

Broome County
Office for Aging



...bringing seniors and services together

Guidelines for Services & Referrals

Introducing the . . .

Guidelines for Services and Referrals

This booklet will help you understand the wide array of services provided by the Office for Aging and how to use them effectively. We encourage you to use this information on a continuing basis. We also recommend including it in training programs for new employees. The "Guidelines" describe each service, the eligibility requirements, and how to make a referral.

Please note - because programs are impacted by changing regulations and funding capability, alterations in services are possible at any time.

It is our hope that you find this helpful in your work with older people. If you have questions or would like further information, please call 778-2411.

Jamie M. Kelly, Director

Broome County Office for Aging
PO Box 1766
60 Hawley Street
Binghamton, NY 13902-1766
Phone: (607) 778-2411
Fax: (607) 778-2316
Email: ofa@co.broome.ny.us
Website: www.gobroomecounty.com/senior

Table of Contents

Information, Resource & Referral

Information and Referral (I & R)..... 1
Information and Assistance (I&A)..... 4

In-home Services

In-home Services Unit (IHSU) 9
Medical Nutrition Therapy (Nutrition Counseling)..... 12
Meals on Wheels (MOW)..... 14
Shopper Service 17

Community Based Services

Caregiver Services 20
Health and Wellness 23
Health Insurance Information, Counseling and Assistance Program (HIICAP) 25
Legal Services for the Elderly..... 27
Senior Centers..... 29
Social Adult Day Care (Yesteryears)..... 32
Transportation Services 36

Income Enhancement/Benefit Programs

Home Energy Assistance Program (HEAP) 38
Foster Grandparent Program (FGP)..... 41
Senior Helpers..... 43

Acronyms 46

Mission Statement

The mission of the Broome County Office for Aging is to improve and enrich the quality of life for all older persons in Broome County.

The Office for Aging:

- ✓ Promotes the dignity and independence of the older person.
- ✓ Ensures that comprehensive and coordinated services are brought to bear on the needs of older persons.
- ✓ Fosters public awareness of the value and contribution of older persons of the community.

The guiding policy of the mission is to implement the mandates and requirements of federal and state regulations pertaining to the elderly. These are provided in federal law and under the Older Americans Act and in state law under the New York State Community Services for the Elderly Act and the In-Home Services Unit. (IHSU). Other program requirements come from the U.S. Department of Agriculture, the Federal Corporation for National Service, the N.Y.S. Department of Social Services, and the N.Y.S. Department of Health.

The Broome County Office for Aging does not discriminate on the basis of race, color, creed, religion, age, sex, national origin or sponsor, or subject any persons to any discrimination in his or her civil rights.

Many programs of the Office for Aging offer participants the opportunity to contribute toward the cost. No one age 60 or older is denied service because of their inability to contribute.

Information and Referral (I&R) (Senior Resource Line)

Definition

The Senior Resource Line is the contact point at the Office for Aging for clients who need more than basic information. The Senior Resource Line is designed to make a consistent and thorough evaluation of the needs of the caller. Accurate and up-to-date information on community services and resources and how to access them is provided.

What We Do

Through a process of comprehensive screening and interviewing, I&R staff help clients identify needs and related problems. Staff members discuss options with the client, and suggest appropriate services, benefits, and programs. We also receive referrals from other units in OFA (HEAP, MOW, etc.) when one of their clients appears to need more extensive screening for services.

Staff

- ✓ Attempt to establish a “first step” for older people to find basic information on how to access and utilize services
- ✓ Discuss options and appropriate referrals with client
- ✓ Offer access to information about community services and resources
- ✓ Advise clients on how to access needed services, benefits, and programs
- ✓ Research new community resources
- ✓ Advocate for clients to receive services as needed
- ✓ Promote independence and dignity of older people by serving as a bridge to enter and negotiate complex service delivery systems
- ✓ Refer suspected cases of elder abuse and neglect to Protective Services for Adults

Eligibility

Anyone who needs information about aging, aging issues, aging services or caregiver concerns can contact the OFA Senior Resource Line.

Appropriate Referrals

There are no inappropriate referrals. Reception staff answers incoming calls. Unless the caller is asking for basic information that would be listed in the

Reception Resource Manual, the call is transferred to the Senior Resource Line. It is the role of the Senior Resource Line to assist clients or their representatives so they can define their needs and find the available resources in the community. Intake may also receive referrals from any other unit in OFA.

To make a referral, call the Office for Aging at 778-2411.

Sample Referrals

“I need to talk to someone about getting some help for my 84-year-old father who lives alone.”

“My mother has a doctor appointment next week. Normally I would take her but I’m going out of town.”

“Do you have people who shop for seniors?”

“Are there any transportation services available for seniors?”

“I’m interested in the IT-214 tax form.”

“I think my father needs to go to a nursing home.”

“My mother is beginning to have trouble remembering to take her medicines. Are there any services that would help her?”

“My father’s coming home from the hospital tomorrow. Can I get Meals on Wheels for him?”

“Do older people get a break on taxes?”

“I take care of my mother and I don’t know how much longer I can handle it.”

“I think my mother is depressed.”

“The elderly woman who lives across the street keeps calling NYSEG and telling them I’m stealing her electricity.”

“The doctor ordered a new medication for me and I can’t afford to pay for it. Do you help with that?”

“Do you have a program that helps pay for house repairs? I need a new roof.”

When We Close or Refer Elsewhere

The Senior Resource Line does not retain cases. If a client presents a problem that can be resolved by telephone within the same business day, the intake staff may address that need without a referral. Staff most often refer clients to other OFA units and/or community resources. The Resource Line's job ends when the problem is resolved or a referral is made.

What We Do Not Do

We do not provide case management.

We are not an emergency service.

Information and Assistance (I&A)

Definition

The Information and Assistance Unit (I&A) of the Office for Aging provides specific assistance to older people and their families in order to meet the needs that have been identified during the intake process. The I&A Unit provides short-term, solution-oriented assistance. The range and level of service is dependent upon the individual client's need and his/her ability to function independently.

What We Do

The staff of the I&A Unit are responsible for keeping up to date with a vast array of local, state, and federal benefit programs, as well as the procedures necessary for seniors and their families to access these programs.

The staff provides a variety of direct services; e.g. assisting with housing and benefit applications, advocating for services, information, education and supportive guidance.

The I&A staff receives referrals from a variety of sources. Initial contact is made with the client within three working days. If necessary, a face-to-face interview may then be scheduled.

A staff person from the Department of Social Services works in the unit on a part-time basis. Specifically, this person assists homebound clients with Medicaid and SNAP applications.

I&A Unit staff:

- ✓ Make referrals and assist with referrals (e.g., making appointments, arranging for transportation, completing paperwork) to human service agencies.
- ✓ Provide information and assistance at senior centers, in homes, at the Office for Aging and at outreach events.
- ✓ Provide screening for a wide range of benefits and services and explanations of the related regulations and requirements.
- ✓ Provide technical information if necessary and help complete forms and benefit applications including; SNAP, insurance forms, Real Property Tax Exemption, Medicaid, EPIC, Health Care Proxies, Telephone Life Line, HEAP, BC Lift, senior housing applications, Medicare Savings Programs,

HUD-Section 8 rental assistance, etc.

