Leveraging Resources between the Senior Community Service Employment Program and the Long-Term Care Ombudsman Program

PHYLLIS A. CUMMINS, SUZANNE R. KUNKEL
SARAH G. BOEHLE

Scripps Gerontology Center
An Ohio Center of Excellence

MIAMI UNIVERSITY

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Submitted to

The Ohio Department of Aging

Phyllis A. Cummins
Suzanne R. Kunkel
Sarah G. Boehle

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Miami University
Oxford, OH 45056
www.scrippsaging.org

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LEVERAGING RESOURCES BETWEEN THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM AND THE LONG-TERM CARE OMBUDSMAN PROGRAM

BACKGROUND

As part of the "Money Follows the Person" (MFP) initiative, Ohio implemented the HOME Choice program, which facilitates the movement of individuals from long term care facilities to home and community based settings. In order to qualify for HOME Choice, the individual must have resided in a nursing home for at least 90 days and be eligible for Medicaid. Transitions Coordinators (TCs) are responsible for identifying candidates for the program, finding appropriate housing, setting up the household, and assisting in the actual move; these responsibilities are characterized as “deliverables.” These deliverables are required services from organizations acting as TCs in Ohio. The Long-Term Care Ombudsman Program (LTCOP) is one of several organizations in Ohio that acts as a TC. In addition to serving as HOME Choice TCs, ombudsmen advocate for the nursing home and assisted living residents, and people receiving home health care. Ombudsmen link residents with services or agencies and inform consumers about their rights.

The program and deliverables described above were implemented in 2008. An additional deliverable involving post-transitions contacts will be implemented this year. A minimum of five contacts with the HOME Choice program participant are required within 90 days of transition, two of which must be face-to-face and the remainder can be made by telephone. In addition to the required contacts within 90 days of transition, additional contacts at six-months and one-year post-transition provide valuable information on the success of the program: is the participant still able to live in the community? The HOME Choice program is a time consuming process for TCs; each of the deliverables involves multiple activities all of which must be carefully documented. A description of their role, which does not include post-transition contacts, along with a description of the role of the home health care case manager, is shown in Appendix A. The agreement describing post-transition responsibilities for the LTCOP is included as Appendix B. The Ohio Department of Aging engaged Miami University to examine how resources might be better utilized to provide these expanded services.

THE RESEARCH PROJECT

The current project was undertaken to determine if and how the Senior Community Service Employment Program (SCSEP) could support TCs in carrying out their responsibilities. SCSEP, a provision of the Older Americans Act, is a work-based training program for low-income adults aged 55 and above who are unemployed with poor employment prospects. Participants work an average of 20 hours per week at a host agency and are paid the highest of federal, state, or local minimum wage. It is intended that the training and work experience will lead to unsubsidized employment opportunities. Host agencies are typically community based organizations, non-profits, or government agencies and provide SCSEP program participants with skills needed to be successful in obtaining a job and remaining employed. The LTCOP has served as a host agency in the past, but work responsibilities were typically simple clerical duties, such as copying and filing. For the SCSEP program participant to play a meaningful role in assisting ombudsmen with post-transitions activities, additional skills and knowledge about the long-term care system are necessary.

Two research questions were addressed to determine the role SCSEP might play in supporting the LCTOP:

- How can the SCSEP program be used to support the Long-Term Care Ombudsman Program's care transitions initiative?
- How can the training and work experience provided by the Long-Term Care Ombudsman Program be structured to enhance the likelihood of SCSEP program participants becoming employed in unsubsidized employment?

These questions were addressed through site visits and key informant interviews in May, 2013. In addition, web-scans were completed to better understand the HOME Choice transitions process and the roles of those involved.

To gain a better understanding of the HOME Choice transitions process, a group interview was conducted with staff of the LTCOP in Area Agency on Aging District 7 (AAA7) in Wheelersburg, Ohio on May 22, 2013. The LTCOP in AAA7 was selected because of their experience with the HOME Choice transitions program; they have been involved since its inception in 2008. An interview was also held with a representative of Mature Services in Portsmouth, Ohio, which operates the SCSEP employment and training solutions office in AAA7. This interview provided insights into the training a SCSEP program participant receives, how they are matched with a host agency, expectations of training to be provided by the host agency, and the evaluation process for the SCSEP worker. Mature Services acts as both a national grantee and the sole state sub-grantee to provide SCSEP services in Ohio.

Interviews were held with representatives of Mature Services, Inc. at their offices in Akron Ohio on May 29th and 30th, 2013. Mature Services offers a training program focusing on customer service, which includes specialized training in their call center. This training includes classes on customer service, phone skills, call center software use, managing customer

complaints (through the call center), and includes opportunities to attain a customer service certification. Customer service/call center training is completed in a combination of group sessions, on-line courses, and real-time calling experiences. A logic model for the SCSEP program is included as Appendix C and a flow chart specific to the SCSEP participant in Mature Services' Akron branch is included as Appendix D. These charts provide general information about SCSEP, training services provided, the role of the host agency, and movement into unsubsidized employment. SCSEP has dual goals of providing disadvantaged older adults an opportunity for employment and furthering useful part-time opportunities in community service activities. Placements with host agencies typically last from 6 to 12 months, after which the SCSEP worker either moves to unsubsidized employment, is placed with another host agency, or exits the program. Economic self-sufficiency and improving health and well-being are a few of the desired outcomes for the SCSEP participant.

As a part of addressing these questions, potential responsibilities of the SCSEP participant were identified as were the types and sources of training necessary to be effective, along with potential obstacles and solutions. The interview guide utilized to facilitate this research is attached as Appendix E. This research was approved by Miami University's Institutional Review Board.

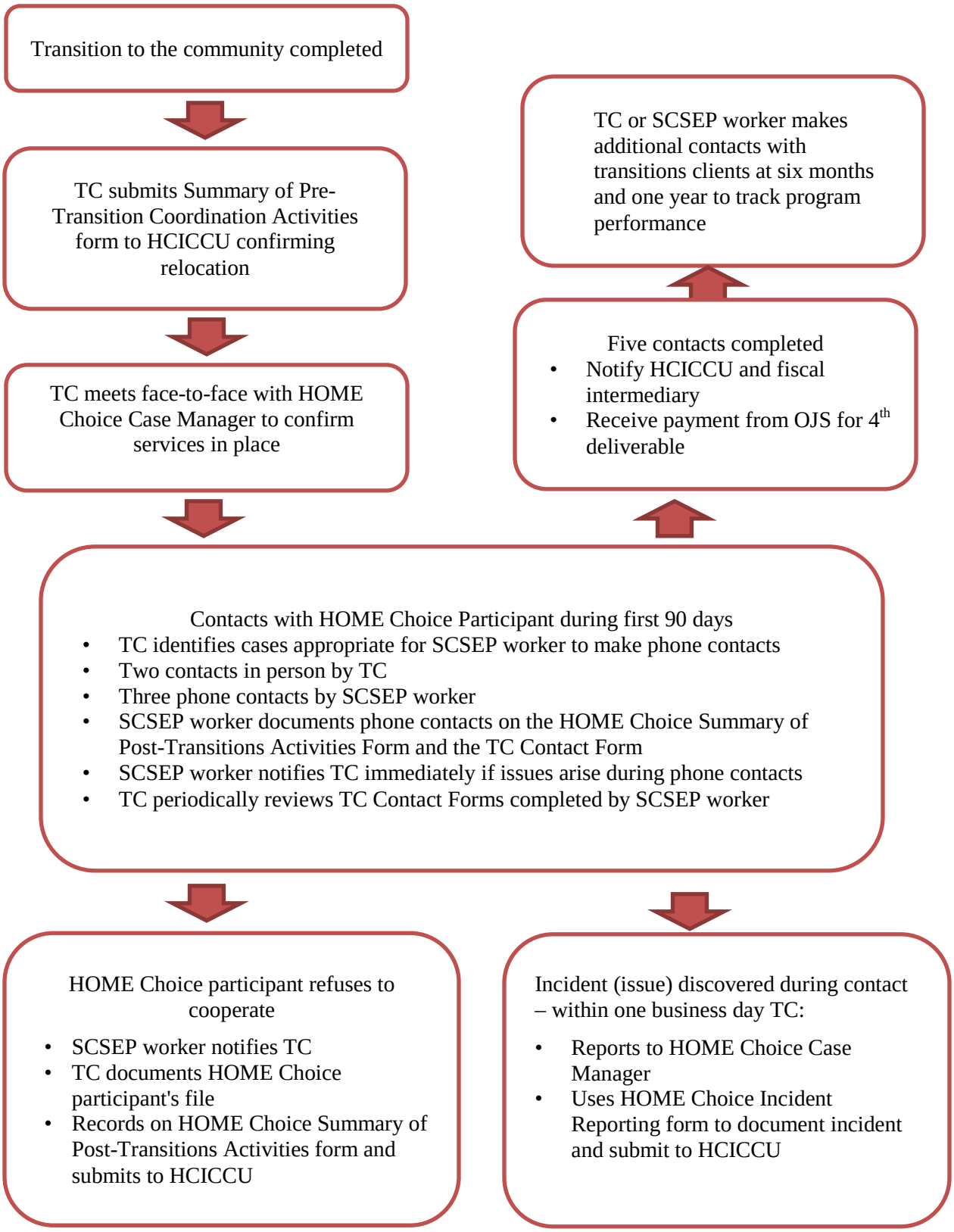
Findings

The HOME Choice transitions program is a complex and time consuming process; its complexity is depicted in Appendix F. Each of the deliverables involves multiple actions by the TC and a great deal of documentation is required for each step in the process. Success of the program is indicated by the program participant transitioning back to the community in a safe environment and remaining in the community for an extended period. In order to achieve this, multiple services require coordination, such as home health care, homemaker services, meal deliveries, and scheduling physician appointments. An especially challenging component is locating affordable and safe housing. This has been one of the most time consuming and challenging aspects of the program for TCs. The LTCOP developed a document describing "lessons learned" through their experiences providing HOME Choice transition coordination services; it is included as Appendix G. Examples include the importance of involving a family member in the transition and maintaining close contact with all the key players involved in the transitions process. An important aspect of the transitions program is for the client to be the decision maker and engaged in all aspects of the transitions processes. As the TC, the ombudsman plays an important role in advocating for their client and ensuring their move to the community is successful.

