



REQUEST FOR PROPOSALS (RFP) and OPERATING STANDARDS MANUAL
For Social and Nutrition Services
Fiscal Years 2020-2022 (October 1, 2019 – September 30, 2022)



Our Mission: The Area Agency on Aging 1-B (AAA 1-B) enhances the lives of older adults and adults with disabilities in the communities we serve.

The Area Agency on Aging 1-B is funded in part by the federal Older Americans Act and the Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA). The AAA 1-B complies with the terms and regulations of the Title V of the Civil Rights Act of 1964 as amended, and Section 504 of the Social Rehabilitation Act of 1973 and is an Equal Opportunity Employer program. Reasonable accommodations will be provided upon notification or request.

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TABLE OF CONTENTS

SERVICES TO BE FUNDED THROUGH THE 2020 – 2022 RFP..... 4

INTRODUCTION..... 6

 Title III of the Older Americans Act 6

 Application Materials..... 7

 Pre-Contract Materials..... 7

 Contractor Reporting Materials.....7

CONTRACT STAFF DIRECTORY..... 9

TENTATIVE SCHEDULE OF RFP AND CONTRACT AWARDING ACTIVITIES..... 10

MANDATORY APPLICANT WORKSHOP AND TECHNICAL ASSISTANCE... .. 11

LETTERS OF INTENT..... 11

APPLICATION REVIEW, AWARD, AND DENIAL PROCESS 11

 Application Review Criteria..... 11

 Application Review Tool 12

 Contract Award 13

 Contract Assessments... .. 14

 Denial of Award 14

APPLICATION INFORMATION AND INSTRUCTIONS..... 15

SOCIAL SERVICES BUDGET INSTRUCTIONS..... 18

NUTRITION SERVICES BUDGET INSTRUCTIONS... .. 23

NUTRITION SERVICE DELIVERY CHARTS: 1-5..... 29

HOLIDAY MEALS ON WHEELS... .. 29

REQUIRED POLICIES AND PROCEDURES... .. 30

REQUIRED POLICIES AND PROCEDURES CHECKLIST..... 31

REQUIRED INSURANCES... .. 32

AAA 1-B AND AASA OPERATING STANDARDS FOR ALL PROGRAMS... .. 33

IN-HOME SERVICE STANDARDS AND DEFINITIONS..... 50

 Chore 55

 Home Injury Control..... 57

COMMUNITY SERVICE STANDARDS AND DEFINITIONS

 Adult Day Services..... 59

 Dementia Adult Day Care..... 72

 Evidence-Based Disease Prevention/Health Promotion Programs... .. 77

 Assistance for Grandparents Raising Grandchildren 79

 Assistance to the Hearing Impaired and Deaf Community..... 81

 Legal Assistance... .. 82

 Long Term Care Ombudsman..... 86

 Prevention of Elder Abuse, Neglect, and Exploitation (PEANE)..... 89

 Volunteer Caregiver..... 90

NUTRITION SERVICE STANDARDS... .. 93

AAA 1-B Board Approved Nutrition Allocation Formula.....	93
GENERAL REQUIREMENTS FOR NUTRITION PROGRAMS.....	96
AASA MEAL PLANNING GUIDELINES.....	104
HOLIDAY MEALS ON WHEELS STANDARDS AND PROCEDURES.....	108
PROVISION OF MEALS TO ADS AND DADC PROGRAMS.....	111
NUTRITION SERVICES DEFINITIONS	
Congregate Meals.....	114
Home Delivered Meals.....	122
REPORTING MANUAL.....	127
REFERENCES.....	134

SERVICES TO BE FUNDED THROUGH THE 2020-2022 RFP

<p>Adult Day Services</p>	<p>Daytime care of any part of a day, but less than twenty-four-hour care, for functionally and/or cognitively impaired elderly persons provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant’s home.</p>
<p>Dementia Adult Day Care</p>	<p>Daytime care of any part of the day, but less than 24 hours care, for older persons with dementia provided through a structured program of social and rehabilitative and/or maintenance services in a supportive or group setting other than the participant’s home. These standards are in addition to AASA Adult Day Services Standards.</p>
<p>Chore</p>	<p>Specific household maintenance tasks (non-continuous) are provided with the intention to increase the safety and ability of and person(s) living in the residence to maintain their independence. Common chores include lawn mowing and snow shoveling.</p>
<p>Congregate Meals</p>	<p>Nutritionally sound meals for adults 60 years of age * and older served daily at select community locations with monthly nutrition education provided in an environment that promotes socialization, health and wellness. * <i>Spouse, dependent adult child or unpaid older adult caregiver may be eligible to receive a meal when they accompany the participant.</i></p>
<p>Assistance to the Hearing and Deaf Community</p>	<p>Education, training, resources, information, and assistance with adjusting lifestyle and living arrangements in response to hearing impairment and deafness.</p>
<p>Assistance for Grandparents Raising Grandchildren</p>	<p>Service, informational materials, and/or training targeted to support, educate, or assist grandparents raising grandchildren.</p>
<p>Evidence-Based Disease Prevention/Health Promotion Programs</p>	<p>Evidence-based health programs that have been tested and proven to work in a real-world setting including pain management, chronic disease management, healthy eating, exercise, and fall prevention.</p>

<p>Home Delivered Meals (Meals on Wheels)</p>	<p>Nutritionally balanced meals delivered with monthly nutrition education provided to adults 60 years of age and older who are unable to prepare meals and are normally unable to leave the home unassisted, and for whom leaving home takes considerable and taxing effort.</p>
<p>Home Injury Control</p>	<p>Adaptations and devices are installed in homes of older adults to prevent falls and/or minimize the occurrence of injury.</p>
<p>Legal Assistance</p>	<p>Legal advice, information, and representation is provided to older adults.</p>
<p>Long Term Care Ombudsman</p>	<p>State-certified Ombudsmen and trained volunteers serve as advocates to current and potential residents of long-term care facilities, and their families. Assistance includes resolving complaints, educating on rights, and referring to appropriate community resources. Also includes providing long-term care community education and sharing of best practices with facility management.</p>
<p>Prevention of Elder Abuse, Neglect and Exploitation (PEANE)</p>	<p>Collaborative programs are developed, strengthened, and implemented that raise awareness and prevent elder abuse, neglect and exploitation.</p>
<p>Volunteer Caregiver</p>	<p>Agencies recruit, match, and manage volunteers who provide respite to caregivers of older adults. Volunteers provide companionship, assistance with instrumental activities of daily living, and/or transportation.</p>

INTRODUCTION

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit agency that is responsible for services to more than 770,000 people age 60 and older, in addition to adults with disabilities, residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. AAA 1-B is dedicated to: 1) allocating federal and state funds for social and nutrition services; 2) advocating key issues; 3) developing new programs; 4) coordinating activities with public and private agencies; and 5) assessing the needs of people with disabilities and older adults and linking them with needed community-based long-term care services. AAA 1-B prioritizes activities that allow older adults and adults with disabilities to maintain their independence with dignity and places an emphasis on assistance to frail, low-income, disadvantaged, and minority individuals.

AAA 1-B is part of a federal aging network of the Administration on Community Living within the Department of Health and Human Services, as established by congressional action through the Older Americans Act of 1965, as amended. The Older Americans Act (OAA) provides that each state is to be divided into planning and service areas (PSAs) and that a AAA is to be designated within each PSA. Area agencies are a major component of the network of agencies intended to implement the provisions of Title III of the Older Americans Act, Grants for State and Community Programs on Aging. The general purpose is to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated service systems to serve older individuals.

Federal Older Americans Act (OAA) and State of Michigan funds are channeled through AAA 1-B for the provision of needed social and nutrition services to adults aged 60 and older. AAA 1-B allocates federal and state funds in two ways: 1) through contracts awarded to local agencies on a competitive basis; and 2) through Direct Service Purchase (DSP) vendor bid agreements where service is purchased on behalf of individual participants.

Title III of the Older Americans Act

Part A. General Provisions

Part B. Supportive Service and Senior Centers

Part C. Nutrition Services

C-1. Congregate Meal Services

C-2. Home Delivered Meal Services

Part D. Evidence-Based Disease Prevention and Health Promotion Services

Part E. National Family Caregiver Support Program

This *RFP and Operating Standards Manual (Manual)* contains contracting information including Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency

(AASA) and AAA 1-B service standards, contract application materials, and other forms required to be completed by agencies interested in receiving a contract to provide services to older adults for the three-year period between October 1, 2019 and September 30, 2022. Contracts for services are awarded based on the availability of funding and AAA 1-B Board of Directors funding decisions.

The *Manual* will be used to guide contract performance for contract fiscal years 2020 – 2022 and may be subject to change (i.e. receipt of transmittal letters from AASA indicating a policy or standards change).

Public, private non-profits, private for-profits, and political subdivisions of the State of Michigan are eligible applicants for contracts. Contracts with private for-profit agencies require prior approval from AASA via AAA 1-B. Such agencies are advised to contact AAA 1-B for more information. Specific funding amounts allocated for each service are available by contacting the appropriate AAA 1-B program manager.

All application materials can be found www.aaa1b.org. There is a separate application process for agencies interested in applying for the DSP* vendor pool. Information on how to apply for the DSP vendor pool may be obtained by visiting the website at www.aaa1b.org.

*All new Nutrition Services Contractors are required to also submit a bid agreement form for the DSP geographic area that correlates to their contracted service area.

Application Materials

This document includes an explanation of the materials that must be reviewed and completed to submit a proposal. All application forms are located at www.aaa1b.org and must be downloaded from the AAA 1-B website and submitted via US mail. Forms in the *Manual* are samples only.

Pre-Contract Materials

To provide applicants with a review of the information required of awarded applicants, we have included pre-contract materials. Awarded applicants must submit policies and procedures, insurance verification, assurances, and other documents. These materials must be submitted prior to funding distribution.

Contractor Reporting Materials

To provide applicants with a review of the periodic reporting required of awarded applicants, we have included instructions, reports, and materials expected of AAA 1-B funded contractors. This includes the programmatic and fiscal reporting requirements, including National Aging Program Information System (NAPIS) reporting requirements. This section also contains the

AAA 1-B policy on probation, suspension and termination of contractors and the grievance procedure. All reporting forms will be available on the AAA 1-B website at www.aaa1b.org and must be submitted electronically. Forms in the *Manual* are samples only.

Potential applicants should not submit a proposal if they are unable to comply with the requirements in all the sections of this *Manual*.



Advocacy • Action • Answers on Aging

CONTRACT STAFF DIRECTORY

Staff Name	Responsibility	Phone	Email
Angela Abbass Program Manager, Nutrition Services	Congregate Meals Home Delivered Meals	248-262-5483	aabbass@aaa1b.com
Cathy Backos Program Manager, Caregiver Services	Adult Day Services; Dementia Adult Day Care; Grandparents Raising Grandchildren; Volunteer Caregiver	248-213-0538	cbackos@aaa1b.com
Dwaynna Hargrove Program Manager, Social Services	Chore; Deaf and Hearing Impaired; Home Injury Control; Legal Assistance; Long Term Care Ombudsman; Prevention of Elder Abuse, Neglect, and Exploitation (PEANE)	248-263-1453	dhargrove@aaa1b.com
Carmen Saucedo Finance Manager	All Social and Nutrition Services	248-213-0453	csaucedo@aaa1b.com
Kristin Wilson Program Manager, Wellness Services	Evidence-Based Disease Prevention/Health Promotion Programs	248-262-9226	kwilson@aaa1b.com

TENTATIVE SCHEDULE OF RFP AND CONTRACT AWARDING ACTIVITIES

RFP materials available online at www.aaa1b.org March 15, 2019

Applicant Workshop, MANDATORY April 3, 2019

- Social Service and Nutrition Service applicants are required to attend to apply for funding
- Information on applying for contracts will be presented
- Applicants are encouraged to review the entire *Manual* prior to the Workshop

Letters of Intent Due April 12, 2019

Application Submission Deadline... May 31, 2019

- Submit one (1) application package with required documents and original signatures and five (5) photocopied packages, either in-person to the Southfield office or via US mail by 4:30 p.m. on May 31, 2019

AAA 1-B Board of Directors’ Action on Funding Decisions..... July 26, 2019

FY 2020 – 2022 Award/Denial Letters Mailed to Applicants..... August 2, 2019

- Letters appealing the decisions must be received by AAA 1-B by August 9, 2019 by certified US Mail, FedEx, or UPS only

Pre-Contract Materials for awarded applicants due August 16, 2019

- Acknowledgment Letter signed
- Required Policies and Procedures
- Certificate of Insurances
- Revised Match letter(s) and Budget (if applicable)
- Assurances
- Other Documents

FY 2020 contracts mailed to contractors..... August 30 – September 13, 2019

- Awarded applicants are now known as “contractors”

Signed Contracts due to AAA 1-B..... September 27, 2019

FY 2020 Contract Year Begins..... October 1, 2019

Contract Reporting Workshop, MANDATORY... TBD

MANDATORY APPLICANT WORKSHOP AND TECHNICAL ASSISTANCE

Applicants are required to attend the Applicant Workshop. Agency's may not apply for funding for the FY 2020 – 2022 contract cycle if an agency representative is not in attendance at the Applicant Workshop. Following the Applicant Workshop, AAA 1-B staff will be available to provide technical assistance to clarify general standards for all contractors and service specific standards, and answer questions about the application or budget.

All questions should be directed to AAA 1-B key program and fiscal staff, Monday – Friday, 8:30 a.m. – 4:30 p.m.

LETTERS OF INTENT

Applicants are required to submit a letter of intent by Friday, April 12, 2019 at 4:30 p.m.

The Request for Proposal (RFP) Letter of Intent (LOI) informs AAA 1-B that your agency is interested not only in submitting a proposal in response, but also in receiving all RFP updates and modifications.

Please review the recommendations below to properly and successfully submit a letter of intent.

1. Typed on formal letterhead.
2. Include all services your agency intends to bid on and include a key contact name, phone number, and email for this process.
3. Letters of Intent will not be accepted beyond the due date. If a LOI is not submitted, your agency will not be permitted to bid. If bidding on multiple services, one LOI with all services listed is permitted. LOIs may be mailed, dropped off, or sent via courier service. If you choose to send the LOA via postal mail, AAA 1-B strongly advises the use of certified mail.

APPLICATION REVIEW, AWARD AND DENIAL PROCESS

The following is an overview of the process used for contract activities:

Application Review Criteria

Applications will only be accepted from agencies that attend the Applicant Workshop and have submitted a Letter of Intent.

Applications must include all required documents and original signatures, where appropriate. One (1) application with original signatures and five (5) copies of the application must be submitted to AAA 1-B no later than 4:30 p.m. on the application due date of May 31, 2019. Late applications will not be accepted.

An agency submitting for multiple services funded through the AAA 1-B Title III/State Funds must submit a separate application and budget for each service.

Applications are reviewed based on the following criteria:

- Agency Experience
- Program Description
- Program Need
- Program Implementation/Service Delivery
- Quality Assurance Procedures
- Staffing
- Budget
- Targeting Plan
- Copy of Articles of Incorporation and federal ID number
- Other Relevant Information

Contracts will be awarded to agency whose applications best meet the stated criteria, demonstrate cost effective delivery of quality services, show collaboration and coordination with partner agencies, and are responsive to older adults most in need.

Application Review Tool

Programmatic and fiscal application review tools are used to identify how well an application meets the criteria stated above.

Applications are reviewed by an Application Review Committee (ARC) consisting of members of the AAA 1-B Board of Directors, appointed by the Board's Chairperson, and AAA 1-B staff. The Chairperson may also invite members of the AAA 1- B Advisory Council.

Funding and programmatic recommendations of the ARC must be approved by the AAA 1-B Board of Directors.

In cases where no application best meets the criteria, AAA 1-B has the right to deny all applications and issue a second RFP for the desired service.

Requests for a waiver of any AAA 1-B policy must be submitted on the AAA 1-B Request for a Waiver Form to AAA 1-B with the application by the application due date. At a minimum, requests for a policy waiver must include the following: 1) the specific AAA 1-B policy for which the waiver is requested; 2) the reason(s) why the waiver is needed; and 3) the proposed date on which the waiver (if approved) would take effect. See AAA 1-B Request for a Waiver Form.

Contract Award

Applicants awarded funding will receive written notification of approval of their application to contract with AAA 1-B within two (2) months of the required date of submission. Written notification of the AAA 1-B Board's decision will be mailed within seven (7) calendar days of the AAA 1-B Board of Directors meeting at which the funding decisions are approved.

All contracts are awarded for a three-year period, with first-year funding determined at the start of a contract, and subsequent funding determined if federal/state funding levels change. Award letters will include the number of participants and units of service expected to be delivered during the contract year. Availability of funds may increase or decrease during a contract period or within the three-year contract award cycle.

Once the AAA 1-B Board of Directors has determined funding levels for the first contract year, participant and unit numbers may be further negotiated with the AAA 1-B program manager. Other changes, program requirements, and/or stipulations may be added to the funding decision.

All applicants must sign and return the Acknowledgment Letter to AAA 1-B accepting the funding decision by the required due date indicated on the award/denial letter. Any negotiations or changes to participants, units, or stipulations should be discussed with the program manager at this time. Contracts will be developed based on the information contained in the acceptance letter.

Applicants approved for funding may be required to submit new budgets reflecting AAA 1-B Board approved funding, participants, and/or unit amounts.

All applicants approved for funding are required to submit electronically a copy of the agency's policies and procedures as specified on the AAA 1-B Required Policies and Procedures Checklist, for review, prior to signing the contract. Applicants approved for funding that do not submit valid policies and procedures may jeopardize their funding award.

Negotiations must be completed, and signed contracts must be returned to AAA 1-B prior to the start of the new fiscal year. Contractors who do not return signed contracts to AAA 1-B by October 1 of the contract fiscal year may jeopardize their funding award.

AAA 1-B reserves the right to adjust a contract after the first year, and/or to issue a new RFP for any contracted service before the end of the original contract period, based on, but not limited to: 1) inadequate contractor performance; 2) amendments to AAA 1-B multi-year plan or annual implementation plan; and/or 3) significant changes in the scope or nature of the service to be provided as related to state or federal requirements.

Contract negotiations for the second and third years are based on the following:

- Availability of funds
- Successful fulfillment of contract spending and serving levels in the current contract year

- Fiscal and programmatic site assessments
- Any other criteria which may affect contract performance

Availability of funds may increase or decrease during a contract period or within the three-year contract award cycle.

Contract Assessments

Contractors will be assessed for compliance with program service standards annually, beginning the second quarter of the fiscal year. Items identified as out of compliance should comply no later than the due date identified on the compliance tool, unless there are compelling circumstances for a later date. A later date must be approved by the AAA 1-B program manager. If it is warranted, contractors may be asked to submit a Corrective Action Plan to address compliance issues.

Contractors will be assessed for compliance with fiscal standards annually. This assessment may be separate from and in addition to programmatic assessments.

Denial of Award

Applicants not awarded funding will receive written notification within seven (7) calendar days of the AAA 1-B Board of Directors meeting at which the funding decisions are made.

Applicants must sign and return the acknowledgment letter to AAA 1-B indicating either:

- Acceptance of AAA 1-B's decision
- Acceptance of AAA 1-B's decision with request to meet with the AAA 1-B program manager to discuss
- Request of an informal inquiry to determine whether to pursue an appeal, or
- Request of an appeal hearing

Applicants not awarded funding may contact AAA 1-B to receive specific information about the denial. Letters indicating intent to appeal must be received at AAA 1-B by the date provided in the award or denial letter.

APPLICATION INFORMATION AND INSTRUCTIONS

An agency submitting applications for multiple services funded through the AAA 1-B Title III/State Funds must submit a separate application and budget for each service. The application is available online at www.aaa1b.org. Please follow the instructions below to complete the application form.

Include a copy of Articles of Incorporation and federal ID number, to verify corporate status.

Agency Information

Complete this section with the official name of the agency, mailing address, telephone, fax, and name(s) of program contacts and related phone and fax numbers. Also specify the county(s) to be served under this grant award.