- ✓ Provide a wide variety of tasks when no formal or informal support is available, such as writing letters, helping to resolve consumer issues, interpreting official correspondence from agencies, insurance providers, and businesses; locating emergency food and prescriptions, assist in finding alternative housing, etc. Limited assistance is given to clients on Medicaid as these clients have their own case managers assigned through Medicaid.
- ✓ Provide short-term case assistance for **non**-long-term clients who do not have other community supports.
- ✓ Serve as an advocate or mediator with service providers.
- ✓ Provide supportive assistance for seniors facing major life changes when professional mental health counseling is not needed.
- ✓ I&A staff work to provide clients with assistance in accessing community resources and connections in order to prevent a referral to Protective Services.
- ✓ Refer suspected cases of elder abuse and neglect to Protective Services for Adults and/or refer to Intake Unit for HOME referral if a mental health issue is involved.

Eligibility

Anyone age 60 or older; family members, friends, or caregivers involved with an older person.

Appropriate Referrals

The I&A Unit accepts referrals from the Senior Resource Line and Senior Centers.

To make a referral, call the Office for Aging at 778-2411.

Sample Referrals

Mrs. B, age 76, lives alone, wears a size 24 and has a limited income. She contacted the Office for Aging because she was lonely and having difficulty

paying her bills. She wanted to go to a senior center but she had no transportation, no clothes that she felt comfortable wearing and no winter coat. *I&A staff met with Mrs. B in her home and explained the OFA Transportation system. They arranged for transportation to a second hand store for Mrs. B to receive clothes. The I&A staff also reviewed Mrs. B's finances and assisted her in applying for HEAP.*

Mr. R, age 88, legally blind and a widower, was hospitalized with numerous medical problems. He also becomes confused very easily. He has no family that is able to assist him. He is frail, unable to pay his bills or cook for himself. Mr. R refused all services the hospital discharge planner tried to arrange. The discharge planner made a referral to Protective Services for Adults (PSA). PSA indicated that Mr. R's problems were not appropriate for their intervention and referred the case to I&A.

After talking with I&A staff, Mr. R eventually agreed to accept help that would allow him to remain in his home. Referrals were made to Meals on Wheels and to the Faith in Action Program for a friendly visitor. The I&A staff then worked with PSA to assign Mr. R a rep-payee that would pay his bills on time for him.

Mr. W, age 84, is in and out of the hospital with multiple health problems and is unable to walk. His most recent problem is a gangrenous leg. A certified home health agency is providing wound care and personal care. Mrs. W, age 81, provides 24- hour care and is becoming frail and exhausted. Six months prior to the current referral, their daughter contacted the Office for Aging for help. At that time all service suggestions, including referrals to NY Connects and Adult Day Care, were refused. The daughter called the I&A worker because of her concern about her mother's physical and mental health. *Mrs. W was now willing to meet with the I&A staff to consider available options. She allowed the I&A staff to make a referral to Adult Day Care and to hire a Senior Helper to stay with Mr. W 2 hours one day a week. This arrangement provided time for Mrs. W to shop or go to the beauty shop. Mrs. W was also sent caregiver information and a referral was made to the Caregiver Unit for follow- up.*

Mr. P is a frail, 83-year-old, recent widower who lives in a rural area. He was referred to the I&A Unit by his sister-in-law for help with reading and paying his monthly bills. His wife had always handled the finances. His sister-in-law lives out of town and was concerned because of Mr. P's limited vision. *The I&A worker visited Mr. P in his home. She worked with Mr. P to assist him in reviewing his bills and to set up a payment system. He was pleased that he was able to handle his bills with a magnifying glass and the support of the I&A worker. During the visit Mr. P expressed his feelings of loneliness and isolation. The I&A worker assisted Mr. P with his initial visits to the local Senior Center to ensure that he would feel comfortable in a new setting. They also arranged for a*

member to transport Mr. P to and from the center 2 days a week. Mr. P, now living alone, was concerned about his safety. As a result of a center presentation about PERS units (Personal Emergency Response Systems) Mr. P realized this would address his safety concerns. Mr. P also expressed concern about maintaining his large home. The I&A worker provided Mr. P with information about other housing and reverse mortgage options available to him.

NY Connects referred Mrs. H, age 66, to the Office for Aging for help with her Medicare Buy-In. She believed she was not in the program and that she owed money. When the I&A worker met with Mrs. H it was discovered that she had severe financial problems. She owed a large amount of money to NYSEG because she had not paid her bills. She had very high rent but was unwilling to consider moving to a less expensive apartment. The I&A worker reviewed all of the benefit programs with Mrs. H and arranged for a payment schedule for the NYSEG bill. The I&A worker followed up with Mrs. H by giving her the Senior Apartment Housing Guide in case she changed her mind about moving to a more affordable apartment.

NYSEG referred Mr. F to the Office for Aging because of his unpaid electric bill. He lives in a low income, urban area. I&A staff made a home visit. They found Mr. F in bed with no food in the house and in pain from a recent fall. The I&A worker called 911. Mr. F was hospitalized with a broken hip. When Mr. F returned home, the worker completed the Project Share application, 3 years of IT-214 applications and assisted Mr. F with signing up for Social Security and Medicare Part A. Mr. F had been afraid to apply for Social Security because he has a Veteran's Pension he did not want to lose. The I&A worker contacted the VA to help Mr. F understand his benefits. Mr. F initially refused Meals on Wheels when discharged, though he had no source of food. The I&A worker was able to encourage Mr. F to accept Meals on Wheels during his recovery. Mr. F also did not have a phone due to an old unpaid phone bill. The I&A worker arranged a payment plan for Mr. F, obtained a donated phone and applied for the Telephone Life Line for Mr. F. The I&A worker also put Mr. F's name on the HEAP mailing list for an application for next year.

When We Close or Refer Elsewhere

The I&A Unit's involvement is task/problem oriented and is usually short-term. Clients may need repeat services for recurring tasks and problems. Clients needing services not provided by I&A are referred to appropriate agencies, e.g., clients needing long-term care are referred directly to NY Connects for a comprehensive assessment. A mental health need would be referred to HOME, and a senior in an abuse/neglect situation would be referred to PSA.

What We Do Not Do

We do not provide comprehensive in-home assessments or develop care plans for home care services.

We do not act as representative payee.

We do not provide psychological assessment or counseling.

We do not provide financial services (bill paying, check writing).

We do not assess for level of residential care.

We do not provide daily telephone reassurance calls.

We do not transport clients.

In-Home Services Unit (IHSU) (Previously known as EISEP)

Definition

The In-Home Services Unit helps older adults who are not eligible for Medicaid and need assistance with activities of daily living (ADL) or instrumental activities of daily living (IADL).

EISEP (Expanded In-home Services for the Elderly Program) consists of three distinct but related service components: assessment and education, chore or personal care service, and case management. Options Counseling is also available. This process involves helping consumers understand their long-term care options. This is accomplished with education, decision support and counseling.

What We Do

Assessment & Education/Options Counseling

IHSU staff receives referrals through NY Connects. A staff member will make a phone call within two business days to the contact person listed on the referral to arrange a time and date for an in-home assessment or Options Counseling. The in-home assessment typically takes place within 10 business days of receiving the referral. Some clients/families will choose to only talk with staff about certain aspects of care or support. In that instance the case manager will interview the family, complete an abbreviated assessment and offer Options Counseling.

A case manager from IHSU provides a comprehensive assessment for supportive services and financial benefits eligibility. Together with the client, IHSU staff develop a care plan designed to assist the senior to remain independent in his/her home. A care plan may include personal care, housekeeper/chore service, Shopper Service, Meals on Wheels, Adult Day Care, hired help and/or caregiver support.