Post-transitions contacts are a new deliverable (the "fourth deliverable") that will be implemented this year. These contacts are intended to ensure that HOME Choice clients are receiving the services necessary to remain in the community and to identify potential issues before they become serious. Figure 1 depicts the process for HOME Choice post-transitions contacts, including a face-to-face meeting with the HOME Choice Case Manager, the timing for

required reports, how incidents are documented and reported, and requirements if the HOME Choice client refuses to participate. In addition to the five required contacts, additional contacts are included at the six-month and one-year points to track program performance. Some HOME Choice transitions clients have more complex issues than others. TCs typically know at the time of relocation to the community which cases will require more attention. We suggest that only the less complex cases be referred to the SCSEP worker for post-transitions phone contacts, which will allow ombudsman to focus on more complex cases. A script for HOME Choice post-transitions phone contacts is attached as Appendix H. The script will serve as a tool to document phone contacts and includes triggers for the SCSEP worker to notify an ombudsman if issues are identified. The script will also be useful to the TC in documenting more complex cases. It will be important for the TC to periodically review contact forms completed by the SCSEP worker to ensure they are being informed of issues on a timely basis and the SCSEP worker is properly documenting the file.

Figure 1. The Fourth Deliverable: Understanding the Process for HOME Choice Post-Transitions Contacts



POTENTIAL SCSEP WORKER RESPONSIBILITIES AND REQUIRED TRAINING

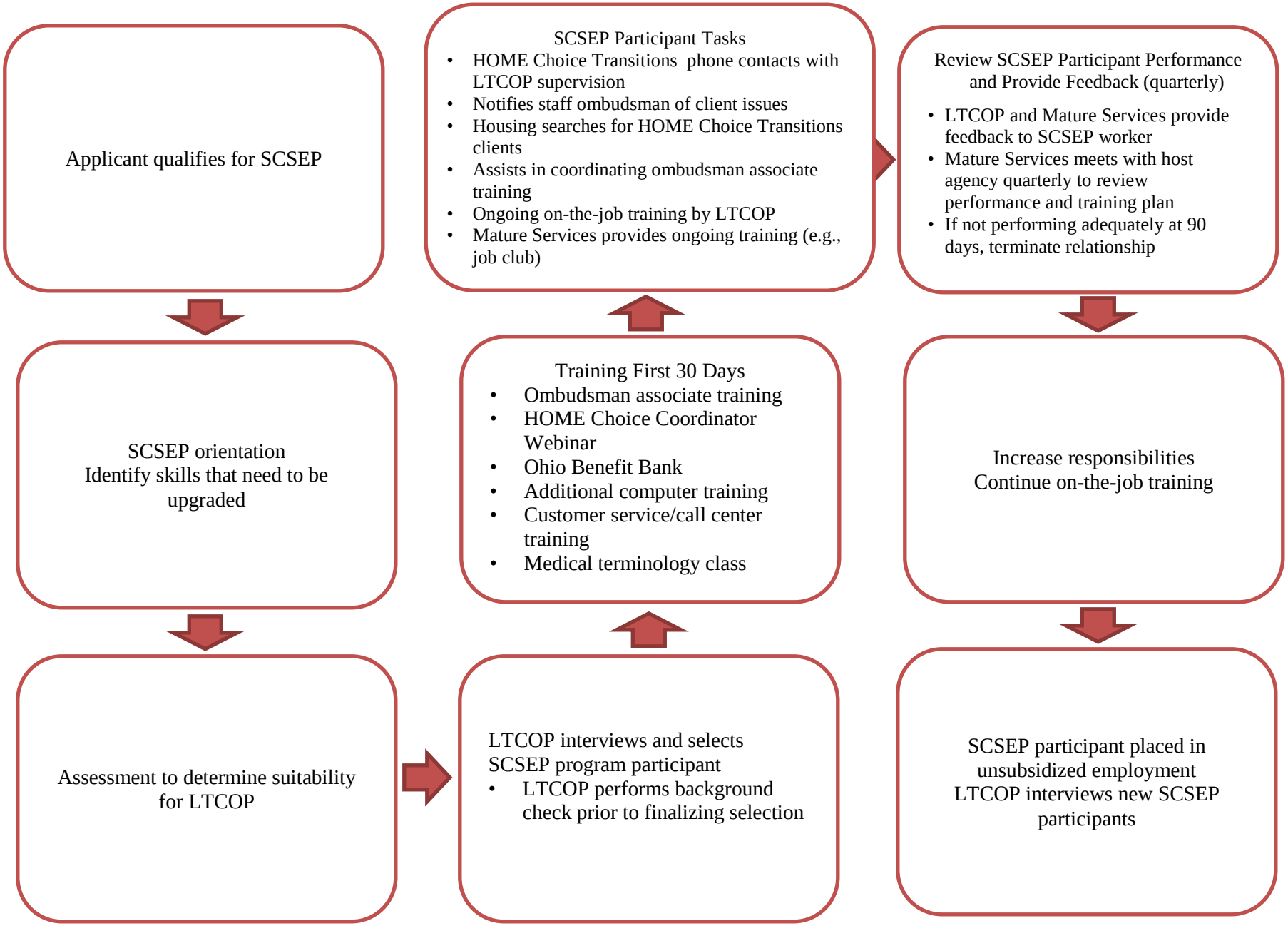
Key informant interviews revealed multiple ways in which the SCSEP worker could support TCs and training opportunities to prepare the SCSEP worker for those responsibilities. In addition to making telephone contacts with HOME Choice participants, additional responsibilities for the SCSEP participant were explored. Examples include identification of appropriate housing, completing the application for the HOME Choice client, assisting in setting-up the residence, home visits related to transitions, and organizing volunteer ombudsman training and continuing education. A flow chart that illustrates the steps involved in the SCSEP participant's screening, interviewing, training, and potential responsibilities with the LTCOP is included as Figure 2. Mature Services will be responsible for identifying appropriate candidates and will send two to three per available position for interviews with the LTCOP. Following selection, training specific to responsibilities with the LTCOP will begin.

Telephone Contacts. These contacts could originate from either Mature Services' call center in Akron or from the LTCOP offices in Wheelersburg. After consideration of the advantages and disadvantages of each option and discussions with ODA, it was determined that calls should originate at the transitions coordinator's offices. Maintaining control of the process and ensuring compliance with the Transitions Coordination Agreement are essential to program success. Skills and attributes required for making telephone contacts include a basic knowledge of long-term care, patience, reliability, being a good listener, documenter, and communicator, self-confidence, and the ability to deal with confidential information and keep an arms-length relationship with the client. While some of these attributes should exist when the assignment begins, others will involve specific training.

Other Responsibilities. In addition to telephone, there are other tasks a SCSEP worker could perform in the LTCOP offices that could help support the HOME Choice program and other ombudsman responsibilities. Examples include identifying housing alternatives for the HOME Choice client, taking intake calls, and supporting ombudsman with volunteer training.

Lack of appropriate housing has been identified as the HOME Choice program’s biggest challenge in transitioning clients from institutions to home and community-based settings. As a result, ombudsmen spend considerable time searching for appropriate and affordable housing. Identifying housing options is generally completed through a combination of on-line searches and telephone calls.

Figure 2. Senior Community Service Employment Program (SCSEP) Participant and the Long-Term Care Ombudsman Program (LTCOP)



With supervision and training, the SCSEP worker could identify housing options and provide this information to the ombudsman. Another way in which the SCSEP program participant could support the LTCOP program is through assisting in coordinating volunteer ombudsman training and continuing education. Some of the tasks involved include contacting volunteers and potential volunteers to advise them of training sessions, setting up the room on the day of the training, and organizing materials for the training sessions. The SCSEP participant could also be an "Intake Worker," which would involve taking calls from consumers, including nursing home residents, documenting the call, and referring follow-up to the appropriate ombudsman.

Other suggestions for SCSEP participant responsibilities include assisting in setting up the household for a HOME Choice client, completing applications for those referred to the HOME Choice program, and making face-to-face visits with HOME Choice clients. Each of these responsibilities requires a vehicle and it is unclear how the SCSEP participant could be reimbursed for these costs. Depending on the individual assigned to the LTCOP and assuming the SCSEP participant could be reimbursed for travel costs, these responsibilities might be considered at a later date.