Narrative: Briefly describe the following in no more than one page per section:

Agency History and Experience

Describe agency history, experience, and qualifications for providing the proposed service. If applicant is a previous AAA 1-B contractor, describe agency's experience in meeting serving levels, targeting goals, and programmatic outcomes.

Program Description

Describe your program. Identify how the program will uniquely benefit older adults in the communities to be served and how the program will address particular needs of those communities. Discuss your Targeting Plan in this section; be specific about how the proposed program will add value to the various stakeholders served by the aging network, including older adults, caregivers, and taxpayers.

Program Need

Describe how your program meets a specific need in your service area and how your agency is the most qualified to provide the service.

Program Implementation

Describe the process of program implementation including referral activities, participant intake, and service deliver. See service standards for specific requirements.

Quality Assurance

Describe the procedures and criteria for measuring service quality and participant and/or caregiver satisfaction. Include the method of measurement, the specific measures, and a description of how the data will be used to improve or enhance service delivery, and/or expand programming. Attach a sample of quality assurance instruments and/or recent outcome reports.

Staffing

Describe the program staffing: credentials, roles, number of staff, number of FTEs, ratio of full to part-time staff, and where appropriate, include staff-to-participant ratio. Attach an organizational chart. Include information about if and how volunteers will be used to enhance and/or expand the program.

Financial Management

Describe the following elements of your financial management process:

- The type of accounting system used (cash, accrual, or modified accrual)
- The name and description of the accounting software used
- A brief description of the person(s) and position(s) responsible for accounting and financial functions
- The agency's internal control policy. An internal control policy is something all programs should have in place. If the applicant does not currently have an internal control policy, it is strongly recommended that one be implemented
- The proposed procedure for assuring accuracy of unit reporting
- The policies and procedures for requesting donations or a voluntary cost share
- The policies for purchase and disposal of equipment purchased with AAA 1-B funding

Attach the following documents, found in the Appendix:

- The Budget Detail and Budget Summary forms
- The Agency Equipment Form, if equipment is requested in the budget. Equipment is defined as any item purchased with AAA 1-B funds equal to or greater than \$5,000

agencies receiving more than \$750,000 in total federal funding for all programs during a fiscal year are required to submit the most recent audited financial statements with this application. All other applicants are encouraged to submit audited financial statements.

All contractors are required to have an annual independent audit performed if \$750,000 or more of federal funding is received. The \$750,000 amount includes federal funding provided for programs not funded through AAA 1-B. At year-end, AAA 1-B will provide contractors with the total amount of federal funding paid to the contractor during the fiscal year. An audit must be submitted to AAA 1-B within nine (9) months of the contractors' fiscal year.

If the applying agency is doing business under an assumed name (DBA) include a copy of the Certificate of Assumed Name with the application.

Targeting Plan

The purpose of the Targeting Plan is to identify socially or economically disadvantaged persons in the service area and project the number of individuals in each category who will be served over the course of the fiscal year. AAA 1-B describes them as an "underserved or priority population group." Targeting of economically and/or socially disadvantaged population groups is required under the federal Older Americans Act and by the Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA).

Applicants will enter county-specific demographic data onto the Targeting Plan form based on U.S. Census information provided on the AAA 1-B website, www.aaa1b.org. Applicants will also enter the number of participants from each demographic group they project to serve.

For FY 2020 – 2022, applicants are asked to select one or more underserved/priority population groups (individuals living in poverty, limited English proficiency or belonging to a racial or ethnic minority group) at a rate of twice their proportion in the county. For example, if African American older adults represent 10% of a county’s older adult population, the applicant will project to serve 20% of the African American older adult population in that county.

Applicants who will serve individuals in more than one county are expected to complete and submit a separate Targeting Plan form for each county served.

Adult Day Service, Dementia Adult Day Care, and Volunteer Caregiver services must also complete the Caregiver Targeting Plan for each county that they serve.

The Targeting Plan uses the following definitions:

- “Poverty” is the need resulting from an income at or below the official poverty level as defined each year by the Federal Administration for Community Living/Department of Health and Human Services. For targeting purposes, factors indicating economic need are sources of income (SSI, food stamps, Medicaid, etc.), or income at or below 100% of the federal poverty level that entitles older persons to other supportive programs. To determine the federal poverty levels, go to www.hhs.gov/poverty.
- “Race/ethnicity status” is confined to the following designations:
 - American Indian or Alaskan Native – a person having origins in any of the original peoples of North American (including Central America), and who maintains tribal affiliation or community attachment
 - Asian, native Hawaiian, or Other Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam. May also be a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - Black or African American – a person having origins in any of the black racial groups of Africa
 - Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
 - White – a person having origins in any of the peoples of Europe, the Middle East, or North Africa
 - Multi-racial – a person whose response to the race item on the census could not be categorized in a specific group. The census data is based on an individual’s self-identification, that is, their perception of their own racial identity. For the Targeting Plan, people who identify with two or more racial categories are multi-racial.
- “Non-minority” older adults are those who are not in a minority designation – i.e. white, non-Hispanic.

SOCIAL SERVICES BUDGET INSTRUCTIONS

Applicants must use the budget schedules provided on the AAA 1-B website at www.aaa1b.org. They must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some fields auto-populate.

Complete a full, detailed budget of your proposed program. Include the amount of funding you request, additional resources that will be invested to operate the program, the number of participants you propose to serve, and the number of units of service you propose to serve. Definition of units of service is found with each service's definition. The budget will cover only one fiscal year, despite the award being granted for a three-year term. A new budget will be submitted prior to the start of each fiscal year in the term.

Budget Schedules: Cost Detail and Summary

There are three schedules that form the budget, the Direct Budget Cost Detail Schedule, the Indirect Budget Cost Detail Schedule, and the Budget Summary. The two Detail Schedules are designed to show the costs of the proposed program by line item. Totals of the two Detail Schedules will be automatically carried forward to the Budget Summary.

If an applicant is applying for funding for multiple services funded through AAA 1-B, each of their programs must submit a separate application and budget.

Follow these instructions to complete the two Cost Detail Schedules. Remember to prepare these schedules first; the totals will automatically transfer to the corresponding lines on the Budget Summary. On the top line of both Cost Detail Schedules, record the full legal name of the agency and service proposed. Use the formal name of the service as found in the Service Definition.

Direct Budget Cost Detail Schedule

This schedule includes all costs directly associated with the delivery of the service.

Salaries and Wages:

Line a) Record the number of hours in the agency's work week.

Line b) Record each position involved in the program. Include all full-time and part-time employees, but do not include professional fees, contractual services, or personnel hired on a personal contract basis.

Line c) The full time equivalent (FTE) is figured by dividing the number of budgeted work hours per week by the hours in the standard work week. Example: Employee A is budgeted for 12 hours per week and the standard work week is 40 hours. The full-time equivalent is $12/40 = 0.3$ FTE.

Line d) record the total salary/wages amount assigned to each position. If an employee functions in more than one program, the FTE and salary/wage lines must reflect the percentage that applies to this program only.

Employees may be grouped on one line if their roles are the same and their pay rate and hours of work are the same. If an employee is to be involved less than 52 weeks of the year, note that. Total the

values at the bottom of the table. This sum, on line 5 will be automatically transferred to the Budget Summary, line 5.

Fringe Benefits:

This section will include the employer’s contributions for insurance, retirement, unemployment, worker’s compensation, FICA, and other similar benefit expenses for all full time and part time employees who work on the program. Enter the total dollar amount representing benefits paid to all staff attributed to this budget. This value will be automatically transferred to the Budget Summary, line 6. Calculate the percent to total salaries by dividing the total amount of fringe benefits by the Salary and Wages total and multiply this figure by 100. Enter the value in the box in front of % sign.

Travel – Staff:

This item is for paid staff travel only. Any travel costs included in this item must be for conducting the program activities as described in the application. This includes cost for mileage, per diem, lodging, registration fees for approved conferences, and other approved travel costs incurred by employees. Travel of consultants is to be included under “Other.” Record the total value on line 7. This value will be automatically transferred to the Budget Summary, line 7.

Supplies:

Supplies are items that are consumed or expended when used, or non-consumable items that cost less than \$5,000 per unit. This includes items such as office, janitorial, or educational supplies. Maintenance contracts for equipment should NOT be included in this section. They should be listed under “Service Contracts.” Record the total value on line 8. This value will be automatically transferred to the Budget Summary, line 8.

Equipment:

Include all equipment purchased with AAA 1-B funding that have an acquisition cost of \$5,000 or greater. The cost of each unit or piece of equipment is to include the necessary accessories, installation costs, and taxes. Provide a detailed description of the item, the accessories, and installation requirements. Maintenance contracts for equipment should be listed under “Service Contracts.” Lease and rental of equipment should be listed under “Other.” Contractors must purchase equipment in the fiscal year that it was budgeted. Failure to make a purchase without submitting a Budget Change Request to reallocate the line item funding will result in a reduction of the federal/state share of the contract amount. When federal/state funding is used to purchase equipment for a program, the contractor must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturers serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the contractor will charge a user a fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income.

Record the total value of equipment on line 9. This value will be automatically transferred to the Budget Summary, line 9.

Rent/Utilities:

Include the cost of rent and utilities used in the operation of your program. Facility renovations may be included upon AAA 1-B approval for Adult Day Service programs only. For rent, indicate the cost per square foot of space. For utilities, indicate the total cost per month for heat, electricity, and water. Convert these costs into annual figures and total the values on line 10. This value will be automatically transferred to the Budget Summary, line 10.

Communications:

Itemize telephone, postage, photocopying, and printing used in the operation of your program. Record the total value on line 11. This value will be automatically transferred to the Budget Summary, line 11.

Service Contracts:

Itemize all contracts for specific services such as equipment maintenance, janitorial services, etc., in which the contractor pays another agency for the provision of services. Record the total value on line 12. This value will be automatically transferred to the Budget Summary, on line 12.

Other:

Itemize costs not included in any of the previous categories. Examples include liability insurance, bonding, consulting fees, equipment rental/lease, volunteer travel, etc. Record the total value on line 13. This value will be automatically transferred to the Budget Summary, line 13.

Indirect Budget Cost Detail Schedule

The Indirect Budget Cost Detail Schedule shall include only costs indirectly associated with the operations of the program. Follow the instructions above for following sections: Salaries and Wages, Fringe Benefits, Travel – Staff, Supplies, Equipment, Rent/Utilities, Communications, Service Contracts, and Other. The total values of each section will automatically transfer to the indirect Cost section (lines 14 – 22) of the Budget Summary.

Local Cash Match and Local In-Kind Match

There are two additional sections on the Indirect Budget Cost Detail Schedule. Applicants are required to provide matching funds to support the program. They are called Local Cash Match and Local In-Kind Match. Before completing these sections of the Indirect Budget Cost Detail Schedule, review the AAA 1-B Local Match Requirements Policy.

Cash or hard match includes money that has been designated for the support of the service funded through AAA 1-B. Such cash funds cannot be federal funds, except in cases where clearance is allowed, such as General Revenue Sharing Funds.

In-Kind or Soft Match includes resources other than cash, which are used in providing the service. These may include but are not limited to: donated rent and/or utilities; recorded hours of volunteers

working on the equipment or supplies; and/or donated secretarial time. The value of in-kind donations should relate to real costs, for example the per-hour value of the work done by a volunteer or the fair market value of donated office space.

You must obtain an original letter from the source(s) of the Local Match contributions and attach the letter(s) to the application.

Tally the sum of both the Cash Match and In-Kind Match sections and report on lines 26b and 26c. These values will be automatically transferred to lines 26b and 26c of the Budget Summary.

Budget Summary

Follow these instructions to complete the Budget Summary. Much of the information will have been auto-populated from the two Cost Detail Schedules, but there are a few lines that require information to be entered.

Line 1) Enter the Agency Name

Line 2) Enter the Service for which you are applying. Use the formal name of the service as found on the Service Definition.

Line 3) Enter the Budget Period. This period is typically from October 1, the start of the AAA 1-B fiscal year, through September 30. The budget may be revised during the year, but each time it is revised, continue to use the original period on this line.

Line 4) Enter the date the budget is prepared. Each time the budget is revised within the period, record the revised preparation date.

Line 23) Tally all the figures from lines 5 through line 22 and enter the sum on line 23.

Line 24) Enter Program Income/Voluntary Cost Share.

Program Income/Voluntary Cost Share

Program Income/Voluntary Cost Share is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal or state funds is not program income.

Program Income/Voluntary Cost Share generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when program income/voluntary cost share is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Cost Share may not be budgeted or used for local match.
- Program Income/Voluntary Cost Share must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of a fiscal year.
- Actual Program Income/Voluntary Cost Share received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.

- If Program Income/Voluntary Cost Share is expected to exceed the budgeted amount, then the contractor must submit a Budget Change Request form as soon as possible, and no later than August 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.

Line 25) Subtract line 24 from line 23 to determine Net Costs of the proposed program.

Line 26a) This line represents the federal/state funding requested from AAA 1-B. Enter either the total amount of funding you are applying for or the dollar amount awarded in the AAA 1-B Award Letter.

Line 26b and 26c) These lines will have been auto-populated from the Description of Matching Funds section of the Indirect Budget Cost Detail Schedule.

Line 27) Enter the Program Income/Voluntary Cost Share. This line will match line 24.

Line 28) This represents your total budget for the proposed program. Add lines 26a, 26b, 26c, and 27. If your budget is calculated correctly line 28 will equal line 23. If the amounts on lines 23 and 28 do not match, an error in calculation has occurred and should be identified and corrected.

Line 29) Enter the number of individuals, known as participants, you propose to serve for one year. This figure may be the number proposed in your application, the number on your AAA 1-B Award Letter, or the number negotiated with your AAA 1-B program manager.

Line 30) Enter the number of units of service you propose to serve for one year. The definition of unit may vary among funded services. Refer to the Service Definition section of this *Manual* for a definition of a unit for your program. This figure may be the number proposed in your application, the number on your AAA 1-B Award Letter, or the number negotiated with your AAA 1-B program manager.

Line 31) This line will be auto-calculated. It is the total unit cost of your program. It is calculated by dividing the total of all funds (total budget plus additional resources) by the number of units of service proposed. (Lines 23 + 33)/Line 30.

Line 32) This line will be auto-calculated. It is the unit share or unit rate, the cost per unit of service borne by federal/state funding. It is calculated as the total federal/state funding award divided by the units of service proposed. (Line 26a/Line 30).

Line 33) Additional Resources are any additional cash or in-kind resources outside of this budget, that will be used to support the program as described in the application. For the purposes of this budget, additional resources are IN ADDITION to the budgeted dollars, and do not appear in any line item of the budget. Enter the source and amount of all additional funds and total the values at the bottom of the section, next to TOTAL RESOURCES.

Line 34 is for AAA 1-B use only. Please leave blank.

Local Match Requirement Policy

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both.

Social Services Match Requirement: A minimum match ratio of 90% federal/state funding to 10% local match. Of the 10% local match, a minimum of three-quarters (3/4) must be cash. The remaining one quarter (1/4) can be cash, in-kind, or a combination of both. To determine the match, divide the

requested funding amount by 90% then multiply the result by 10%.

Applicants must comply with match requirements to be eligible for funding. Agency unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and **MUST** include the reason why the match waiver is needed and the original documentation of in-kind match source.

NUTRITION SERVICES BUDGET INSTRUCTIONS

Applicants are required to complete the budget forms for Nutrition Services provided on the AAA 1-B website at www.aaa1b.org. They must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some field auto-populate. The budget forms are inclusive of both the Congregate and Home Delivered Meal programs.

The estimated amount of federal/state funding is allocated by service region for the Congregate and Home Delivered Meal services and will be provided at the Applicant Workshop. Funding is allocated by a formula. Requests for federal/state funding greater than the amount allocated to the service area will not be considered.

Awards are based on unit rates; that is nutrition services contracts are based on a dollar amount funded per unit of service. Definition of units of service is found with each service's definition. Unit rates are subject to negotiation prior to finalization of the contract. It is highly recommended that all additional resources that will be used to support the program be included in the budget. Not providing additional resources may put the applicant at a disadvantage when competitive unit rates are negotiated.

The budget must include proposed expenditures for one fiscal year. Budgets will be requested in subsequent fiscal years on an as needed basis. AAA 1-B will inform the contractor when an updated budget will be required.

If applying to provide both congregate and home delivered meal services, program costs shall be accurately allocated between the respective programs. At fiscal year-end, each program must be able to calculate the component cost of each meal provided according to the line item categories on the budget.

Nutrition Services Budget Forms

There are four forms that will be used to develop the budget: 1) Congregate and Home Delivered Meal Program Budget Detail, 2) Congregate Expenditure Detail, 3) Home Delivered Meal Expenditure Detail, and 4) Congregate and Home Delivered Meal Program Budget. The three Detail forms will be automatically carried forward to the full Congregate and Home Delivered Meal Program Budget form.

Budgeted expenditure information must include all expenditures that will be made with the federal/state award, NSIP funding, program income and required local match revenues. Expenditures that will be made from additional resources needed to operate the program should **not** be included on

Detail forms, but only on the full Congregate and Home Delivered Meal Program Budget form.

Pursuant to OMB Circular A-122 federal/state funding may not be used to reimburse grantees for the value of donated space and volunteer labor. The value of rented space and time may be included in the line items to the extent that they equal the required match amount. List donated values, exceeding the required match amounts, in the Additional Resources column on the full Congregate and Home Delivered Meal Program Budget form.

Follow the instructions below to complete the three Detail forms. Remember to prepare these forms first; the totals will automatically transfer to the corresponding lines on the Summary tab.

Detail Form: Expenditure Schedule

This form is to be completed first, for both Congregate and Home Delivered services. On the top line of all Detail forms, record the full legal name of the agency requesting funding.

Contractors must minimally serve the budgeted number of each TYPE of meal (i.e. Hot, Cold, Breakfast, Frozen, Liquid) for each service. Requests for approval to adjust number of meals by type and/or add or delete type of meals to be served must be made in writing to the AAA 1-B program and fiscal managers.

Line 1 – Raw Food

Describe or name the production facility. Enter only the costs associated with raw food preparation in production facilities that are to be operated by the applicant. If all meal preparation is sub-contracted to another agency, skip this section.

Line 2 – Purchased meals

This category is used for all meals not prepared in the applicant’s facility including sub-contracted meal production. Name the provider(s) from whom you will purchase meals. Enter the type of meals each provider will provide for either your Congregate or Home Delivered program. Type of meals include: Hot, Cold, Emergency/Shelf Stable. In the second and third columns, enter the number of meal units and the cost (unit rate) that will be paid for the meals.

Line 3 – Nutrition Supplement

If you will provide nutrition supplement products, enter the type of supplement (Ensure, Glucerna, Ensure Plus, etc.) and the number of cases that will be ordered. Enter the cost per case. Enter the number of units that will be served for each service and for each type of supplement. Do not add any additional costs to this line for delivery, handling, packaging, or NAPIS tracking. All additional costs for serving a Nutrition Supplement should be contained in the appropriate line items on the subsequent detail pages.

The total units and cost for all three categories of Raw Food are automatically totaled for each service and will be auto-populated onto the full Congregate and Home Delivered Meal Program Budget form.

Details Forms: Congregate Expenditure Detail & Home Delivered Meals Expenditure

These two forms are identical but pertain to either the Home Delivered Meal service of the Congregate Meal service. Complete either or both, depending upon which service(s) you propose to deliver. On the top line of the form, record the full legal name of the agency requesting funding.

Line 4 and 5 – Direct Labor Salary and Direct Labor Fringe

Only those salaries and fringe benefits for employees whose job responsibilities directly support meal procurement and delivery should be included in this line item.

Using the organizational chart that is provided with the application, enter the salaries and fringe that will be allocated to each service for applicant employees and volunteers listed. The fair market value of volunteer wages and fringe should only be included in this line item to the extent that those amounts are not greater than the required match. Use the OMB A-122 Cost Principles for non-profit agencies as a guide to calculating volunteer salaries. If volunteer labor is used as required match, attach a description, including position title and number of hours expected for all volunteers in the budget. Contractors are required to track volunteer hours provided for purposes of match verification. Do not include contract employees/service provider salaries on this line.

