

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services
Grants Unit

Senior In-Home Services Grant Program Manual



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SAMS Registration and Demographic Form, reporting and other program forms are available at: <http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm> or from the program manager.

See the SAMS data entry guide for the data entry process

Senior In-Home Services

The Senior In-Home Services program provides funding for case management, chore, respite, extended respite, and supplemental services to low income seniors who experience Alzheimer's Disease or Related Dementia (ADRD), frailty due to aging, or other cognitive or physically disabling conditions in order to help them remain in their homes and living independently for as long as possible, forestalling or preventing more costly institutional care.

The program offers older individuals, 60 years of age or older, who are low-income and need assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs), a flexible delivery system to best meet the needs of the seniors in the community. A sliding fee scale is used to determine the cost for chore and respite services. Individuals who meet level of care for the Home and Community Based Medicaid Waiver program are not eligible for services under this grant program.

Not all Grantees provide every service of the SIH program due to logistics of the service area, expertise, other available services in the area, or available funding.

The Goal of the Senior In-Home Services program:

Support older individuals to maintain their independence while prioritizing those with the highest need.

Services provided through this grant must result in measurable outcomes. The anticipated outcomes for this grant program are to:

1. Decrease need for out-of-home placement,
2. Increase the number served who meet the definition for the target population and priority of service,
3. All community supports for seniors will be maximized to extend independence in the home, and
4. Increase or maintain client satisfaction with services.

Program Forms

SIH forms may be found in this end of this manual and also at the following web address:

<http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm>

1. SAMS HCB Registration & Demographic Form
2. SDS SIH Grant Case Management Assessment Form
3. SDS SIH Grant Plan of Care
4. SIH Quarterly Report Narrative
5. SIH Expenditure by Service Category Form (CFR2)
6. Request to Service Individual Under Age 60 (in revision)
7. Request for Supplemental Services
8. SAMS Security Agreement

Program Resources

The program Manager will be able to assist in obtaining copies of these:

1. This manual – SIH Program Manual (on webpage)
2. SIH Request for Proposals - RFP
3. SIH Program Standards
4. Grant Agreement
5. Grant Assurances
6. Grantee's Grant proposal or current grant cycle
7. DHSS Grant Regulations – 7 AAC 78
8. Budget Preparation Guidelines for Grantees
<http://dhss.alaska.gov/fms/grants/Pages/Resources.aspx>

See the FY 13-15 RFP for the Senior In-Home Services grant program for detailed information on:

Eligibility for Services,
Target population and Priority of Service,
Service Definition and Details,
Allocation of Services, and
Documentation Requirements

Additional Notes for Eligibility for Senior In-Home Services

- Eligibility will be determined by the grantee with consultation provided by the SDS program manager as needed.
- Individuals who would meet income and level of care eligibility to receive services under the HCB Medicaid Waiver program are not eligible for services under this grant.
- Services are not based on first come, first served, but are prioritized within the priorities listed above, taking into consideration the individual's increased need for assistance with ADLs to remain living independently.
- Respite is for non-paid caregivers only and is not provided in order for caregivers to go to work.
- Chore is only available in cases when no able-bodied person lives in the household.
- To service individuals under the age of 60 years requires approval by the SDS program manager, on the prescribed forms, before services may begin.
- Supplement Services also requires approval, on the prescribed forms, before provided.

SIH Services & Units – Brief descriptions

I. REGISTERED SERVICES – Requires demographics and entry into SAMS by client

SIH Care Management is assistance either in the form of gaining access to needed medical, social education, other programs and services and/or case management in circumstances where the older person is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing adequate follow-up and reassessment, as the situation requires.

Case management services may be short-term or long-term, documentation of activities is expected. Case management activities include:

- i. Information, assistance, outreach, screening, referrals;
- ii. Assessing the individual's needs which require the provision of services by formal service providers, family caregivers, other informal supports using the SIH Grant Case Management Assessment Form;
- iii. Developing a Plan of Care that identifies a course of action to respond to the assessed needs of the eligible individual using the standardized plan of care form SDS SIH Grant Plan of Care form –
- iv. Client monitoring that includes the scope and frequency of contact to ensure the plan of care is implemented and adequately addressing the recipient's needs (For clients receiving ongoing, longer-term case management, at least one contact by phone or face to face per month is expected) ; and
- v. Annual review and update of the assessment and plan of care.
- vi. For clients receiving ongoing, longer-term case management, at least one contact by phone or face to face per month is expected.

The service of SIH Case Management will be used for all aspects of case management for a registered client.

