



## **Assurances of Compliance and Certifications Required by Federal Law to be Completed by CARES Act Grant Applicants**

Provider organizations must comply with all federal, state, and local laws, rules, regulations, standards and award requirements applicable to providing the service(s) funded. Provider organizations are required to agree to (and complete if applicable) the following assurances, including, but not limited to, non-discrimination and equal opportunity:

- Assurances of Compliance and Certifications Required by Federal Law – Acknowledgement and Agreement Sheet
- (1) General Assurances Agreement Between the Applicant/Proposer Agency and the Minnesota River Area Agency on Aging® Upon Submission of Proposal
- (2) Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended
- (3) Assurance of Compliance with Civil Rights
- (4) Assurance – Non-Construction Programs
- (5) Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions
- (6) U.S. Department of Health and Human Services Certification Regarding Drug-Free Workplace Requirements Grantees/Contractors Other Than Individuals
- (7) Civil Rights Complaint Procedure
- (9) Non-Conflict of Interest Assurance
- (15) Insurance Requirements
- (16) Title III-E Caregiver Consultant Standards for Professional Practice  
(*Only for applicants proposing to conduct Caregiver Services.*)

**ASSURANCES OF COMPLIANCE AND CERTIFICATIONS  
REQUIRED BY FEDERAL LAW**

1. The applicant/proposer agency understands and agrees that the assurances and certifications that are listed on the cover page and follow this acknowledgement and agreement, are part of the application/proposal and are binding upon the applicant/proposer agency and the conduct of the project subsequent to the award of any funds by the Minnesota River Area Agency on Aging® (MNRAAA).
2. (2) Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended (*check appropriate box and provide required information*)

The recipient employs fewer than fifteen persons;

The recipient employs fifteen or more persons and, pursuant to section 84.7(a) of the regulation [45 CFR 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

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Name and Address of Designee(s) if different from Authorized Official listed below

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(IRS) Employer Identification Number

3. The person signing below acknowledges and agrees that: (1) the person signing this document is the authorized representative of the applicant/proposer agency; (2) the signature of the authorized official constitutes an acknowledgement that the applicant/proposer agency has received and reviewed each of the assurances and certifications listed on the cover page and following this acknowledgement and agreement; (3) the authorized official's signature on this form constitutes a signature on each of the following assurances and certifications; and (4) the authorized official certifies that all information on this form and the application/proposal is complete and correct to the best of the authorized official's knowledge.

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Name of Authorized Official  
Agency/Recipient

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Name of Applicant/Proposer

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Title of Authorized Official

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Date

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Signature of Authorized Official

(1)  
**GENERAL ASSURANCES AGREEMENT BETWEEN  
THE APPLICANT/PROPOSER AGENCY AND THE  
MINNESOTA RIVER AREA AGENCY ON AGING®  
UPON SUBMISSION OF PROPOSAL**

The applicant/proposer agency submits this application/proposal for a grant/contract award under Title III of the Older Americans Act, as amended, in keeping with the provisions of this section and the information provided in the remainder of this application/proposal.

The applicant/proposer agency HEREBY AGREES:

1. That the project will be carried out in accordance with Title III of the Older Americans Act, the program regulations issued thereto, the policies and procedures established by the MNRAAA, and the terms and conditions of this application/proposal as approved by the MNRAAA Board in making an award of funds.
2. That where subcontracts are proposed for the operating of one or more components of the proposal, and are approved as part of any award of funds under title, the applicant/proposer agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by the MNRAAA for the project. The applicant/proposer agency will be held accountable by the MNRAAA for all project expenditures; and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by the MNRAAA, in keeping with the guidelines of the Administration on Aging. Copies of the proposed subcontracts are submitted with this application/proposal.
3. To cooperate with the MNRAAA in its efforts toward developing a comprehensive and coordinated system of services for older adults, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
4. To provide for or participate in such training as may be necessary to enable paid and volunteer project personnel to perform more effectively.
5. To actively seek qualified older persons for paid positions with the project.
6. To make provisions where feasible for volunteer opportunities for older persons.
7. To cooperate and assist in efforts undertaken by the MNRAAA, the Minnesota Board on Aging, the Administration on Aging, or any other

agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility and costs of the project.