Fringe amounts may include applicant's expenditures for FICA, health insurance, retirement, unemployment, and worker's compensation to the extent that the salaries are allocated above. The fringe line item will be reviewed for its reasonableness in relation to the salary amounts provide. Volunteer labor and/or salaries paid from other sources (i.e. local millage dollars) are to be entered under additional resources.

Line 6 – Direct Kitchen Expenses

Enter only expenses that directly support meal procurement and delivery. Examples of direct kitchen expenses include supplies (i.e. paper plates, plastic ware, etc.) and non-consumable items with a value of \$5,000 or less. Items such as janitorial supplies and educational materials should be budgeted in the "Other" line item.

Line 7 – Transportation

Enter costs associated with regular vehicle maintenance and fuel for meal delivery only. Costs may include mileage reimbursement paid to delivery drivers, direct fuel costs for delivery vehicles, and routine vehicle maintenance for delivery vehicles. If vehicles are used for activities other than the specified meals program, only apply allocated costs for the service.

Line 8 – Other

Enter costs not included on other lines. Costs may include:

- Staff travel for conducting service activities other than delivering meals
- Communications including telephone, internet, postage, copying, printing, etc.
- Insurance
- Lease agreements

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost. The budget form will automatically indicate when the item cost is equal to or greater than 10% by changing the line item from “8. Other” to “8. Other (submit justification).”

Line 9 and 10 – Indirect Labor Salary and Indirect Labor Fringe

Enter only those salaries and fringe benefits for employees whose job responsibilities do NOT directly support meal procurement and delivery should be included in this section.

Line 11 – Facilities (Rent/Utilities)

Enter all rent and utility costs associated with the program. If space is donated, only include the value to the extent that it does not exceed the amount for required match. All other donated space should be listed under Additional Resources on the full Budget form. If donated space is to be used for required match, attached documentation that includes verification of square footage and fair market value per square foot.

Line 12 – Equipment

Equipment is any single non-consumable item with a unit value of \$5,000 or greater. Enter the name of the equipment and the cost of each unit or piece of equipment. The cost should include the necessary accessories, installation costs, and taxes. Equipment must be purchased in the fiscal year that it was budgeted. Failure to make a purchase without submitting a Budget Change Request to reallocate the line item funding will result in a reduction of the federal/state share of the contract amount.

When federal/state funding is used to purchase equipment for a program, the contractor must maintain records that include the following information regarding the equipment:

- Equipment description
- Manufacturer’s serial or model number
- Funding source of the equipment
- Unit acquisition cost and date of acquisition
- Disposal information

If the equipment is used for non-federal/state programs, the contractor will charge a user a fee no less than a private company would charge for equivalent use. Such user charges must be treated as Program Income. See Annual Inventory report #0015 for further instructions.

Line 13 – Consultants

Enter all contract employee or consultant expenditures. This line should include costs for legal services, accounting services, and IT services.

If any items on this line exceed 10% of the Total Program Budget for either service, attach a detailed description of each cost, outlining the work to be performed and all associated fees, such as travel. The budget form will automatically indicate when the line is equal to or greater than 10% by changing the line from “13. Consultants” to “13. Consultants (submit justification).”

Full Budget Form: Summary

Follow these instructions to complete the full budget form. Much of the information will have been auto-populate from the three Detail forms, but there are a few lines that require information to be entered. In Section I, General Information, enter the full legal name of the agency applying for funding. The Contract Period will be auto-populated. In the Grant Funding Column, enter the funding amounts provided to you at the Applicant Workshop, for each service. Enter the NSIP rate. Required Match amounts will automatically calculate based on the required ratio, as described below. The number of units proposed to be served and the unit rate will be auto-populated. Enter the number of participants proposed to be served with budgeted funding.

Local Match Requirement Policy

Original documentation of local match is required for Older Americans Act (federal or state) funding. The match amounts are determined by formula for each service category. The local match dollars may be cash, in-kind resources, or a combination of both. Documentation attesting to the source and amount of cash and in-kind match that will be received for the program must be submitted to AAA 1-B.

Nutrition Services Match Requirement: A match ratio of 90% federal or state funds to a 10% local match that may be either all cash, all in-kind, or a combination of both. To determine the match, divide the requested funding amount by 90% and then multiply the result by 10%.

Match is not required for Nutrition Services Incentive Program (NSIP) funding.

If additional federal or state funding becomes available for expanding services during the contract year, contractors may provide all in-kind match, if unable to secure further cash resources for the additional funds. Contractors requesting all in-kind match for the additional funds must document their inability to secure further cash resources. In subsequent years, the local cash to in-kind match ratio will revert to the proportions included in the original contract.

Applicants must comply with match requirements to be eligible for funding. Agencies unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and MUST include the reason why the match waiver is needed and the original documentation of in-kind match source.

For additional information regarding local match and documentation of in-kind, please contact the AAA 1-B Finance Manager.

Additional Resources

If additional resources outside of the budgeted funding will be invested to operate the programs, describe these resources and the value of such resources in Section II of the form.

Program Income/Voluntary Cost Share

In Section III of the form, Program Income/Voluntary Cost Share values must be entered for each service proposed. Program Income/Voluntary Cost Share is the projected gross income received by the program that is directly generated by a supported activity or earned because of the grant agreement during the grant period. Program income includes, but is not limited to, income from contributions for services performed. Interest earned on federal or state funds is not program income.

Program Income/Voluntary Cost Share generated from federal/state-funded services must be used to enhance or increase service for the program in which it was received in the grant year that it was received. Failure to enhance or increase program services when Program Income/Voluntary Cost Share is received more than the approved contract budget will result in the reduction of the federal/state share of the net allowable costs.

Considerations:

- Program Income/Voluntary Cost Share may not be budgeted or used for local match.
- Program Income/Voluntary Cost Share must be realistically estimated in the budget submitted to AAA 1-B prior to the beginning of the fiscal year.
- Actual Program Income/Voluntary Cost Share received will be reported on the monthly and quarterly report forms submitted to AAA 1-B for each program.
- If Program Income/Voluntary Cost Share is expected to exceed the budgeted amount, then the contractor must submit a Budget Change Request form as soon as possible, and no later than August 10. The form must indicate how the additional program income has or will be used to increase or enhance services during the current fiscal year.
- For applicants with current contracts, the program income information will be reviewed against year-end and monthly reports for accuracy.

The last line on this form, Federal/State Grant, will automatically calculate. Verify that this value is equal to the "Grant Total" in Section I. If the values do not equal, an error in calculation has occurred and must be identified and corrected before the budget is accepted.

Remaining lines are for AAA 1-B use only. Please leave them blank.

NUTRITION SERVICE DELIVERY CHARTS: 1-5

These charts are available on the AAA 1-B website at www.aaa1b.org. Please complete these charts and submit them with your application.

CHART 1: Food Specifications and Nutrient Analysis

Complete the chart with attachments as indicated. This information will be used to evaluate and compare ingredients, quality, and portion size that comprise the food cost in budgets. Follow all instructions listed on worksheet and submit the required documents. Complete and submit a nutrient analysis for one week of the applicant's sample menu.

CHART 2: Congregate Site Operations

Complete one copy of Chart 2 for each congregate meal site and/or adult day center and submit with the application. Submit Site Agreements with pre-contract documents.

CHART 3: Operational Resources

Please provide the information requested including: the name or staff position responsible for coordinating the nutrition education requirement; resources with topics outlined for the proposed nutrition education plan for the first fiscal year; and specific congregate and home deliver information. Two charts must be submitted, one for congregate meals and one for home delivered meals. Be sure to attach a copy of the intake form, assessment form, and reassessment process (HDM only).

CHART 4: Central/Satellite Kitchen

Provide the information requested for each type of central/satellite kitchen.

- Current contractors submit copy of current Food Service License and last Health Inspection Report.
- New Applicants submit copy of current Food Service License and the most recent Health Inspection Report for the currently licensed kitchen operation
- Attach ServSafe Manager certificate and ServSafe Allergen certificate for each site

CHART 5: Catered Food Service

This chart supplements Chart 4. Provide the information requested for catered or food service operation used. Complete sections for average meals served per week, annual average cost, and Food Service License.

HOLIDAY MEALS ON WHEELS

Nutrition services funding does not include provision of service on Thanksgiving, Christmas Day, and Easter. AAA 1-B solicits donations and partners with other agencies to fund this program. Each nutrition services contractor must submit a plan to participate in the Holiday Meals on Wheels Program funded by non-federal/state grant awards. Awarded nutrition services applicants must submit a plan.

REQUIRED POLICIES AND PROCEDURES

Upon notification of contract award, all AAA 1-B awarded contractors are required to submit the following documentation to AAA 1-B.

All Services

- Required policies and procedures that are clearly identified and in order as listed on the Required Policies and Procedures Checklist. Please submit only the policies and procedures requested. If unrequested policies and procedures are submitted, the entire set will be returned for proper resubmission.
- Required Policies and Procedures Checklist
- Certificate of Insurances sent directly from insurance company

Nutrition Services, in addition to requirements above

- Nutrition Provider Supplement for Eldercare Funding Holiday Meals-on-Wheels Plan; template provided by AAA 1-B

All documentation must meet the requirements of AAA 1-B and the Michigan Department of Health and Human Services (MDHHS)/Aging and Adult Services Agency (AASA) Operating Standards for All Service Programs, described in the *Manual*.

AAA 1-B must receive these documents prior to releasing the contract. Only the requested documents should be submitted, in an organized manner. Unrequested documents will not be reviewed and may cause a delay in receiving funding. All documentation should be submitted via email to AAA 1-B at NDReports@aaa1b.com to the attention of the appropriate AAA 1-B program manager by August 16, 2019.

REQUIRED POLICIES AND PROCEDURES CHECKLIST

- Prioritization and Wait List
- Handling all Donations/Contributions
- Cost Share, if applicable
- Confidentiality
- Referral and Coordination
- Abuse
- Emergency Management
- Volunteer Policy, if applicable
- Participant Complaints
- Participant Appeals
- Participant Service Termination
- Universal Precautions – Exposure Control Plan, if applicable
- Private Pay, if applicable
- Adult Day Services (ADS) and Dementia Adult Day Care Specific Policies and Procedures
 - Eligibility Criteria
 - Screening
 - Assessment
 - Service Plan
 - Medication
 - General Personal Care
 - Transportation
- Nutrition Service Specific Policies and Procedures
 - Person centered planning
 - Food Safety
 - Emergency Plan
 - Eligibility
 - Home visit safety
 - Standardized Portion Control
 - Minimize Food Waste

REQUIRED INSURANCES

All awarded applicants must adhere to the following AAA 1-B insurance requirements to be eligible to receive a contract to provide services.

- Contractors shall indemnify, save, and hold harmless Michigan Department of Health and Human Services (MDHHS), AAA 1-B and the Michigan Aging and Adult Services Agency (AASA) against all expense and liabilities, of any kind, which AAA 1-B or AASA may sustain, incur, or be required to pay arising out of the implementation of the contract. However, these provisions shall not apply to liabilities or expenses caused by or resulting from the willful or negligent acts of omissions of AAA 1-B or AASA or any of its officers or employees. In the event the contractor becomes involved or is threatened with litigation the contractor shall immediately notify AAA 1-B who in turn will notify AASA.
- Contractors are required to maintain insurance in amounts necessary to cover claims specific to the services provided in addition to required insurance listed below.
- Insurance policies must be issued by companies licensed to do business in Michigan, or approved to do business in Michigan, and such companies must be well rated and acceptable to AAA 1-B.
- AAA 1-B must be a certificate holder on all policies. On general liability insurance policies AAA 1-B must also be included as an additional insured.
- The insurance agent must provide ten (10) day written notice of changes or cancellation in insurance coverage.
- Certificates of insurance must contain the following cancellation notice language:
 - Should any of the policies described herein be cancelled before the expiration date thereof the insurer affording coverage will mail ten (10) days written notice to the certificate holder named herein.
- Insurance certificate must be sent by the insurance company, not the contractor. Your agent may send, via US mail, an original certificate of insurance to: Area Agency on Aging 1-B, 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034; attention Community & Business Advancement Department. The certificate may also be faxed by the insurance company to 248-948-0096.
- Insurance Binders will NOT be accepted as proof of insurance

The following insurance is required for all AAA 1-B contractors and their subcontractors engaged to provide service under the contract.

- Workers' Compensation

- General Liability with AAA 1-B as additional insured with a minimum combined single limit of \$1,000,000 each occurrence for bodily injury and property damage and the policy shall include personal injury and products/completed operations coverage.
- Fidelity Bonding covering employee theft from employer
- Third Party Fidelity (Crime Bond) with a minimum of \$50,000, covering employee theft from participant

The following insurance is required for all AAA 1-B contractors and their sub-contractors, where applicable:

- Product Liability for meals, personal emergency response, etc.
- Professional Liability with a minimum \$1,000,000 each occurrence for counselors, nurses, financial advisors, etc.
- Property and Theft for equipment purchased with federal and/or state funds.
- Automobile Liability coverage for owned, hired, and non-owned, including residual liability insurance with a minimum combined single limit of \$1,000,000 for each accident for bodily injury and property damage

The following insurances are recommended for additional agency protection:

- Umbrella liability
- Errors and Omission Insurance for Board members
- Special multi-peril

Failure to maintain continual insurance coverage for the term of the contract may be grounds for immediate termination of the contract.

AAA 1-B AND AASA OPERATING STANDARDS FOR ALL PROGRAMS

Policy Statement

Service programs for older persons provided with state and/or federal funds awarded by the Michigan Commission on Services to the Aging must comply with all general program requirements established by the commission.

Contractual Agreement

Services are to be provided as stated under the approved AAA 1-B Annual Implementation Plan through formal contractual agreements, including direct purchase agreements, between the AAA 1-B and service provider(s). Direct service provision by AAA 1-B must be specifically approved as part of the area plan. Contractors must comply with applicable provisions of the Older Americans Act (OAA) and the regulations and policies pertaining thereto; all other applicable federal laws and regulations, including applicable licensure requirements, to policies of the Administration for Community Living (ACL), to the

policies of the Michigan Aging and Adult Services Agency (AASA) and to all other applicable state and local laws.

Assignment of responsibilities under the contract or execution of subcontracts involving an additional party must be approved in writing by AAA 1-B. Subcontractors shall be subject to all conditions and provisions of the contract. Contractors are responsible for ensuring that subcontractors meet and adhere to all AAA 1-B and AASA Operating Standards for Service Programs, as well as the service specific standards. AAA 1-B reserves the right to monitor and assess the performance under the subcontract.

Compliance with Service Definitions

Only those services for which a definition and minimum standards have been approved by the Michigan Commission on Services to the Aging (MCSA) can be funded with state and/or federal funds awarded by AAA 1-B. Each contract provider must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.

Eligibility

Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program (such as a spouse under 60 of a meal program participant).

Services provided under the federal Older Americans Act (OAA), Title III-E (The National Family Caregiver Support Program) may be provided to caregivers age 60 or older, caregivers of any age when the care recipient is age 60 or older, and to the kinship caregiver age 55 or older caring for kinship care recipient no more than 18 years old.

Services provided under the Merit Award funding (Adult Day Care Services and Respite Care) may be provided to adults age 18 or older and disabled.

Targeting of Participants

Substantial emphasis must be given to eligible persons with greatest social and/or economic need with attention to low-income minority individuals, and/or individuals with limited English proficiency. AAA 1-B additionally recommends targeting of Hispanics and/or Lesbian, Gay, Bi-Sexual, Transgender and Queer (LGBTQ) older adults.

“Substantial Emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area.

Each provider must be able to specify how they satisfy the service needs of low-income minority individuals within the service area. Each provider, to the maximum extent feasible,

must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet specific objectives established by AAA 1-B for providing services to low-income minority individuals in numbers greater than their relative percentage to the total older adult population within the geographic service area.

Participants shall not be denied or limited services because of their income or financial resources. Contractors shall not use a means test to deny or limit services to an older adult unless specifically required by state law or federal regulation.

Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing participants wanting to receive services, based on social, functional and economic needs.

Indicating factors are included for:

- Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.
- Functional Need – disabled (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
- Economic Need – eligibility for low income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold]

Each provider must maintain a written wait list of persons who seek service from a priority service category (In-Home or Legal Assistance) but cannot be served at that time. Waitlist must include the date of service is first sought, the service being sought, length of stay on waitlist and the county, or the community if the service area is less than a county, or residence of the person seeking service. The provider must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waitlist. Individuals on a waitlist for services for which cost sharing is allowable, may be afforded the opportunity to acquire series on a 100% cost share basis until they can be served by a funded program.

Elderly members of Native American tribes and agencies in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area. Currently, there are no Native American reservations in the AAA 1-B service area. The agency that serves Native American individuals in Region 1-B is: South Eastern Michigan Indians, Inc., 26641 Lawrence, Center Line, MI 48015, (586) 756-1350.

Contributions

All program participants shall be encouraged and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to donate.

Private pay or locally funded fee-for-service programs must be separate and distinct from AAA 1-B grant funded programs.

Program Income is income which is dependent upon the availability of funds from AASA. Income which is earned independent of the availability of funds from AASA is other resources. Providers must use program income in accordance with the additive alternative, as described in the Code of Federal Regulations. Under this alternative, the income is to be used in addition to the grant funds awarded to the provider and is used for the purposes and under the conditions of the contract and is used to expand those services.

Except for program income, no paid or volunteer staff person of any program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any belief for philosophy by any program participant.

Each program must have in place a written procedure for handling all donations/contributions, upon receipt, which includes at a minimum:

- Daily county and recording of all receipts by two unrelated individuals;
- Provisions for sealing, written acknowledgment and transporting or receipts to either deposit in a financial institution or secure storage until a deposit can be arranged;
- Reconciliation of deposit records and collection records by someone other than the depositor or counter(s).

Cost Sharing Policy

Cost sharing may be implemented according to the Michigan Aging and Adult Services Agency Cost Sharing Policy (Transmittal Letter #393).

Providers seeking to implement the practice of cost sharing must submit a request for approval in writing to AAA 1-B. AAA 1-B may grant approval when it is determined that the provider has capacity to effectively manage such a practice and that it will enhance the providers ability to maintain and/or expand service levels in the project area. Cost sharing policies for services provided in the following categories cannot be approved if such services are supported in whole or in part by Older Americans Act funds:

- Outreach
- Case management

- Case coordination and support
- Congregate meals
- Home delivered meals
- Ombudsman
- Information and assistance
- Benefits counseling
- Elder abuse prevention programs
- Consumer protection services
- Services provided by tribal agencies
- Legal assistance

If approved by AAA 1-B to implement a cost sharing policy, the amount of cost to be shared is determined by the total income from all sources for the individual requesting service. The amount of cost to be shared for respite and other services provided to the caregivers of eligible service recipients is determined by the total income from all sources of that service recipient. Assets, saving, or other property owned by the service recipients shall not be included in the calculation of total income for cost sharing purposes. The level of income shall be determined by the written confidential self-declaration of each service recipient eligible to receive the respective service or his/her primary caregiver. No verification of income is necessary.

Service recipients who are covered by Medicaid shall not be required to share in the cost of services provided to them. In addition, service recipients that have income of 150% or less of the poverty income guidelines established by the Health and Human Services Administration shall not be required to share in the cost of services provided to them. However, all service recipients must be provided the opportunity to voluntarily contribute to the cost of the service received in accordance to the information below.

Providers approved to implement cost sharing shall establish a sliding scale for the participant's share of service cost based on reasonable gradations of income consistent with the standard of living in the service area. The scale must be submitted to AAA 1-B for written approval. Approval from AAA 1-B must be granted prior to implementation.

Total service cost upon which the participant's share is to be determined shall be comprised of all grant funds, matching funds, and program income used to operate the program. Any service recipient or caregiver may volunteer to share in the cost of service in an amount above the required approved sliding scale.