If the client is eligible for funded services and if funding is available, staff may authorize services. Due to heavy demand, OFA staff will often educate families about local support while the client is placed on a waiting list for services.

In-Home Services (Chore Services, Personal Care, Consumer Directed Care)

In-Home services help clients with everyday activities such as dressing, bathing, shopping, cleaning, laundry and meal preparation. Licensed care agencies in the community provide these services through contractual relationships, or the client

can hire their own care provider through a consumer-directed model. Typically, IHSU clients receive between 2-10 hours of care per week.

Clients may share in the cost of the service depending on their financial situation. A financial component of the assessment evaluates the client's income and housing expenses. A formula determines the client's "cost share". There are three possible outcomes:

- ✓ The program pays the full cost of care.
- ✓ The client pays a partial cost of care.
- ✓ The client is responsible for the full cost of care.

Case Management

Case management is provided at no cost to every client. Case management includes:

- ✓ Screening
- ✓ Assessment of the client and informal support(s)
- ✓ Comprehensive care planning and working with the family to explore care options
- ✓ Determination of eligibility for a program subsidy
- ✓ Arranging and authorizing service delivery and discharging or transitioning a client to another program.

Eligibility

IHSU can help individuals who are:

- ✓ Broome County residents age 60 and older who need assistance with instrumental activities of daily living (IADL) and activities of daily living (ADL), and
- ✓ not eligible for or receiving Medicaid, and
- ✓ having difficulty maintaining themselves at home with activities of daily living and unable to get the help they need.

Appropriate Referrals

An IHSU referral is appropriate if an elderly person expresses a need for help for him/herself or a person for whom they care. Inquiries about shopper service, Meals on Wheels, assistance with meal preparation, bathing, dressing, housekeeping, laundry, and access to health care services may indicate the need for a comprehensive assessment.

To make a referral, call NY Connects at 778-2420.

Sample Referrals

“I want to know if help is available in the home for my father. He is having trouble taking care of himself.”

An elderly person recently discharged from the hospital has reached the limit of Medicare reimbursed home care service. Can IHSU provide in-home care?

A daughter who lives out of town calls regarding her mother. Her father, who had been the primary caregiver, died suddenly. What are her options for in-home care?

A niece is committed to caring for her frail aunt, but needs ongoing guidance to manage the long-term care system and the aunt’s changing needs.

When We Close or Refer Elsewhere

A client may be closed to In-Home services when:

- ✓ An assessment or reassessment indicates that a client no longer needs in-home services.
- ✓ An assessment or reassessment determines that a client is at risk and a more appropriate level of case management is warranted. (e.g., Protective Services for Adults, Certified Home Health Agency).
- ✓ A client becomes eligible for Medicaid.
- ✓ A client requires a higher level of care.

A client is not opened for IHSU when:

- ✓ A client is Medicaid eligible and refuses to apply for Medicaid.

A client is not opened for IHSU case management when:

- ✓ A viable caregiver is able to manage the case. Information/education and the IHSU phone number is left with the caregiver/client to call for help if needed.

What We Do Not Do

We do not provide in-home care at the skilled or home health level.

We do not provide emergency services.

We do not provide in-home services if the funding is not available.

Medical Nutrition Therapy (Nutrition Counseling)

Definition

Medical Nutrition Therapy is provided by a Registered Dietitian who counsels and educates persons age 60 and older. Nutrition counseling and education helps clients develop a personal diet plan in order to achieve medical goals, such as improved blood glucose levels and reduced or increased caloric intake.

What We Do

Medical Nutrition Therapy provides individual counseling and education. The primary sources of referrals are Meals on Wheels, IHSU and other social services.

Once a referral is received, the Registered Dietitian (RD) calls the client to set up a home visit and nutrition assessment or simply conducts the assessment over the phone. The assessment includes a review of medical, social, nutrition and diet histories as well as other medical information. Based on the assessment, modalities most appropriate to manage the condition or treat the illness are chosen. The Registered Dietitian may obtain medical information from the client's physician, if necessary.

The dietitian may provide counseling when developing a personal nutrition plan for clients. Education on economical food preparation, supermarket shopping, food sanitation and kitchen safety may also be included. The Registered Dietitian will follow up as appropriate with a mailing, telephone call or home visit.

Eligibility

A client must be a Broome County resident age 60 or older who is not receiving medical nutrition therapy through another program.

There is no charge for this service; however, contributions are requested.

Appropriate Referrals

A Medical Nutrition Therapy referral is appropriate when a social worker, nurse, or community agency worker is concerned about a client's nutritional status. In many cases the professional will have completed a Nutrition Screen. Referrals are also appropriate from clients or family members concerned about nutritional needs.

A sample of the types of problems addressed:

- ✓ Chewing and/or swallowing
- ✓ Recent weight change of 10% or greater
- ✓ Nutrition-related diagnosis
- ✓ Need to understand and/or follow special diets
- ✓ Poor appetite
- ✓ Digestive problems
- ✓ Possible drug-nutrient interaction(s)

To make a referral to Medical Nutrition Counseling, call 778-2411.

Sample Referrals

A client wants information and suggestions for her low salt diet. She wants to know how to make food more palatable and the diet more interesting.

A client recently diagnosed with diabetes needs instruction and encouragement to understand his diet needs.

A client has recently become legally blind. She is underweight and needs suggestions.

A client requests help understanding a new low fat, low cholesterol diet.

A client doesn't follow his prescribed diet.

When We Close or Refer Elsewhere

A Medical Nutrition Therapy case is closed when counseling is completed.

Appropriate referrals are made by the dietitian to further assist the client with other concerns and needs.

Referrals may include but are not limited to:

- ✓ Information & Assistance Unit
- ✓ SNAP
- ✓ Caregiver Services
- ✓ Senior Centers
- ✓ Physicians
- ✓ Dentists
- ✓ Chronic Disease Management Programs & Diabetes education programs
- ✓ Meals on Wheels.

Meals on Wheels (MOW)

Definition

Meals on Wheels (MOW) is a program designed to improve and sustain nutritional status for homebound older adults who are unable to prepare adequate meals for themselves. This program provides a home delivered hot lunch and cold supper Monday through Friday to eligible individuals. Weekend meals are delivered frozen during the weekday service to clients who need them and can reheat them for use on Saturdays and Sundays.

What We Do

Referrals for MOW are directed to the In-Home Services Assessment Unit of the Office for Aging. A staff member from the IHSU schedules and conducts a comprehensive in-home assessment to determine or confirm eligibility for MOW and whether there are other unmet needs. This assessment is typically done prior to the start of service unless the client's access to adequate food is in immediate jeopardy. When a client is at such risk, service can begin the next business day and an assessment must be completed within 10 days of start of service.

Meals are prepared at a central kitchen, transported to satellite distribution sites and then delivered to homes by volunteers. A hot lunch and cold supper are delivered to each person between 11:30 am and 1:00 pm, Monday through Friday.

Each meal is planned to meet one-third of the dietary nutrient needs of adults according to the U.S. Dietary Guidelines. Some basic diet modifications are available. A No Concentrated Sweets (NCS) and a Mechanical Soft (MS) diet are available with a medical prescription.

Participants have the opportunity to contribute to the cost of the meals. The Office for Aging sets a suggested contribution for the Meals on Wheels. Most participants are sent a monthly summary of service indicating the number of meals they received. Contributions are confidential. No one age 60 or older is denied service because of an inability to contribute.

MOW clients are reassessed annually (or more frequently, if needed) to review their status and determine continued eligibility.

