

Purpose

This protocol provides guidance and instructions for utilizing the Virtual Senior Center (VSC) Assessment and Reassessment Tool. The purpose of this protocol is to try to ensure a standardized application and completion of the tool by assessors. The tool will help to identify eligible individuals so that they can participate in VSC services and thereafter measure improvement in social connectedness on an annual basis. The VSC, developed and designed by Selfhelp Community Services, is a community-engagement platform that allows socially isolated elderly, disabled and medically vulnerable persons to engage with others through synchronous online classes, events and activities. The purpose of VSC is to decrease loneliness and social isolation of people without requiring them to leave the comfort of their own homes. A New York State Health Foundation grant was awarded to the HCA Education and Research Inc./Home Care Association of New York State (HCA) – in partnership with Selfhelp Community Services – to develop this VSC Assessment/Reassessment Tool and therefore expand VSC utilization state-wide by identifying eligible individuals throughout New York.

Scope

The VSC Assessment and Reassessment Tool is to be completed by a social worker, registered nurse, case manager, or other appropriate assessor.

Instructions

This VSC assessment/reassessment tool assesses an individual's eligibility for VSC services at a specific point in time. This tool will be used to conduct an initial assessment as well as all reassessments. It must be completed prior to the commencement of VSC services to initially determine a potential applicant's eligibility for utilizing the VSC services. A reassessment using this tool must be conducted each year, or upon a significant change in the client's status, in order to determine their eligibility and capability of continuing VSC use. The tool has a total of 10 questions regarding the applicant's/client's connection with others, isolation level, physical and cognitive ability, and computer experience and availability. The tool also inquires the assessor's overall recommendation for VSC. The questions have varying formats, including Likert scales, Yes/No, and open-ended.



Virtual Senior Center Assessment and Reassessment Protocol

General Information

<u>Organization Name:</u>	
<u>Assessor Name:</u>	
<u>Assessor Title:</u>	
<u>Assessor Telephone Number:</u>	
<u>Assessor Email Address:</u>	
<u>Date of Referral:</u>	
Applicant/Client Name:	
Home Address:	
Telephone Number:	
Email Address (if applicable):	
Date of Birth (Month/Date/Year):	
Gender:	
Race:	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian and Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian and Other Pacific Islander <input type="checkbox"/> Prefer not to answer
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to answer
Education Level:	
Language Spoken:	
Emergency Contact Name:	
Emergency Contact Relationship with Applicant/Client:	
Emergency Contact Telephone Number:	
Emergency Contact Email Address:	
Caregiver Contact Name (if applicable):	
Caregiver Contact Telephone Number:	
Caregiver Contact Email Address:	

Social Networks

Question 1) Please rate the applicant's connection with others.

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
A) The applicant often spends time with family or close friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) The applicant's relationship with their local community is healthy, functional, and fulfilling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) The applicant's relationship with their family is healthy, functional, and fulfilling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2) Please rate the applicant's isolation level.

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
A) The applicant is lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) The applicant conveys loneliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) The applicant experienced a significant health, physical or social event that impacts their isolation level detrimentally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) The applicant spends a majority of the time alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) The applicant maintains personal interest and engagement in social and/or other activities of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) The applicant's participation in social activities and/or other activities of interest has diminished detrimentally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Physical & Cognitive Ability

Question 3) Does the applicant need help with at least one of the following activities of daily living (ADLs): toileting, mobility, transferring, or eating; or needing supervision due to cognitive and/or psycho-social impairment.

- ☐ Yes
☐ No

Question 4) Please rate the applicant's cognitive status.

	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree
A) The applicant's/client's cognitive ability will affect their participation on the platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) The applicant's/client's cognitive ability will hinder their ability to use the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C) The applicant's/client's behavior may cause them to disrupt class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D) The applicant/client can follow verbal and non-verbal discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E) The applicant/client can communicate and be understood (verbally or non-verbally).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F) The applicant/client requires special devices to hear the virtual programming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G) The applicant/client requires special devices to view the virtual programming.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Technology

Question 5) Does the applicant have computer experience?

☐ Yes

If yes, is the applicant a beginner, intermediate, or advanced?

☐ Beginner: e.g., can turn on/off computer without help

☐ Intermediate: e.g., able to use email, browse the internet (and turn computer on/off without help).

☐ Advanced: all of the above and can install application without help.

☐ No

☐ Does the applicant/client have someone at home to help with the remote installation and troubleshooting?

☐ Yes

Please fill out the contact information of this person:

Name: _____

Email: _____

Cell: _____

☐ No

Question 6) Does the applicant have Internet (Broadband) connectivity availability?

☐ Yes

Who is the provider (Please specify if known): _____

☐ No

Recommendations

Guidance for questions 7-9:

In order to offer recommendations regarding an applicant's/client's appropriateness for VSC services, an assessor must understand what constitutes eligibility. In general, elders who lack connections with others, are lonely, socially isolated, physically disabled, and/or homebound will benefit most from VSC. However, if an applicant's/client's cognitive status or behavior disrupts theirs', or others', participation on the platform, then VSC may not be appropriate.

If an individual does not have, and likely will not have, the computer capability, technology needed to use the VSC platform, nor a caregiver to help with engagement and use, then VSC may also not be appropriate. The assessor may want to explore the possibility of having the organization provide or assist with obtaining technology for the applicant/client.

Question 7) Based on all of the above responses, indicate whether this individual is appropriate for VSC.



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Question 8) If there are other reasons (that have not already been specified) as to why the applicant/client is appropriate for the service, please elaborate.

Question 9) Other comments or concerns.

Final Recommendation

Based on this assessment, I find that this applicant/client is eligible for the start or continuation of VSC services: Yes No

Based on this assessment, I recommend that the start or continuation VSC services for this applicant/client: Yes No

Assessor Signature: _____

Date: _____