Participants who refuse to voluntarily contribute to the cost of the service provided or participate in an approved cost sharing program may not be denied service based on non-contribution. AAA 1-B will have available a policy for disclosure of the approved cost sharing policy that includes:

- The purpose of the cost sharing policy
- Procedures governing the agency's cost sharing policy including how payment is to be obtained and how to file a complaint
- A clear statement that services will not be denied to those who do not choose to participate in cost sharing
- A statement of confidentiality regarding income information that may be provided

Cost sharing, in accordance with the provisions set forth above is required for Adult Day Service and Respite Care participants subsidized with escheat and merit award funds.

All revenue generated, as a result of an approved cost sharing policy must be utilized to expand the service from which it was generated. Agencies shall not be reimbursed at less than the established unit of service or unit rate in anticipation of cost sharing revenue.

Confidentiality

Each provider must have written procedures to protect the confidentiality of information about participants collected in the conduct of its responsibilities. The procedures must ensure that no information about a participant, or obtained from a participant by a contractor, is disclosed in a form that identifies the person without the informed written consent of that person or of his or her legal representative. Referrals to other agencies providing services must also have the individual's informed written consent. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local agencies which are also bound to protect the confidentiality of participant information.

Health Insurance Portability Accountability Act (HIPAA) guidelines may also apply. It is the responsibility of each provider to determine if they are a covered entity about HIPAA regulations. All participant information must be maintained in controlled access files, such as locked file cabinets or password protected computer files.

Participant Files

Unless a participant assessment is conducted by AAA 1-B or unless otherwise specified, programs must maintain participant files. Participant files include copies of participant intake forms, service records, and/or service plans which minimally include the ability to gather the following information.

Participant Information (for reporting to the basic National Aging Program Information System – NAPIS):

- Name
- Address
- Telephone number(s)

- Age/Date of Birth
- Gender
- Referral Source to the program
- Living alone status/number in household
- Condition of residential environment
- Race and ethnicity
- Income status (above/below 100% of poverty level)
- Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)
- Nutrition Risk Assessment (Home Delivered Meal providers only)

Emergency contact information – name, address and telephone number of at least one emergency contact with a different phone number.

Caregiver information (if applicable) – name, address and telephone number of caregiver(s).

Release of Information – renewed annually and documents consent for emergency contact(s) to be notified in an emergency; emergency information to be shared (if needed); and for demographic data to be reported in NAPIS. A specific release of information is also required if a program is making a referral on behalf of the participant to another program or agency.

Referral and Coordination Procedures

Each provider shall establish working relationships with other community agencies including volunteer agencies, for referrals and resource coordination to ensure that participants have maximum possible choice.

Each provider shall be able to demonstrate linkages with agencies providing access services. Each provider must establish written referral protocols with Case Coordination and Support, Care Management, and Home and Community Based Medicaid Programs operating in the respective service area.

Bilingual personnel (through staff positions, personal services contracts, or volunteer positions) must be available in-service areas where non-English or limited-English speaking persons constitute five percent of the senior population or number 250 seniors, whichever is less.

Services Publicized

Each provider must publicize the service(s) to facilitate access by all older persons which, at a minimum, shall include being easily identified in local telephone directories.

Services must be publicized to the population the provider plans to reach by the means most effective in reaching the target population, especially to those in greatest economic or social need with attention to low-income minority individuals.

Program informational materials shall contain acknowledgement of AASA, AAA 1-B and funding through state appropriations or the Older Americans Act (OAA).

AAA 1-B, AASA and ACL has the option to request up to three copies of any publication published free of charge. Where activities under the contract result in a book or other copyrighted material, the author is free to obtain a copyright, but the provider must reserve the ACL, AASA and AAA 1-B option to a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, all such materials.

Older Persons at Risk

Each program must have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the participant, or the household of the participant, in imminent danger (e.g. situations of abuse or neglect). Procedure should include a referral process to Michigan Adult Protective Services (APS) and ensure compliance with all Michigan state laws relative to elder abuse reporting.

Disaster Response

Each program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available.

Written procedures in some cases shall coordinate with the local Emergency Operation Center (EOC) and AAA 1-B to ensure protection and/or evacuation of frail, disabled participants and/or homecare service delivery workers in the event of an official disaster, a weather-related crisis or hazardous environment condition.

All AAA 1-B providers are required to notify AAA 1-B if services are unable to be delivered due to emergency conditions such as an official disaster, weather related crisis or hazardous environmental condition, lack of staff or any other reason.

Nutrition providers are required to complete and submit the electronic Meal Cancellation Report found at: www.osapartner.net.

Volunteers

Each program utilizing volunteers shall have written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. Volunteers shall receive a written job description, orientation training and a yearly performance evaluation, as appropriate.

Staffing

Programs shall employ competent and qualified personnel sufficient to provide services

pursuant to the contractual agreement. Programs shall be able to demonstrate an organizational structure including established lines of authority. Programs must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff. An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program participants must be paramount in such considerations.

AAA 1-B requires submission of all information that discloses names of persons with an ownership or controlling interest in the contractor and past business transactions. Disclosure of any persons with an ownership or controlling interest in the contractor who have been convicted of a criminal offense as related to their involvement in any programs under Titles III, XVIII, XIX, or XX of the Social Security Act since the inception of these programs. AAA 1-B may immediately terminate the contract if the provider does not comply with these requirements.

Staff Identification

Every program staff person paid or volunteer, who enters a participant's home must display proper identification which may be either an agency picture card or a valid Michigan driver's license and some other form of agency identification.

Orientation and Training Participation

New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging process, ethics and emergency procedures. Issues addressed under the aging process may include, though are not limited to: cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.

Program staff are encouraged to participate in relevant AASA or AAA 1-B sponsored or approved in-service training workshops, as appropriate and feasible. Records that detail dates of training, attendance, and topics covered are to be maintained. Training expenses are allowable costs against grant funds. Each program should budget an adequate amount to address its respective training needs.

Service Quality Review

Each program must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of services received. The mechanism may include participant surveys, review of assessment records or in-home participants, etc.

Complaint Resolution and Appeals – Participant

Complaints - Each program must have a written policy in place to address complaints from individual participants served under the contract, which provides for protection from retaliation against the complainant.

Appeals – Each program must have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services or by recipients who have services terminated. Persons denied service and recipients of service who have services terminated, or who have unresolved complaints must be notified of their right to appeal such decisions and the procedure to be followed for appealing such decisions.

Each program must provide written notification to each participant at the time service is initiated, or his/her rights to comment about service provision, appeal termination of services.

Complaints of Discrimination – Each program must provide written notice to each participant at the time service is initiated that complaints of discrimination may be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

Service Termination Procedure - Participant

Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in participant files. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal. Reasons for termination may include, but are not limited to the following:

- The participant’s decision to stop receiving services
- Reassessment that determines a participant to be ineligible
- Improvement in the participant’s condition so they no longer need services
- A change in the participant’s circumstances which makes them eligible for services paid for from other sources
- An increase in the availability of support from friends and/or family
- Permanent institutionalization of the participant in either an acute care or long-term care facility. If institutionalization is temporary, services need not be terminated.
- The program becomes unable to continue to serve the participant and referral to another provider is not possible. This may include an unsafe work situation for program staff or a loss of funding.

Grievance Procedures

Any older adult or his/her representative who has been denied service, has had service terminated or perceives unfair treatment by a AAA 1-B contracted service provider may file a grievance with the agency in question. The provider must establish their own procedures for filing a grievance.

Providers must provide a copy of the AAA 1-B Service Recipients Grievance Procedure to any older adult or his/her representative who files a complaint with the agency.

Should the matter be unresolved through the contractor’s grievance procedure, a grievance

may be filed with AAA 1-B. The complainant must submit a written statement of the grievance within ten (10) calendar days of the final step of the contractor's grievance procedure.

A grievance filed against a contract service provider of Legal Services while the complainant's legal case is still open, will be held until the legal case is closed by entry of a final judgement or dismissal with prejudice and the expiration of all appeal periods. In this case, the contract service provider must inform AAA 1-B immediately upon the closure of the case. Step one of the grievance process will commence within ten (10) calendar days of the case closure.

Grievance Process

Step One: Informal Inquiry:

- AAA 1-B staff will meet with the participant and/or his/her representative and a representative of the contract service provider agency involved, within ten (10) calendar days of receipt of the written grievance statement to discuss the issues involved in the complaint. Information and/or criteria on which the grieved action was based will be reviewed at this time to resolve the complaint.
- Should the complaint be unresolved through the informal inquiry, within five (5) calendar days of the inquiry, the complainant must submit to AAA 1-B a written request for a grievance hearing before the AAA 1-B Board of Directors. The reasons for the grievance must be included in this request.

Step Two: Hearing Before the AAA 1-B Board of Directors:

- Within five (5) calendar days of receipt of the written request for a grievance hearing, AAA 1-B will schedule a hearing before the Board of Directors or a sub-group of the Board to take place at the end of the next regularly scheduled meeting of the AAA 1-B Board of Directors. If the next regularly scheduled Board meeting is scheduled to occur within three (3) weeks of receipt of the written request, the hearing will be scheduled for the next subsequent Board meeting and the complainant and service provider will be so informed.
- A complainant shall be given a maximum of fifteen (15) minutes to present his/her complaint and the contract service provider agency shall be given a maximum of fifteen (15) minutes to present its explanation of the grieved action. This will be followed by a fifteen (15) minute questions and answer period.
- The Board of Directors or sub-group of the Board shall reach a final determination by majority vote of the Directors present and shall render this determination to the complainant when the vote is taken. The complainant and contracted service provider will also be sent the determination in writing within five (5) calendar days of the grievance hearing.

AAA 1-B Board Approved – 3/31/06

Probation – Provider

AAA 1-B has the authority to place a provider on probation if the provider fails to comply with the terms of the contract. AAA 1-B will notify the provider in writing and probation will be instated upon the provider's receipt of notice. The notice of probation will include the reason for probation, any corrective action required by the provider, the effective and note the right to appeal the decision. During the probationary period, the provider will receive reimbursement for expenses incurred as part of the contract. If during the probationary period, the provider does not comply with the corrective actions, suspension and termination procedures may be initiated.

Suspension – Provider

When a provider fails to comply with the terms of the contract AAA 1-B may suspend support for contractor operations in whole or in part. Support for any part shall automatically be terminated when it has been suspended for more than 90 days. AAA 1-B will notify the provider in writing of the action being taken, the reason(s) for such action, the effective date, and the conditions of the suspension. The notice of suspension will be given at least ten days prior to the effective date and will note the right to appeal the decision. Under extreme circumstances (gross negligence, placing program participants at risk, cessation of the program operations without notice, failure to maintain insurance coverage, etc.) immediate notice of suspension may be given.

New obligations incurred by the provider during the suspension period will not be allowed unless AAA 1-B authorizes them in the notice of suspension or an amendment to it. Necessary and otherwise allowable costs that the provider could not reasonably avoid during the suspension period will be allowed if they result from obligations properly incurred by the provider before the effective date of the suspension and not in anticipation of the suspension or termination.

AAA 1-B shall determine the amount of unearned funds the provider has on hand, anticipated length of suspension, the extent of operations suspended, and the amount of the fund balance on hand to determine whether AAA 1-B should require the balance to be returned.

AAA 1-B may reinstate the suspended contract operations if it is determined that conditions warrant such action. Reinstatement shall be made by issuance of a new statement of award. AAA 1-B financial participation in reinstated contract operations may resume immediately upon reinstatement, but not for any costs incurred for operations while under suspension. The obligational authority unearned at the time of suspension may again become available for earning at the previously established matching ratio, unless AAA 1-B reduces the amount of the contract.

Termination – Provider

For adequate cause, AAA 1-B may terminate support for a contract prior to the end of an approved budget year. AAA 1-B may terminate support for any of the following reasons:

- Availability of funds
- The provider violates conditions under which the contract was approved
- Program performance is inadequate as documented through monitoring visits
- Other resources are unavailable
- Assessment findings are inadequate for two semi-annual assessments
- Suspension for more than three (3) consecutive months

To terminate funding of a contract, AAA 1-B will notify the provider in writing at least 30 days prior to the effective date of termination and the reasons for such actions. The notice will include any reports to be completed, the right to appeal and the procedures to be followed for the appeal.

Under extreme circumstances immediate termination procedures may be initiated. Examples of extreme circumstances include: gross negligence, misappropriation of funds, loss of fiscal integrity, placing program participants at risk, cessation of program operations without notice, failure to maintain insurance coverage, etc.

When financial support of a contract terminates on completion of the approved contract period or earlier, the provider shall complete and submit a final project and financial report to AAA 1-B by an established date. When a contract is terminated or completed, equipment and supplies purchased with federal funds must be disposed of in conformance to applicable provisions of the Code of Federal Regulations (CFR).

Providers may terminate a contract upon 30 days written notice to AAA 1-B at any time prior to the completion of the contract, for adequate cause.

Closeout

Within 60 days after conclusion or termination, all financial, performance and other reports will be submitted to AAA 1-B. AAA 1-B shall make payments to the provider for allowable reimbursable costs not covered by previous payments. The provider shall immediately refund to AAA 1-B any payments or funds advanced to the contractor more than allowable reimbursable expenditures.

Disputes

Providers shall submit formal written notification to AAA 1-B when there is intent to pursue a claim against AAA 1-B for breach of any terms of the contract and that no suit may be commenced by the provider for breach of the contract prior to 60 days from the date of such notification. Within the 60-day period, the provider, at the request of AAA 1-B must meet with the Executive Director for attempting resolution of the dispute.

Opportunity for Hearings

AAA 1-B will provide an opportunity for a hearing in the event of probation, suspension or termination of the contract. The hearing procedures will conform with the AASA Appeals Procedure.

Reprogramming and Redistribution of Funds

AAA 1-B has the right to reduce funds awarded to reprogram or redistribute them if projections show under spending of at least ten percent of award.

Civil Rights Compliance

Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age, sex, sexual orientation, gender identity, height, weight, or marital status. Each program must sign an Assurance of Compliance with Service Standards form assuring compliance with the Civil Rights Act of 1964. Each program must clearly post signs at agency offices and locations where services are provided in English, and other languages as appropriate, indicating non-discrimination in hiring, employment practices and provision of services.

Equal Employment

Each program must comply with equal employment opportunity and affirmative action principles.

Universal Precautions

Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act.

Drug Free Workplace

Each program must agree to provide drug-free workplace as a precondition to receiving a federal grant. Each program must operate in compliance with the Drug-Free Workplace Act of 1988.

Americans with Disabilities Act

Each program must operate in compliance with the Americans with Disabilities Act.

Workplace Safety

Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MOISHA). Information regarding compliance can be found at: www.michigan.gov/lara.

Debarment and Suspension

Area Agencies on Aging are prohibited from contracting or making sub-awards to entities that are debarred and/or suspended from receiving federal funds, or whose principals are debarred and/or suspended from receiving federal funds.

Fiscal Responsibilities

Financial records, supporting documents, statistical records, and other records pertinent to a contract shall be retained by the provider for a period of six years from the time as any pending litigation or audit findings have been resolved and final action is taken (U.S. Code of Federal Regulations (CFR) – 45 CFR § 74.53).

Providers must follow generally accepted accounting principles and meet any other fiscal requirements established in 45 CFR § 74.53, by AASA or AAA 1-B. Non-profit providers must adhere to Office of Management and Budget (OMB) circular A-122 “Cost Principles for Non-Profit Agencies”.

Non-profit providers who receive \$750,000 or more a year in federal funds must adhere to OMB circular A-133 “Audits of States, Local Governments, and Non-Profit Agencies” and submit a copy of the audited financial statements to AAA 1-B within nine (9) months of the close of the contractor’s fiscal year.

Programs must meet federal requirements for care and management of equipment funded through AAA 1-B contracts (see OMB Circular A-110 for federal requirements).

Contract Revisions or Amendments

In the event of a material change in the content or administration of an approved contract or in the operation of the agency affecting the contract, the contract shall be appropriately revised. The nature and extent of the request for revision will determine the action taken by AAA 1-B. Revisions may either be a substantive amendment or an administrative revision.

- Substantive amendment – any alteration in the contract that substantially affects the character of the contract such that it is essentially different from what was approved by AAA -B. Amendments covering substantive changes shall be subject to the same process of approval that governs the original approval of the contract. Substantive amendments shall include the following:
 - Significant changes in the project objectives
 - An addition of a new service category or deletion of an existing service category
 - A budget transfer of more than 20% or \$5,000, whichever is greater, from any single approved service category
 - A change in the minimum local match requirement
 - A change in the project period and/or budget duration dates
 - Supplemental awards

- Other changes specified by AAA 1-B
- Administrative revisions – changes in the contract which are made for facilitating implementation of the project but are minor in nature and do not change the essence of the project. Administrative changes should not require approval from AAA 1-B, however, AAA 1-B shall be notified of changes together with necessary documentation and justification. AAA 1-B shall review and respond in writing to the changes within a specific timeframe.

Requests for budget line item transfers within a service category or a budget transfer of less than 20% or \$5,000, whichever is greater, in a service category should be viewed as an administrative revision and AAA 1-B should be notified.

If, for any cause, alterations or changes take place in the rules, regulations, laws or policies to which AAA 1-B must comply, or if there is any termination or reduction in the allocation or allotment of funds provided to AAA 1-B, AAA 1-B shall have the right to terminate or reduce the amount paid to the contractor. Termination or reduction in the amount to be paid shall take effect immediately upon receipt of written notice to the contractor, unless a specific date is specified in the notice.

AAA 1-B may approve a request for a contract amendment at any time unless otherwise limited by specific agency policies. The notification of the amendment supersedes all other notifications relating to the budget year. The contract shall only be amended by the written consent of all parties.

Private Pay

When AAA 1-B providers also administer a private pay version of the contracted service, contractors shall develop a written policy that outlines the following:

- Assurance that high quality service shall be provided regardless of a person's ability to pay and whether the service is funded privately or through federal/state funds
- The methods used to determine how persons will be served, either through federal/state funding or through private pay, and shall include the language used at intake for screening and for informing individuals of private pay options
- How participants will be prioritized on a waitlist for federal/state funded and private pay services

Private pay revenue must be kept separate from federal/state funds. Revenue generated by a private pay program is not to be combined with contracted program income, but rather would be considered additional resources that may be used to expand service capacity at the discretion of the agency's Board of Directors and/or management of the agency.

Examination and Maintenance of Records

The ACL, AASA and AAA 1-B, or any of their authorized agents, access to any books, documents, AAA 1-B
RFP 2020-2022

papers or other records of the contractor that are pertinent to the contract. Access shall also be granted to the facilities being utilized at any reasonable time to observe the operation of the program. The provider shall retain all books, records or other documents relevant to the contract for six (6) years after final payment, at the provider's expense. Federal auditors and any persons duly authorized by AAA 1-B shall have full access to and the right to examine and audit any of the materials during this period. If an audit is initiated prior to the expiration of the six (6) year period, and extends past that period, all documents shall be maintained until the audit is closed.

Reporting

Providers awarded funding from AAA 1-B must:

- Submit statistical and other required reports within timeframes specified by AAA 1-B
- Keep monthly records of contract related expenses and income, including program income/voluntary cost share collected
- Maintain a monthly record of contracted units of service provided and documentation supporting reported units
- Submit the required participant information for the National Aging Program Information System (NAPIS) as specified by AASA and AAA 1-B as appropriate
- Final year-end expenditures will be distributed after the deadline of submission (fifth business day of the November. If any adjustments are needed, an email notification to the Finance Manager will be required by October 15th indicating that there will be an anticipated change. Year-end modifications submitted after the deadline of the fifth business day of November will not be accepted and paid.

Providers of the following programs must electronically transmit to NAPIS contract related registration and unit data per AASA specifications: Adult Day Services, Dementia Adult Day Care, Chore, Congregate Meals, Grandparents Raising Grandchildren, Home Delivered Meals, and Volunteer Caregiver.

Specific reporting requirements and instructions for all services can be found in the Reporting section of this manual. Additional instructions on how to complete reporting forms will be given at the Reporting Workshop.