TRAINING FOR THE SCSEP WORKER

Based on the responsibilities identified, including phone contacts and other activities to support the transitions coordinator, several specific types of training for the SCSEP worker have been identified. We recommend that this training be completed as soon as possible following placement with the LTCOP. Specific training activities, along with who has primary responsibility for coordinating the training activity include:

- Customer service/call center training – program to be developed by Mature Services for remote implementation
- Computer skills upgrading (if needed) (Mature Services and LTCOP)
- Ombudsman associate training (LTCOP)
- HOME Choice Transition Coordinator Webinar Training (Transition Coordinator Webinar Training) (supervised by LTCOP)
- Ohio Benefit Bank (http://www.thebenefitbank.org/Training); provides information on benefits available to Ohio residents (supervised by LTCOP)
- Medical terminology class (coordinated by SCSEP)
- SCSEP participant ongoing training (e.g., job club, resume writing, building interviewing skills, etc.)

Mature Services' orientation includes a skills assessment and an overview of available services. Depending on the participant, a plan is developed to improve skills in areas such as enhancing computer skills and upgrading soft skills (e.g. appropriate workplace etiquette). Mature Services' customer service/call center training includes a series of classes using a curriculum designed specifically for the program; it includes group instruction, videos, online coursework, and actual time spent in the call center lab making calls. Basic computer training is incorporated into the program. Included in the training are techniques to build rapport with the caller, clarifying any issues, responding to questions and addressing concerns and knowing when and where to make referrals. Based on techniques developed in the customer service/call center training, Mature Services will create a training video tailored to LTCOP training. Mature Services will also investigate videoconferencing which would allow interaction between the trainer and SCSEP participants.

Ombudsman associate training will provide the SCSEP worker with an understanding of the long-term care system, the role of the ombudsman, and issues faced by those living in nursing homes. Appendix I provides information on the requirements and qualifications for the ombudsman associate and provides additional insights into the attributes of the SCSEP participant making telephone contacts with HOME Choice clients. For example, the ombudsman associate must adhere to strict standards of confidentiality and have no conflicts of interest. Additional training that will equip the SCSEP worker to support TCs includes the HOME Choice Transition Coordinator Webinar training and Ohio Benefit Bank training. Benefit Bank training provides information on resources and benefits available to Ohio's residents.

A course in medical terminology is also recommended. The course will benefit the SCSEP worker in their assignment with the LTCOP and should their unsubsidized employment be in the long-term care industry, or other health related career, will be of benefit in that role. Medical terminology courses are available at many of Ohio's career and technical centers. For example, this course is available at Polaris Career Center in suburban Cleveland at a total cost of $545 and includes a total of 48 classroom hours over a one semester period. Mature Services will also provide the SCSEP worker with ongoing training during their LTCOP assignment. For example, building skills such as resume writing, job search, job club, and interviewing will be provided by Mature Services.

THE LONG-TERM CARE OMBUDSMAN PROGRAM AS A HOST AGENCY

SCSEP host agencies are required to enter into an agreement with the sponsoring agency, which for AAA7 is Mature Services, Inc. A form of this agreement is included as Appendix J. This agreement specifies the responsibilities of the host agency, such as completing host agency training and providing adequate supervision to the SCSEP worker. Mature Services' Available Training Opportunities form (Appendix K) is used as a screening tool to identify appropriate SCSEP candidates for a specific assignment. For example, Mature Services will use the "Criteria for Selection" section as a tool to identify suitable candidates, two or three of

which per available position are recommended to the host agency. Specific suggestions for both training opportunities and criteria for selection for a SCSEP worker supporting the care transitions program are included in the Available Training Opportunities form.

Performance evaluations for the SCSEP worker are typically completed semi-annually. Because of the sensitive nature of this work, quarterly evaluations are recommended. In addition, the LTCOP will require the right to end the relationship with the SCSEP worker at the end of a 90 day probationary period or sooner if there is an obvious mismatch. Mature Services' form of Performance Evaluation is included as Appendix L. In addition to the categories included in their standard form, LTCOP specific categories of evaluation are included for the SCSEP worker supporting HOME Choice care transitions. For example, categories for treating information confidentially and promptly reporting issues to ombudsman are included, as are other categories important to the LTCOP. We recommend that both Mature Services and the ombudsman supervisor be involved in evaluating the SCSEP worker. In addtion, we recommend that the ombudsman supervisor and the Mature Services Case manager meet at least quarterly to discuss the SCSEP worker's training program and make adjustments as appropriate.

For both the SCSEP worker and the LTCOP to benefit from this program, placement of a year to eighteen months is suggested. The work involved for this assignment will be of a higher level and more complex than the typical host agency assignment. Sixty to 90 days may be required for the worker to complete their training and become productive in supporting the ombudsman program. For both the host agency and SCSEP worker to benefit from this program, a somewhat longer than typical placement is appropriate.

BENEFITS TO THE SCSEP PROGRAM AND PARTICIPANTS

The ultimate goal of SCSEP is placement of its participants in unsubsidized employment following their work experience at a host agency. SCSEP participants who successfully complete customer service/call center training and obtain a certification have had success in finding employment. While the customer service training received at Mature Services' Portsmouth office will not be as in-depth as in Akron, the training received, combined with experience in making post-transitions phone contacts, will be of value to potential employers. Older adults are valued in customer service and call center jobs because of their ability to empathize. Training received through their experience at LTCOP will be of value to potential employers. The ombudsman associate training and the Ohio Benefits Bank training, combined with a class in medical terminology will provide the worker with the tools necessary to have a good understanding of the long-term care system. Given Ohio's aging population and the demand for workers to provide services in the long-term care industry, the SCSEP worker will be well positioned to become employed following their experience with the LTCOP. Specific examples of potential job placements include medical records technician (with additional training), ombudsman, retirement

center receptionist, receptionist or office assistant at other health care settings (e.g., physician offices, health clinics, etc.) and diet aid, unit clerk, supply clerk, or activities assistant at a long-term care center.

CONCLUSION AND INDICATORS OF SUCCESS

This research sought to determine the role SCSEP might play in supporting the LTCOP in their expanded role in the HOME Choice transitions program. More specifically, two research questions were addressed: 1) Can the SCSEP program be used to support the Long-Term Care Ombudsman Program's care transitions initiative? and 2) Can the training and work experience provided by the Long-Term Care Ombudsman Program be structured to enhance the likelihood of SCSEP program participants becoming employed in unsubsidized employment?

This report describes how a SCSEP worker could support the care transitions program and includes specific suggestions for training. Potential responsibilities for the SCSEP worker that will allow staff ombudsmen to focus on more complex transitions cases and their other responsibilities as ombudsmen are also provided. Tools, such as a script for the phone contacts and various forms have been provided that will ease the implementation process. The training and experience a SCSEP worker will receive through placement with the LTCOP will be of value when seeking unsubsidized employment.

We recommend that pilot programs be implemented in both an urban and rural location and that two SCSEP workers be placed with the LTCOP in each location. Pilot programs in urban and rural locations will provide the LTCOP with insights into issues and challenges that might arise specific to each type of locale that will be valuable when implementing on a broader scale. Two SCSEP workers at each location will reduce the risk of disruption in the pilot program should one of the workers have a job opportunity in unsubsidized employment. This strategy will also provide better insights into the viability of the program; if only one SCSEP worker is placed in a single location, it will be more difficult to judge the success of the program if, for example, the individual SCSEP participant is not capable of doing the work. The pilot programs will provide the opportunity to identify strengths and weaknesses of the program so that adjustments can be made prior to wider implementation.

For this program to succeed, implementation in AAA7 and an urban location, such as Cleveland, as pilots will take considerable planning and effort by the LTCOP. The suggestions for training and tools provided will facilitate the implementation process, but additional planning will be necessary. For example, Mature Services will need to develop a customer service training program that can be completed in their Portsmouth location. An important first step will be identifying SCSEP participants in AAA7 and Cleveland with the required skills and attributes necessary to succeed. In order to measure the success of this program, the following indicators have been identified:

- Mature Services appropriately screens candidates and assures those who are interviewed by the LTCOP have the skills and attributes necessary to succeed.

- Mature Services is able to implement an effective customer service training program in their Portsmouth office that can be replicated in other offices.
- The health and safety of the care transitions clients is not jeopardized as a result of this program.
- The program reduces the burden of staff ombudsmen on routine matters so their attention may be focused on more complex transition cases and advocacy work.
- The skills built by the SCSEP worker as a result of this assignment facilitate placement in unsubsidized employment at the conclusion of their placement with the LTCOP.
- From SCSEP's perspective, this training provides opportunities to build skills in program participants that would not have otherwise been available.

Ideally, this pilot program will provide a model that can be implemented throughout Ohio. Completion of both a process and outcomes evaluation will be important to determine what adjustments might be necessary to the program and if the outcomes are as expected. If issues are addressed early in the program, adjustments can be made that will improve the likelihood of success. Assuming an adequate volume of case activity for the TC and in turn the SCSEP worker, a process evaluation six months after program implementation is recommended. The indicators of success will be important in completing the outcomes evaluation.

Following are several recommendations for next steps to support successful implementation and sustainability of the program:

- Development of a toolkit to be used by the LTCOP in implementing the pilot programs; many of the documents that will be included in the toolkit are shown in the appendices.
- An initial meeting with each of the pilot locations to discuss how the program is envisioned and discuss the implementation process.
- Process evaluation approximately 6 months following implementation. Review program implementation; make adjustments.
- Implementation of program throughout Ohio.
- Identification of other opportunities to utilize SCSEP workers in Ohio's long-term care system.