Contacts or case work = 1 unit whether the contact is one minute or one hour.

➡ Count an additional unit for each hour the work on the client's behalf/case goes into another hour.

➡ Assessments usually take 2 to 4 and developing a plan of care may take 1 to 2 hours depending upon situation.

Examples:

Client A is a new client and received the following in the first month:

1. Initial contact and screening – (1 contact /under 1 hour) = 1 unit
2. Home visit and assessment = 4 units
3. POC development = 1 unit
4. Referral to other services – (2 referrals) = 2 units

5. Follow up with client – (1 contact under 1 an hour) = 1 unit
 6. Assistance with paperwork for senior benefits, and energy assistance 3 hrs of work on case = 3 units
- Total units in month for Client A = 12 units

Client A – the second month:

1. Follow ups with client (2 contacts under an hour) = 2 units
 2. Contact service provider regarding services (1 contact under an hour) = 1 unit
 3. Follow up on energy assistance (one call under an hour) = 1 unit
- Total units this month for Client A = 4 units

Client A – the third month:

1. Follow up with client (1 contact/call – under an hour) = 1 unit
- Total unit this month for Client A = 1 unit

SIH Chore: A service that assists the older individual in keeping a safe and clean environment to live independently in the home. Typical chore activities may include meal preparation, shopping for groceries, laundry, performing light housework, performing heavier housework, running errands, yard work or sidewalk maintenance, or hauling water.

1 hour of chore = 1 unit (Allocation limit of 25 hours per month)

Notes:

- Amount of hours received should be based upon need so that services may be provided to as many individuals as possible.
- Individuals who live in the home with an able-bodied person are not eligible for this service.
- Individuals who receive PCA may be eligible if their IADL's have been assessed first under the PCA program and they do not meet level of care for light housekeeping services.
- IADLs assistance under the PCA program should meet their needs, but if there is a case with extenuating circumstances, contact the HCB Program Manager to discuss first before serving. Remember that funds are limited and we need to spread the services to as many individuals as possible. There are many individuals who are not eligible for PCA and the grant may be their only resource.
- **Refer** - If the client does not receive IADL's under PCA and it is believed they could or their condition changes to where they may meet level of care for IADL's please refer the client for a PCA reassessment. SIH Chore may be used in the interim.
- **The grant is always the payer of last resort:** If a client on the grant becomes eligible for PCA light housekeeping be sure to discharge them from grant chore so that the hours may be used for another client.

SIH Respite and SIH Extended Respite is a service that provides substitute care for adults with physical and cognitive functions, to allow intermittent or temporary relief or rest to a primary caregiver who is most often a family member. Both the primary caregiver and care recipient are considered clients of the program and benefit from the services. Services may be provided on either a planned or emergency basis in a variety of settings such as in the family or caregiver's home, the respite worker's home, a licensed assisted living home, residential care facility, hospital or nursing home. Extended Respite is the provision of 24 hour care.

1 hour of respite = 1 unit (Allocation limit of 40 hours per month)
1 day of extended respite = 1 unit (Allocation limit of 7 days per year)

SIH Supplemental Services is a service to assist the "low-income" senior in attaining or maintaining a safe and healthy environment to avoid a crisis that would jeopardize their ability to remain independently in their own home.

This service requires approval by the SDS Program Manager. The request form is available from the program manager or on the SDS grants webpage. The cost of these services is included in the Grantee's grant award and budgeted accordingly. Payment is made directly from the grantee to the vendor for items or services approved. Requests for services or items that could be covered by other public benefits such as Medicaid, Medicare, other grant programs, or private insurance will not be approved unless denied first by the other program(s). All other possible sources of funding should be exhausted before supplemental services under the SIH program is considered.

Each occurrence = 1 unit (Allocation limit of \$500 per year per client or household)

Note: Personal emergency alarm systems are counted monthly – 1 unit each month of service.

II. UNREGISTERED SERVICES – headcount only – no demographics or registration

Unregistered Services – Consumer Groups are services delivered to individuals or groups that are head-counted only and not registered or entered into the database by name. There are two services under this service category SIH CM Information and Assistance and SIH CM Outreach/Community Education Activities.

➡ **Enter of these contacts and/or activities by the month under the appropriate service.**

SIH CM Information and Assistance is one on one contact with little or no follow up including information, assistance, or referrals to individuals over the phone or in person regarding services available for seniors in the community. Each agency should develop their own system for tracking these calls or contacts so that a head count may be entered into SAMS each month for this activity.