IN-HOME SERVICE STANDARDS

In addition to the General Requirements for all Service Programs, the following general standards apply to all in-home service categories unless otherwise specified.

Service form Other Resources

Each in-home service program, prior to initiating service, shall determine whether a potential participant is eligible to receive the respective service(s) or any component support service(s) through a program supported by other funding sources, particularly programs funded through the Social Security Act. If it appears that an individual can be served through other resources, an appropriate referral should be made, or third-party reimbursement sought. Each program must establish coordination with appropriate local Department of Human Services (DHS) offices to ensure that funds received from AASA are not used to provide in-home services which can be paid for or provided through programs administered by DHS.

For instances where a participant enters a Hospice Care program while receiving in-home services under an area plan, the in-home services are not required to be withdrawn. A revised service plan should be developed, with consultation from all service providers involved including the Hospice Care provide, based on the participant's needs, references and the availability of resources from each provider.

Older Americans Act (OAA) funding may not be used to supplement (or substitute for) other federal, state, or local funding that was being used to fund services, prior to the availability of OAA funds.

OAA programs do not qualify as third-party payers for Medicaid purposes.

Individual Assessment of Need

Each in-home service program, as identified in the table below, shall assess individual need for each participant. Each program with required assessments shall avoid duplicating assessments of individual participants to the maximum extent possible. In-home service providers may accept assessments, and reassessments, from case coordination and support programs, care management programs, home and community-based Medicaid programs, other aging network home care programs, and Medicare certified home health providers. Participants with multiple needs should be referred to care management programs.

Participants shall be assessed within 14 calendar days of initiating service. If services are to be provided for 14 calendar days or less, a complete assessment need not be conducted. In such instances, the program must determine the participant's eligibility to receive services and gather the Basic Information specified below.

The assessments are to be used to verify need, eligibility, and the extent to which services are to be provided. The assessment should verify an individual to be served has functional, physical, or mental characteristics that prevent them from providing the service for themselves and that an informal support network is unavailable or insufficient to meet their needs. Eligibility is to be verified against established criteria for each respective service category. If an individual is found to be ineligible, the reason(s) are to be clearly stated. Each assessment shall be conducted face-to-face and provide as much of the information specified below as it is possible to determine. Programs must refer individuals through to be eligible for Medicaid to DHS.

Periodic reassessments must be conducted according to the following chart. Reassessments are to be used to determine changes in participant status, participant satisfaction, and continued eligibility. Each assessment and reassessment should include a determination of when reassessment should take place.

In-Home Services Requiring Assessments	Minimum Reassessment Frequency (Unless circumstances require more frequent reassessment)
Homemaking	6 months (180 days)
Home Care Assistance	6 months
Home Delivered Meals	6 months
Medication Management	3 months
Personal Care	6 months
Respite Care	6 months
Home Health Aide	3 months (90 days)

When assessments are not conducted by a registered nurse (RN) the program must have access to, and utilize, and RN for assistance in reviewing assessments, as appropriate, and maintaining necessary linkages with appropriate health care programs.

Assessors must attempt to acquire each item of information listed below, but must also recognize, and accept, the participant’s right to refuse to provide requested items. Changes in any item should be specifically noted during reassessments. Assessments must be document in writing, signed, and dated.

Minimum information to be gathered by assessments:

➤ Basic Information

- Individual’s name, address, and phone number
- Source of referral

- The name, address, and phone number of a person to contact in case of an emergency
 - The name address and phone number of caregiver(s)
 - Gender
 - Age, date of birth
 - Race and/or ethnicity
 - Living arrangements
 - Condition of residential environment
 - Whether or not the individual’s income is below the poverty level and/or sources of income (particularly SSI)
- Functional Status
- Vision
 - Hearing
 - Speech
 - Oral status (condition of teeth, gums, mouth, and tongue)
 - Protheses
 - Limitations in activities of daily living
 - Eating patterns (diet history), special dietary needs, source of all meals, and nutrition risk
 - History of chronic and acute illnesses
 - Prescriptions, medications, and other physician orders
- Support Resources
- Physician’s name, address, and phone number (for all physicians)
 - Pharmacist’s name, address, and phone number (for all pharmacies utilized)
 - Services currently receiving or received in past 9including identification of those funded through Medicaid)
 - Extent of family and/or informal support network
 - Hospitalization history
 - Medical/health insurance available
 - Clergy name, address, and phone number, if applicable
- Participant Satisfaction (at reassessment)
- Participant’s satisfaction with services received
 - Participant’s satisfaction with program staff performance
 - Consistency of services provided

Service Plan

Each in-home service program must establish a written service plan for each participant, based on the assessment of need, within 14 calendar days of the date the assessment was completed.

The service plan must be developed in cooperation with the participant, participant's guardian, or designated representative, as appropriate. The service plan must contain at a minimum:

- A statement of the participant's problems, needs, strengths, and resources
- Statement of the goals and objectives for meeting identified needs
- Description of methods and/or approaches to be used in addressing needs
- Identification of services and the frequency which they are to be provided
- Treatment orders of qualified health professionals, when applicable
- Documentation of referrals and follow-up actions

To avoid duplication, in-home service programs may accept the service plan developed by a referring case coordination and support, care management, home and community-based Medicaid program, other aging network home care programs, and Medicare certified home health providers.

When the service plan is not developed by a registered nurse (RN), in-home service programs must have access to, and RN for assistance in developing service plans, as appropriate. Service plans must be evaluated at each participant reassessment.

In-Home Supervision

Program supervisors must be available to program staff, via telephone, anytime they are in a participant's home.

Each in-home service program, except for home delivered meals, must conduct one in-home supervisory visit for each program staff member, with a program participant present, each fiscal year. A registered nurse must be available to conduct in-home supervisory visits, when indicated by participant circumstances. Additional in-home supervisory visits should be conducted as necessary. The program shall maintain documentation of each in-home supervisory visit.

Participant Records

Each in-home service program must maintain comprehensive and complete participant records which contain at a minimum:

- Details of referral to program
- Assessment of individual need or copy of assessment (and reassessment) from referring program
- Service plan (with notation of any revisions)
- Programs (except home delivered meals) with multiple sources of funding must specifically identify participants served with funds from AASA; records must contain a listing of all contacts (dates) paid for with funds from AASA, with participants and the extent of services provided (units per participant)

- Notes in response to participant, family, and agency contacts (including notation of all referrals made)
- Records of release of any personal information about the participant or copy of signed release of information form
- Service state and stop dates
- Service termination documentation, if applicable
- Signatures and dates on participant documents, as appropriate

All participant records (paper and electronic) must be kept confidential in controlled access files.

In-Service Training

Staff and volunteers of each in-home service program shall receive in-service training at least twice each fiscal year which is specifically designed to increase knowledge and understanding of the program, the aging process, and to improve skills at tasks performed in the provision of service. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse, and exploitation. Records shall be maintained which identify the dates of training, topics covered and persons attending.

Service Name	Chore
Service Number	B-1
Service Category	In-Home
Service Definition	<p>Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence. Allowable tasks are limited to the following:</p> <ul style="list-style-type: none"> • Replacing fuses, light bulbs, electrical plugs, and frayed cords • Replacing door locks and window catches • Replacing/repairing pipes • Replacing faucet washers or faucets • Installing safety equipment • Installing screens and storm windows • Installing weather stripping around doors • Caulking windows • Repairing furniture • Installing window shades and curtain rods • Cleaning appliances • Cleaning and securing carpets and rugs • Washing walls and windows, scrubbing floors • Cleaning attics and basements to remove fire and health hazards • Pest control • Grass cutting and leaf raking • Clearing walkways of ice, snow, leaves • Trimming overhanging tree branches
Unit of Service	One hour spent performing allowable chore tasks.

MINIMUM STANDARDS

- Funds awarded for chore service programs may be used to purchase materials and disposable supplies used to complete the chore tasks to increase the safety of the individual. No more than \$200 may be spent on materials for any one household per year. Equipment or tools used to perform chore tasks may be purchased or rented with funds awarded up to an amount equal to 10% of the total grant funds.
- Pest control services may be provided only by appropriately licensed suppliers.

- Each program must develop working relationships with the Home Repair and Weatherization service providers, as available, in the program area to ensure effective coordination efforts.

Service Name	Home Injury Control
Service Number	B-3
Service Category	In-Home
Service Definition	<p>Providing adaptations to the home environment of an older adult to prevent or minimize the occurrence of injuries. Home Injury Control does not include any structural or restorative home repair, chore, or homemaker activities.</p> <p>Allowable tasks include installation or maintenance of:</p> <ul style="list-style-type: none"> • Enhanced lighting • Ramps for improved and/or barrier-free access • Bathroom chairs and grab bars • Non-slip treatments • Vision or hearing adaptive devices • Stairway and/or hallway handrails • Smoke and/or gas alarms
Unit of Service	Installation or maintenance of one safety device in an older adult's residence.

MINIMUM STANDARDS

- Prior to initiating service, each program must determine whether a potential participant is eligible to receive services available through a program supported by other funding source, particularly programs funded through the Social Security Act. If it appears that an individual can be served through other resources, an appropriate referral should be made.
- Each program must develop working relationships with chore, homemaker, home care assistance, and home repair service providers, as available within the program area, to ensure effective coordination of efforts.
- Each program must utilize a home environment assessment tool to formally evaluate the circumstances and needs of each participant. The program may utilize the MI Choice assessment for initiating service if the participant is referred by either a care management or HCBS/ED program.
- Each program must maintain a record of safety improvements made at each residence including dates, tasks performed, materials used and cost.

- All safety devices installed must conform to local building codes and meet respective UL® safety standards.
- Funds awarded for home injury control may be used for labor costs and to purchase safety devices to be installed. The program must establish a limit on the amount to be spent on any one residence in a 12-month period. Each program must seek contributions of labor and supplies from the private sector and volunteer agencies, as may be feasible. Equipment or tools needed to perform home injury control tasks may be purchased or rented with grant funds up to an aggregate amount equal to 10% of total grant funds.

Service Name	Adult Day Services
Service Category	Community: C-1
Service Definition	Daytime care of any part of a day, but less than twenty-four (24) hour care, for functionally and/or cognitively impaired elderly persons provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant's home.
Unit of Service	One hour of care provided per participant.

MINIMUM STANDARDS

- Units of service shall be allocated to direct service for the caregiver and must be reported on the AAA 1-B Quarterly Participant Unit Report - All Services. These units allocated to direct service for the caregiver will be reported into NAPIS.
- Contractors shall comply with NAPIS reporting requirements which include capturing and reporting required caregiver data.
- Contractors are required to also capture and provide care receiver data, and to submit this information on the Quarterly Care Receiver Participant Report.

Eligibility Criteria

Each Adult Day Service program shall establish written eligibility criteria that will include, at a minimum, the following items:

- That participants must require continual supervision to live in their own homes or the home of a primary caregiver
- Participants must require a substitute caregiver while their primary caregiver is at work, in need of relief or otherwise unavailable
- That participants must have difficulty or be unable to perform activities of daily living (ADL) without assistance
- That participants must be capable of leaving their residence, with assistance, to receive service
- That participants would benefit from intervention in the form of enrichment and opportunities for social activities to prevent and/or postpone deterioration that would likely lead to institutionalization

Participant Screening Procedures

Each Adult Day Service program shall have uniform preliminary participant screening procedures and maintain consistent records. Such screening may be conducted over the telephone. Records for each potential participant shall include, at a minimum:

- The individual's name, address, and telephone number
- The individual's age or birth date

- Physician's name, address, and telephone number
- The name, address, and telephone number of the person to contact in case of emergency
- Disabilities, as defined by Section 504 of the Rehabilitation Act of 1973, or other diagnosed medical problems
- Perceived supportive service needs as expressed by the individual.
- Race and Gender (optional)
- An estimate of whether or not the individual has an income at or below the poverty level

Intake is not required for individuals referred by case coordination and support or care management.

Assessment Procedures

If preliminary screening indicates an individual may be eligible for Adult Day Services, a comprehensive individual assessment of need shall be performed before admission to the program. All assessments shall be conducted face to face. Assessors must attempt to acquire each item of information listed below, but must also recognize, and accept, the participant's right to refuse to provide requested items.

Basic Information

- Individual's name, address, and telephone number
- Age, date, and place of birth
- Gender
- Marital status
- Race and/or ethnicity
- Living arrangements
- Condition of environment
- Income and other financial resources, by source
- Expenses
- Previous occupation(s), special interests, and hobbies
- Religious affiliation

Functional Status

- Vision
- Hearing
- Speech
- Oral status (condition of teeth, gums, mouth and tongue)
- Prostheses
- Psychosocial functioning
- Cognitive functioning
- Difficulties in activities of daily living

- History of chronic and acute illnesses
- Medication regimen (RX, OTC, supplements, herbal remedies) and other physician orders
- Nutrition Risk Assessment must be reviewed quarterly during reassessments for changes, including eating pattern (diet history) and special dietary needs, and sent to the nutrition provider on admission to the Adult Day Service program, and 1st quarter thereafter (or when changes have occurred)

Supporting Resources

- Physician's name, address, and telephone number
- Pharmacist's name, address, and telephone number
- Services currently receiving or received in the past
- Extent of family and/or informal support network
- Hospitalization history
- Medical/health insurance information
- Long-term care insurance
- Clergy name, address, and telephone number
- Emergency contact information (DNR if applicable)

Needs Identification

- Participant perceived needs
- Caregiver perceived needs, if available
- Assessor perceived needs

Determination of Whether Individual is Eligible for Program

Upon conclusion of the comprehensive assessment, a determination of whether individual is eligible for the program will be made. Staff shall establish a service plan objective to work with families to obtain a current medical evaluation. The physician's written authorization and recommendations for activity participation, medication, and diet shall be obtained within one month of entering an ADS program.

An initial assessment is not required for individuals referred by case coordination and support or care management. Admission to the program may be based on the referral.

Service Plan

A service plan, which is participant specific, measurable, and time limited, shall be developed for each individual admitted to an Adult Day Service program. The service plan must be developed in cooperation with, and be approved by, the participant, the participant's guardian or designated representative. The service plan shall contain, at a minimum:

- A statement of the participant's problems, needs, strengths, and resources
- A statement of the objectives for meeting identified needs

- A description of methods and/or approaches to be used in addressing needs
- Identification of basic and optional program services to be provided
- Treatment orders of qualified health professionals, when applicable
- A statement of medications being taken while in the program

Each Adult Day Service program shall have a written policy/procedure to govern the development, implementation, and management of service plans. Each participant is to be reassessed every three months to determine the results of implementation of the service plan. If observation indicates a change in participant's status, a reassessment may be necessary before three months have passed.

- Written service plans for each Adult Day Service participant must be in place within ten (10) working days after the participant's admission
- Three (3) month reassessments must be documented with date and signature of reviewer on the service plan
- The participant, families/caregivers, and other service providers shall have the opportunity to contribute to the development and implementation of the service plan
- The service plan shall be signed and dated by all staff/health care contributors (a care conference sign-in sheet will suffice for other contributors)
- The service plan shall reference the needs of the caregiver as appropriate

Participant Files

Each program shall maintain comprehensive and complete participant files which include at a minimum:

- Details of participant's referral to Adult Day Service program
- Intake records
- Assessment of individual need or copy of assessment (and reassessments) from the referring program
- Service plan (with notation of any revisions)
- Listing of participant's contacts and attendance (day, time-in/time-out)
- Progress notes in response to observations (at least monthly)
- Progress notes shall be written regularly to reflect changes in the participant's status and progress made toward the goals established by the service plan
- Treatment notes and records of significant events shall be written in compliance with professional standards
- An interdisciplinary progress note shall be written at the time of care conference. This note(s) shall reflect the participant's progress towards goals from the perspectives of all disciplines.
- Progress notes shall be signed and dated by the subscriber
- Date and reason for discharge (for terminated participants)
- A description of accidents or illnesses occurring while the individual is at the Adult Day Service facility, or participating in an off-site, sponsored activity. The record should

state the date, time and condition under which the incident occurred, and the action taken.

- Notation of all medications taken on premises including:
 - the medication
 - the dosage
 - the date and time of administration
 - initials of staff person who assisted with administration
 - comments.
- Notation of basic and optional services provided to the participant
- Notation of any and all release of information about the participant
- Signed Release of Information form

Each program shall use a standard Release of Information form which is time-limited, and specific as to the information being released.

All participant files shall be kept confidential in controlled access files.

Basic Program Services

Each Adult Day Service program shall provide directly or make arrangements for the provision of the following services. If arrangements are made for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.

- Transportation (Specialized Transportation: minimally a.m./p.m. service within a 15-mile geographic radius of the center. Transportation outside of the geographic radius shall be reimbursed separately.)
- Personal Care (on-site assistance with toileting required/showers optional); maybe subcontracted
- Personal Care (off-site optional); may be subcontracted
- Nutrition: One hot meal per eight-hour day which provides one-third of recommended daily allowances and follows the meal pattern of the General Requirements for Nutrition Programs. Participants in attendance from eight to fourteen hours shall receive an additional meal to meet a combined two-thirds of the recommended daily allowances. Modified diet menus should be provided, where feasible and appropriate, which take into consideration participant choice, health, religious, and ethnic diet preferences. Meals shall be acquired from a congregate meal provider where possible and feasible.
 - If the Adult Day Service program is receiving meals from a non-AAA 1-B nutrition services provider, they must have received permission from the AAA 1-B prior to receiving these meals.
 - The Adult Day Service provider is required to assess and document the nutritional needs of the participant quarterly and provide this information to the nutrition contractor as requested. (At least annually or more frequently if changes are noted).
 - Each participant receiving a modified diet should have a written physician's order to that effect.

- Recreation: consisting of planned activities suited to the needs of the participant and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction.

Optional Services

Each Adult Day Service program may provide directly or make arrangements for the provision of the following optional services. If arrangements are made for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.

- Rehabilitative: physical, occupational, speech, and hearing therapies provided under order from a physician by licensed practitioners
- Medical Support: laboratory, x-ray, and pharmaceutical services provided under order from a physician by licensed professionals
- Services within the scope of the Nursing Practice Act (PA 368 of 1978)
- Dental: under the direction of a dentist
- Podiatric: provided or arranged for under the direction of a physician
- Ophthalmologic: provided or arranged for under the direction of an ophthalmologist
- Health Counseling
- Shopping assistance/escort

Medications

Each Adult Day Service program shall establish written policies and procedures (reviewed and approved by a consulting Pharmacist, Physician or Registered Nurse) to govern the assistance given by staff to participants in taking their own medications while participating in the program.

The policies and procedures must address:

- Training and authority of staff to assist participants in taking their own prescribed or non-prescription medications and under what conditions such assistance may take place. Evidence of such training is documented and retained in the employee's personnel file
- Verification of medication regimen including prescriptions and dosages
- Secure storage of medications belonging to and brought in by participants
- Disposal of unused medications
- Instructions for entering medication information in participant files, including times and frequency of assistance
- Written consent from the participant, or participant's representative, to assist in taking medications
- Procedures for medications shall include:
 - Cueing with maintenance of appropriate documentation
 - Medication set up, instructions, and passing and/or assistance with medications (e.g. putting in eye drops, giving pills, and injections)
- Program staff performing the above medication services shall be delegated by the supervising nurse.

*Aides or unlicensed staff performing medication services for the Adult Day Service provider does not perform such activities as eye drops, injections, or any decision/action.

- If agency or facility staff (i.e. RN or LPN under the supervision of an RN) is administering medications, the medication policy must include a provision to maintain a written prescription in the resident's record signed by an authorized prescriber (i.e., physician, nurse practitioner). The policy shall allow verbal or telephone orders to be taken by a pharmacist or registered nurse but must be countersigned by the ordering authorized prescriber within 48 to 72 hours. All staff must use the eight "Rs": right person; right medications; right dose; right time; right route; right documentation; right reason; and right response.

Discharge Procedures

Each Adult Day Service provider shall establish a written policy/procedure for discharging individuals from the program that includes, at a minimum, one or more of the following:

- The participant's desire to discontinue attendance
- Improvement in the participant's status so that they no longer meet eligibility requirements
- An increase in the availability of caregiver support from family and/or friends
- Permanent institutionalization of participant
- When the program becomes unable to continue to serve the participant and referral to another provider is not possible. Contractors shall document in the participant file, date and reason for discharge for those participants whose Adult Day Services are terminated.