This pilot program has the potential to provide insights into how the SCSEP program can support Ohio's long-term care system; the current project is only the first step. Scripps is prepared to take the lead on the toolkit and the process evaluation and would be pleased to partner with ODA on the other tasks. We look forward to discussing next steps with ODA.

APPENDIX A

Case Manager/Transitions Coordinator Chart

HCBS Waiver Programs

PASSPORT—Operating agency is ODA. Administrative Case Management is provided by 13 regional PASSPORT Administrative Agencies. Transition Coordination is provided by regional Long-Term Care Ombudsman Program or Center for Independent Living.

Waiver Administrative Case Manager Role	HOME Choice Transition Coordinator Role
Completes waiver assessment of level of care as well as other waiver eligibility-Recommends waiver as qualified HCBS program	Assists with completion of consumer workbook if needed.
Determines HOME Choice eligibility and submits eligibility checklist to ODJFS Intake Unit	Participates in team meetings as scheduled by the case manager.
Reviews information about HOME Choice, rights and responsibilities and obtains informed consent	Participates in discharge planning from institutional setting. Assists with the development of a transition plan.
Verifies guardianship status if needed	Assists with securing housing. Verifies housing meets definition of qualified residence. If qualified residence is licensed facility verifies appropriate licensure. Verifies type of subsidy if participant moving to subsidized unit.
Educates consumer and/or guardian about Qualified, Demonstration and Supplemental services. Provides education regarding HOME Choice self-direction activities.	Assists with securing benefits.
Assists with linkage to transition coordination	Assists with linkage to employment options if participant interest indicated**.**
Organizes team meetings which include the transition coordinator to develop the service plan and participates in discharge planning from institutional setting.	Assists consumer in determining most effective use of HOME Choice Goods and Services funds. As directed by the consumer, assists the consumer with the purchase of goods and services. Coordinates payment of goods and services through the FMS.
Develops the service plan (which includes qualified, demonstration, and supplemental services) and coordinates service provision for qualified services (waiver/state plan service delivery), HOME Choice demonstration and supplemental services.	Assists the consumer in locating community resources such as physician, pharmacy, etc. as needed and as directed by the consumer
Notifies ODJFS Intake Unit of changes in participant status once demonstration period begins	
Completes the HOME Choice Enrollment Form and forwards to the ODJFS Intake and Care Coordination Unit	
Works with HOME Choice demonstration and supplemental service providers in understanding responsibilities under HOME Choice including information on how to work with the HOME Choice fiscal intermediary	
Explains waiver system protection from harm measures to participant and family	
Connects participant to necessary assessment if indications of TBI, MH, Alcohol or other drug abuse are noted.	
Provides ongoing monitoring during demonstration period.	

Ohio Department of Medicaid
OHIO HOME CHOICE DEMONSTRATION PROGRAM
TRANSITION COORDINATION APPLICATION/TIME LIMITED AGREEMENT

- Share pertinent information with other HOME Choice providers regarding participant's needs and potential barriers with regard to community living.

The TCA shall submit a Summary of Pre-Transition Coordination Activities form verifying that the participant has relocated into the community to the HOME Choice Operations Unit within 10 business days after the participant's discharge date.

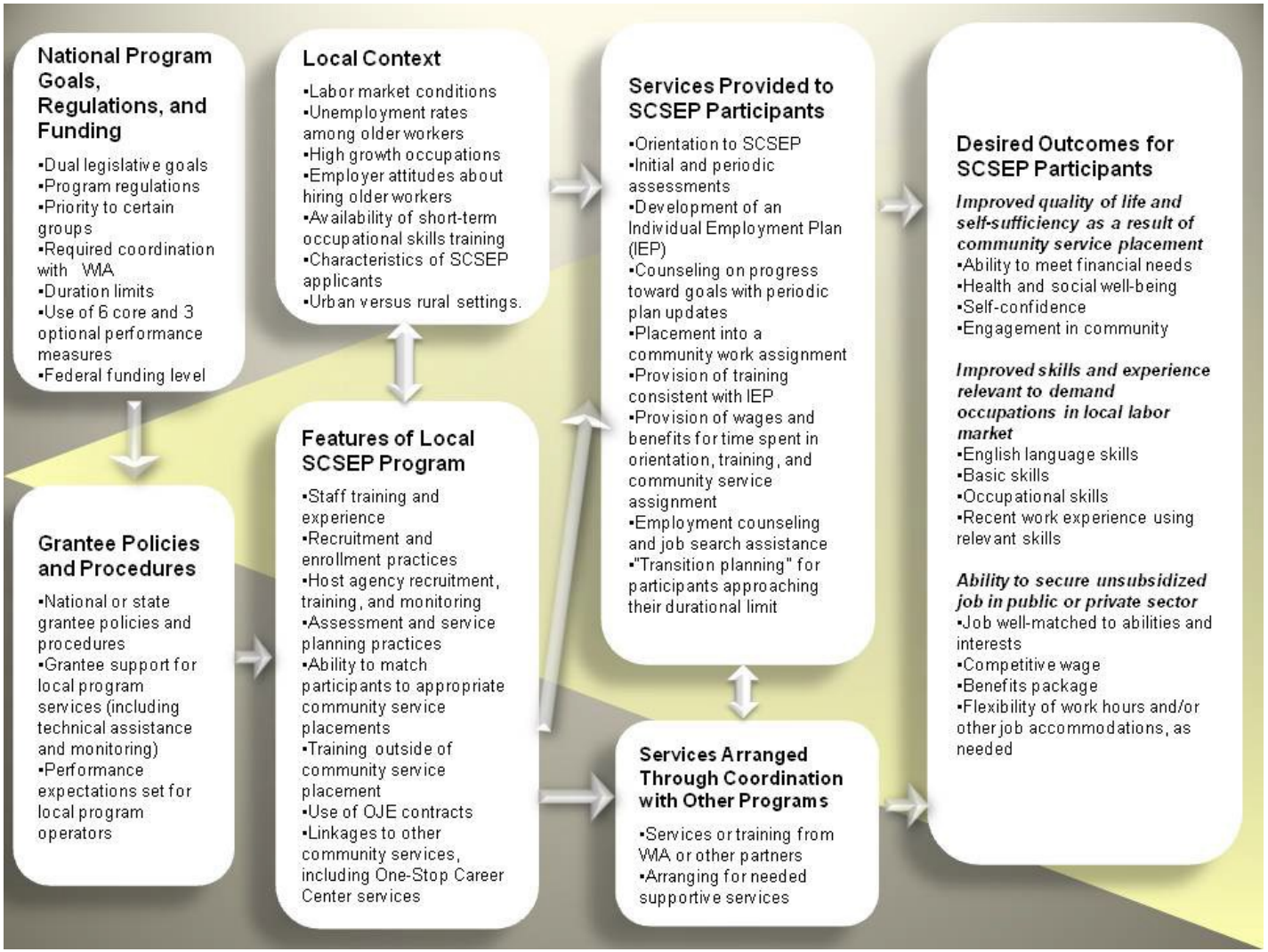
Post-Transition

The TCA shall have a minimum of five contacts with the participant, including at least two face-to-face visits during the first 90 calendar dates after the discharge from the institution to ensure continuity of care. These five contacts are in addition to, and do not include, any visits or other interactions with the participant on or before the day that the participant moves into the community. All items discussed with the participant or otherwise addressed during these contacts shall be documented on the HOME Choice Summary of Post-Transition Activities form. Examples of TCA activities that may occur during these contacts may include, but are not limited to:

1. Confirming, through phone contact and at least one face-to-face meeting with the HOME Choice Case Manager, that any community resources discussed during the "Pre-Transition" period are in place and any additional services needed to further enhance the participant's community sustainability have been coordinated;
2. Ensuring that the participant's needs are addressed by:
    a. Assisting the participant in obtaining sufficient medications and medical supplies,
    b. Assisting the participant in obtaining any additional necessary items, and
    c. Alerting the HOME Choice Case Manager of any concerns/issues;
3. Identifying and linking interested participants with potential employment opportunities;
4. Ensuring that necessary medical appointments have been, or are being, made and addressing any barriers the participant may have in keeping appointments (e.g. providing reminders, transportation);
5. Uncovering or otherwise recognizing, through discussion with the participant, incidents that may jeopardize the HOME Choice participant's health and safety. Any incidents that are discovered during a contact/visit should be reported by the TCA within one business day to the HOME Choice Case Manager and the HOME Choice Operations Unity using the HOME Choice Incident Reporting form; and
6. Discussing and addressing with the participant any housing issues that could negate the participant's community sustainability (which may include meeting with the landlord).

