



Service Standards

Title III-E Counseling

The Title III-E Counseling service provider must adhere to the AgeGuide Northeastern Illinois General Service Standard Requirements in addition to the service-specific requirements listed below.

I. Eligible Population Definitions (IDOA 603.30, B)

- A. **Child:** Dependent who is 18 or younger OR dependent 19-59 who has a disability.
- B. **Family Caregiver:** Individual who provides unpaid, in-home care to an older adult 60+ OR individual who provides unpaid, in-home care to a person with Alzheimer’s Disease or other dementias (of any age).
- C. **Non-Parent Relative Caregiver:** Grandparent (or other relative) of a child who is 55+, must live with the child and be their primary caregiver, must have legal relationship to the child (legal custody, guardianship), or is raising the child informally.

NOTE: In the absence of a legal relationship, adequate proof or evidence must be given that the non-parent relative caregiver client is the primary caregiver of the child.

II. Priority Populations (IDOA 603.30, E.2)

Title III-E Service providers shall give priority for services to:

- A. Family caregivers who provide care for individuals with Alzheimer’s Disease and related disorders with neurological and organic brain dysfunction
- B. Non-parent relative caregivers who provide care to children and adult

children with severe disabilities

- C. Older family caregivers with greatest social need and/or greatest economic need (with particular attention to low-income individuals)
- D. Older family caregivers providing care to individuals with severe disabilities (including children and adult children with severe disabilities)

III. **Service Definitions**

A. **Family Caregiver Resource Center (CRC):** (IDOA 603.30, AgeGuide)

A clearly identifiable resource center that serves as a point of entry to a broad range of services for family caregivers and non-parent relative caregivers raising children. AgeGuide designates the CRC to be the primary resource center within a given county for caregivers to access Title III-E services.

B. **Family Caregiver Counseling Center (CCC):** (AgeGuide)

A clearly identifiable center that provides a range of counseling services to family caregivers and non-parent relative caregivers. AgeGuide designates the CCC to be the primary center within a given county for caregivers to access Title III-E Counseling Services.

C. **Counseling Services:** (IDOA 603.30, C.3.a; AgeGuide)

Advice, guidance, and coaching to an individual caregiver. Counseling assists the caregiver with role identity, permission to seek help, decision-making, and solving problems relating to their caregiving role. These services may include assistance in the areas of health, nutrition, and financial literacy. In addition, counseling may provide therapeutic assistance to caregiver clients who need help improving their mental health to cope with personal problems.

D. **Persons:** The non-repeated (unduplicated) number of individuals who have received counseling services during a given fiscal year.

E. **Unit of Service:** (IDOA 603.30, C.3.c)

One unit of counseling is a session per participant.

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

Allowable services include...

- A. **Caregiver Counseling Center (CCC) Activities:** (IDOA 603.30, C.3.a; AgeGuide)
The CCC will, at minimum, provide Title III-E Counseling Services and Caregiver Training Services. The CCC may also choose to organize/provide Caregiver Support Group Services.

- B. **Life Coaching:** Direct interaction between a trained counselor or trained life coach and an individual to assist the caregiver to cope with personal problems relating to their caregiver situation or relationship between caregiver and care receiver. Topics to address can include (but are not limited to) issues of life, role transitions, interpersonal relationships, dealing with anxiety, dealing with depression, guardianship issues, health, nutrition, and financial literacy.

- C. **Purposeful Therapeutic Assistance:** Direct interaction between a trained counselor and an individual to improve mental health or coping with personal problems relating to their caregiver situation or relationship between caregiver and care receiver. The therapeutic nature of the caregiver client and counselor relationship is to be particularly stressed and should be adapted to meet the unique needs of the family caregiver relationship. Work may be short or long-term (including brief crisis assistance). Topics to address can include (but are not limited to) issues of life, role transitions, interpersonal relationships, dealing with anxiety, dealing with depression, and guardianship issues.

V. **Additional Standards**

- A. Assessment/Community Planning (IDOA 603.30, E.4)
The recipient of funding from III-E Caregiver Support Program Services shall develop a way to receive ongoing input and discussion about service and training needs from family caregivers and non-parent relative caregivers.

- B. Coordination of Services/Community Relationships (AgeGuide)
In addition to the AgeGuide General Service Standard Requirements, the CCCs are encouraged to find and educate working caregivers and employers to local businesses to increase their awareness and understanding of family caregivers and non-parent relative caregivers.