Personnel

Each Adult Day Service program shall employ a full-time program director (100 % of time allocated to the ADS program) with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional.

The AAA 1-B interprets "professionally qualified" to mean an individual with a minimum of two (2) years of college in nursing, social work, public health, or related field; or an individual with at least two (2) years supervisory experience in nursing, social work, public health, or a related field

- The program shall continually provide support staff at a ratio of no less than one staff person for each six participants
- At least one staff shall always be on-site when participants are in attendance

Health support services may be provided only under the supervision of a Registered Nurse (RN). The provider shall have a staff person present who is knowledgeable in first-aid procedures, including CPR, whenever participants are present at the Adult Day Service center.

If the program acquires either required or optional services from other individuals or agencies, it shall be accomplished through a written agreement that clearly specifies the terms of the arrangement. Each Adult Day Service provider who subcontracts either required or optional services to other individuals or agencies must have prior written approval of the AAA 1-B program manager.

It is recommended that personal care staff and volunteers have annual two-step Mantoux TB test and/or chest x-ray results documented in the employee file.

Personnel Orientation

All Adult Day Service programs shall have a formal staff development program.

All program staff shall complete an initial orientation program that includes, in addition to the topics specified in the General Requirements for All Service Programs, content in the following areas:

- Basic first-aid and emergency response procedures
- Assessment and observation skills
- The Aging Network requirements
- The aging process
- Maintaining participant and program records and files (as appropriate)
- An introduction to the program
- Working with disabled individuals
- Ethics, specifically acceptable work ethics, honoring the participant's dignity; respect of the participant and their property; and prevention of theft of the participant's belongings.

Personnel Training

Program staff shall be provided, at a minimum, two in-service training programs per year after completing the initial orientation program above, which is specifically designed to increase their knowledge and understanding of the program, participants, and aging process issues; and to improve their skills at tasks performed in the provision of service. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse, and exploitation. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

Transportation

If the program operates its own vehicles for transporting participants to and from the Adult Day Service center, the following transportation minimum standards shall be met:

- All drivers and vehicles shall be appropriately licensed and inspected as required by the Secretary of State, and all vehicles used shall be covered by liability insurance.

- All paid drivers shall be physically capable and willing to assist persons requiring help to get in and out of vehicles and buildings. Such assistance shall be available unless expressly prohibited by either a labor contract or an insurance policy.
- All paid drivers shall be trained to cope with medical emergencies unless expressly prohibited by a labor contract.
- Each program shall operate in compliance with state seat belt law P.A. 1 of 1985 regarding seat belt usage. The Adult Day Service provider maintains a seat belting protocol and guidelines or outline for driver training that includes how drivers ensure that participants are properly restrained. Use of front seatbelts is required by state law. In addition, passengers riding in the back seat of an automobile shall be belted.
- Programs transporting participants riding in wheelchairs must ensure the wheelchair is belted into the van/bus and the participant is belted into the chair. Both types of restraints are required. Agencies transporting participants in vehicles that do not include shoulder belts to keep participants in the chair should contact the family or AAA 1-B Supports Coordinator (for AAA 1-B Care Management participants) to discuss options for obtaining a seatbelt that can be connected directly to the wheelchair.
- The Adult Day Service center must ensure that specific participant emergency information is carried in each vehicle providing transportation for Adult Day Service program participants transported to and from the Adult Day Service center or on field trips. This emergency information must include the person(s) to be contacted in case of an emergency, the participants' hospital affiliation, and any medical data that should be available (e.g., diabetic, epileptic).

Emergency Procedures

Each Adult Day Service program shall have first-aid supplies available at the Adult Day Service center. A staff person knowledgeable in first-aid procedures, including CPR, must be present at all times participants are in the ADS center.

Procedures to be followed in emergency situations (fire, severe weather, etc.) shall be posted in each room of the ADS center. Practice drills of emergency procedures shall be conducted every six (6) months. The program shall maintain a record of all practice drills.

Each Adult Day Service program is encouraged to have written emergency management procedures which are coordinated with the local Emergency Operation Center (EOC) to ensure protection and/or evacuation of frail disabled participants in the event of an official disaster, a weather-related crisis, or a hazardous environmental condition.

Code Compliance

Each ADS center shall demonstrate and/or document that it is in compliance with barrier-free design specifications of Michigan and local building codes, fire safety standards, applicable Michigan and local public health codes, and the Michigan Food Code.

Facility Furnishings

Each Adult Day Service program shall have the following furnishings:

- At least one straight back or sturdy folding chair for each participant and staffperson
- Lounge chairs and/or day beds as needed for naps and rest periods
- Storage space for participants' personal belongings
- Tables for both ambulatory and non-ambulatory participants
- A telephone which is accessible to all participants
- Special equipment as needed to assist persons with disabilities

All equipment and furnishings in use shall be maintained in safe and functional condition.

Provision of Contracted Meals to Adult Day Service Programs

The following policy shall be used for AAA 1-B contract nutrition programs that provide meals for Adult Day Service (ADS) centers.

- Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADS programs.
- Eligible persons are defined as any person age 60 or older and not receiving AAA 1-B Direct Service Purchase (DSP) or MI Choice funded ADS services. Persons under the age of 60, and persons 18 years of age and older who are disabled, may be considered a volunteer if they offer their assistance during meal time.
- The meals are to be classified as congregate meals; however, each recipient shall be assessed and reassessed for nutritional need, according to the AAA 1-B ADS Service Standards. Documentation for meals provided to eligible persons and volunteers must follow congregate meal documentation requirements.
- The ADS program must maintain a donation system for contracted meals provided to eligible persons by the nutrition provider. A donation system is required by federal and state guidelines. Donations received for the meals will be submitted regularly to the nutrition provider. ADS programs that receive meals must provide the nutrition contractor with the suggested minimum donation for all meals received.
- The ADS program shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and volunteers. Meals that are not served will NOT be reimbursed under the contract.
- If there is a repeated pattern of a high number of meals ordered but not served, the AAA 1-B may meet with the ADS program and the nutrition provider to determine methods to minimize waste and address cost issues.
- Additional meals served to eligible participants must follow the AAA 1-B Congregate Meals Optional Meal Guidelines, including:
 - Second meals may be offered when on-site special events occur, a participant requests a meal four hours before or after the lunch meal is served (i.e., breakfast or dinner meal), or there are excess meals due to unusual or unpredictable circumstances, such as a weather-related travel advisory or power outage.

- Participant documentation for the additional congregate meal must be recorded on a separate sign-in sheet and labeled as a second congregate meal. These meals are to be reported through NAPIS following standard procedures.
- ADS participants who are not eligible for congregate meal service may receive meals from a AAA 1-B funded nutrition provider at a rate negotiated between the ADS program and nutrition provider. This negotiated rate shall not exceed the total cost of the meal as indicated on the AAA 1-B approved contract budget. These meals will not be reimbursed under the contract and will not be considered for NSIP reimbursement.
- AAA 1-B requires all negotiations for ADS meals be documented in writing and submitted to the AAA 1-B program manager for approval. (See OAA Title III-C Nutrition Standards).
- If an ADS program chooses to receive meals from a non-AAA 1-B funded nutrition provider, the ADS Program must submit a written request to the AAA 1-B program manager for review and approval prior to meals being provided. Any intent to change meal providers must be submitted in writing to the AAA 1-B program manager for approval.

Personal Care of Adult Day Services

Personal care services enable a participant to achieve optimal function with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Unskilled and non-specialized Personal Care (PC) service activities essential to the care of the participant to assist aged, blind, disabled, and other functionally limited individuals with necessary daily activities which cannot be performed without assistance. PC does not include specific health-oriented services, which would require the services of a certified nursing assistant who is supervised by a licensed Registered Nurse.

A registered nurse licensed to practice nursing in the State of Michigan shall furnish supervision of personal care workers. At the state's discretion, other qualified individuals may supervise personal care providers. Each program shall assure that staff is supervised by a qualified professional who is available during the hours that staff is providing PC services. The contractor/supervisor must train each worker to properly perform each task required for each participant the worker serves. The supervisor must approve tasks each worker performs. The Michigan Department of Health and Human Services (MDHHS) strongly recommends the completion of a recognized nurse's aide training course by each worker.

Adult Day Service providers must develop in-service training plans for personal care workers that include the following topics in addition to those required under the general operating standards:

- Safety
- Sanitation
- Body mechanics
- Universal precautions
- Household management
- Food preparation, including safe/sanitary food handling procedures
- Identifying and reporting abuse and neglect

Basic Program Requirements

Personal Care (PC) services are limited to the provision of or assistance with ADLs and IADLs. ADLs for an individual with a demonstrated need include: eating/feeding; toileting; bathing; grooming; dressing; transferring; and ambulation.

PC services do not include medical services, services provided to persons other than the participant, or money management.

Personal Care Supervision (PCS) includes cueing, reminding, prompting, or directing with the following participant activities of eating, bathing, dressing, caring for personal hygiene, routine exercise, or other ADLs.

Participant Records

Participant records must contain documentation of PC/PCS work performed by each worker. The worker or the supervisor must sign this documentation.

Personnel

A qualified professional must supervise all staff performing PC activities and conduct at least two supervisory reviews per year with each worker. Documentation of supervisory reviews must include:

- Date of supervisory review
- Place of supervision
- Name of worker
- Skills/tasks observed and level of competence
- Signature of supervisor.

PC staff shall receive a minimum of two (2) in-service trainings per year. Staff shall be trained for each task to be performed. The supervisor shall approve tasks to be performed by each staff member.

Staff shall report any change in a participant's condition to their supervisor promptly.

Service Name	Dementia Adult Day Care
Service Number	C-2
Service Category	Community
Service Definition	Daytime care of any part of the day, but less than 24 hours care, for older persons with dementia provided through a structured program of social and rehabilitative and/or maintenance services in a supportive or group setting other than the participant's home. These standards are in addition to AASA Adult Day Services Standards.
Unit of Service	One hour.

MINIMUM STANDARDS

- The Dementia Adult Day Care (DADC) program shall be accessible. This means the center is to be located within a convenient distance of participant's homes. The DADC should provide or arrange for transportation, if possible. All drivers and vehicles shall be appropriately licensed and insured. Each program shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation. Drivers shall make every effort to provide physical assistance to persons requiring help in and out of vehicles and buildings and be trained to respond to medical emergencies.
- All DADC participants shall have a physical exam within six (6) months of program admission. Staff shall establish a care plan objective to work with families to obtain a current medical evaluation. The physician's written authorization and recommendations for activity participation, medication, and diet shall be obtained within one (1) month of entering DADC.
- The program shall demonstrate evidence of outreach services to non-enrolled families through home visits, follow-up phone calls and dissemination of printed materials that clearly describe services provided by the program.
- The program shall demonstrate evidence of providing opportunities for caregivers to discuss concerns, feelings, physical care, and stress management techniques via case consultation, care conferences, or supportive counseling.
- The program shall demonstrate evidence of providing caregiver information and education about dementia or to assist caregivers in obtaining it through referral to local self-help agencies, or dementia resource libraries regarding:
 - Diagnosis, stages/progression of dementia conditions, aspects of Alzheimer's disease that lead to forgetfulness, misperceptions, or misidentification of objects or people.
 - Task breakdown, verbal/nonverbal communication approaches and emphasis upon areas of strength, and remaining capacity.

- Financial, legal, and placement planning considerations.
- The program shall demonstrate awareness of and referral to other support services as needed, such as family support groups of the Alzheimer’s Association, Parkinson’s, and Huntington’s Disease Foundations; in-home, congregate and overnight respite; home- based nursing and personal care services; benefit entitlement programs; and brain autopsy services.
- The program shall have clear provisions for ensuring the availability of crisis response services for persons with dementia and their families. If this service is not provided directly by the host agency, there is evidence of a formal arrangement with the local community mental health board or center to provide the services.

Availability of crisis services includes the capacity for the program to address situations such as:

- Illness or death of the primary caregiver
 - Suicidal ideation of the caregiver or person with dementia
 - Abusive behavior of the person with dementia or caregiver; neglect or exploitation as defined by the Michigan Department of Human Services
 - Adverse incident during the delivery of service
- DADC program staff shall be trained in crisis procedures.

Staff shall notify the program supervisor of any physical or behavioral changes in a program participant or caregiver that may warrant further evaluation or medical attention. Staff shall advise the caregiver to seek professional consultation or medical attention for the identified concern.

- The DADC program shall have a policy to address potential wait lists. The program supervisor is responsible for monitoring service usage on a weekly basis and contacting families bi-monthly that may be on a wait list, to apprise them of their status. The program shall demonstrate efforts to provide case consultation to such families to assist caregivers in developing a provisional plan of care and refer them to other appropriate services, as available. Participant and family preferences shall be given consideration in scheduling respite services.
- The DADC program should have established admission criteria, which includes the following:
 - Person with a diagnosis of Alzheimer’s disease or other type of dementia. Other persons who display symptoms of dementia yet have not undergone a diagnostic evaluation may be considered for admission with the provision that written confirmation of diagnosis by a physician shall be obtained within 90 days of admission. Persons with dementia shall constitute the majority of participants.
 - Persons demonstrating significant impairments in cognition, communication, and personal care activities of daily living that may require one or more of the

following:

- Modifications in environmental cues, communication approach and task breakdown to enhance comprehension and participation in identified activities.
- Supervision to maintain personal safety.
- Hands-on assistance to perform activities of toileting, grooming, hygiene, and bathing.
- Person is responsive to redirection and other supportive verbal interventions when angry, anxious, lost, or upset.
- Person does not have acute medical illness.
- Person is free of communicable respiratory disease and hepatitis.
- Person's family understands and is willing to comply with program policies related to participation in service planning, communication of status changes, or planned absences, and payment of fees.
- The DADC program coordinator shall meet certain staffing requirements:
 - Each dementia respite program shall have a coordinator who possesses both formal education and prior work experience commensurate with the responsibilities of program development and operation; supervision and training of staff; interagency relations; coordination and maintenance of all appropriate administrative, program and participant records. He or she shall be responsible for assuring that full-time coverage is provided during hours of program operation.
 - The program coordinator shall ensure that individual and group supervision is provided at regularly scheduled intervals.
 - A person who has a minimum, a bachelor's degree in health or human services, gerontology or related field, shall supervise all dementia respite program personnel.
 - Inexperience personnel shall complete dementia care training prior to being scheduled to work with participants.
 - All program personnel shall be knowledgeable about Alzheimer's disease and other related dementias and demonstrate the ability to communicate effectively with people who have dementia.
- The DADC program shall meet the following requirements:
 - Use a mixture of both structured and unstructured 1:1 and small group activities that stimulate multiple senses, reminisce, and draw upon remaining capacities.
 - Tailor activities to the functional and cognitive level of individual participants.
 - Provide a supportive environment which reduces the level of participant anxiety, inactivity, and promotes a sense of personhood and identity.
- The program shall arrange to use program consultants, as necessary, such as medical and mental health professionals, environmental specialists, and other therapists. DADC programs shall work toward developing the following as necessary:
 - RN (or LPN under RN supervision) to provide physical health and support services

- for a minimum of four hours/month.
 - Social worker or certified counselor to coordinate and provide counseling and linkage for a minimum of four hours/month.
 - Arrangements to access cognitive and psychiatric specialists to evaluate difficult behaviors and to develop alternative interventions for caregivers to try.
 - Arrangements to access physical, speech, and occupational therapies.
- The DADC programs shall have a minimum staff/volunteer/student participant ratio of 1:3. At least one staff shall always be on site when participants are in attendance.
- All persons responsible for transporting participants shall have a valid driver's license or chauffeur's license, as required by the Michigan Secretary of State; a safe driving record with not more than three points; and training with valid certification in first aid and CPR.
- All DADC programs shall have a formal staff development program.
 - All staff shall complete an initial training program that includes content in the following areas:
 - Normal aging vs. Alzheimer's disease and related conditions
 - Impact of Alzheimer's disease and related disorders upon the person with dementia and family caregivers
 - Communication enhancement techniques
 - Assessment and management of difficult behaviors
 - Physical care techniques related to activities of daily living
 - Emergency response procedures
 - Access to assessment, caregiver information and education
 - Access to information and referral to other community services
 - Therapeutic 1:1 and small group activities
 - Environmental modification and home safety
 - Adult protective services law
 - Recipient rights
 - All personal shall attend, at a minimum, two (2) in-service training programs per year after completing the initial training program above.
 - All personnel shall be required to participate in staff meetings, individual and group supervisory conferences, as scheduled, to develop their knowledge and expertise.
- All DADC program shall have specific training for volunteers and students:
 - This training should include:
 - Normal aging vs. Alzheimer's disease and related conditions
 - Impact of Alzheimer's disease and related disorders upon the person with dementia and family caregivers
 - Communication enhancement techniques
 - Assessment and management of difficult behaviors
 - Physical care techniques related to activities of daily living
 - Emergency response procedures (e.g., first aid, arranging for EMS)

- Assessment, caregiver information and education
- Information and referral to other community services
- Therapeutic 1:1 and small group activities
- Environmental modification and home safety
- Adult protective services law
- Recipient rights

Service Name	Evidence-Based Disease Prevention/Health Promotion Programs
Service Number	C-6
Service Category	Community
Service Definition	<p>A service program that provides information and support to older individuals with the intent to assist them in avoiding illness and improving health status.</p> <p>Allowable programs include:</p> <ul style="list-style-type: none"> • Caregiver Education • Health Risk Assessments • Health Promotion Programs • Physical fitness, group exercise, music, art, dance movement therapy; programs for multi-generational participation • Medication management, screening, and education to prevent incorrect medication and adverse drug reactions • Mental Health Screening Programs • Education programs pertaining to the use of Preventive Health Services covered under Title XVIII of the Social Security Act • Information programs concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions
Unit of Service	One activity session or hour of related service provision, as appropriate.

MINIMUM STANDARDS

- Each program shall utilize staff with specific training and/or experience in the particular service are(s) being provided. Continuing education of staff in specific service areas is encouraged.
- Each program, in targeting services, shall give priority to geographic areas which are medically underserved and in which there are a significant number of older individuals who have the greatest economic need for such services.
- Each program is encouraged to facilitate and utilize a regional health coalition to plan for and implement services. Members of the regional health coalition should include one or more members of the Michigan Primary Care Association and other agencies such as:

local public health departments; community mental health boards; cooperative extension agents; local aging service providers; local health practitioners; local hospitals; and local MMAP providers.

- Disease prevention and health promotion services should be provided at locations and in facilities convenient to older participants.
- Only evidence-based programs meeting the highest criteria (tier 3 as defined by the Administration on Aging) will be considered for funding. An approved program list can be found at www.aaa.1b.org, <https://www.ncoa.org/wp-content/uploads/Title-IIID-Highest-Tier-EBPs-January-2019.pdf>, or contact the AAA 1-B program manager.

Service Name	Assistance for Grandparents Raising Grandchildren
Service Number	C-19
Service Category	Community
Service Definition	Developing or providing service, informational materials, and/or training targeted to support, educate, or assist grandparents raising grandchildren.
Unit of Service	Each hour of support services provided, or each activity session, as appropriate.

MINIMUM STANDARDS

- Programs must be targeted to grandparents and/or other family caregivers age 55 years of age and older.
- Agencies shall comply with NAPIS reporting requirements which include capturing and reporting required caregiver data.
- If providing respite services, each program shall conduct an evaluation of the caregiving situation to ensure that the skills and training of the respite care worker to be assigned coincides with the situation. The program may utilize volunteer careworkers.
- Each program must develop and maintain procedures to protect the safety and wellbeing of the children being served by the program.
- An emergency notification plan shall be developed for each care recipient and respective caregiver.
- Supervision must always be available to program staff.
- Priority will be given to programs that achieve maximum geographic coverage in Region 1-B.
- Development of counseling services or support groups must not duplicate existing community programs.
- Informational materials must be available for duplication and distribution throughout Region 1-B when appropriate and at the discretion of the Area Agency on Aging 1-B (AAA 1-B). Any materials may be reproduced by the AAA 1-B at any time.
- Programs must coordinate with legal services, probate courts, school districts, the Michigan Department of Health and Human Services (MDHHS), and other relevant community agencies, as appropriate.