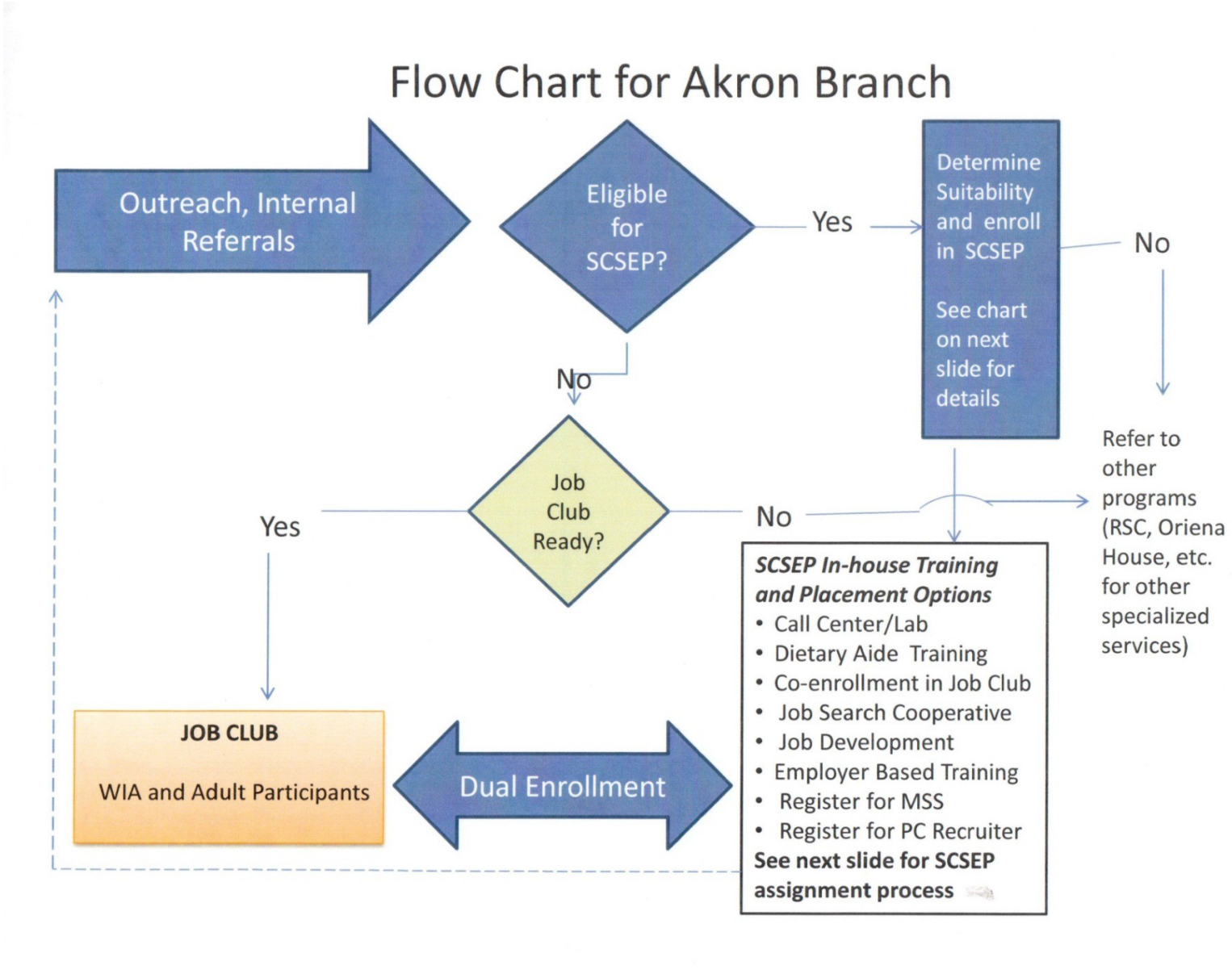
If the TCA is unable to make the required post-transition contacts due to the participant's refusal to cooperate, the TCA shall document its contact attempt in the participant's case file and record this information on the HOME Choice Summary of Post-Transition Activities form which shall be submitted to the HOME Choice Operation.

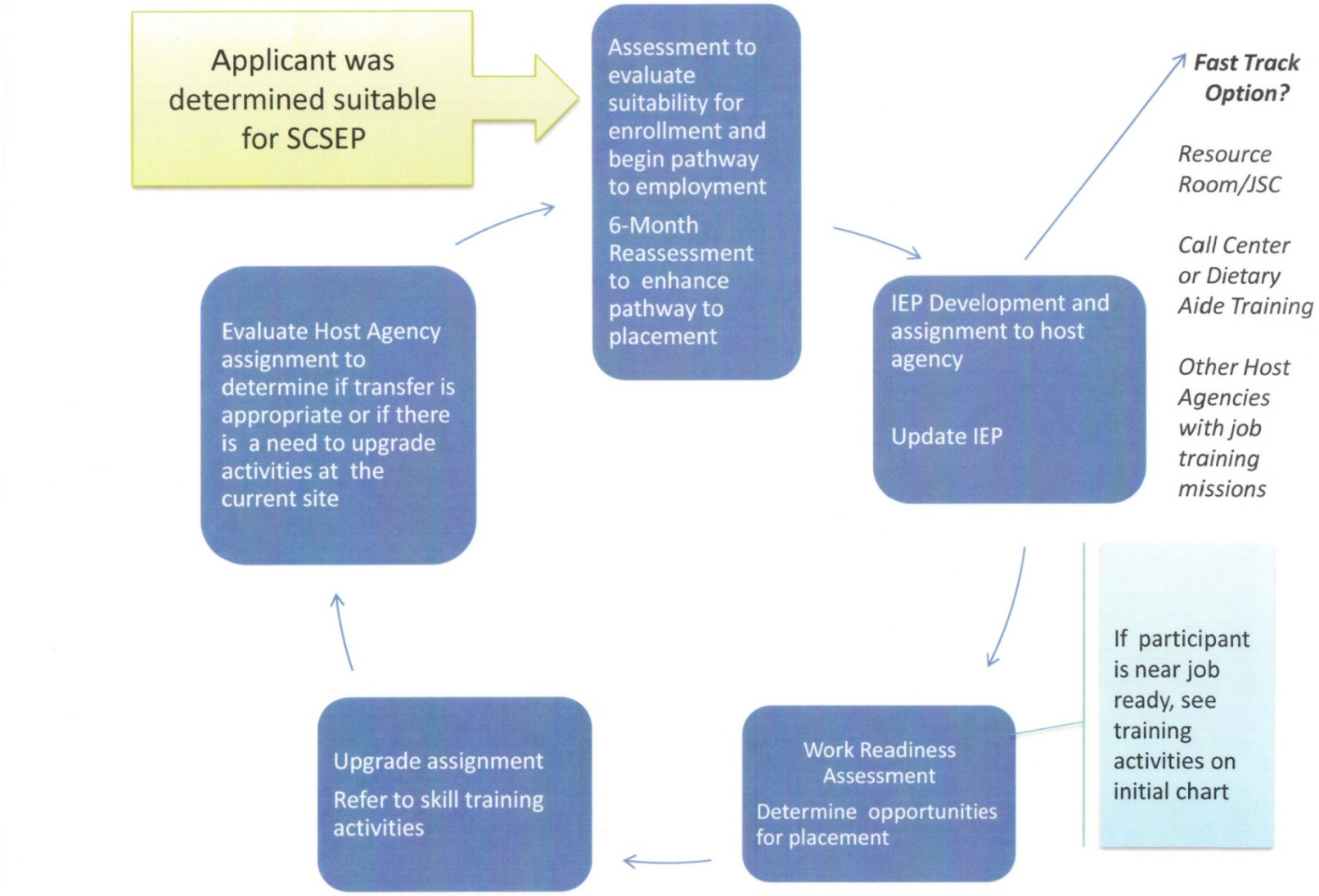
APPENDIX C
SCSEP PROGRAM LOGIC MODEL



Source: Social Policy Research Associates. (2012). *Evaluation of the Senior Community Service Employment Program (SCSEP): Process and outcomes study*. Retrieved from http://wdr.doleta.gov/research/keyword.cfm?fuseaction=dsp_resultDetails&pub_id=2497&mp=y

APPENDIX D


Flow Chart for Akron Branch
Outreach, Internal Referrals
Eligible for SCSEP?
Yes
Determine Suitability and enroll in SCSEP
See chart on next slide for details
No
Refer to other programs (RSC, Oriena House, etc. for other specialized services)
No
Job Club Ready?
Yes
No
SCSEP In-house Training and Placement Options
• Call Center/Lab
• Dietary Aide Training
• Co-enrollment in Job Club
• Job Search Cooperative
• Job Development
• Employer Based Training
• Register for MSS
• Register for PC Recruiter
See next slide for SCSEP assignment process
JOB CLUB
WIA and Adult Participants
Dual Enrollment


Applicant was determined suitable for SCSEP
Assessment to evaluate suitability for enrollment and begin pathway to employment
6-Month Reassessment to enhance pathway to placement
Fast Track Option?
Resource Room/JSC
Call Center or Dietary Aide Training
Other Host Agencies with job training missions
IEP Development and assignment to host agency
Update IEP
If participant is near job ready, see training activities on initial chart
Work Readiness Assessment
Determine opportunities for placement
Upgrade assignment
Refer to skill training activities
Evaluate Host Agency assignment to determine if transfer is appropriate or if there is a need to upgrade activities at the current site

APPENDIX E

Interview Guide: Leveraging Resources between the Senior Community Service Employment Program and the Long-Term Care Ombudsman Program

Interview Questions for AAA 7 Long-Term Care Ombudsman Program Administrators/Staff:

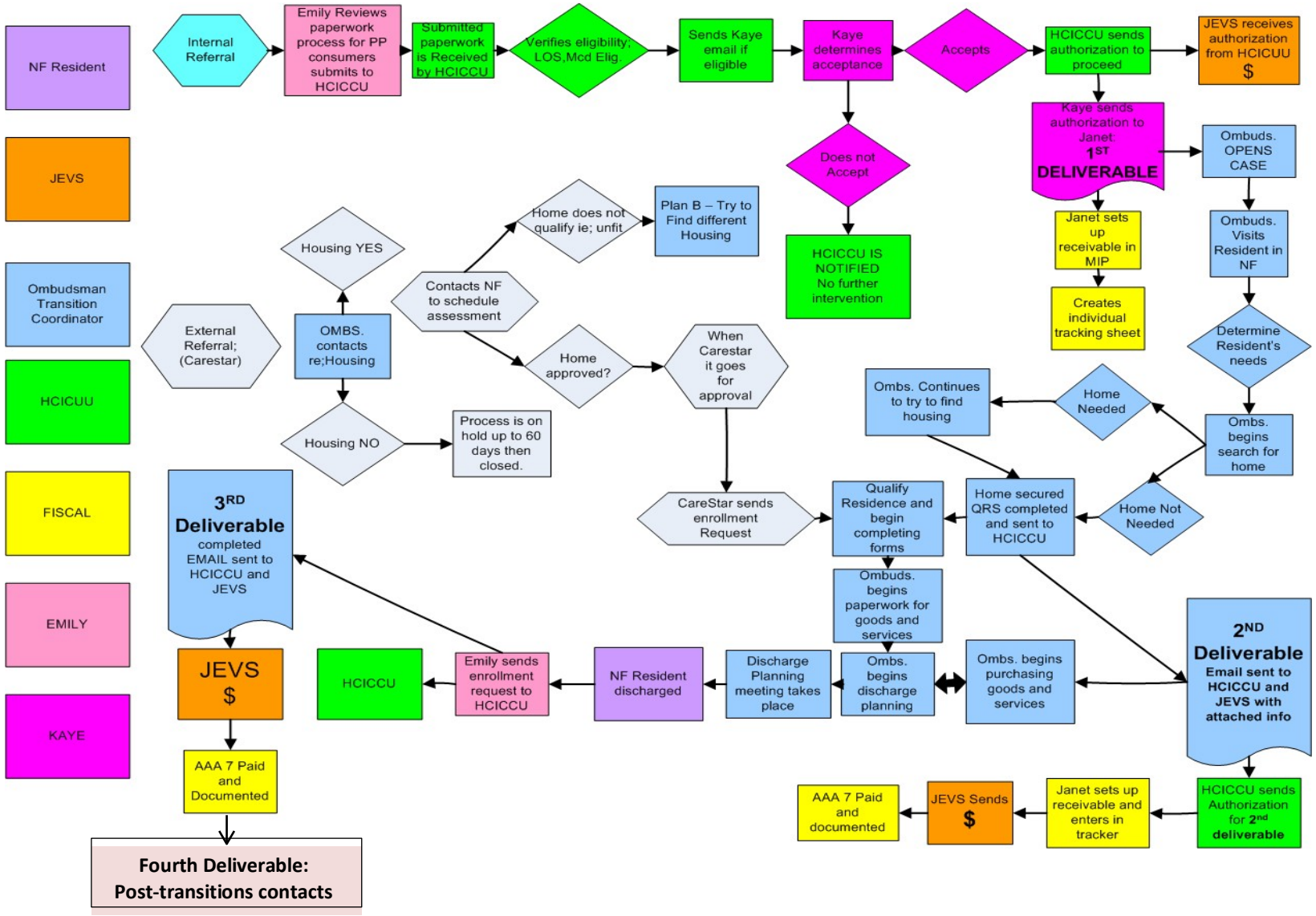
1. What tasks are involved in making follow-up telephone calls to participants in the care transition initiative?
2. What training is required to perform those tasks?
3. What training is required for staff and volunteer ombudsmen and is that training relevant to those making follow-up telephone calls?
4. Are there specific personal attributes necessary to be effective in making phone contacts with participants in the care transition initiative?

Interview Questions for Mature Services Staff:

1. What training and services do SCSEP program participants typically receive?
2. Does the training received at the Mature Services call center transfer to skills required for telephone contact with care transitions participants?
3. How are SCSEP program participants matched with a host agency?
4. What is the process for providing feedback (i.e. employee evaluations) to SCSEP program participants (i.e. is it provided by the host agency, SCSEP case managers or both)?
5. What aspects of the training provided by SCSEP and the Long-Term Care Ombudsman Program provide skills necessary for unsubsidized employment (i.e. are any of the skills acquired transferable to other employment situations)?

Appendix F

Understanding the Process: A Process Map for the HOME Choice Transitions Program in AAA7



Source: Adapted from AAA7 HOME Choice Process Improvement

Ombudsman
Stepping Up For
Elder Rights

Lessons Learned by Ombudsmen Providing
HOME Choice Transitions Coordination Services

1. If there is family available to assist with the purchase of goods and services, setting up the new home, and/or with the actual move, the process is much smoother for the resident as well as the Transition Coordinator, (TC). **Family support and assistance is difficult to replicate.**

2. If a resident has lived in a nursing home for a long period of time, they may have slowly become "institutionalized" and may need psychological support to move through the transition process in an effective manner. **This may mean helping the resident to secure needed psychological support and counseling.**

3. **Early discharge planning meetings at the nursing home** with the resident, CM, TC, the home's Social Worker and Director of Nursing, therapist, family, and others are vital and necessary for a successful transition. **Everyone needs to be on the same page.**

4. Residents receive $2,000 HOME Choice Funds to purchase Goods and Services. **For many $2,000 is not enough** to pay for their first month's rent and deposit, utility deposits, transportation, household goods, furniture, food, etc. TCs must work to identify other ways to obtain the needed goods and services for the client such as through food banks, donations, "going away showers," and utilizing their negotiation skills to advocate for lower rent and deposits.

5. Residents who go home without waiting for in-home services to be set up are less likely to be successful with their transition. **Residents have a right to leave the NH** against medical advice, but TCs and CMs have a responsibility early in the **transition process to educate residents about their risks and consequences of going home without services.**

6. **To make for a smoother, safer transition for the resident, it works better for them to move from the NH early in the week compared to a Thursday or Friday**. This allows for the kinks to be worked out before the weekend, when most agencies are closed or have fewer staff available to help the client.

7. **On the day of discharge, the TC and CM need to visit the client in their new home** to ensure all services are set up and available to them such as: a home health aide to assist with unpacking, a nurse to set up medications, medical equipment delivered, etc. In addition, for safety of the client, **there must be a working phone in the home on the day of the transition**, **even if it's a temporary pre-paid cell phone.** (Sometimes phone companies don't install the phone on schedule.)

8. **TCs may use HC funds to purchase "start up" food and clothing** which is very necessary for some residents. This includes shoes, coats, underclothing, etc. In addition, **HC funds may be used to purchase bus passes,** or other transportation vouchers. **TCs are not permitted to utilize HC funds to purchase TVs.** However, we feel a TV is very important to many of our clients because it provides a connection to the outside world and helps to keep them informed about possible dangerous weather conditions and more. TCs find it necessary to identify other resources to purchase or obtain TVs for their clients.

9. **The TC must work with the NH to make sure the resident has enough medications on discharge to last them until they see their doctor in the community and/or until the resident's Medicaid status is changed from NH to community. (Medicaid will not pay for medications until status is changed.)They usually need at least a one-week supply. In addition, even if the nursing home tells the TC they will send needed medical supplies with the resident on discharge, it doesn't always happen. The TC and CM need to visit the client the day of discharge to make sure they have enough of their medications and supplies to last until they see their community physician to obtain prescriptions.**

10. **It is very important for the resident to be the decision maker and to be engaged in the transition process**. If a resident is unable to visit an apartment, or place where they want to live, the TC can take pictures to show them the apartment set-up and complex. In addition, if the resident is unable to shop with the TC for household goods, the TC can show them options via web sites. The TC can also give the resident various tasks such as making a grocery list, contacting a phone or utility company, packing, working with the social worker to get the medical equipment ordered, etc.

11. With the resident's consent, it's a good idea for the TC and CM to review pertinent medical records, talk to family members, and various community CMs to **get a clear picture of the needs of the resident in order to develop an effective service plan**. TCs and CMs need to work together to develop the service plan and include HOME Choice Demonstration and Supplemental Services as needed. These services include: HC Nursing, SW Counseling, Nutritional Consultation, Independent Living Skills Training, Community Support Coach, Service Animals, and Communication Aides.

12. **Some clients do not transition well**, even with all the right support systems and services. This is not necessarily the TC's or CM's fault. **Many of our clients are in nursing homes because of life-long decision-making, and the inability to understand consequences.**However, TCs and CMs should use these situations to learn how to improve the HOME Choice transition process.

13. **Clients tend to minimize their needs** when it comes to services needed upon discharge. It is important to educate clients that the amount of assistance that they need at discharge will not change their enrollment in the program. It is better and easier to have services in place than to add services after discharge.

14. Clients benefit from having homemaker services present at their apartment when they arrive on the day of discharge. Some clients are overwhelmed with setting up their apartment and the homemaker can help make their bed, put things away, and prepare their first meal. **Homemaker assistance decreases the anxiety that some clients feel that first day.**

15. Throughout the entire HOME Choice experience, remain in contact with all key players (i.e. case manager, JFS, JEVS, etc.). **Frequent contacts will keep the process** flowing, which results in a smoother transition for the client.

16. **Housing is easier to secure with proof of funds.** Landlords tend to take clients more seriously if they have a deposit in hand.