8. That no personal information obtained from an individual in conjunction with the project shall be disclosed in a form which identifies an individual without the written and informed consent of the individual concerned.
9. To maintain such accounts and documents which will serve to permit determination at any time of the status of funds within the award, including the disposition of all monies received from the MNRAAA, and the nature and amount of all charges claimed against such funds.
10. To keep such records and make reports in such form and containing such information as may be required by the MNRAAA.
11. To comply with equal employment opportunity and affirmative action principles so that employment practices are based solely on the work-related abilities and qualifications of employees and job applications. Staff are hired, assigned, and promoted without regard to race, color, religion, sex, age, handicap, or national origin.

Also, the applicant/proposer agency HEREBY CERTIFIES that it has no commitments or obligations which are inconsistent with compliance of these and any other pertinent federal regulations and policies, and that any other agency, organization or party which participates in this project shall have no such commitments or obligations.

**(2)**  
**ASSURANCE OF COMPLIANCE WITH SECTION 504  
OF THE REHABILITATION ACT OF 1973, AS AMENDED**

The applicant/proposer agency (hereinafter called the "Recipient")

HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 CFR Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to section 84.5(a) of the regulation [45 CFR 84.5(a)], the Recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The Recipient recognizes and agrees that such Federal financial agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the Recipient, its successors, transferees, and assignees, and the person or

persons whose signatures appear are authorized to sign this Assurance on behalf of the Recipient.

This Assurance obligates the Recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in section 84.5(b) of the regulation [45 CFR 84.5(b)].

**(3)**  
**ASSURANCE OF COMPLIANCE WITH CIVIL RIGHTS**

The applicant/proposer agency (hereinafter called the "Sub-grantee")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80 and any amendments thereto) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Sub-grantee receives Federal financial assistance from the MNRAAA a recipient of Federal financial assistance from the Department (hereinafter called "Grantor"), and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Sub-grantee by the Grantor, this assurance shall obligate the Sub-grantee, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Sub-grantee for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Sub-grantee for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Sub-grantee by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Sub-grantee recognizes and agrees that such Federal financial assistance will be extended in reliance on the representation and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Sub-grantee, its successors, transferees, and assignees, and the person or persons whose signatures appear are authorized to sign this assurance on behalf of the Sub-grantee.

(4)

## ASSURANCE – NON-CONSTRUCTION PROGRAMS

### [OMB Approval No. 0348-0040]

*Note: Certain of these assurances may not be applicable to your project or program. If you have questions, contact the MNRAAA. Further, certain Federal awarding agencies may require applicants/proposers to certify to additional assurances. If such is the case, you will be notified.*

As the duly authorized representative of the applicant/proposer, I CERTIFY that the applicant/proposer:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application/proposal.
2. Will give the MNRAAA, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the MNRAAA Board.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. § 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a merit system of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681–1683, and § 1685–1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101–6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) § 523 and § 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 or 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.), as amended,

- relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application/proposal.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
  8. Will comply with the provisions of the Hatch Act (5 U.S.C. § 1501–1508 and § 7324–7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal Funds.
  9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. § 276(a) to § 276(a)-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. § 327–333), regarding labor standards for federally assisted construction sub-agreements.
  10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
  11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. § 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).
  12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the MNRAAA Board in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470) EO 11593) identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469(a)-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544), as amended (7 U.S.C. § 2131 et seq.), pertaining to the care, handling, and treatment of warm-blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. § 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

**(5)**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION,  
INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER  
COVERED TRANSACTIONS**

By signing this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR part 76, CERTIFIES to the best of its knowledge and belief that it and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- (b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant FURTHER AGREES by submitting this proposal that it will include this clause entitled “Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions”, without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.



(6)  
**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CERTIFICATION REGARDING  
DRUG-FREE WORKPLACE REQUIREMENTS  
GRANTEES/CONTRACTORS OTHER THAN INDIVIDUALS**

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988 (45 CFR Part 76, Subpart F). The regulations, published in the January 31, 1989, Federal Register, require certification by grantees/contractors that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when HHS determines to award the grant/contract. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants/contracts, or government wide suspension or debarment.