Eligibility

To be eligible for MOW a client must be:

- ✓ A Broome County resident age 60 or older
- ✓ Confined to his/her home because of illness or disability
- ✓ Unable to prepare his/her meals and have no one available on a regular basis to perform this task
- ✓ A non-elderly disabled individual or a spouse of any age who resides with a person eligible to receive home delivered meals may receive this service when the provision of the meal to the non-elderly disabled individual or spouse is in the best interest of the homebound elderly person.

The Broome County Office for Aging serves Meals on Wheels in the City and Town of Binghamton, the northern region of Broome County, and the eastern region of the county. The Towns of Union, Maine, and Vestal are served by Meals on Wheels of Western Broome. These guidelines apply only to the Broome County Office for Aging Meals on Wheels Program.

Participants of Long Term Medicaid Managed and Long Term Home Health Care Programs may be eligible for MOW; case managers in these programs determine this. OFA staff does not complete assessments on clients in these programs.

Appropriate Referrals

Most referrals come from human service practitioners, family members or the clients themselves. MOW may also be appropriate to help sustain a caregiver and his/her support network. Persons who are not able to prepare their own meals and do not have someone to perform this task for them are appropriate referrals.

To make a referral, call the Office for Aging at: 778 - 2411

Sample Referrals

“I have an elderly patient who is going home from the hospital following hip replacement surgery and will need MOW until she’s back on her feet again.”

“My daughter brings my meals to me every day, but she’s going to the hospital for surgery.”

“I have an elderly client who has severe arthritis and can no longer prepare his own meals. His family is supportive and helps with transportation, paying bills and errands, but they are not able to take on the responsibility of preparing meals.”

When We Close or Refer Elsewhere

If a client is eligible but there are no openings on a meal route in the area, the client is put on the waiting list for MOW and a referral is made to OFA Intake for follow-up.

If the safety of the client or environment is questionable, a referral to Protective Services for Adults is made.

A MOW case is closed when:

- ✓ An assessment or reassessment determines the client is no longer eligible.
- ✓ A client refuses re-authorization visit or 6 month contact
- ✓ A client enters a nursing home or is hospitalized for an extended period of time.
- ✓ A client calls and cancels service. (Site Supervisor may refer to OFA Intake for follow-up.)
- ✓ It is determined the environment is unsafe for volunteers to deliver MOW.
- ✓ A client improves and no longer needs the service.
- ✓ If a client moves out of the BCOFA service area.

What We Do Not Do

We do not deliver meals to areas served by Meals on Wheels of Western Broome.

We do not deliver meals to unsafe environments.

We do not fund delivery of meals to persons under the age of 60 unless they are the spouse of a recipient, or are disabled and residing with an elderly person who is eligible for the program.

We do not deliver meals to clients when other lower or no-cost help is available to provide nutritious meals.

Shopper Service

Definition

The Shopper Service provides non-emergency, ongoing help with weekly or bi-weekly grocery shopping and limited errands (e.g. bank, post office, pharmacy) to eligible, homebound older adults in Broome County. The Shopper Service helps those who are physically unable to shop maintain independence in their homes. There are no fees for this service, but contributions to the American Red Cross are encouraged. Contributions are used to expand the Shopper Service.

What We Do

Shopper Program

A referral is made to an In-Home Services Case Manager. Telephone contact is made to the client within two business days, and an appointment is made for an in-home assessment. During the assessment, eligibility is determined as well as the need for other home care services. Contact is made to the Shopper Service coordinator, currently provided by the American Red Cross. The Red Cross coordinates and matches a volunteer with the older adult. Service provision is dependent on availability of service, funding and availability of volunteers.

The American Red Cross Program is volunteer-based. A trained shopper arrives at the client's home, reviews the grocery order form and collects the money, check or food stamps. When the shopping is completed, groceries, change and a receipt are returned to the client. Assistance with putting the groceries away is provided if needed. The client initials the order form to provide verification of purchase.

Eligibility

To be eligible for Shopper Service a client must be:

- ✓ age 60 or older
- ✓ not eligible for Medicaid
- ✓ physically unable to shop as determined through an in home assessment
- ✓ without family or friends willing and/or able to help with shopping on a regular basis.

Appropriate Referrals

Referrals are accepted by the IHSU at Office for Aging and can originate internally (Senior Resource Line, Information & Assistance Unit, etc.), or from other agencies. Self referrals are accepted. Clients in Broome County who are experiencing difficulty with grocery shopping and lack the support of an informal caregiver should be referred to the IHSU.

To make a referral, call the Senior Resource Line at 778-2411.

Sample Referrals

An 80-year-old woman with arthritis who lives in the City of Binghamton depends on a son to do grocery shopping. He lives in Ithaca and is having difficulty meeting his mother's increasing needs.

An elderly man with no viable caregiver lives in the Binghamton Housing Authority apartments. A degenerative muscle disease has left him wheelchair bound and unable to shop.

An elderly woman in rural Broome County has always depended on her husband to do their weekly shopping. Recent cataract surgery temporarily limited his ability to drive. All of their adult children live out of the area.

When We Close or Refer Elsewhere

If other unmet needs are discovered during the course of the in-home assessment, appropriate referrals are made by the case manager. If a client is determined to be inappropriate for Shopper Service according to the financial guidelines, (receiving or eligible for Medicaid) they may be referred to CASA.

A case may be closed:

- ✓ When physical condition improves and a client is again able to go shopping.
- ✓ When physical condition deteriorates and a client can no longer cook or needs to move to a higher level of care.
- ✓ If an informal support person becomes available to shop on a regular basis.
- ✓ If assessment or reassessment determines financial eligibility for Medicaid.
- ✓ When the client is unable to manage cash competently due to dementia or other cognitive condition
- ✓ If household or neighborhood safety endangers a volunteer

What We Do Not Do

We do not shop on an intermittent basis.

We do not provide emergency shopping.

We do not shop in multiple grocery stores.

We do not transport or escort the client to a shopping visit.

We do not shop for those who are Medicaid eligible.

Caregiver Services

Definition

The Caregiver Services Unit provides information, education and support to caregivers of the elderly. The goal of the service is to help older adults remain in the community by supporting the family or friends who plan and/or provide care. The unit also provides information and education to professionals providing community-based services used by caregivers.

What We Do

Caregiver Services provides workshops, a newsletter, a support group and confidential counseling to caregivers. In addition, the unit maintains a resource center of books and many free pamphlets concerning stress management, financial planning, when to ask for help, home care options and other topics of interest to caregivers.

Caregiver Services staff:

- ✓ Discuss caregivers' concerns over the telephone or in person
- ✓ Provide information, case assistance, consultations
- ✓ Provide outreach and publicize Caregiver Services by way of public speaking to interested groups
- ✓ Refer caregivers to services and agencies
- ✓ Develop courses and workshops for the public based on caregiver needs.
- ✓ Prepare a bi-monthly Caregiver Newsletter.
- ✓ Provide on-site discussion groups, information displays and one-on-one consultations at area businesses.
- ✓ Maintain an up-to-date resource center of fact sheets and brochures on caregiver concerns.

Eligibility

Caregivers of any age caring for a person age 60 and older are eligible to use Caregiver Services. The caregiver may be caring for someone living in Broome County or elsewhere. Caregivers may also live outside Broome County and be caring for a county resident.

Appropriate Referrals

An individual is concerned about a person age 60 or older and wants advice or information.