Service: SIH CM Information and Assistance (**1 contact = 1 unit**)

- Keep client count as unduplicated as possible

- If contact goes into a second hour count 2 units, etc.
- Number of units may exceed number of unduplicated people
- Number of unduplicated people will NEVER be more than the number of units

SIH CM Outreach/Community Education Activities are group activity services and not a one-on-one service. Keep a log of activities each month along with the number of attendees, number of mailings, subscription count, etc. Enter these activities each month in a SAMS Consumer Group and use the comments box to make a note for each activity including date, title/name, number of attendees, mailing, or subscription count for each activity.

➡ Outreach activities are a one-way exchange of information from the agency out to the public. Examples include advertisement through different mediums about services, trainings, other senior events, that the case manager coordinates or delivers. Meetings where case managers attend for purpose of outreaching about services may also be counted.

➡ Community Education activities are educational in nature. Examples include articles or radio programs educating the public on topics around aging, newsletters, health fairs, a presentation that is on a specific educational topic.

Service to use for these is: SIH CM Outreach/Community Education Activities

Examples of Outreach and Community Education:

- **Presentation or inter-agency meeting informing about the group about services:**
Unit: 1 per outreach activity
Consumers Served: enter # in attendance
- **Advertisements on cable, newspapers, radio about services:**
Unit: 1 per month per campaign
Consumers Served: # of newspaper subscriptions, or radio listenership.
The exception is to Senior Voice – use only the population in the area(s) you serve.
- **Newsletters Mailed to known clients or interested parties**
Unit: 1 per activity
Consumers Served: number of newsletters mailed
- **Article in newspaper about Falls Prevention:**
Unit: 1 per article
Consumer Served: #of newspaper subscriptions

Reporting

Forms for reporting will be emailed upon request and may also be found on our webpage at: <http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm>. Please contact Cyndee Simpson-Sugar, Program Manager at 465-4798 or Cyndee.sugar@alaska.gov for assistance.

Grantees are required to submit a report each quarter that includes data such as clients served, units of service, waiting list information, staff training and expenditure information for the quarter. Program reports provide insight to the types of clients that are being served, as well as to what extent services are being utilized for each program. The fiscal report illustrates how resources were expended on services by line item and establishes cost effectiveness of the services being provided.

1st and 3rd quarters submit:

- a) via eGrants - the **Cumulative Fiscal Report (CFR 1)** for the quarter;
- b) via email - the **CFR 2 form**; and
- c) **SAMS Reports** for the quarter.

2nd and 4th quarters submit:

- a) via eGrants - the **Cumulative Fiscal Report (CFR 1)** for the quarter;
- b) the **CFR 2 form**;
- c) **Biannual Progress Report Narrative** – covering two quarters for the biannual period; and
- d) **SAMS Reports** for the quarter (no need to run for 6 month period).

Cumulative Fiscal Report (CFR 1)

The CFR is submitted electronically through eGrants which is accessed through my Alaska for Organizations. Please contact the Grant Administrator for your program for initial set-up and ongoing support.

Expenditure by Service Category Form (CFR 2)

The CFR2 form requires running SAMS reports to complete. Enter numbers for each item as indicated (see Instructions for running SAMS reports). After you complete the service delivery information on the form please send the form to your finance person so that they may complete the Expenditures section of the form. **The data in SAMS must match the numbers entered on this form and the totals on this form must match totals on the CFR.**

Note: Items in the shaded areas contain formulas. This form has been protected so that the formulas will not be deleted. Please contact the program manager if the form is not working properly.

Additional Notes for Reporting

1. Only begin counting service delivery for a client once they've begun receiving services.
2. Individuals on the waiting list are not considered clients until they receive services.
3. Round service units to the nearest ¼ hour.
4. Round dollar figures to nearest whole number. No decimals please!
5. The person preparing report may not sign as the authorized signature; the report must be signed by the preparer's supervisor or other higher ranking position with the authority to certify the report.
6. The CFR and CRF2 figures must match.

Due Dates for Reporting

Quarterly reports are due 30 days after the end of the quarter – these dates are listed on the above webpage link as well. Reports may be scanned and sent through email, faxed or mailed through the postal service. Be sure that report is sent with the required signature. After all required documentation is received the quarterly report is then forwarded to the program manager for program and payment approval. Payments are based upon the expenditures reported. Timeliness and accuracy of grant reporting is documented and this performance is taken into consideration during grant proposal evaluation.

