- home attendants or other persons under the age of 60 who accompany service consumers.
- agencies that purchase transportation from the program.
- DFTA-funded social adult day service clients.
- Clients of programs that are reporting transportation units for the same client to DFTA (DFTA-to-DFTA).

STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 10. Staffing is appropriate for the service.

Compliance 10.1. Staffing for the service corresponds to the staffing proposed by the program in its response to DFTA's RFP or DFTA-approved updates.

- Each position title is staffed with the number of persons proposed for the title.
- Supervision is staffed as described in the program's proposal or in subsequent updates.

STANDARD 11. Transportation service staff is appropriately qualified.

Compliance 11.1. Driver license requirements. Each driver has the appropriate license:

- Class D or Class E: small van (18,000 lbs or less/adult seating capacity up to 14 including driver).
- Commercial Drivers license C with a passenger endorsement: van (26,000 lbs or less/adult seating capacity of 15 or more).
- Commercial Drivers License B with a passenger endorsement: bus (26,001 lbs or more/adult seating capacity of 15 or more).

Compliance 11.2. Driver qualifications prior to employment. Each driver meets these qualifications prior to employment:

- Three years of driving experience (documented on application form).
- No convictions for driving while intoxicated during past two years.
- No more than one moving violation within past two years.
- Two references (checked).

Compliance 11.3. Ongoing driver qualifications. For each of its employed drivers, on an annual basis, the program obtains information about any convictions for driving while intoxicated and moving violations during the preceding year.

- The program has taken appropriate steps to discipline driver/terminate the employment of any driver with DWI convictions or moving violations.

Compliance 11.4. Coordinator/supervisor/dispatcher qualifications.

- Same as qualifications for drivers plus knowledge of roadways within service boundaries, and a thorough awareness of general vehicular operation.

STANDARD 12. Transportation service staff are appropriately trained and supervised.

Compliance 12.1. All new staff receive a formal orientation or training covering:

- the aging process, including how to work with older persons (e.g., effects of aging on mobility, sight and hearing, and cognition).
- safety (accident prevention).
- operation of lifts and tie-downs.
- what to do in inclement weather or natural disaster.
- what to do if vehicle gets stuck.
- reporting of vehicle defects.
- reporting of accidents or other hazards.
- emergency procedures.
- the program's complaint procedures.

Opportunity 12.1. All drivers employed longer than six months hold a current certification card denoting completion of a defensive driving course.

Compliance 12.2. Staff providing transportation receive regular supervision.

Opportunity 12.2. A supervisor accompanies each driver on a trip at least twice yearly and documents performance.

PROCEDURES AND METHODS

STANDARD 13. The service is effectively organized.

Compliance 13.1.

- The procedure for receiving reservations for individual trips (including timeframes) is clear and efficient;
- Vehicles are dispatched and car service ordered (if applicable) in a timely and effective manner;
- Passenger pick-up for group transportation is organized effectively.
- Passenger pick-up and delivery is timely;
- There is a procedure for ensuring that no passengers are “stranded” (not picked up for a return trip).

STANDARD 14. The program appropriately schedules and documents service provision.

Compliance 14.1. A formal service plan agreed to by the client is developed for each client who receives individual transportation service on a recurring basis.

- The service plan includes days of the week service will be provided, time service will be provided, destination(s). *(The service plan may be entered into PDS on the care plan or in case notes).*

Compliance 14.2. If the program has PDS, it creates the appropriate route sheets in PDS for documenting service provision and/or uses a bar code reader to scan in passengers on group trips (e.g. recreational trips).

- Drivers check off each trip actually provided and sign the Route Sheet.

Compliance 14.3. If the program has PDS, it confirms each one-way trip actually provided to each client in PDS (actual services) or scans client bar codes directly into PDS.

Compliance 14.4. If the program does not have PDS, it uses a Daily Route Sheet and/or Car Service Reservation Sheet to document individual transportation, and a Group Transportation Log to document group transportation.

- Logs indicate date, passenger names, whether the trip was one way or both ways, purpose of the trip, pick-up location and destination, and pick-up and return times.
- Logs include a place to record whether a contribution was received.

STANDARD 15. Emergencies are handled appropriately.

Compliance 15.1. Emergency plans (program uses its own drivers).

- Written emergency plans cover the responsibilities of each driver and other staff in case any of the following occurs during a trip:
 - Accident.
 - client illness.
 - bad weather or unusual traffic conditions that make continuing travel impossible.
 - vehicular breakdown.
 - “stranded” client or “no show” client.
- Plans address when to evacuate the vehicle; when (if ever) to move the vehicle in case of an accident; when to take an ill passenger straight to the hospital or other facility.

Opportunity 15.1. Drivers are equipped with cellular phone or beeper, or the program has two-way radio enabling the driver to be in contact with the dispatcher and/or transportation coordinator.