A caregiver wishes to become more skilled in caregiving tasks. Examples:

- ✓ Managing incontinence
- ✓ Managing wandering
- ✓ Communicating effectively with a person with dementia

A caregiver is overwhelmed by the increasing amount of time required, skills needed, isolation and the lack of support from family members.

Sample Referrals

“I just can’t do it all.”

“I’m really tired. He’s up on and off all night.”

“My sister is concerned. . .”

“I’m afraid my boss is getting upset about the time I have to take off.”

“I don’t know what I need. I just know I need help.”

To make a referral, call Caregiver Services at 778-2411.

When We Close or Refer Elsewhere

A case is referred to NY Connects for the following reasons: an in-home assessment of home care needs, a determination of the most appropriate level of care, or case management of home care. Referrals are made to appropriate agencies and services when caregivers express specific needs, such as legal issues, special equipment or ongoing counseling.

A case is closed to Caregiver Services:

- ✓ When a caregiver indicates he/she no longer needs Caregiver Services.
- ✓ When the situation has eased and the caregiver has a clear direction and is empowered to act on his or her own and understands she/he can contact Caregiver Services in the future.
- ✓ When Caregiver Services staff has offered a highly stressed caregiver support and counseling and the caregiver is unwilling to initiate any changes but

continually seeks advice for the same situation. In this case, Caregiver Services staff will refer for on-going counseling by a mental health professional.

What We Do Not Do

We do not provide ongoing case management or arrange for services.

We do not provide psychological and/or therapeutic type counseling.

Health and Wellness

Definition

The Health and Wellness Unit organizes, sponsors and participates in a variety of community-based programs designed to promote healthy lifestyles for older adults. Through these programs, seniors are encouraged to actively participate in their own health maintenance. Educational and recreational programs are cooperatively developed to serve the various interests and abilities of senior citizens. Some evidenced-based health promotion activities are available for seniors at some senior centers and community facilities.

What We Do

The Health and Wellness Unit helps promote activities in the Senior Centers and elsewhere in the community.

At Senior Centers we:

- ✓ Collaborate with area hospitals to provide a variety of health screenings (such as skin cancer and other screenings)
- ✓ Organize free health forums by local physicians and other professionals
- ✓ Schedule flu clinics and blood pressure screenings
- ✓ Develop special events
- ✓ Organize a variety of exercise classes, e.g., aerobics, line dancing, chair exercises and other related activities
- ✓ Encourage and assist seniors in the planning and provision of programs

Elsewhere in the community we:

- ✓ Connect seniors with area 'senior' sporting teams and events
- ✓ Promote participation in Broome County Senior Games
- ✓ Coordinate local walking programs
- ✓ Help other organizations promote and hold health and wellness events for Broome County seniors, including health fairs and expos.

Eligibility

Health and wellness programs planned by the Office for Aging are targeted for those 60 and older. A fee is required for some programs. Costs are always kept to a minimum.

Appropriate Referrals

A referral is not necessary. Anyone who is seeking information about health education or recreation opportunities for seniors is encouraged to call the Office for Aging Health and Wellness Program.

To request information, call Health and Wellness at 778-2411.

Sample Referrals

“I need an application for Senior Games.”

“My doctor said I need to walk. Where can I find a walking program?”

“Where can I go to quit smoking?”

“Our clinic would like to provide a skin cancer screening for seniors.”

“Where can I learn more about health risks for seniors?”

What We Do Not Do

We do not design personal workouts.

We do not provide individual assessments of appropriate activity level.

We do not recommend specific physicians or health services.

We do not allow solicitation or sales of products or services at senior centers.

Health Insurance Information, Counseling and Assistance Program (HIICAP)

Definition

The Health Insurance Information, Counseling and Assistance Program (HIICAP) provides Medicare beneficiaries information, counseling and assistance to purchase, claim, and if necessary, appeal decisions about health insurance coverage. Education about long term care insurance is also provided to people of any age. Assistance is confidential and provided by staff and trained, supervised volunteers.

There is no charge for the service. Donations are accepted to defray expenses and help expand the service.

The program is contracted to Action for Older Persons, Inc. Assistance and monitoring are provided by the Office for Aging.

What The Program Does

HIICAP provides information and counseling to Medicare beneficiaries or their families about health insurance, including traditional Medicare and available Medicare Advantage plans.

Counseling by HIICAP staff and volunteers includes:

- ✓ Medicare eligibility, benefits, preventative services, and claims filing
- ✓ Medicare Prescription Drug Benefit, EPIC and how it works with Medicare prescription drug plans
- ✓ Medicare Supplement insurance policy coverage, comparison information and claims filing
- ✓ Long Term Care insurance and planning, including the NYS Partnership for Long Term Care
- ✓ Medicaid eligibility, benefits and spousal protections
- ✓ Other types of health insurance benefits (including employer, retiree, Medicare Savings Program benefits, “Extra Help”, etc.)

Eligibility

Counseling is provided to Medicare beneficiaries or their families.
Long Term Care Insurance counseling is provided to persons of any age.

Appropriate Referrals

A HIICAP referral is appropriate if a Medicare beneficiary, their families, or other representatives need:

- ✓ Information about available health insurance options and costs
- ✓ Assistance to complete a claim
- ✓ Information about Medicaid

Referrals are appropriate for persons of any age wishing to learn about long term care insurance.

To make a referral, call Action for Older Persons, Inc. at 722-1251.

Sample Referrals

A 65-year-old man is retiring and will receive Medicare, but has no other insurance. He wants to know if he should purchase more health insurance.

A couple is concerned about the cost of nursing home care and need information about long term care insurance.

An elderly woman who was just discharged from the hospital has many Medicare claims and doesn't understand them.

An adult son heard about the AOP "plan finder" and wants information to change to a different Medicare Part D plan for his mother.

When We Close or Refer Elsewhere

A case is closed when the client receives and understands the information requested.

A case is closed when a client has learned how to complete his/her own health insurance forms.

A case is referred when legal assistance is required.

What We Do Not Do

The service does not complete health insurance forms for people on a continual basis.

The service does not recommend a particular policy or option.

Legal Services for the Elderly

Definition

Legal Services for the Elderly provides free legal advice and representation in non-criminal matters to residents of Broome County age 60 and older. There is no charge for the service. Donations are accepted to defray expenses and help expand the service.

The program is contracted to Legal Aid Society of Mid-New York, Inc.

What the Service Does

Applicants can call for an appointment; an attorney may do a home visit for those applicants who are physically unable to come to the downtown office. Regular visits by the assigned attorney occur at selected Senior Centers. Individuals should speak to the site supervisor about signing up for an appointment. An intake interview is done by an attorney and the application is either accepted, denied or advice and counsel is given. Counsel is provided as appropriate and may include services such as referral to another agency, oral advice, negotiation with other parties or representation in court.

Eligibility

A client must be a Broome County resident age 60 or older.

Appropriate Referrals

Clients should be referred to Legal Services if they have a legal problem that threatens their housing, income, or physical safety, including access to health care.

To make a referral, call Legal Aid Society of Mid-New York, Inc. at 231-5900.

Sample Referrals

A client wishes to have a simple will drawn up.

A client is concerned about overwhelming debt and is considering options to lessen financial concerns.

A client wishes to assign power of attorney to ensure their financial and personal affairs will be looked after if they become incapacitated.

A client has problems with various service providers such as SNAP, Social Security or Medicaid.

When A Case Is Closed or Referred Elsewhere

Clients may be referred to other sources of assistance, such as the State Attorney General for consumer complaints. Referrals may also be made to the private bar as well as other agencies providing non-legal assistance, if warranted.