The applicant/proposer agency CERTIFIES that it will provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee/contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing a drug-free awareness program to inform employees about:
  - a. The dangers of drug abuse in the workplace,
  - b. The grantee/contractor's policy of maintaining a drug-free workplace,
  - c. Any available drug counseling, rehabilitation, and employee assistance programs, and
  - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant/contract be given a copy of the statement required by paragraph 1.;
4. Notifying the employee in the statement required by paragraph 1. that, as a condition of employment under the grant/contract, the employee will:
  - a. Abide by the terms of the statement; and,
  - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
5. Taking one of the following actions, within 30 days of receiving notice under subparagraph 4.b., with respect to any employee who is so convicted:
  - a. Taking appropriate personnel action against such an employee, up to and including termination; or
  - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

6. Making a good faith effort to continue to maintain a drug-free workplace, through implementation of paragraphs 1., 2., 3., 4., 5., and 6.

**(7)**

### **CIVIL RIGHTS COMPLAINT PROCEDURE**

The services, facilities, and benefits of this program are for the use of all older people regardless of race, color, sex, religion, disability, or national origin.

Any individual who feels he/she has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write to the following office:

Executive Director  
Minnesota Board on Aging  
P.O. Box 64976  
St. Paul, MN 55164-0976

**(9)**  
**NON-CONFLICT OF INTEREST ASSURANCE**

The Title III Provider assures that:

- To the best of its knowledge and belief, unless disclosed in writing to the AAA, there are no relevant factors or circumstances that could give rise to perceived conflicts of interest; an organizational conflict of interest exists when, because of existing or planned activities or because of relationships with other persons, a provider is unable or potentially unable to render impartial assistance or advice to the AAA, or the Provider's objectivity in performing the work is or might be otherwise impaired or gains an unfair competitive advantage. The Provider agrees that, if after a later date an organizational conflict of interest is discovered, an immediate and full disclosure in writing will be made to the Executive Director of the AAA, which will include a description of the action the Provider has taken or proposes to take to avoid or mitigate such conflicts. If an organizational conflict is determined to exist, the AAA may, at its discretion, modify or terminate the Title III award. If the Provider was aware of an organizational conflict and did not disclose the conflict to the AAA, the AAA would have cause to terminate the award.
- If it has relationships that create, or appear to create, a conflict of interest with the work that is contemplated in the award or any of its other grant and contract awards with the AAA, the Provider will provide a list containing the names of the entities, the relationship and a discussion of the conflict.
- Describe any organizational or potential conflict of interest and describe the action:

(15)  
**INSURANCE REQUIREMENTS**

**Why does the state require insurance from vendors and contractors and users of state property?**

Vendor and contractor insurance protect the state and its contractors. When a vendor or contractor performs work for the state without insurance, the state can be held liable for their negligent acts, thus assuming their liability. This is also applicable in regards to users of state property that are not under state contract.

In addition to protecting the state, insurance protects the assets of vendors and contractors and users of state property. Although the Commissioner of Administration establishes minimum insurance requirements, all vendors and contractors, large and small, and users of state property should realize that their liability is not limited to the amount of insurance they purchase. *Vendors and contractors, like any private entity or individual, have unlimited liability.* They are not protected by the state's tort cap. It is also important to realize that there is no correlation between the cost of the contract and the liability exposure stemming from a contractor's work.

**Who must meet the state's insurance requirements?**

Vendors and contractors must meet the state's insurance requirements before commencing work, and the insurance must be maintained in force and effect throughout the term of the contract. Property users must meet the insurance requirements before accessing state property and the insurance must be maintained until the property is vacated.

**What are the current minimum insurance requirements?**

The current minimum levels of insurance required from vendors and contractors are:

Line of Insurance	Current Minimum Limits Required
General Liability	\$2 Million per occurrence/\$2 Million annual aggregate
Auto Liability	\$2 Million combined single limit
Professional Liability	\$2 Million per claim/\$2 Million annual aggregate
Workers' Compensation	\$100,000/\$500,000/\$100,000

The above insurance levels are minimum requirements. Larger limits may be warranted for some contracts, depending on the nature of the work. For state property users, required insurance lines are based on how the property will be used.