Compliance 15.2. First aid kits and fire extinguishers

- First aid kit on board each vehicle.
- An A:B:C fire extinguisher on board each vehicle.

Compliance 15.3. Emergency plans (car or taxi service).

- Providers of car or taxi service to the program (sub-contracted or informal agreement) are informed in writing:
 - They must report any accidents involving clients to the program.
 - They must notify the program immediately when any client is “no show” after a reservation has been made.

Compliance 15.4. Accident reporting.

- Fatal and other personal injury accidents, and accidents involving one thousand dollars or more in property damages, must be reported to the Department of Motor Vehicles (accident reporting form can be obtained from the DMV), and to DFTA.
- The program maintains an accident record (date, circumstances, vehicle, driver).

STANDARD 16. The program has procedures to minimize service disruption when vehicles or drivers are not available.

Compliance 16.1. When vehicles have been out of service due to repair or unavailability of a driver, the program can demonstrate that it took all feasible steps to minimize service disruption.

STANDARD 17. The program has appropriate registration and intake procedures.

Compliance 17.1. Group transportation service (only).

- If PDS has been made available to the program, the program registers clients who receive group transportation service on a regular basis. Note: registration for the service is not necessary if the client is already registered in PDS – e.g. as a senior center member – or if the client is a one-time or occasional user (treated as a senior guest). *See General Program Standards for registration requirements.*
- If the client is registered in PDS, information about whether or not the client uses assistive devices is added to the basic registration information.

Compliance 17.2. If PDS has not been made available to the program, the program completes a Participant Information Form on the client unless one already exists. *Note: One-time users may be treated as senior guests.*

Compliance 17.3. Individual transportation service.

- The program screens clients who request individual transportation to determine whether the client meets the criteria for appropriate provision of individual transportation (*see Standard 24*).
- If the client is accepted for service, an Intake record is created in PDS.
 - If PDS has not been made available to the program, the program completes a paper Intake Form. In addition, the program completes a Participant Information Form for submission to DFTA if the program has not previously served the client. Note: if the client has been referred by a case management agency, the Case Management Agency Referral Form substitutes for an Intake and a PIF if program is using paper records.
- The PDS record documents basic and intake information. *Note: if the basic elements are already in PDS – for example, if the program is already serving the client or if the client file has been transferred from a case management agency, they do not need to be entered again):*

Basic

Name

Date of Birth

Sex

Social Security Number

Address

Borough

Living Arrangements
Marital Status
Ethnicity
Primary Language
Veteran Status
Total Monthly Income
Vision, Hearing, and Mobility Impairments (e.g. use of a wheelchair)
Emergency contact
Intake
Date of Intake
Referral source
Presenting problem or need (reason why client is seeking assistance)
Requested service
Purpose of trips that will be provided
Additional information about presenting problem or need (e.g. whether the client will need assistance getting on and off the vehicle.
Information about whether the client uses assistive devices (entered on the Health tab in PDS)

STANDARD 18. Appropriate coordination occurs when a DFTA-funded transportation provider provides trips to clients of another DFTA-funded program.

Compliance 18.1. Regularly occurring group transportation (e.g. to and from the senior center). If both programs have PDS, the program where the client is registered (e.g. senior center) electronically transfers the client's file (basic registration information) to the transportation provider so that client-specific service provision can be documented.

- If both programs do not have PDS, the program where the client is registered (e.g. senior center) sends a list of passengers to the transportation provider to use for recording transportation units.

Compliance 18.2. Occasional or one-time transportation (e.g. special event).

- If both programs have PDS, the program where the client is registered electronically transfers the client's file (basic registration information) to the transportation provider so the trip can be documented.
- If both programs do not have PDS, the program where the client is registered creates a list of passengers for the trip and shares the list and emergency client information with the Transportation program.
- The Transportation Program does not provide service unless it receives needed information.

- The transportation provider and the DFTA-funded program for which service is provided have a verbal or written agreement concerning how any client emergencies will be handled.

Opportunity 18.2. *Each of the following is an opportunity.*

- The transportation provider can demonstrate that it has offered to make its vehicle available for transportation service to other service providers in the community.
- The transportation provider can demonstrate a planning and coordination process with other service programs in the community to ensure that each receives transportation service in an equitable manner.

STANDARD 19. The program handles complaints appropriately.

Compliance 19.1. Client complaints are investigated and resolved.

Compliance 19.2. A client complaint record is maintained.

STANDARD 20. The program appropriately safeguards and accounts for contributions collected for the service.

Compliance 20.1. Safeguards

- Contributions are counted by two persons, at least one of whom is a staff person.
- Contributions are kept in a safe location and deposited at least weekly.

Compliance 20.2. Accountability

- A dated record of contributions received, signed by two persons, is maintained.

STANDARD 21. The program monitors costs charged by providers of car/taxi/ambulette service to the program.