VI. Recording and Documentation (AgeGuide)

- A. The CCC must use a standardized intake tool for all those who seek counseling services.

The Administration on Community Living (ACL), AgeGuide, and the Illinois Department on Aging (IDOA) requires basic demographic data to be collected on each family caregiver, non-parent relative raising children, and their care receiver. This data includes age, gender, race/ethnicity, rural status, and the caregiver's relationship to the care recipient.

AgeGuide requires agencies to use the AgingIS software that is designed for this purpose.

If a client is not eligible to receive Title III-E services, the provider must refer the client to an agency/resource that is appropriate for his or her needs.

Title III-E providers shall...

- B. Develop a data collection system to measure outcomes and identify gaps in community resources.
- C. Use a record-keeping system to keep count of daily units of service provided and the unduplicated count of persons served. The provider must use AgingIS software that has the capacity to report this information to AgeGuide.

Caregiver Resource Centers (CRCs) and Caregiver Counseling Centers (CCCs) use the *Elderly Services Program* as the means to maintain accurate, up-to-date information on services and opportunities available to older adults and their caregivers.

AgeGuide funded CCC providers must...

- D. Supply AgeGuide with current data concerning opportunities, services, and other pertinent data for caregivers and non-parent relatives raising children.
- E. Forward updated or new data to AgeGuide as the family caregiver resource

file is updated.

VII. Staff (AgeGuide)

- A. **Qualifications:** Any personnel having final responsibility for the care of clients in a therapeutic setting must have a Master's Degree in a field whose educational curriculum clearly demonstrates training and experience in therapeutic work with individuals, families, and groups.

Any personnel performing in the role of clinical therapist must have a Bachelor's or Master's Degree in a social science field and must have both experience and course work in gerontology and psychotherapy. Master's level degrees can include (but are not limited to) Master's in Social Work, Gerontology, Psychology, Counseling, Psychiatric Nursing, or Rehabilitation Counseling.

- i. Persons supervising master's level staff and below must have at least the same qualifications as those stated above.
 - ii. Positions that require persons holding a degree in a discipline that is licensed, registered, or certified by the State of Illinois must be so licensed.
 - iii. Staff that are not performing in the role of clinical therapists may have degrees including (but not limited to) a Bachelor's Degree in Social Work, Gerontology, Community Service, Nursing, Human Development, or an Associate's Degree in Human Services.
 - iv. Individuals in degreed professions must have obtained their degree from an accredited program by an authorized institutional body.
- B. **Ethics:** Each paid staff person is required to adhere to his or her own professional discipline's code of ethics. Copies of each code should be made available on request.
- i. In the case of a paid staff person whose discipline does not have a code of ethics, the agency will draw up a code of ethics based on input from staff and submit it to the advisory council for approval.

- C. **Liability:** Agencies are encouraged to carry malpractice insurance for their Master's level personnel. In the absence of this, individual practitioners must carry their own malpractice insurance.

Agencies must carry malpractice insurance for their Bachelor's level personnel and Associate Degree personnel and volunteers.

- D. **Volunteers:** All volunteers must be carefully screened to determine appropriateness for serving the functions to which they are assigned. Volunteers may not perform functions listed under degreed personnel categories unless it can be demonstrated that the individual has comparable experience and training.
- i. Volunteers performing professional staff level functions must be supervised by at least a Bachelor's level personnel. Volunteers performing support staff functions can be supervised by whomever is deemed appropriate. Volunteers must meet no less than monthly with the supervisor for purposes mutually agreed upon by the volunteers and their supervisors.
 - ii. When staff so desires, training programs may be created to instruct all volunteers regardless of training or experience in the following staff functions only: intake and public awareness. Other training may be conducted for other functions related to the operation or enhancement of the program, but must meet with full staff approval.
- E. **Clinical Supervision/Consultation:** The agency is expected to employ or contract with a professional in good standing for no less than a bi-monthly clinical supervision/consultation with paid staff. These sessions should cover (at a minimum) care review, broad issues relating to informal caregiving, grandparents raising grandchildren, client care, and other issues relating to enhancing professional practice.
- F. **Licensure:** All licenses, certifications, and registrations must be prominently displayed in the location where the paid staff person sees a majority of his or her clients. Copies of said licensure should be available for review upon request. Licenses must be continually kept current.