To protect the state, insurance limits must be at least as large as the state's liability, which is currently \$500,000 per person and \$1.5 million per occurrence. Since insurance policies are typically sold in \$1 million increments, the state increased the required limits from \$1 million to \$2 million.

**Who decides the level of insurance required on state contracts? On what authority?**

MN Statute 16C.03 provides that the Commissioner of Administration shall make all decisions regarding acquisition activities. According to M.S. 16B.85, subd. 3, the Commissioner is also responsible for reviewing the state's exposure to potential risks and advising affected entities on reducing risk and prudent fiscal management.

**Was the fact that higher limit requirements can drive up costs, potentially excluding small vendors and contractors, considered when setting the higher limits?**

Since insurance requirements are included in Requests for Proposals, vendors and contractors are aware of the requirements prior to bidding and can include the cost of insurance in their bid. Insurance is a cost of doing business, just like other business expenses incurred by vendors and contractors that are typically incorporated in their bids. The state would much rather pay a known premium as part of the bid price than suffer a loss of unknown magnitude as a result of vendor or contractor negligence.

(16)  
**TITLE III-E CAREGIVER CONSULTANT  
STANDARDS FOR PROFESSIONAL PRACTICE  
MBA: 06.17.10; Updated: 11.26.19**

**These standards will be met or developed through caregiver consultant basic training and continuing education offered by the MBA and Area Agencies on Aging (AAAs).**

**Required Trainings:**

- MBA301: Caregiver Consultant Basic Training
  - MBA201 – 205: Cultural Responsiveness (*select one course*)
- MBA302: Caregiver Assessment
  - MBA201 – 205: Cultural Responsiveness (*select a different course*)
- Caregiver Consultant Basic Training – in person
- MBA101: Dementia Capability Level 1
  - MBA201 – 205: Cultural Responsiveness (*select a different course*)
- MBA 102: Dementia Capability Level 2
  - MBA201 – 205: Cultural Responsiveness (*select a different course*)
- MBA 103: Dementia Capability Level 3
  - MBA201 – 205: Cultural Responsiveness (*select a different course*)
- Dementia Capability Training – in person

**Note:** A Caregiver Consultant may begin consulting only after completion of MBA301: Caregiver Consultant Basic Training, MBA302: Caregiver Assessment, MBA101: Dementia Capability Level 1, MBA102: Dementia Capability Level 2, MBA 103: Dementia Capability Level 3 and Caregiver Consultant Basic Training – in person. Within 1 year of attending the Caregiver Consultant Basic Training, consultants must attend the Dementia Capability Training – in person.

**Standard 1: Professional Qualifications**

Caregiver Consultant shall possess the knowledge, skills, and experience necessary to competently perform caregiver coaching/consulting service activities.

Minimum requirements:

- Bachelor's degree from an accredited program in social work, nursing, counseling, gerontology, health education, rehabilitation therapy, health and human services, or a related degree. *An alternative to a Bachelor's degree is 4 years of experience supporting older adults/families in social services, health care or other relevant settings, or a combination of work and college credits approved by the local AAA.*
- Two years of experience working with family, friends and/or neighbors caregiving and older adults in one-to-one consultation in interviewing,

screening/assessment, identifying needs/values, goal setting, planning and evaluation of results.

- Strong interpersonal skills with older persons and professionals required.
- Knowledge of basic medical conditions/diseases common among older adults, family caregiving theories, principles of adult education, and some knowledge of family systems. Care of aging persons, home and community-based services, publicly funded programs, and person-centered and family-centered philosophy and planning.
- Access to regular supervision or consultation from a trained professional with comparable training or experience.

### **Standard 2: Ethics and Professional Values**

Caregiver Consultant shall have knowledge of ethics and practice according to the ethical guidelines, principles and standards of their discipline and setting (e.g. NASW Code of Ethics).