Compliance 21.1. The program has an acceptable method of reconciling invoices received from taxi/car/ambulette services against the program's record of authorizations for such services.

PHYSICAL EQUIPMENT

STANDARD 22. Vehicles are in safe operating condition.

Compliance 22.1. Vehicle safety requirements.

- Vehicles are inspected regularly by the transportation coordinator or other qualified supervisor to ensure safety (maintenance and safety checks), comfort, and accessibility.
- Vehicles are inspected by a state certified vehicle inspection station annually.
- Vehicles are registered annually.
- Repairs are timely.
- Wheel chair lifts and other equipment on the vehicle are in working condition.
- The program deals only with transportation service providers (for example, car service, taxi, or ambulette providers) that can ensure vehicle inspection each year, appropriate registration of vehicles, and appropriately licensed and trained drivers.

STANDARD 23. Vehicles are maintained in good condition.

Compliance 23.1. Vehicle condition.

- Vehicles are protected against theft and vandalism.
- Litter is removed from vehicles on a daily basis.
- Interiors of vehicles are clean.
- Exteriors of vehicles are washed on a regular basis.

ADHERENCE TO TARGET POPULATIONS AND TARGET AREAS

STANDARD 24. Transportation service is provided to an appropriate population.

Compliance 24.1. Persons who receive the service are 60 years of age or older.

Compliance 24.2. Appropriateness for individual transportation. Older persons provided with individual transportation are appropriate for the service because their destination is beyond their walking (or driving) ability and they have no alternative means of transportation for one or more of the following reasons:

- A permanent or temporary physical, mental, or sensory limitation prevents utilization of public transportation.
- Terminals for public transportation are situated beyond the individual's ambulatory ability.
- Trip by public transportation requires numerous transfers beyond their ability.

Compliance 24.3. Medical trips for Medicaid clients.

- Medicaid clients are not provided with medical trips.

Exception: *A Medicaid client may be transported for a medical trip only if the client cannot obtain a prior approval number through the Medicaid system.*

STANDARD 25. The program serves all of its contract service area.

Compliance 25.1. Unless otherwise specified in its response to DFTA'S RFP, the program provides trips to and from all parts of the Community Districts it is contracted to serve.

RECORDKEEPING AND REPORTING

STANDARD 26. There is on-site documentation to support the number of units and the amount of income reported to DFTA.

Compliance 26.1. An accurate count of documented one-way trips is reported to DFTA.

Compliance 26.2. Reported units (one-way trips) match documentation maintained at the site on actual one-way trips provided.

PDS users – Transportation records

- Monthly Summary Report by Service.
- Monthly Summary Report by Date.
- Daily/weekly Route Sheets for each vehicle with trips checked off by driver, Activity Sheets (as appropriate)

Transportation Logs – Paper

- The Daily Route Sheet, and/or Car Service Reservation Sheet is completed each day service is delivered for each vehicle in use.
- All sections of the Daily Route Sheet and Car Service Reservation Sheet and Contribution Record are filled in, including trip purpose.
- The driver of the vehicle signs the daily record.
- The Transportation coordinator (or supervisor) and one other staff person count the contributions received, and both sign the record.
- Daily totals of one-way trips made by each vehicle, and contributions received, are transferred to a Transportation Monthly Record of Volume.
- The Group Transportation Log is used to document one-way trips for special events when the place of origin and the destination are the same for all passengers.

Compliance 26.3. An accurate count of contributions collected is reported to DFTA.

- Daily, weekly or monthly records document the monthly amount reported to DFTA.

Compliance 26.4. Weekly mileage, fuel use, and fuel costs.

- The weekly DFTA mileage, fuel log and maintenance check record is kept up-to-date.
- Separate receipts signed by an authorized individual and bearing license plate number, date of purchase, number of gallons purchased, cost of fuel, name of purchaser (agency name), name of seller (city, county), and invoice number are kept on file.

Compliance 26.5. Equipment maintenance checks, inspections, and repairs.

- Maintenance checks are documented on the weekly mileage, fuel log and maintenance check record.
- A record of repairs is kept for each vehicle.
- The annual inspection record and registration for each vehicle is maintained on the vehicle.
- The program documents the date, reason, and length of time that vehicles are out of service.

Compliance 26.6. Car/taxi/ambulette service agreements.

- Agreements (if written)
- Billing records

Compliance 26.7. Staff qualifications and training.

- Each driver's personnel file contains:
 - Copies of current license
 - Completed Job Application Form
 - Annual New York State Motor Vehicle print-out
 - Documentation of new driver orientation, training, and any ongoing training (may be an event generated in PDS Employee file), with name of participant, date of orientation, date of training, content of training, name of person providing the training.

Compliance 26.8. Client information.

- An Intake in PDS or on paper, or a Referral Form.
- A record of actual one-way trips provided to each client.

Compliance 26.9. Complaint and accident files.

- Complaint file
- Accident file