- For programs that do not focus on providing service directly to participants (i.e., development of informational materials), the section on Program Implementation (i.e., participant intake, and service delivery) of the application need not be completed.

Service Name	Assistance to the Hearing Impaired and Deaf Community
Service Number	C-8
Service Category	Community
Service Definition	Provision of assistance to older persons with hearing impairments or who are deaf, to enable them to better compensate for these losses in daily life. Allowable activities include: education/training relative to community services for rights and benefits of hearing impaired and deaf persons; assistance in obtaining benefits and services; training in techniques for adjusting lifestyle and living arrangements in response to hearing impairments and deafness; and community education on hearing impairments, and deafness, and prevention.
Unit of Service	One hour of allowable support activities or each community education session.

MINIMUM STANDARDS

- Each program shall have staff who are fluent in American Sign language and other communication modes suitable to the deaf and hearing impaired.
- Each program shall establish linkages with other local and state-wide programs offering services to the hearing impaired and have knowledge of the deaf community culture.
- Each program shall make services available throughout the geographic target area. Service providers must identify sites where services will be delivered and develop a schedule for site-specific service delivery.

Service Name	Legal Assistance
Service Number	C-10
Service Category	Community
Service Definition	Provision of legal assistance through cases, projects, community collaborations and other services that provide the most impact whether for an individual participant or group of older adults. Such assistance may be provided by an attorney, paralegal, or student under the supervision of an attorney. Legal Services is priority service under the Older Americans Act (OAA).
Allowable Service Components	<p>Intake. The initial interview to collect demographic data and identification of the participant’s legal difficulties and questions.</p> <p>Advice and Counsel. Where the participant is offered an informed opinion, possible course of action, and clarifications of his/her rights under the law.</p> <p>Referral. If a legal assistance program is unable to assist a participant with the course of action that he/she wishes to take, an appropriate referral should be made as available. Referral may also be necessary when the individual’s need is outside of program priorities or can be more appropriately addressed by another legal entity.</p> <p>Representation. If the participant’s problem requires more than advice and counsel and the case is not referred to another entity, the legal assistance program may represent the person to achieve a solution to the legal problem. Representation may include legal research, negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or courts of law, and legal appeals where appropriate.</p>

<p>Allowable Service Components (cont.)</p>	<p>Legal Research. The gathering of information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve an individual’s legal problems. This information is used to assist legal assistance programs in case work, participant impact work, and program and policy development.</p> <p>Preparation of Legal Documents. Documents such as contracts, wills, powers of attorney, leases, or other documents maybe prepared and executed by legal assistance programs.</p> <p>Negotiation. Within the rules of professional responsibility, program staff may contact other persons concerned with the participant’s legal program to clarify factual or legal contentions and possibly reach an agreement to settle legal claims or obtain services and supports.</p> <p>Legal Education. Legal assistance program staff may prepare and present programs to inform older adults of their rights, the legal system, and possible courses of legal action.</p> <p>Community Collaboration and Planning. Legal assistance programs should participate in activities that impact elder rights, advocacy efforts for older adults, such as policy development, program development, planning and integration activities, targeting and prioritizing activities, and community collaborative efforts.</p>
<p>Units of Service</p>	<p>Provision of one hour of an allowable service component.</p>

Each Area Agency on Aging (AAA) should contract with the legal assistance program with the capacity to perform the full range of allowable service components that is best able to serve the legal needs of the community given the resources available. AAAs can contract with Legal Services Corporations (LSC) grantees non-LSC non-profit legal programs, private attorneys, law school clinics, legal hotlines, or other low-cost legal services delivery systems. It is a conflict of interest for any AAA to have in-house counsel serve as the Title IIIB legal services provider.

MINIMUM STANDARDS

- Each legal assistance program shall have an established system for targeting and serving older adults in greatest social and economic need within the OAA defined program

target areas of income, health care, long term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and discrimination. Each program shall complete and re-evaluate annually a program priority report and plan for targeting services to the most socially and economically vulnerable. This report shall be provided to the AAA and the Michigan Aging and Adult Services Agency (AASA).

- Each legal assistance program shall work to develop outcome measures to reflect the impact of legal services intervention on individual participants and older adults in the greatest social and economic need in the service area. These outcomes shall be used for program development.
- Services may be provided by an attorney licensed to practice law in the State of Michigan or a paralegal or student under the supervision and guidance of an attorney licensed to practice law in the State of Michigan.
- Legal assistance programs may engage in and support participant impact work, including but not limited to class action suits where a large group of older adults are affected by a legal inequity. For participant impact work, programs are encouraged to utilize technical assistance resources such as the Michigan Poverty Law Program (MPLP).
- Each legal assistance program shall demonstrate coordination with local long-term care advocacy programs, aging services programs, Aging and Disability Resource Centers (ADRCs), elder abuse prevention programs and service planning efforts operating within the project area.
- When a legal assistance program identifies issues affecting participants that may be remedied by legislative action, such issues shall be brought to the attention of the AAA, AASA, MPLP and other programs offering technical assistance to legal providers.
- Each legal assistance program shall provide assurance that it operates in compliance with the OAA, as set forth in 45 CFR Section 1321.71.
- As part of an integrated legal services delivery system, each legal assistance program that is not part of a Legal Services Corporation (LSC) project grantee shall have a system to coordinate its services with the existing LSC projects in the planning and service to concentrate the use of funds provided under this definition to individuals with the greatest social and economic need. Each program shall also coordinate with the Legal Hotline for Michigan Seniors (LHMS) and the Counsel and Advocacy Law Line (CALL). Where feasible, each program should also coordinate with other low-cost legal service delivery mechanisms, the private bar, law schools, and community programs in the service area to develop the targeting and program priority plan.
- Each program shall make reasonable efforts to maintain existing levels of legal assistance for older individuals being furnished with funds from sources other than Title III-B of the OAA.
- A legal assistance program may not be required to reveal any information that is protected by attorney/participant privilege. Each program shall make available non-privileged, non-confidential, and unprotected information which will enable the AAA 1-B

to perform monitoring of the provider's performance, under contract, regarding these operating standards.

- Each legal assistance program should participate in statewide and local legal service planning groups including MPLP's Elder Law Task Force. Each legal assistance program is expected to participate in at least two (2) Task Force meetings per year. Participation by conference call/webinar is acceptable.
- Each legal assistance program should participate in elder law training and technical assistance activities.
- Each legal assistance program shall report program data through the Legal Services Information System (LSI) application of AASA's Aging Information System (AIS). Legal assistance programs will submit/post data in the LSI quarterly. Data shall be submitted no later than 30 days after the end of the quarter. The AAA 1-B will utilize the LSI to retrieve needed legal services program data and will consult with AASA prior to requiring additional reports or data from the legal program. The requirement for legal assistance programs to report data through the LSI shall be included in the AAA 1-B legal assistance program contracts.
- Legal Assistance programs must have the capacity to serve older adults in their homes, if necessary. Note: Some in-home service standards may apply.
- Legal Assistance programs are required to document efforts to create cooperative working relationships with the local bar association and other professional attorney groups, to maximize coordination and use of resources.
- Programs are prohibited from use of AAA 1-B funds to provide legal service to an agency.

Service Name	Long Term Care Ombudsman/Advocacy
Service Number	C-11
Service Category	Community
Service Definition	<p>Provision of assistance and advocacy services to residents of long-term care facilities to resolve complains through problem identification and definition, education regarding rights, provision of information on appropriate rules, and referrals to appropriate community resources. The service also involves assistance to prospective long-term care facility residents and their families regarding placement, financing, and other long-term care options. Identification and sharing of best practices in long term care service delivery, with an emphasis on promotion of culture change, is also part of the service. Each program must provide the following elements:</p> <p>Consultation/Family Support. Provision of assistance to older adults and their families in understanding, identifying, locating, evaluating, and/or obtaining long term care services.</p> <p>Complaint Investigation/Advocacy. Receipt, investigation, verification, and attempted resolution of individual complaints from residents or others acting on their behalf regarding any action which may adversely affect the health, safety, welfare and rights of a long-term care facility resident. Complain resolution processes include negotiation, mediation and conflict resolution skills. This component also includes activities related to identifying obstacles and deficiencies in long term care delivery systems and developing recommendations for addressing identified problems.</p> <p>Non-Complaint Related Facility Visits. Quarterly visits to each long-term care facility in the project area. More frequent visits may occur where problems exist.</p> <p>Community Education. Provision of information to the public including long term care facility residents, regarding all aspects of the long-term care system elder abuse, neglect and exploitation. This component includes formal presentations, licensed facility and agency consultation, activities with the print and electronic media development of consumer information materials.</p>

	Volunteer Support. Conduct of recruitment, training, supervision, and ongoing support activities related to volunteer advocates assigned to assist residents of identified long term care facilities.
Unit of Service	Each hour of family support, complaint investigation/advocacy, community education, or volunteer support activities, including travel time to and from long term care facilities.

MINIMUM STANDARDS

- Each program shall be capable of providing assistance to residents of each long-term care facility in the service target area.
- Each entity desiring to operate a local ombudsman program shall be designated by the State Long Term Care Ombudsman (SLTCO) to provide services in the State of Michigan. Individuals employed by local Ombudsman providers must be certified as local ombudsman by the SLTCO.
- Each designated local ombudsman program will adhere to program directions, instructions, guidelines, and Ombudsman reporting requirements issued by the SLTCO in the following areas:
 - Recruiting; interviewing and selection; initial training; apprenticeship and assessment of job readiness; and credentialing of new local ombudsman staff and ombudsman volunteers
 - Ongoing education, professional development, performance evaluation, as related to the annual certification and designation process
 - Assignment to workgroups, task forces, special projects, meetings, both internal and external
 - Conduct of local ombudsman work and activities
 - Attendance at training/professional development events, staff meetings, quarterly training sessions and other educational events, or attendance as a presenter, as necessary
 - Implementation and operation of the ombudsman volunteer program
- Each program shall maintain the confidentiality of participant identity and participant records in accordance with policies issued by SLTCO.
- Each program shall establish linkage with Legal Assistance and Medicare/Medicaid Assistance Programs (MMAP) operating in the project service area and be able to assist participants in gaining access to available services, as necessary.
- Each program shall maintain working relationships with AASA-fund Care Management and Michigan Department of Community Health HCBS/ED Waiver projects operating in the project service area.
- Each program shall work to prevent elder abuse, neglect and exploitation by conducting professional/paraprofessional training, community outreach, public education, case consultation, and/or interdisciplinary teams shall be implemented through a coordinated, interagency approach.
- Each program shall participate in coordinated, collaborative approaches to prevent elder

abuse, neglect and exploitation which shall include the participation of, at a minimum, adult protective services staff of local Department of Health and Human Services, long-term care ombudsman/advocacy programs, and legal assistance programs operating in the project service area.

- Each program shall develop and maintain, for the purposes of coordination, relationships with state and local law enforcement agencies and courts of competent jurisdiction.
- Each program shall develop and maintain an effective working relationship with the local nursing home closure team for their area as designated by the MDHHS.
- Each program shall be able to demonstrate working relationships with local offices of the federal Department of Human Services, and local county public health agencies.
- Program staff shall be familiar with the complaint resolution processes of the Michigan Department of Health and Human Services; Bureau of Child and Adult Licensing; Michigan Peer Review Agency (MPRO); and the Michigan Office of the Attorney General's Health Care Fraud Unit.
- Program staff must receive training in the following areas: common characteristics, conditions and treatments of long-term care residents; long-term care facility operations; long-term care facility licensing and certification requirements; Titles XVIII and XIX of the Social Security Act; interviewing, investigating, mediation and negotiation skills; culture change; management of volunteer programs; and other areas as designated by the SLTCO.
- Each program shall operate in compliance with Long-Term Care Ombudsman program instructions, issued by the SLTCO, as required by federal and state authorizing legislation.
- Each program shall maintain a financial management system that fully and accurately tracks and accounts for the use of all funds received from AAA 1-B.
- Each program shall comply with Long-Term Care Ombudsman/Advocacy Operating Standards and SLTCO program policy standards.

Service Name	Prevention of Elder Abuse, Neglect and Exploitation (PEANE)
Service Number	C-15
Service Category	Community
Service Definition	Activities to develop, strengthen, and carry out programs for the prevention and treatment of elder abuse, neglect, and exploitation.
Unit of Service	One hour of contact with agencies to develop coordinated, comprehensive services for the target population. In addition to contact with other aging subcontract agencies, elder abuse subcontract agencies shall count contact with the Department of Health and Human Services Adult Protective Services, law enforcement, health care professionals, community mental health, and other relevant service entities when the reason for the contact is to meet the above service definition.

MINIMUM STANDARDS

- Professional/paraprofessional training, community outreach, public education, case consultation, and/or interdisciplinary teams shall be implemented through a coordinated, interagency approach.
- The coordinated, comprehensive approaches to prevent elder abuse, neglect, and exploitation shall include the participation of, at a minimum, adult protective services staff of local Department of Human Services, long term care ombudsman/advocacy programs, and legal assistance programs operating in the service area.

Service Name	Volunteer Caregiver
Service Category	Community/In-Home
Service Definition	Recruitment, matching and management of volunteers with older adults in need of companionship, assistance, or transportation to relieve the primary caregiver. The provision of volunteer in-home respite in the absence of or to relieve the primary caregiver shall include: companionship, supervision and assistance with instrumental activities of daily living such as light homemaking, light chores, errand running, meal preparation, and other tasks the participant may have difficulty performing or be unable to perform without assistance. No hands-on care (i.e., bathing, toileting) shall be provided by volunteers.
Unit of Service	One hour of direct participant services.

MINIMUM STANDARDS

- The Volunteer Caregiver service is intended to provide respite to caregivers of older adults. All older adults enrolled in this service must also have a caregiver (i.e. family member, friend, neighbor, etc.) who is aware of and benefiting from the Volunteer Caregiver service.
- Programs must be governed and supported by representatives from faith-based and/or community agencies. Programs must be separately incorporated and independent with a 501 (c)(3) status.
- Units of service shall be allocated to direct service for the caregiver and must be reported on the AAA 1-B Quarterly Participant Unit Report - All Services. These units allocated to direct service for the caregiver will be reported into NAPIS.
- Contractors shall comply with NAPIS reporting requirements which include capturing and reporting required caregiver data.
- Contractors are required to also capture and provide care receiver data, and to submit this information on the AAA 1-B Quarterly Care Receiver Participant Report.
- Programs must maintain a policy which assures that individuals of all religious denominations or affiliation, and those without religious affiliations, can be served.
- Programs must maintain a policy which requires volunteers to agree in writing, not to solicit nor accept monetary contribution from program participants and/or caregivers for their own use; nor attempt the sale of any type of merchandise or service to program participants and/or caregivers; and agree not to seek or encourage the acceptance on the part of participant and/or caregiver of any particular belief or philosophy.
- Programs must employ a paid coordinator with the overall responsibility for program management, volunteer recruitment, screening, orientation, training, and matching volunteers with older persons and/or older caregivers in need. See below for additional staffing requirements for volunteer respite.
- All programs must place a high priority on the provision and expansion of in-home volunteer respite service.

- Programs must have a written plan that guides the ongoing recruitment of volunteers from religious congregations and the general community.
- Programs must develop and document a volunteer orientation that includes at a minimum, a review of interpersonal communication skills and techniques, accessing community-based resources, universal precautions, and emergency procedures.
- Programs must conduct an on-site evaluation (assessment for volunteer respite) of the participant's situation (and screening of prospective volunteers) to ensure that the skills and training of the volunteer are appropriate for the participant's needs. The plan must include a record of the individuals requesting service, volunteers recruited to assist, placements made, and hours and type of volunteer service provided. See below for additional assessment requirements for volunteer respite participants. Exceptions are allowed in situations of immediate need, such as for transportation assistance.
- Programs must have a written procedure for requesting, encouraging, and accepting donations from participants.
- Programs must plan to serve a broad geographic area.
- Programs shall participate in a region-wide coalition of volunteer programs assisting older adults and caregivers, to avoid duplication, maximize the potential for coordinated program development, expansion, volunteer recruitment, training, and appropriate referrals of both participants and volunteers.

IN-HOME VOLUNTEER RESPITE SERVICE

- **In addition to the above requirements**, the provision of In-home Volunteer Respite Service shall include the following:
 - Programs must employ a professionally qualified individual who directly supervises volunteers providing respite.

Note: *The AAA 1-B interprets "professionally qualified" to mean an individual with a minimum of two (2) years of college in nursing, social work, public health, or a related field; or an individual with at least two (2) years supervisory experience in nursing, social work, public health, or a related field.*

- Supervision must always be available to program volunteers (via phone or pager) while in the participant's home.
- Supervision shall not be used as a replacement for emergency procedures that must be in place and used by all volunteers if necessary.
- Programs must use the AAA 1-B specialized training program for training respite volunteers which minimally includes CPR/choking (optional), empathy training, understanding caregiver stress, dealing with dementia, and operation of wheelchairs.
- Programs must use the approved AAA 1-B caregiver and care receiver assessment tool to determine if participants are appropriate for volunteer respite.

- An initial assessment is not required for individuals referred by a personal care, home health aide, care management or in-home respite basic care agency provided the assessment was conducted within the past 90 days. A copy of the assessment must be provided to the volunteer respite program as well as a recommendation of the volunteer respite care services needed by the participant.
- A re-assessment (in person or via telephone) shall be conducted minimally every 180 days or if the volunteer caregiver reports significant changes in a participant's condition.
- Programs shall not assist participants, in any way, in preparing, reminding, or taking prescription or non-prescription medications.
- Programs must develop an emergency plan for each participant, in conjunction with the primary caregiver, which must always be available to the volunteer respite caregiver. The plan shall include a minimum of two emergency contact names and phone numbers and information on hospital of choice.

NUTRITION SERVICE STANDARDS

AAA 1-B Board Approved Nutrition Allocation Formula

This current formula uses the 2010 census data, and is based on the following factors and weights:

Factor	Weight
Population of individuals age 60+	1.00
Population of individuals whose income is below 150% of poverty	1.00
Population of individuals who are members of a racial or ethnic minority	.50

Using population factors and weight of each factor, nutrition funding allocated to each of the six counties served by AAA 1-B is as follows. For example, Livingston County is allocated 5.52% of nutrition services funding.

County	Funding Allocation
Livingston	5.52%
Macomb	30.65%
Monroe	5.24%
Oakland	42.85%
St. Clair	6.12%
Washtenaw	9.62%
Total	100.00%

Explanation of formula computations

The formula provides for a 15% base to be applied against the total available funds and divided equally between the six counties in the Region. The balance of the total available funds is then allocated to each county, according to its formula-weighted percent. Should multiple contractors within a county be funded by the AAA 1-B Board of Directors, the county allocation will be distributed to those contractors on the basis of the formula weights and factors, using census data for the geographic areas served or under separate contract by funding that is reprogrammed to meet the needs of targeted populations as approved in the Annual Implementation Plan (AIP) in conjunction with community focal points. When a separate contract is awarded, these funds shall be allocated in proportion to the number of participants and meals in the defined service area by adjusting or reallocating funds within the same geographic serving area for the targeted population; and may not exceed the negotiated unit rate for the serving area reduced. Funds awarded by formula may be reprogrammed where there is not an agreement in place to serve a targeted population as determined during the contract negotiation.

Additionally, a new funding grant award for one or more nutrition contractors may be allocated from carryover funds or by funds reprogrammed as outlined in the AAA 1-B fiscal policy for reprogramming. This shall only be done in cases where under serving of the nutrition program contract has been determined through programmatic review and/or the contract negotiation process or from reprogrammed/additional funds approved to assist with a reduction in the waitlist for nutrition services.