17. Collaboration with client's family, friends, and/or nursing home is crucial when coordinating trips for shopping, apartment viewings, etc. **This will insure that client has all medications, medical equipment, and other needs met to make the trip comfortable and productive.**

18. Encouragement and recruitment of a Community Support Coach is imperative. Clients will gain an understanding of various processes and agreements that appear unclear or complicated to them (e.g., terms of lease, financial management, overall organization, available community services, encouragement toward self-sufficiency). **Consumers, case managers, and TCs need to understand the important role of a Community Support Coach and build them into a service plan.**

19. **Building relationships with furniture delivery companies proves useful.** Over time, once the company gains familiarity with the HOME Choice program and the clients that are being served, setup and assembly services are sometimes offered.

20. Ask the client about credit history and felony history early in the process so you can start to resolve some of the barriers to housing by paying down debts and attempting to get records expunged. If the resident has a sex offender history ask about housing restrictions and find out if they are on probation or have to register.

21. **Advocate.** Ombudsmen who are providing Transition Coordination need to continue to identify problems and work to resolve them as they would in every other case. When a problem develops, pull in another ombudsman to help with resolution.

22. **When a resident would benefit from a mental health professional's expertise and there is a TC *(who works in??)* in the area's mental health system, it is best to defer a referral.**

23. Establish good communication with fiscal staff in your agency so you are always aware of financial transactions.

24. Don't give clients the impression that $2000 is their money and don't keep cases open until the money is spent.

25. When you learn that your client has a court-appointed guardian, notify the CLA because they are not always informed otherwise.

26. TCs may not represent a client in an appeal of an adverse determination related to HOME Choice.

27. Return to the HOME Choice web site often to be sure you are using current forms.

28. As staff changes occur, contact the HOME Choice office to schedule training as soon as possible.

Appendix H

Script for HOME Choice Transitions Phone Contacts

1. Introduce yourself
2. Calling to follow-up with you and make sure your transition to the community is going well
3. Do you have everything you need at your apartment (house)? Yes ☐ No☐
    a. If not, what do you need?

        Click here to enter text.

4. Do you have adequate food in your house? Yes ☐ No ☐
    a. If not, what do you need?

    Click here to enter text.

    b. How do you do your grocery shopping?

    Click here to enter text.

    c. Discuss options if this is problem (what are the options?)

        Click here to enter text.

    d. Did the TC or someone help you apply for food stamps? Yes ☐ No ☐

    Click here to enter text.

    e. Did the TC or someone provide you with a list of local food banks? Yes ☐ No ☐

    Click here to enter text.

5. Do you know how to access transportation in your community**?** Yes ☐ No ☐
    Click here to enter text.

    a. Do you have any issues with your landlord? Yes ☐ No ☐
    b. If so, what are your issues?

    Click here to enter text.

6. Do you feel safe in your home? Yes ☐ No ☐

a. If no, why?

Click here to enter text.

7. Do you have any issues with your utility services or paying for your utilities? Yes ☐ No ☐

   a. If so, what assistance do you need?

8. Do you have all the medications and medical equipment you need? Yes ☐ No ☐

   a. If not, which medications and equipment do you need?

Click here to enter text.

   b. If you don't have medications, what is the reason (i.e. money, problems picking them up, etc.)?

Click here to enter text.

   c. Do you have friends or family that could help you?

Click here to enter text.

9. Have you seen your family doctor since you moved home (or since our last contact)?

Yes ☐ No ☐

   a. Do you have an appointment scheduled? Yes ☐ No ☐

   b. Have you had any problems scheduling or keeping medical appointments? Yes ☐ No ☐

      i. If you are having problems, how can these be resolved?

         Click here to enter text.

      ii. Do you need to be reminded of your appointments? Yes ☐ No ☐

         Click here to enter text.

      iii. Is transportation an issue? Yes ☐ No ☐

         Click here to enter text.

      iv. If so, do you have family or friends that can drive you to appointments? Yes ☐ No ☐

         Click here to enter text.

c. Are you satisfied with those providing your medical care? Yes ☐ No ☐

Click here to enter text.

10. Has your home health care provider visited you as scheduled and provided the services you need? Yes ☐ No ☐

    a. If not, have they called you to let you know they will not be coming or will be late? Yes ☐ No ☐

Click here to enter text.

    b. Do the home health workers treat you with dignity and respect? Yes ☐ No ☐

Click here to enter text.

    c. If there are services they are not providing that you need, what are they?

Click here to enter text.

11. Have other service providers (e.g. home delivered meals, housekeeping, etc.) been providing the services you need? Yes ☐ No ☐

Click here to enter text.

12. Do you know how to contact your TC, CM, and home health providers? Yes ☐ No ☐

Click here to enter text.

13. Do you want to find a job? Yes ☐ No ☐

    a. If so, how have you gone about looking for a job?

Click here to enter text.

    b. Do you need assistance with your job search? Yes ☐ No ☐

Click here to enter text.

14. Is there anything else you would like to tell me about your transition? Yes ☐ No ☐

Click here to enter text.

15. Are you aware that you should contact the ombudsman's office in Wheelersburg if you have any needs that are not being met or problems with your care provider? Yes ☐ No ☐

    a. Do you need their phone number? Yes ☐ No ☒

Click here to enter text.

If any of the responses require additional follow-up by an ombudsman, information would be provided immediately to a staff ombudsman detailing issues raised during the phone contact.

Ombudsman Associate Level II

Title: Volunteer Ombudsman

Area Agency on Aging District 7, Inc.
Regional Long-Term Care
Ombudsman Program
8058 Ohio River Road
Wheelersburg, OH 45694

Phone: 1-800-582-7277
Fax: 740-353-6961
www.aaa7.org

APPENDIX I

Regional Long Term-Care Ombudsman Program (RLTCOP)

It is the mission of the Regional Long Term-Care Ombudsman Program (RLTCOP) to protect the rights of consumers of long-term care services, and to enhance their quality of life of through advocacy and problem resolution.

Service District: PSA 7—Includes the following ten Ohio counties:

Adams	Gallia	Jackson	Pike	Scioto
Brown	Highland	Lawrence	Ross	Vinton

Duties: Ombudsman Volunteers work to resolve uncomplicated complaints about services, and advocate for, and provide information about, the rights and benefits of nursing home residents. In the performance of their duties, Ombudsman Volunteers:

- Visit assigned nursing homes on a regular basis.
- Observe the state and condition of visited facilities.
- Provide information about the Ombudsman Program and resident rights to residents, family members and legal representatives, as well as to long-term care facility staff.
- Provide information to the public about the Ombudsman Program and resident rights.
- Identify problems and perform intake for all types of complaints.
- Attempt to resolve simple, uncomplicated complaints.
- Assist in handling complex complaint resolution, and perform follow-up activities on complaints under the supervision of, and as requested by, paid Ombudsman staff.
- Provide written reports of activities to the Volunteer Coordinator, or Program Director, on a regular basis.
- Provide public presentations when invited by, and with the approval of, the Volunteer Coordinator, or Program Director.

Qualifications: A person wishing to serve as an Ombudsman Volunteer:

- Must be eighteen years of age or older.
- Must be reliable and dependable.
- Must have the ability to be discreet and diplomatic.
- Must be able to maintain strict standards of confidentiality.
- Shall not have an unremedied conflict of interest.
- Shall not have been convicted of a crime of violence or trust, and must submit to a criminal background check.

Requirements: To achieve and maintain certification the Ombudsman Volunteer:

- Shall complete the initial certification training.
- Must complete 6 hours of approved Continuing Education annually.
- Shall visit assigned nursing homes on a weekly basis, and submit completed reporting documents to the RLTCOP Volunteer Coordinator, or Program Director, on a monthly basis.
- Shall respect and maintain the confidentiality of their relationships with residents and sponsors.

Appendix J

HOST AGENCY COMMUNITY SERVICE & WORK-TRAINING AGREEMENT

[One must be completed for each site or department]

This agreement is made and entered into this date:	**/ /20**	**between Mature Services, Inc.,**	
hereinafter referred to as the SPONSOR AGENCY and, Name of Host Agency (and Site, if applicable)			
		, hereinafter referred to as the HOST AGENCY.	
CHECK ONE: The HOST AGENCY is a:	**Government Unit**	**OR**	**IRS (501) (c) (3) tax exempt agency**
**** IRS (501) (c) (3) tax exempt Agencies, MUST ATTACH a copy of your IRS (501) (c) (3) exemption letter.**			
FEIN Number:		**Your Federal Employer Identification Number**	
1. The PARTIES agree:			
a) **The period of this agreement shall be from**	**/ /20**	**through June 30, 2014.**	

2. The HOST AGENCY agrees:

a) To provide adequate supervision to enable the Participant to perform in a productive and effective manner.

b) To provide orientation, instruction, and training concerning the HOST AGENCY, its activities, the Participant's day to day responsibilities, and in preparation for **unsubsidized employment**.

c) To send a Supervisor or representative to the **MANDATORY TRAINING** for HOST AGENCY, Supervisors as scheduled by the local Project Director.

d) To assure that each Participant is performing the duties as outlined in the currently approved Community Service Work-Training Assignment Description, and to request a meeting with the Project Director to discuss any desired upgrade or changes to the Participant's assignment schedule, hours, Work-Training Assignment Duties, Supervisor, place of assignment, or status within the HOST AGENCY; and to receive the Project Director's input and approval prior to instituting any changes. Changes to the Work-Training Assignment Description without prior approval of the Local Project Director may result in cancellation of the HOST AGENCY Agreement and/or W/C problems for the Participant.