- Primacy of client needs and self determination
- Clearly communicates the distinctions between coaching, consulting, psychotherapy and other support professions
- Refers client to another support professional as needed, knowing when this is needed and the available resources
- Meets privacy and confidentiality standards – must comply with local, state and federal mandates related to confidentiality and privacy of client information
- Professional judgement in the use of confidential information shall be based on best practice, ethical and legal considerations (including HIPAA)
- Is trained as a mandated reporter per the Minnesota Vulnerable Adults Act

### **Standard 3: Cultural Awareness/Responsiveness**

Caregiver Consultant shall have knowledge and respect for the history, traditions, values, and family systems of client groups, as they relate to home and community-based services, health care services and decision making. The Caregiver Consultant adapts standards of practice to meet cultural norms and values.

- Knowledge, competency and skills to work with individuals and families from a variety of communities including, but not limited to; communities of color, American Indians, Alaska Natives, veterans, LGBT communities, and persons with disabilities.
- Skills to meet the needs of individuals and families with disabilities, and lesbian, gay, bisexual and transgender individual's caregiving
- Awareness of disparities and barriers across cultures and economic groups in gaining access to and funding for home and community-based and health care services
- Responsible for self-reflection regarding the impact of their personal cultural beliefs on their professional and personal life
- Understanding of the intersectionality of historical trauma, cultural beliefs, self-identity, gender, etc.
- Understanding of the community system and knowledge of specific cultural resources available

- Commits to ongoing education and knowledge of the resources for new subsets of populations

#### **Standard 4: Knowledge Base**

Caregiver Consultant will demonstrate a working knowledge of current theory and practice, keep current on emerging knowledge, trends and best practices and integrate this knowledge into practice.

- Knowledge of coaching philosophy, strategy and techniques, family systems/family dynamics and knowledge of chronic illnesses and/or conditions. Alzheimer's disease and related dementia, management of behaviors and communication, and community resources/referrals. Advocacy development and navigation between home and community-based and health and long-term services and supports (See Competencies)
- *Upon completion of Dementia Capability Training, Levels 1 - 3*, Caregiver Consultant will demonstrate knowledge and strategies for supporting family caregivers of persons with Alzheimer's disease and related dementias. This includes early identification/biomarkers, cognitive screening tools, assessment, communication and behavior management, self-care strategies, intervention plans, and follow up. Research and emerging trends, and best practices.
- Strives to become and remain proficient in coaching functions by critically examining and keeping current with emerging knowledge and evidence-based research.
- Assumes personal responsibility for continuing professional education according to standards of their discipline and setting (e.g. geriatric nurse practitioner).
- Participates in professional development training by the MBA, the AAA or a designated contractor (annually or as offered).

#### **Standard 5: Assessment**

Caregiver Consultant will gather information regarding client's situation to ascertain individual and family capacity, coping strategies, risk factors and preferences of client.

- Establishes and maintains empathic relationships; sets a tone of alliance.
- Comfort and experience in gathering and assessing social and health histories.
- Knows how to ask questions and probe for clarification.
- Uses strength-based person-centered and family-centered approach.
- Addresses principles and seven domains of caregiver assessment developed by the Family Caregiver Alliance.
- Complies the Minnesota Title III-E Service Definitions for caregiver assessment.

#### **Standard 6: Goal setting, intervention, planning and follow-up**

Caregiver Consultant shall facilitate the development and implementation of a self-directed action plan with client.

- Develops and maintains an effective plan with the caregiver.



- Uses problem-solving techniques and coaching tools and strategies.
- Provides ongoing education, build self-advocacy skills and provide support.
- Assists caregiver in evaluating outcomes and modifying plan.
- Obtains ongoing feedback from caregiver on process and plan.

### **Standard 7: Supporting Self-Advocacy**

Caregiver Consultant will teach the client systems navigation and self-advocacy skills needed to fulfill the plan.

- Advises client on navigating between health and long-term services and supports.
- Teaches self-advocacy skills, such as communicating needs, identifying and resolving problems and making decisions related to the care, provider services and benefits, as caregiver is able and willing.
- Develop collaborative relationships with other health, mental health and allied health professionals, and transfers these relationships to caregiver as able and willing.
- Strives to enhance inter-professional, intra-professional, and interagency cooperation on behalf of the client and family.

### **Standard 8: Documentation/Information Movement**

Caregiver Consultant maintains records and provides information updates to persons who need to know.