Send Reports to:

Marlyn Carrillo, Grants Administrator
Grants and Contracts Support Team
P.O. Box 110650, Juneau, AK 99811-110650
907-465-3026 voice 907-465-3419 fax
Email: Marlyn.Carrillo@alaska.gov

*Be sure the report is complete and has the required signature
Incomplete reports will delay the approval process.*

Requesting an Extension and Late Reporting

In the event that the quarterly report deadline cannot be met, please submit a written request via email, before the due date to Cyndee.sugar@alaska.gov requesting an extension. Indicate the reason for the extension request and the date you expect to be able to submit it. An approval email will be sent to you for your records.

If an extension is not requested your report will be considered late.

Data Collection and Entry – Harmony for Aging SAMS 3.0

The Social Assistance Management System (SAMS) is the data collection system for SDS senior grants. SAMS is a web-based database program and is an integral part of the quarterly reporting process. Contact the program manager for a security agreement and to obtain a username and training. One username is issued per grant program. Instructions on how to use the SAMS database are located in this guide. The program manager is the contact for SAMS data entry and other technical assistance.

See the SAMS data entry guide for the data entry process.

Definitions

Activities of Daily Living (ADLs): eating, dressing, bathing, toilet, transferring in/out of bed/chair, and walking.

Alzheimer’s Disease or Related Disorders (ADRD): Alzheimer’s disease is a progressive, degenerative disease that attacks the brain and is the most common form of dementia. Dementia is a general term that describes a group of symptoms such as loss of memory, thinking and language skills, and behavioral changes that reduces a person’s ability to perform everyday activities. Related disorders include Huntington Disease, Lewy Body dementia, Parkinson’s Disease, Multi-infarct or Vascular dementia, Creutzfeldt-Jakob, alcohol dementia, trauma dementia (caused by head injury), and frontotemporal dementia.

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Chore: A service that assists the older individual in keeping a safe and clean environment to live independently in the home. Typical chore activities may include meal preparation, shopping for groceries, laundry, performing light housework, performing heavier housework, running errands, yard work or sidewalk maintenance, or hauling water.

Cognitive Impairment: A cognitive impairment that is not progressive or degenerative.

Developmental Disability: A person who is experiencing a severe, chronic disability that

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the person attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and

- reflects the person’s need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Disability: The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disability”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:

- (A) self-care,
- (B) receptive and expressive language,
- (C) learning,
- (D) mobility,
- (E) self-direction,
- (F) capacity for independent living,
- (G) economic self-sufficiency,
- (H) cognitive functioning, and
- (I) emotional adjustment.

Frail: with respect to an older individuals, that the older individual is determined to be functionally impaired because the individual:

- is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- is unable to perform at least three such activities without such assistance; or
- due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Greatest economic need: means the need resulting from an income level at or below the poverty line

Greatest social need: means the need caused by non-economic factors which include

- Physical and mental disabilities;
- Language barriers; and
- Cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks; or threatens the capacity of the individual to live independently.

Instrumental Activities of Daily Living (IADLs): preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

Mental Illness: a diagnosed Schizophrenia, Delusional (paranoid disorder), Mood Disorder such as Depression, Anxiety disorder, Somatoform disorder, Organic mental disorder, Personality disorder, Dissociative disorder, childhood disorder, or other severe and persistent disorder.

Older Individual: an individual who is 60 years of age or older.

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits. Outreach is one way communication from the agency reaching out to the public.

Respite and Extended Respite: a service that provides substitute care for adults with physical and cognitive functions, to allow intermittent or temporary relief or rest to a primary caregiver who is most often a family member. Both the primary caregiver and care recipient are considered clients of the program and benefit from the services. Services may be provided on either a planned or emergency basis in a variety of settings such as in the family or caregiver's home, the respite worker's home, a licensed assisted living home, residential care facility, hospital or nursing home. Extended Respite is the provision of 24 hour care.

Rural - please see the State Plan for Senior Services 2012-2015)

Severe Disability: the term "severe disability" means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:

- (A) is likely to continue indefinitely; and
- (B) results in substantial functional limitation in 3 or more of the major life activities specified in the definition of "Disability" above.

Supplemental Services: is service provided to assist the "low-income" senior in attaining or maintaining a safe and healthy environment to avoid a crisis that would jeopardize their ability to remain independently in the home. Items and services may include personal care, assistive devices, home safety interventions, personal emergency response alarm systems, dental, vision. The service does not include utilities or maintenance costs for vehicles.

Traumatic Brain Injury (TBI): Damage to living brain tissue by an external mechanical forces or motion. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/indefinitely). The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes. (Definition from the Alaska Brain Injury Network.) www.alaskabraininjury.net