A case is closed when it is determined that all legal relief available to the client has been provided.

What The Service Does Not Do

Because funding for this program is limited, an application may be denied if the problem is outside the specific priorities of matters that threaten the client's income, shelter or safety.

Certain services, such as representing a client in another state, class action litigation, contingency fee matters, etc. cannot be provided.

Legal Services for the Elderly does not handle routine matters such as real estate closings, nor does it handle complex financial matters such as trusts or estate planning.

Senior Centers

Definition

Senior centers provide an opportunity for socialization, nutritious meals and health and wellness activities. Senior centers serve as an access point for information and assistance to enable seniors to maintain their independence and to remain active in the community.

What We Do

Senior centers provide a wide variety of services and are open two to five days a week, depending on the site. People may attend any of the nine Office for Aging supported senior centers throughout the county. Specific information and hours of operation can be obtained by calling a senior center. Each senior center has a site supervisor who is responsible for programs and activities.

Volunteers take meal reservations, serve food and work with the site supervisors to plan and carry out various events. Opportunities to volunteer with community projects are also available.

At most centers a hot lunch is served around noon. Reservations for the traditional hot lunch must be made by 1:00 pm at least one business day in advance. Many Centers offer soup, salad and made-to-order brunch options for which reservations are not necessary.

Meals are planned to meet one-third of the dietary needs of adults in accordance with the U.S. Dietary Guidelines. Our standard menu is designed to be generally heart healthy. A special no concentrated sweets (NCS) diet is available for diabetics. A physician's order is needed to receive this special diet.

Participants age 60 and older and their spouses are asked to contribute to the cost of the meals. Contributions are placed in envelopes to ensure privacy. No one age 60 or older is denied service because of an inability to contribute. Guests under age 60 are welcome and are charged for meals.

To meet the various interests of people attending the senior centers, a wide range of activities are scheduled. Activities are planned by a committee of senior center participants. Most activities are available free of charge; however, there are fees for some classes and most trips. Special interest clubs exist at many senior centers. Examples include: Stay Well, Tai-Chi, chorus, Zumba, oil painting and BCC classes.

Eligibility

Senior center events and activities are open to the public. Most services/programs are designed to meet the needs of those 60 and older. To receive a meal on a contribution basis, a person must be 60 or older or the spouse of someone age 60 or older.

Appropriate Referrals

Programs and services at Senior Centers are targeted for those 60 and older. Senior center staff or I&A staff may assist a person who needs an introduction to the senior center.

Sample Referrals

Referrals are not necessary but some sample situations are listed.

A woman just moved into the area and is looking for a place to meet people her age.

A woman recently retired and wants to volunteer.

A man has become widowed and does not like to cook.

A nutritionist has suggested that a woman start eating at the senior center because of her weight loss.

A woman's family is concerned about her isolation. She lives in a rural area and cannot drive anymore.

When We Close or Refer Elsewhere

Office for Aging may exclude those from Senior Centers who:

- ✓ Create a clear and present danger of physical harm to himself or any other person
- ✓ Create a clear and present danger of causing unjustified damage to the property of any other person
- ✓ Engage in conduct constituting disorderly conduct or harassment as defined by the Penal Law of the State of New York.

What We Do Not Do

We do not allow hot meals to be taken out of the senior centers.

We do not schedule religious or political activities at senior centers.

We do not provide supervision for seniors who are unable to function independently at the senior center.

We do not allow solicitation or sales of products or services at senior centers.

Social Adult Day Care

Yesteryears

. . .A Day Program for Adults

Definition

Yesteryears is a social adult day program that provides stimulation, socialization and supervision for elders who are isolated or mentally or physically impaired. Adult day programs prevent or delay institutionalization by encouraging impaired seniors to function at their maximum level of independence. The program also provides respite and support for families, enabling them to continue in their caregiving role.

What We Do

Yesteryears centers are open from 8:30 a.m. to 4:30 p.m. Monday through Friday. Each day's scheduled activities take into consideration the limitations, abilities and interests of the participants. Daily activities typically include chair exercises, trivia, table games, music appreciation and arts and crafts. OFA's Nutrition for the Elderly Program supplies hot noon meals, which provide one-third the FDA recommended daily allowance of nutrients. Special diets can be provided when prescribed by a physician.

In addition to the respite provided by the program, caregivers receive information and guidance on topics such as how and why to utilize other community services and ways to manage difficult behaviors in persons with dementia.

Transportation is arranged by the client's family or case manager. Most clients are transported by family. Clients may also qualify to use transportation service provided by BC Lift, BC Country or RSVP.

Enrollment

The **Yesteryears** centers are not drop-in programs; each client must be pre-registered. Clients are screened for eligibility by NY Connects or OFA's In Home Services Unit (depending on income) and have a trial visit to the program prior to enrollment. Once clients are enrolled, they are scheduled to attend the same day or days each week.

Location

There are two centers. One site is located in the high-rise building at 24 Isbell Street and is operated with the cooperation of the Binghamton Housing Authority. Another site is operated on Wayne Street in Endwell next to the Broome West Senior Center.

Eligibility

The program is open to Broome County residents age 60 and older who are isolated or physically or mentally impaired and who can be managed in, and can benefit from, a structured supervised group setting. Clients may be living in their own homes, with family or in independent apartments with enriched living assistance. Persons living at the nursing home level of care, assisted living or family type homes for the elderly are not eligible for the program.

The Centers are partially supported by a grant from the NYS Office for the Aging. Most clients age 60 and older are entitled to participate on a voluntary contribution basis. Exceptions are clients referred by one of the Long Term Home Health Care Programs, Managed Medicaid Long Term Programs and clients with a diagnosis of mental retardation or developmental disability. In these cases, OFA receives a fee-for-service and no contribution is expected from the client and/or the family.

The program may admit individuals that live outside of Broome County and individuals under the age of 60 if space is available. These clients attend based on a fee-for-service that is equal to the actual cost of service.

Appropriate Referrals

Yesteryears is different from a senior center due to the structure and supervision of group activities. Our Leisure Time Activity Leaders provide encouragement and support to engage participants in prepared activities. Older persons who are isolated and/or impaired and need a supervised, structured program can be referred to **Yesteryears**. Referrals are made by family members, caregivers, OFA staff, physicians, nurses, NY Connects staff or other case managers, and in some cases by the potential client. Referrals are made directly to the program coordinator.

Persons with Alzheimer's disease or other dementia disorders are accepted on a case-by-case basis.

To make a referral, call Yesteryears at 778-2946.

Sample Referrals

“My mother is becoming confused and very dependent on me to entertain her. She calls me ten times a day to take her shopping. She’s bored at home but can’t think of any activities to keep herself busy anymore. Her friends seem to be avoiding her.”

“My father went through a severe depression after my mother died and had to be hospitalized. He’s doing much better now, but I’m afraid he’s going to get depressed again if he doesn’t have somewhere to go a few days a week. He’s too withdrawn to go back to the senior center that he and my mother attended.”

“My husband is driving me crazy. He has Alzheimer’s Disease and had to retire early. He’s either asleep in front of the television or following me around the house. I can’t get my housework done. And I miss getting out with my friends, although I’m afraid to leave him alone anymore.”

When We Close or Refer Elsewhere

A client’s functional level does not necessitate the assistance and supervision provided by the day care program.

A client requires more personal care than program can provide (e.g., total assistance with toileting, feeding, etc.).