e) To provide safe and sanitary Work-Training assignment conditions.

f) To ensure that the Participant's activities will either, "Create new and/or expand existing community services," **only**. The Participant or his/her Work-Training assignment activities **may not**:

(1) Result in the partial or total displacement of currently employed workers,

(2) Impair existing contracts or result in the substitution of Federal Funds for other funds in connection with work that would otherwise be done,

(3) Be used as a replacement for a position from which a person has been laid off;

These constitute Maintenance of Effort, which is illegal [see Handbook for ramification details].

g) To ensure that **one and only one** Title V National or State Sponsor will serve this HOST AGENCY; exceptions: i. the National Grantee and the State sub-grantee are the same entity; ii. the assignment is fulfilling a Federal requirement to participate in the One-Stop System.

h) Not to discriminate on the basis of race, creed, color, sex, age, disability, national origin, religion, political affiliation, ethnicity, sexual orientation, HIV Infection, AIDS Related Complex or AIDS, as governed by applicable State and Federal laws, is prohibited

i) To provide the SPONSOR AGENCY with time and attendance records that have been reviewed for accuracy & signed by an authorized Supervisor [appearing on the Supervision Report]; and, as designated by the SPONSOR AGENCY, activity reports, evaluations (when requested), and accurate in-kind contribution records as required by the SPONSOR AGENCY.

j)**To assure that each Participant performs his/her assignment ONLY the total number of hours authorized by the SPONSOR AGENCY.** Volunteer or overtime hours are not permitted. Banking hours and Comp-time are prohibited. **Only the actual hours on assignment for that pay period** may be reported on that particular time sheet. A Participant may make up hours missed, with the permission of the Supervisor, **during the same pay period, only**. Participants **may not exceed 40 hours for any one week**. [See the Manual or speak with your Project Director for additional clarification.]

k) To advise the Local Project Director or the SPONSOR AGENCY if significant problems develop in the Participant's Work-Training assignment and consult with him/her on personnel procedures to be followed.

l) To consider the Participant for regular job openings within the HOST AGENCY when vacancies occur, to notify the Project Director of such vacancies for other possible candidate referrals, to assist the SPONSOR AGENCY in adhering to the DOL Unsubsidized Employment Emphasis and IEP Guidelines of the program by contributing to the marketability of the Participant, by encouraging the Participant to apply for all appropriate positions in the general community, and by encouraging and allowing the Participant to go for interviews, even if the interviews occur during normal Work-Training Assignment hours.

m) Further, the HOST AGENCY understands that any background checks required by the HOST AGENCY will be completed and paid for by the HOST AGENCY.

3. The SPONSOR AGENCY agrees:

a) To be responsible for the administration and fiscal components of the Program including the provision of salary and fringe benefits as required by law: wages, w/c, FICA, etc.

b) To provide the HOST AGENCY with an orientation and periodic updates on the goals and objectives of the Program [including the MANDATORY ANNUAL MEETING].

c) To recruit and refer eligible applicant(s) to the HOST AGENCY to be interviewed, and when such applicant(s) meet(s) the HOST AGENCY's approval, to assign the applicant to the HOST AGENCY.

d) To counsel with both the Participant(s) and the HOST AGENCY Supervisor(s) in matters pertaining to Work-Training assignment performance, IEP requirements, Job Club participation, and **unsubsidized employment**.

4. DURATION OF ASSIGNMENT:

It is understood by the HOST AGENCY and the Participant that the Participant may remain in one Work-Training assignment **only long enough** to meet the Work-Training needs of the Participant's Individual Employment Plan [IEP] **AND may be re-assigned at any time** to another HOST AGENCY, sent to training opportunities to receive marketable skills not available at a HOST AGENCY, to Job Club, or referred to Unsubsidized Employment opportunities based on the completion of the IEP action steps and goals. It is further understood that no HOST AGENCY owns a Participant, nor a Participant a HOST AGENCY. The expectation is that most Participants will achieve unsubsidized employment within six (6) to nine (9) months of enrollment in the SCSEP program.

5. IN-KIND CONTRIBUTIONS:

SCSEP cannot accept as "In-Kind," federal funds and non-federal funds used as another match. I, the HOST AGENCY, certify that the in-kind hours reported to the SPONSOR AGENCY are not costs used as a match towards another program. I also agree to annually complete the Authorized Signature Form and Supervision Report to assist SPONSOR AGENCY in capturing the required In-Kind match of the Federal Funds to provide the Title V program.

6. DURATION OF AGREEMENT/DURATION OF PROGRAM:

This Agreement, effective through June 30, 2014, may be terminated by either party by written or verbal notice to the other party or upon termination or reduction of Federal Funds. The SPONSOR AGENCY will make every effort to give a 30-day notice. As of July 1, 2007, Participants have only 48 months, life-time, to participate in this program, and are not to exceed 27 months (average) for any one period of enrollment. All HOST AGENCY and SPONSOR AGENCY personnel need to assist the Participant in achieving marketability through quality Work-Training Assignments and appropriate job leads to meet the IEP Employment goals of each Participant. Host Agencies providing solid Work-Training experiences for Participants will be rewarded with continued referrals.

7. OFFICIAL SIGNATURES:

SPONSOR AGENCY NAME	*HOST AGENCY NAME*
Mature Services, Inc., Project	
Signature of Authorized Official	*Signature of Authorized Official*
Typed or Printed Name of Authorized Official	*Typed or Printed Name of Authorized Official*
Authorized Official Title	*Authorized Official Title*
Project Director	
SPONSOR AGENCY Street Address	*HOST AGENCY Street Address*
City, State Zip Code	*City, State Zip Code*

APPENDIX K

Available Training Opportunities

Please complete this form so we can have a complete inventory of the training opportunities and assignments that are available through your agency. This document will be used to **customize training assignments for each participant** and as a **pre-screening tool** to match appropriate candidates with the right Host Agencies. Our local Project Director will rely on this information when he/she develops each participant's individual training assignment. Please be sure to include all **potential and existing** training options available through your agency, so we can better assist you in expanding your community services and provide quality training to our program participants.

Host Agency Name:	
Street Address:	
City, State, & Zip Code:	
Primary Contact Name:	
Contact Phone Number:	
Fax Number:	
E-Mail Address:	
Primary Community Service Provided by Agency:	

Please list and describe all training opportunities available through your agency

1.	**Volunteer ombudsman training and continuing education**
2.	**HOME Choice Coordinator webinar**
3.	**Ohio Benefit Bank training**
4.	**Upgrading computer skills**
5.	**On-the-job training in customer service, long-term care services**
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Criteria for Selection

(Used to pre-screen and match the right candidates for training opportunities with your agency)
Remember: Any Background checks required by the Host Agency will need to be completed and paid for by the Host Agency.

No criminal record (*LTCOP will confirm self-report provided to Mature Services)*
High school degree or greater, literate, basic computer skills
Ability to maintain strict standards of confidentiality; be discrete, diplomatic, and tactful
Reliable and dependable; effective communication skills, including listening, speaking, and writing
No conflicts of interest
Appropriate soft skills (punctuality, good grooming and personal hygiene, knowledge of appropriate workplace etiquette, etc.)

Describe Agency services available to Trainee (if any)

APPENDIX L

COMMUNITY SERVICE WORK-TRAINING ASSIGNMENT

PERFORMANCE EVALUATION

Participant Name				**Date**	/ /
County		**Date Training Started**	/ /	**Months in Position**	#
Work-Training Assignment Title					
Host Site			**City**		
Supervisor's Name					

CATEGORIES OF EVALUATION	LIST STRENGTHS	LIST AREAS NEEDING IMPROVEMENT
Accuracy and Completeness of Duties Performed		
Quality and Organization of Work		
Attendance And Punctuality		
Ability to Follow Directions and Accept Supervision		
Interpersonal Skills with Co-Workers and Public		
Appearance: Grooming consistent with tasks		
Overall Performance		

ACCOMPLISHMENTS &/OR GOALS: *(continue on other side as necessary)*

CONCERNS &/OR PROBLEMS: *(continue on other side as necessary)*

	/ /
Signature of Host Agency Supervisor	Date

TO BE COMPLETED BY PARTICIPANT

DO YOU AGREE OR DISAGREE WITH THIS EVALUATION?	Agree ☐	Disagree ☐
COMMENTS: *(continue on other side as necessary)*		

	☐ / / ☐
SIGNATURE OF PARTICIPANT	**DATE**
	/ /
SIGNATURE OF PROJECT DIRECTOR	**DATE**

FOR OFFICE USE ONLY -- *PROJECT DIRECTOR* PLEASE CHECK ONE: DOL OD

LTCOP SPECIFIC

CATEGORIES OF EVALUATION	LIST STRENGTHS	LIST AREAS NEEDING IMPROVEMENT
Treats information confidentially		
Respectful toward HOME Choice Transitions Clients		
Promptly reports HOME Choice client issues to ombudsman		
Completes contact reports promptly and documents file		
Accurately inputs information into ODIS		
Understands relevant LTCOP policies and procedures		
Employs effective communication skills when listening, speaking, and writing		
Seeks and accepts input		
Demonstrates tact and diplomacy		