- Instructs caregiver how to organize and manage essential information (e.g., records, prescriptions, treatments, benefits, financial information, advanced directive, power of attorney for health care).
- Facilitates the flow of information between all “care team” members.
- *Communicates with caregiver’s physician to ensure that there is a caregiver designation in the caregiver’s medical record and provides updates to the medical care team as to the health and mental health status of the caregiver as agreed upon (with permission).*
- Maintains records or documentation of caregiver services reflecting pertinent client information for assessment, interventions and outcomes in accordance with administrative policies within their organization.
- Complies with privacy and confidentiality standards (Outlined in Standard 2 Ethics and Professional Values – Bullet 4) including obtaining release of information forms.

### **Standard 9: Performance Improvement**

Caregiver Consultant shall be part of an ongoing, formal evaluation of their practice to assess quality and appropriateness of serves, to improve practice and to ensure competence.

- Monitors caregiver health and wellness through the caregiver plan with goals (e.g., stress, depression and other wellness measures)
- Incorporates individual feedback into plans on an ongoing basis
- Incorporates feedback from client satisfaction surveys and other methods into service components.

## **Caregiver Consultant Core Competencies**

### **I. Coaching Philosophy, Techniques and Strategies**

- Coaching history, philosophy, assumptions and skills
- Roles, features, integration of two disciplines
- Theories including person-in-environment, ecological, person-centered planning, solution focused, family therapy, evidence-based practices and mediation/conflict resolution
- Strategies, interventions
- Self-evaluation

### **II. Family Systems/Influence of aging and caregiving on family dynamics**

- Stages of caregiving
- Family dynamics
- Types of caregivers (e.g., spousal, working, long distance); competencies and risks
- How to facilitate a family meeting
- Intergenerational approaches
- Knowledge and empathy about acceptance of dependency

### **III. Community Resources to assist families, friends and neighbors caregiving**

- Public programs
- Linking skills/collaboration activities
- Basic understanding of legal and financial planning tools and when to refer
- Knowledge of laws, regulations and their impact on programs and service delivery
- Understanding of elder abuse and neglect
- Identify gaps in services and develop supplementary services

### **IV. Normal physical, psychological and social changes in later life and impact on health care**

- Normal health, aging and chronic diseases
- Common physical and mental health diagnoses associated with aging
- Chronic diseases, disabilities, sensory losses
- Basic pharmacology and the interactions of medications affecting older adults
- Dementia and related strategies, resources and interventions
- Grief and loss counseling skills; End of life issues
- Disparities across cultures and economic groups in gaining access to health care
- Caregiver health issues - stress, physical ailments, depression, alcohol or substance abuse
- Self-care strategies for individuals caregiving

### **V. Communication skills**

- Principles of adult learning
- Active listening

- Advocacy on behalf of individuals caregiving
- Promotion of client self-expression
- Ability to work with a wide range of ethnic background
- Demonstrates ability to work with strong emotions
- Ability to give clear and direct feedback

#### VI. Cultural Competency/Responsiveness

- Knowledge of culturally specific programs
- Linking skills/collaboration activities that are culturally appropriate
- Basic understanding of legal and financial planning tools and when to refer, including barriers that LGBT individuals may experience
- Knowledge of laws, regulations and their impact on programs and service delivery, specifically in the immigrant community
- Understanding of elder abuse and neglect
- Identify gaps in services and develop supplementary services for cultural and ethnic communities

#### VII. Ethics

- Accept and respect the right and need of older adults to make their own choices within the context of the law and safety concerns
- Understand the need to balance risk and safety
- Identify professional boundary issues
- Decision tree for professionals on ethics and decisions (optional)

#### VIII. Dementia Capability

- Mild cognitive impairment, Alzheimer's disease and other dementias
- Causes of Alzheimer's disease and other dementias
- Anatomical and pathological changes in Alzheimer's disease and other dementias
- The dementia work up
- Cognitive screening
- Health equity in cognitive screening
- New research and clinical diagnostic categories
- Medication treatment for memory loss
- Communication and challenging behaviors
- Care partner emotional wellness
- Living alone with dementia