A client requires medical monitoring by staff.

A client wanders constantly and cannot be maintained in activity area.

A client is frequently abusive, disruptive, or offensive, causing distress to other participants.

A caregiver repeatedly fails to transport client home in a timely manner.

A client is placed permanently in a skilled nursing facility.

A client’s physical or mental deterioration renders him/her unable to benefit from group recreation.

What We Do Not Do

We do not provide medical care or administer medications (reminding is acceptable).

We do not accept confused clients who cannot engage in group activities.

We do not accept clients who are totally incontinent.

We do not offer 'drop-in' service.

We do not provide transportation, but can provide caregivers with transportation options.

Transportation Service

Definition

The transportation service provides Broome County seniors with subsidized, curb-to-curb mini-bus rides on a contribution basis. All buses are wheelchair accessible. Reservations are scheduled on a first-come, first-served basis and are accepted at least one business day and up to one week in advance.

What We Do

The OFA transportation service includes:

- ✓ A limited urban service (provided by Broome County Department of Public Transportation)
- ✓ A limited rural service (provided by BC Country, a program by the Broome County Department of Public Transportation)

Seniors call the Broome County Department of Transportation reservation system to schedule all mini bus rides. Rides may be one-way or round trip. A reservation is made for each one-way ride. An Office for Aging identification card is required to schedule the subsidized ride. ID cards are available at no charge to seniors age 60 or older. ID card applications may be obtained from the Office for Aging senior centers, at the Office for Aging main office or on the Office for Aging website. Proof of age is required.

Seniors are provided the opportunity to contribute to the cost of the ride. Seniors show their Office for Aging ID card when entering the bus and receive a contribution envelope. The envelope is put in the fare box when exiting the bus. The suggested contribution is \$1.50 for each one-way trip. Contributions are confidential. No one is denied service because of their inability to contribute.

Typically, rides are provided for medical appointments, shopping trips or personal errands. Many of the rural rides provide transportation to senior centers. Riders in both the urban and rural areas may share the mini bus with a variety of individuals being served by different transportation programs and paying different fees.

Eligibility

To be eligible for the Office for Aging subsidized mini-bus service on a contribution basis, a client must:

- ✓ Be a Broome County resident age 60 or older
- ✓ Have a Broome County Office for Aging identification card

Appropriate Referrals

A senior must be able to get to the curb and be able to make a reservation by calling the Broome County Department of Transportation (763-8747). Mobility aids (wheelchair, scooter, etc) must meet size requirements. Pick up and drop off points cannot include locations where buses need to drive in reverse in order to turn around.

Sample Referrals

Mrs. A had to stop driving because she is no longer able to afford her car. She lives in a rural part of Broome County.

Mr. S is unable to walk to the fixed route bus stop. His wife resides in a nursing home and he would like to visit her.

Mrs. W is a widow with no car, whose home is not near a fixed route bus service. She would like to visit a senior center.

Mr. M is in a wheelchair and wants to go grocery shopping.

When We Close or Refer Elsewhere

Clients whose needs cannot be met by the limited mini-bus services may be referred to Office for Aging I&A or the Mobility Management of South Central New York, "Get There" call center to explore other options.

What We Do Not Do

Same day service is not provided.

Door-to-door or door-through-door transportation is not provided.

Assistance is not provided carrying groceries and packages.

Trips are not scheduled in advance of one week of the date of service.

Home Energy Assistance Program (HEAP)

Definition

The Home Energy Assistance Program (HEAP) is a federally-funded program that assists eligible households in meeting their home energy costs. Office for Aging is an alternate certifier for persons age 60 and older and the disabled; all other applications are processed at the Department of Social Services (DSS). The program provides one regular HEAP benefit once per heating season to the vendor that supplies the household's primary source of heat. A lower benefit is available to unsubsidized renters with heat included in the rent. The amount of the HEAP benefit is based upon the household income and the type of heat in the home.

What We Do

The New York State Office of Temporary and Disability Assistance (OTDA) determines the opening date of the HEAP program each year, often in November. A closing date is set in the spring when program funds are exhausted. HEAP eligibility information is provided to seniors through outreach efforts. New York State mails "Early Outreach" applications prior to the program opening to seniors and the disabled who received HEAP during the previous HEAP season. Office for Aging mails applications to others upon request once HEAP opens. HEAP applications are also available for pick up at the Office for Aging, at senior centers, or can be printed from the OTDA website. A link to the printable application is provided on the Office for Aging HEAP web page.

Those eligible to apply at Office for Aging may mail completed applications or may file in person. All new applicants are required to provide full documentation of identity, age, address, heating vendor and all sources of income of all household members. Applicants may be contacted to verify information. Homebound clients may receive assistance with the application if no family member or friend is able to assist. Processed applications are forwarded to the Broome County Department of Social Services (DSS) where the approval process is completed. Applicants approved for HEAP will receive a benefit award letter from OTDA or a denial notice if they are not eligible.

HEAP staff refers clients to other programs that may offer assistance such as telephone discount programs, IT-214, SNAP, and weatherization programs.

Clients with extremely low income are referred to the Senior Resource Line for a financial benefits screening or to other programs appropriate for their situation.

Eligibility

Applicants must be age 60 or older; those under 60 can apply at OFA if they are receiving SSI or SSD income. HEAP income eligibility guidelines are established by the OTDA at the beginning of each program year based on state median income. Eligibility is determined by the income of all members of the household. Applicants must be Broome County residents and must reside in the dwelling listed on the application to receive a HEAP benefit. The applicants must pay a vendor for fuel or utility costs or pay unsubsidized rent that includes these costs.

Appropriate Referrals

Persons with low income, age 60 and older or persons of any age who receive Social Security Income or Social Security Disability are appropriate referrals. As eligibility is determined by total monthly household income, people should be referred even when you are uncertain if they meet the income guidelines.

Referrals are received from other OFA units and from agencies, utility vendors and individuals.

To make a referral, call HEAP at 778-2063. This number has a recorded message giving current details of the program. Callers may request an application when HEAP is open or leave a message and receive a return call. Another number is provided if they would like to speak to someone in person.

Sample Referrals

"My mother's only income is Social Security, and her heating bills are high."

"I cannot afford to pay for my next oil delivery after I buy groceries and pay for my prescriptions."

"My husband died this year and my income is a lot lower. Can you help with my gas bill?"

When We Close or Refer Elsewhere

When applications are received, they must be processed and certified within a specific time frame. At the end of the period, the application is denied and forwarded to DSS if the required information is not received or the household is over income.

Clients with shut-off notices are referred to DSS.

Clients with energy emergencies are referred to DSS.

Clients not eligible for a HEAP benefit are referred to other programs or services that are appropriate for their individual circumstances.

What We Do Not Do

We do not make final approvals of HEAP applications or authorize payments to vendors.

We do not tell clients that they will receive a HEAP benefit.

We do not handle emergency situations.

Foster Grandparent Program (FGP)

Definition

The Foster Grandparent Program offers income-eligible seniors age 55 and older the chance to make a difference in the life of a child. Foster Grandparents provide love, encouragement and companionship to children with special needs on a one-on-one basis, usually 4 hours a day, 5 days a week. Volunteers serve at schools, day care centers and institutions, as well as Head Start, after school and summer programs located throughout Broome County.

What We Do

Once eligibility is determined and an application is filled out, an interview is conducted, references are contacted and a criminal history background check is performed. If the results are satisfactory, the senior is enrolled in the program and attends orientation. Program staff contacts a potential volunteer site near the enrollee's residence to determine interest in a Foster Grandparent and to finalize placement details. Once placed, the volunteer receives orientation at the site, is assigned to a classroom and is supervised by the classroom teacher who identifies 2-4 children in need of one-on-one attention from the Foster Grandparent.

Although Foster Grandparents are considered volunteers, they receive numerous benefits including an hourly stipend*, travel reimbursement, a daily meal, an annual physical exam, paid time off, recognition, training and socialization.

**Note: The stipend is non-taxable, non-reportable income that should not be counted as income when determining eligibility for other programs.*

Eligibility**

Broome County residents age 55 and older who meet income guidelines (200% of poverty level) are eligible for enrollment. Note: Certain medical expenses incurred during the past 12 months may be deducted from income. Applicants must be interested in working with children and be willing and able to volunteer at least 15 hours per week.

***Eligibility guidelines may change; all interested seniors should be referred for screening by staff.*

Appropriate Referrals

Referrals to the Foster Grandparent Program can originate from other OFA units or other agencies in the community. Frequently, seniors refer themselves as a result of recruitment efforts conducted by the program. Others are referred by program participants, family members, or friends.

To make a referral, call the Foster Grandparent Program at 778-2089.

Sample Referrals

“I recently moved into a senior high-rise apartment and have a lot more time on my hands. I used to babysit children in my old neighborhood and miss the contact.”

“My mother just moved to this area and is living on a very low income. She never worked outside of the home but loves working with children.”

When We Close or Refer Elsewhere

If a client is not eligible for the FGP or the program does not meet his/her needs, the client is referred to various volunteer programs in the community (e.g., RSVP, Voluntary Action Center, local school districts) or other programs operated by Office for Aging.

What We Do Not Do

We do not place volunteers in private homes to work with children.

We do not place children in ‘foster care’ in a Foster Grandparent’s home.

We do not leave volunteers unsupervised on-site.

We do not enroll volunteers who do not meet the federal eligibility guidelines.

Senior Helpers Program

Definition

The Senior Helpers Program is a free referral service which matches workers age 55 and older with job orders placed by individuals and families (employers) in need of help. Typical jobs include personal care, companion, housekeeping, carpentry, masonry, yard work, packing household goods for moving, painting, plumbing, driving and shopping. The jobs may be one-time, short-term or long-term, part-time or full-time.

What We Do

Register Workers

Interested workers call the job placement assistant for an intake appointment. The interview determines the types of jobs the worker is interested in, and the factors which would impact a match (credentials, transportation, schedule, rate of pay expected, etc.) Initial worker registrations are done in person at the Office for Aging; subsequent contacts are usually made by phone.

Accept Job Orders

The individual or family member who needs to hire a worker contacts the job placement assistant and specifies the duties of the job as well as the factors which would impact a match (credentials required, whether or not the home is accessible by public transportation, the hours the worker is needed, wage range, etc.). Most job registrations are done by phone.

Make Matches

The job placement assistant will identify a possible match with a registered worker. The worker will be given the information about the job and will then contact the person who placed the job order. The employer may interview the worker in person or by phone. (This varies with the type of job being filled and the circumstances.) The worker and the employer negotiate the rate of pay and the other details of employment. Employers should give careful thought to the hiring decision and should check the references of any worker being considered for a position. Both the worker and the employer usually contact Senior Helpers to report whether the match was successful or not.

The Senior Helpers Program requests are often made on short notice (for example, at the time of a hospital discharge, or after a major snowfall) and the turn around time for a referral is usually short. The program is not able to match all job orders placed.

Eligibility

Senior workers must be age 55 or older and Broome County residents. There are no eligibility criteria for employers.

There is no charge for this service; contributions are accepted.

Appropriate Referrals

Individuals who meet the eligibility criteria and who are interested in working for private individuals may be referred to the program. If they are interested in other employment or volunteer options, they may also be referred to other Office for Aging programs.

Any individual or family member who needs to employ a worker and who is able to pay for the services may be referred to Senior Helpers.

Note for Referring Potential Employers:

Some individuals and families prefer to deal with a home care agency instead of hiring directly. When working through a home care agency, the worker is employed by the agency and the individual pays the agency--not the worker.

When hiring a worker through the Senior Helpers Program, the individual or family member becomes the employer and has to deal directly with all aspects of employment (interviewing, checking references, record keeping, etc.). The Senior Helpers Program does not employ the workers it refers, nor is it responsible for their performance. Background checks and reference checks are solely the employer's responsibility.

The program is open 8:30 - noon Monday through Friday.

To make a referral, call 778-6105.

Sample Referrals

"Can you recommend a reliable housekeeper?"

"I need to hire someone to stay with my mother while I am out of town."

"I can afford to hire a driver, but I don't know who to call."

"I'm a retired nurse looking for a home care assignment."

"I'm looking for a job as a companion to an older person."

When We Close or Refer Elsewhere

A successful job match marks the end of Senior Helper involvement.

If the program cannot provide a match, the employer is given the names of home care agencies, private businesses, or agencies offering a volunteer service.

What We Do Not Do

The Senior Helpers Program is not the employer of the in-home worker; the families and individuals who use it to locate an employee assume all the responsibilities of the employer.

Acronyms of Broome County Office for Aging

AAA	Area Agency on Aging
AARP	American Association of Retired Persons
ADC	Adult Day Care
AOA	Administration on Aging - Federal Department of Health & Human Services
AOP	Action for Older Persons
BAC	Board of Acquisition & Contract - Broome County Government
BCC	Broome Community College
BCOFA	Broome County Office for Aging
BHA	Binghamton Housing Authority
BOCES	Board of Cooperative Educational Services
CASA	Community Alternative Systems Agency – Long Term Care
COLA	Cost of Living Adjustment
CSE	Community Services for the Elderly - NYS Grant
DSS	Department of Social Services – 36 Main Street, Binghamton
EISEP	Expanded In-Home Services for the Elderly Program
EPIC	Elderly Pharmaceutical Insurance Coverage Program
FGP	Foster Grandparent Program
HEAP	Home Energy Assistance Program
HUD	Housing & Urban Development Department
I & A	Information & Assistance
I & R	Information & Referral
JCSCC	Johnson City Senior Citizen Center, Inc.
LTHHC	Long Term Home Health Care
MOW	Meals-on-Wheels - home delivered meals program
NCOA	National Council on Aging, Washington, D.C.
NSAAAA	NYS Association of Area Agencies on Aging
NSIP	National Services Incentive Program
NY Connects	Choices for Long-term Care
NYPIRG	New York Public Interest Research Group
NYSOFA	New York State Office for Aging
OAA	Older Americans Act
OFA	Office for Aging
OFB	Opportunities for Broome
OPWD	Office for People with Developmental Disabilities
RSVP	Retired Senior Volunteers Program
SNAP	Supplemental Nutrition Assistance Program - NYS grant
SSA	Social Security Administration
SSI	Supplemental Security Income
STERPDB	Southern Tier East Regional Planning and Development Board
TCE	Tax Counseling for the Elderly Program
TOU	Town of Union

TITLE:

IIIB	Grants for state and community programs on aging
IIIC1	Nutrition Program for the Elderly - congregate meals
IIIC2	Nutrition Program for the Elderly - home delivered meals
IIID	Disease Prevention and Health Promotion
IIIE	National Family Caregiver Support Program
VII	Elder Abuse Prevention Program (Ombudsman Program)
V	Employment
XX	Elder Abuse Outreach Program