Nutrition Formula Computations

<u>Factor</u>	<u>Weight</u>	<u>X</u>	<u>Region 1-B Population</u>	=	<u>Weighted Population</u>	<u>Region 1-B Weighted Percentages</u>
60+	1.00	X	546,532	=	546,532	84.33%
150% of Poverty	1.00	X	73,432	=	73,432	11.33%
Minority Group	.50	X	56,272	=	<u>28,136</u>	<u>4.34%</u>
					648,100	100.00%

Percent of Region 1-B population by county

<u>County</u>	<u>60+</u>	<u>150% Poverty</u>	<u>Minority</u>
Livingston	32,398 5.93%	3,130 4.26%	260 .92%
Macomb	167,509 30.65%	25,708 35.01%	5,345 19.00%
Monroe	29,401 5.38%	4,127 5.62%	405 1.44%
Oakland	230,825 42.23%	29,202 39.77%	17,715 62.96%
St. Clair	33,741 6.17%	5,433 7.40%	522 1.86%
Washtenaw	52,658 9.63%	5,832 7.94%	3,889 13.82%
Total	546,532	73,432	28,136

Region 1-B Weighted Percentages x County Percentages

County	60+	150% Poverty	Minority	Weighted %
Livingston	84.33%	11.33%	4.34%	
	<u>x 5.93%</u>	<u>x 4.26%</u>	<u>x .92%</u>	
	5.000769	.482658	.039928	5.52%
Macomb	84.33%	11.33%	4.34%	
	<u>x 30.65%</u>	<u>x 35.01%</u>	<u>x 19.00%</u>	
	25.847145	3.966633	.8246	30.65%
Monroe	84.33%	11.33%	4.34%	
	<u>x 5.38%</u>	<u>x 5.62%</u>	<u>x 1.44%</u>	
	4.536954	.636746	.062496	5.24%
Oakland ¹	84.33%	11.33%	4.34%	
	<u>x 42.23%</u>	<u>x 39.77%</u>	<u>x 62.96%</u>	
	35.612559	4.505941	2.732464	42.85%
St. Clair	84.33%	11.33%	4.34%	
	<u>x 6.17%</u>	<u>x 7.40%</u>	<u>x 1.86%</u>	
	5.203161	.83842	.080724	6.12%
Washtenaw	84.33%	11.33%	4.34%	
	<u>x 9.63%</u>	<u>x 7.94%</u>	<u>x 13.82%</u>	
	8.120979	.899602	.599788	9.62%
				<u>100%</u>

¹Adjustment will be made for Oakland County by municipality, pending release of minority specific data by municipality

GENERAL REQUIREMENTS FOR NUTRITION PROGRAMS

This section contains the minimum standards and requirements for nutrition programs for the FY 2020-FY2022 contract cycle, representing the period between October 1, 2019 and September 30, 2022.

Meals

On 5 or more days a week (except in a rural area where such frequency is not feasible, as approved by AASA) at least 1 meal per day, may consist of hot, cold, frozen, fresh, shelf stable foods; and any additional meals as approved by the Area Agency on Aging 1-B (AAA 1-B) based on the needs of meal participants.

- Person Centered Planning (PCP): Person Centered Planning involves participant choice. Participants in these programs can participate in both home delivered and congregate programs at the same time. Proper documentation must be kept as to the home delivered meal (HDM) schedule and the congregate schedule. A policy shall be established by the nutrition provider and approved by the AAA 1-B regarding participants who may be in both programs.
- Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not simply served. Choices should be offered as often as possible. This extends to home-delivered meal participants also.

Menu Development and Nutrient Analysis Guidelines

MDHHS and AASA encourage nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders. Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions. Menu development should include at a minimum:

- Use of written or electronic, standardized recipes
- Cycle menus are required for cost containment and/or convenience
- Menus for at least 3 months are to be submitted to AAA 1-B for review/approval process following the submission process outlined below

Submission Dates: Quarterly submissions

September 1: October, November, December menus

December 1: January, February, March menus

March 1: April, May, June menus

June 1: July, August, September menus

- If contractors utilize subcontractors as meal providers, the subcontractor must follow the same menu as the contractor. If the subcontractor chooses to utilize their own menu, the menu must be approved by a contractual Registered Dietitian and submitted to AAA 1-B for approval.
- Provision for review and approval of all menus by the regional dietitian who must be a registered dietitian, an individual who is dietitian-registration eligible or a Registered Dietetic Tech (DTR).
- The menu to be served must be posted in a conspicuous place at each meal site and at each place the food is prepared. The program must be able to provide information on the nutrition content, food allergen content, and 1/3 of the DRI nutrients of menus upon request.
- Each meal served must meet the current United States Department of Agriculture/Health and Human Services Dietary Guidelines and at a minimum, must contain 33 1/3 percent of the current Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the National Academy of Science-National Research Council.
- Meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered, and if three meals are served, meal components with 100% of the DRI must be offered.
- Modified diet menus may be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences.
- A record of the menu actually served each day shall be maintained for each fiscal year's operation.
- Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, AAA 1-B, a participant, or a participant's family member or medical provider. All nutrition providers should purchase or have access to electronic nutrient analysis. Program cost is not to exceed \$1,000 of federal or state funds. Local funds may be used if purchase exceeds \$1,000. Nutrient analysis does not have to be listed on the menu.

Michigan Food Code

The nutrition program must operate according to current provisions of the *Michigan Food Code*. Minimum food safety standards are established by the respective local health department. Each program must have a copy of the Michigan Food Code available for reference. Programs are encouraged to monitor food safety alerts pertaining to older adults.

Each program, which operates a kitchen for food production, shall have at least one key staff person (manager, cook or lead food handler) complete a Food Service Manager Certification Training Program that has been approved by the Michigan Department of Agriculture. A trained and certified staff member is preferred, but not required, at satellite serving and packing sites. Please refer to your local Health Department for local regulations on this requirement.

The time period between preparation of food and the beginning of serving shall be as minimal as feasible. Food shall be prepared, held and served at safe temperatures.

Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department.

The safety of food after it has been served to a participant and when it has been removed from the meal site, or left in the control of a homebound participant, is the responsibility of that participant.

Purchased Foodstuffs

The program must purchase foodstuff from commercial sources which comply with the Michigan Food Code. Unacceptable purchased items include home canned or preserved foods, foods cooked or prepared in an individual's home kitchen (this includes those covered under the Cottage Food Law), meat from any animal not killed by a licensed facility, any wild game taken by hunters, fresh or frozen fish donated by sport fishers, raw seafood or eggs, and any unpasteurized products (i.e., dairy, juices and honey).

Contributed Foodstuffs

The program may use contributed foodstuff only when they meet the same standards of quality, sanitation and safety as apply to foodstuffs purchased from commercial sources. Acceptable contributed foodstuffs include fresh fruits and vegetables, wild game from a licensed processor. A list of licensed processors can be found on the Michigan Department of Agriculture and Rural Development website.

Standard Portions

Each program shall use standardized portion control procedures to ensure that each meal served is uniform. Standard portions may be altered at the request of a participant for less than the standard serving of an item or if a participant refuses an item. Less than standard portions shall not be served to "stretch" available food to serve additional persons.

Food Cost

Each program shall implement procedures designed to minimize waste of food (leftovers/uneaten meals).

Food Cost and Inventory

Each program shall use an adequate food cost and inventory system at each food preparation facility. The inventory control shall be based on the first-in/first-out (FIFO) method and conform to generally accepted accounting principles (GAAP). The system shall be able to provide daily food costs, inventory control records, and monthly compilation of daily food costs.

For programs operating under a unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have to be considered. Each program shall be able to calculate the component costs of each meal provided according to the following categories:

- Raw Food: All costs of acquiring foodstuff to be used in the program.
- Labor - Food Service Operations: All expenditures for salaries and wages, including valuation of volunteer hours, for personnel involved in food preparation, cooking, delivery, serving, and cleaning of meal sites, equipment and kitchens.
- Labor – Project Manager: All expenses for salary wages for persons involved in project management.
- Equipment: All expenditures for purchase and maintenance of items with a useful life of more than one year or with an acquisition cost of greater than \$5,000.
- Supplies: All expenditures for items with a useful life of less than one year and an acquisition cost of less than \$5,000.
- Utilities: All expenditures for gas, electricity, water, sewer, waste disposal, etc.
- Other: Expenditures for all other items that do not belong in any of the above categories (e.g. rent, insurance, fuel etc.) to be identified and itemized. Where a provider operates more than one meal/feeding program (congregate, HDM, waiver, catering, etc.), costs shall be accurately distributed among the respective meal programs. Only costs directly related to a specific program shall be charged to that program. See the Nutrition Budget Instructions Section for AAA 1-B policy and program requirements.

Nutrition Education

Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to home delivered meal participants. Topics shall include, but are not limited to, food, nutrition, wellness issues, and food safety consumerism and health. At least once per year, the following topics must be covered in the monthly nutrition education. Educational material must come from reputable sources.

- How food choices affect chronic illness
- Food safety at home and when dining out
- Importance of making wise food choices at home and
- Emergency preparedness- what to have on hand

Nutrition Services Contractors

AAA 1-B may adjust the number of nutrition contractors to meet the needs of the AAA 1-B region.

Volunteers

Each meal program is encouraged to use volunteers, as feasible, in program operations. Background checks must be run on all volunteers. This includes persons who are delivering meals at a special event, fundraiser, or any other occasion whereas they would only be

delivering a few times.

National Aging Program Information System (NAPIS)

Each program shall develop and utilize a system for documenting meals served for purposes of NAPIS. Meals eligible to be included in NAPIS meal counts reported to the AAA 1-B are those served to eligible individuals, as described under respective program eligibility criteria, and which meet the specified nutritional requirements per meal.

The most acceptable of documenting meals is by obtaining signatures daily from participants receiving meals. Other acceptable methods may include, for example for home delivered meals, maintaining a daily or weekly route sheet signed by the driver which identifies the participant's name, address, and number of meals served to them each day. A separate sign-in sheet and/or column shall be used for each meal served with signatures required daily.

For reporting meals in NAPIS categories, include the type of meal provided: hot, cold, liquid, shelf stable, or emergency.

Intake Process

Each program shall use a uniform intake process and maintain a NAPIS registration for each program participant. The intake process shall be initiated within one week after an individual becomes active in the program.

Nutrition Services Incentive Program (NSIP)

The AAA 1-B and the nutrition program service providers are eligible to participate in the NSIP.

The purpose of the NSIP is to provide incentives to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The NSIP provides an allotment of cash to states for their nutrition programs based on the number of Title III-C meals served by the state that year, as reported in NAPIS.

The State of Michigan has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAA 1-B based on the number of NSIP-eligible meals served in the previous year in proportion to the total number of NSIP-eligible meals served by all AAAs as reported through NAPIS. NSIP cash may only be used for meals served to individuals through the congregate meal program or home delivered meals program and must be used to purchase foods of U.S. origin.

Meals counted for purposes of NSIP reporting are those served that meet the Title III-C requirements and:

- are served at a congregate or home delivered meal setting
- are served at an adult day care that is contracted to be a congregate meal site

Meals that do not count toward NSIP funding include:

- MI Choice Medicaid Waiver participants
- Adult day care meals for which Child and Adult Care Food Program (7CFR Part 226) funds have been claimed
- Meals funded by Title III E served to caregivers under age 60
- Meals served to individuals under age 60 who pay the full price for the meal
- Liquid meals unless the liquid supplement is offered as part of a full meal that meets the one-third Dietary Reference Intakes (DRI)

Product Liability Insurance

Each nutrition program shall carry product liability insurance sufficient to cover its operation. If the provider utilizes a subcontractor to prepare their meals, then product liability insurance must be submitted for the subcontractor to AAA 1-B.

Participant Donations

Each program, with input from program participants, shall establish a suggested donation amount that is to be posted at each meal site and provided to home delivered meal program participants. The program may establish a suggested donation scale based on income ranges, if approved by AAA 1-B. Volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate towards the cost of the meal received.

Program Income

Program income from participant donations must be used in accordance with the additive alternative, as described in the Code of Federal Regulations (CFR). Under this alternative, the income is used in addition to the grant funds awarded to the provider and used for the purposes and under the conditions of the contract. Use of program income is approved by AAA 1-B as a part of the budget process.

Recording and Depositing Donations

Each program shall have a written procedure in place for handling all donations which includes at a minimum:

- The method of solicitation for the donation is non-coercive
- No qualified person is turned away for not contributing
- The privacy of each person with respect to donations is protected
- Daily counting and recording of all receipts by two individuals
- Provisions for sealing, written acknowledgment, and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged
- Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter

Food Assistance Programs

Each program shall take steps to inform participants about local, state and federal food assistance programs and provide information and referral to assist the individual with obtaining benefits. When requested, programs shall assist participants in utilizing Supplemental Nutrition Assistance Program (SNAP, formerly known as “food stamps”) benefits as participant donations to the program.

Vitamins and Dietary Supplements

Programs shall not use funds from AASA to purchase vitamins or other dietary supplements.

In-Service Training

Staff and volunteers of each program shall receive in-service training at least twice each fiscal year which is specifically designed to increase their knowledge and understanding of the program and to improve their skills at tasks preformed in the provision of service. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

Participant Complaints

Participants complaints should be referred to the nutrition provider that hosts the site, or manages the home delivered meals program. Each nutrition provider shall have a written procedure handling complaint that includes notifying the AAA 1-B program manager of the complaint and the resolution of the complaint.

Emergency Plan

Nutrition providers shall work with AAA 1-B to develop a written emergency plan. The emergency plan shall include, but not be limited to uninterrupted delivery of meals to home delivered meals participants, including but not limited to use of family and friends, volunteers, and informal support systems. Also included in the emergency plan is/are:

- A back-up plan for food preparation if usual kitchen facility is unavailable. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors for the AAA 1-B nutrition provider.
- Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.
- Communications system to alert congregate and home delivered meals participants of changes in meal site/delivery.

A minimum of six (6) shelf-stable meals and instructions on how to use such meals must be part of the emergency plan for home delivered meals participants. Emergency shelf stable menus are approved through the AAA 1-B review process. Emergency shelf-stable meals are distributed to each new participant and are replaced as used within a reasonable time period. These meals must be documented on route sheets as a SHELF-STABLE meal when delivered and

reported in NAPIS as the same. If a participant is placed on a home delivered meal program wait list or assessed for food insecurity, an assessment must be done for to determine additional emergency meals needs. Every effort should be made to assure that emergency, shelf-stable meals meet the nutritional guidelines. Shelf stable meals must be individually packaged meals.

The emergency plan shall be reviewed and approved by AAA 1-B and then be submitted to AASA for review.

Any situations (emergency or non-emergency) that prevent the scheduled distribution of HDM or provision of congregate meals on established serving days must be reported to AASA and the AAA 1-B program manager by completing the Meal Cancellation Report which can be found on <https://www.osapartner.net/MealCancellation/MealCancels.aspx>. The cancellation report must be submitted to AAA 1-B program manager by 9:00 am on the date of the actual closure or before.

Agreements

A nutrition services provider may enter into an agreement with an agency operating a congregate and/or HDM site for that agency to receive NSIP funding for meals served to persons aged 60 and older, upon approval of AAA 1-B.

This agreement must be the AAA 1-B's standardized "Agreement for Receipt of Supplemental NSIP Cash Payment."

AASA MEAL PLANNING GUIDELINES

Menu Requirements

Menus should be created that meet the following criteria:

- Each meal shall provide, at a minimum, 1/3 of the DRI allowances established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.
- Meals may be presented hot, cold, frozen or shelf-stable and shall conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the AASA Nutrition Standards.
- Follow the five guidelines from the most current edition of the USDA Dietary Guidelines for Americans.
 - Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
 - Focus on variety, nutrient density, and amount. To meet nutrient needs with calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
 - Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
 - Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
 - Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide from home, to school to work to communities.
- Key recommendations from the DGA to consider when planning meals.
- Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.
 - A variety of vegetables from all the sub-groups: dark green, red, and orange, legumes (beans), and starchy
 - Fruits: fresh, whole, canned (light syrup), dried, 100% fruit juice
 - Grains, at least half of which are whole grains
 - Fat-free, or low-fat dairy, including milk yogurt, and cheese
 - A variety of protein foods, including seafood, lean meats, and poultry, eggs, legumes, nuts, and seeds
 - Oils
- Nutrient-dense meals shall be planned using preparation and delivery methods that preserve the nutritional value of foods
 - Consume less than 10% of calories per day from added sugars
 - Consume less than 10% of calories per day from saturated fats

- Consume less than 2300 grams of sodium per day (this may be averaged in your meal plans)
- The target for carbohydrate per meal is 75 grams. If the nutrition provider is following one of the suggested meal patterns from the Dietary Guidelines for Americans, listed below, the CHO grams should follow that pattern

Fresh Foods

Increase the use of 'scratch' cooking and use fewer convenience foods when possible.

Fruits and Vegetables

Increase the use of fresh or frozen fruits and vegetables, especially those high in potassium.

Style of Service

Use the approach of offering foods rather than simply serving food.

Vegetarian Meals

Meatless meals can be served as part of the menu cycle or as an optional menu choice based on participant preference, cultural and/or religious needs and should follow the AASA Meal Planning Guidelines to include a variety of flavors, textures, seasonings, colors, and food groups at the same meal.

- Plant sources include legumes (such as cooked dried beans) and protein sources from whole grains such as brown rice, whole wheat bread and pasta.
- Vegetarian meals are a good opportunity to provide variety, feature Michigan produce and highlight the many ethnic cultural or religious food traditions that use vegetables and grains in greater amounts at the center of the plate and in different combinations with fruits, vegetables, grains, herbs and spices for added flavor, calories, and key nutrients.

Breakfast Meals

Breakfast may include any combination of foods that meet the AASA Meal Planning Guidelines.

Menu Changes

Any changes in the approved menu must be submitted in writing and have prior approval from AAA 1-B.

MyPlate Food Groups - Each meal should have the following food groups:

- Grain
- Vegetable
- Fruit
- Dairy
- Protein Foods

MEAL REQUIREMENTS	SERVINGS PER MEAL	NOTATIONS
Grains	2 servings. At least half of all grains should be whole grain	Bread, cereal, oatmeal, rice, pasta, muffins, crackers
Vegetables	2 servings. 1 serving = ½ cooked vegetable or 1 cup raw	Fresh, frozen, or canned without added sodium. Non-starchy: broccoli, carrots, tomatoes, cauliflower, peppers, lettuce Starchy: corn, beans, peas, potatoes
Fruit	1 serving. 1 serving= ½ cup	Fresh, frozen, canned, juice. Juice must be 100% juice
Dairy	1 serving: 1 cup or equivalent measure	Encourage low fat or skim milk, yogurt, cottage cheese
Protein Foods	3 oz of cooked edible portion of meat, fish, eggs, or cheese	Beef, poultry, eggs, seafood, shellfish, cheese (imitation cheese is not acceptable)

Serving Size - refer to <https://www.choosemyplate.gov/> for examples of each meal component of the five foods groups.

Except to meet cultural and/or religious preferences and for emergency meals, avoid serving dried beans, nut butter or nuts, and tofu for consecutive meals on consecutive days.

To limit the sodium content of the meals, serve cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, dried beef) no more than once a week.

Accompaniments

Include traditional meal accompaniments as appropriate, such as condiments, spreads and garnishes. Accompaniments should not be included in the nutritional analysis for determining 1/3 DRI. Examples include: mustard and/or mayonnaise with a meat sandwich, tartar sauce with fish, and margarine with bread or rolls. Whenever feasible, provide fat alternatives.

Fats

Minimize use of fats in food preparation. Fats should be primarily from vegetable sources in a liquid or soft (spreadable) form that are lower in hydrogenated fat, saturated fat, trans-fats and cholesterol.

Desserts

Serving of *healthy* desserts can be part of a menu planning, though it is optional. Suggested desserts include, but are not limited to: fruit, fruit crisps with whole grain toppings, pudding made with milk, gelatin with fruit, low-fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week. Fruit should be available at every

meal to offer individuals a choice when a dessert is on the menu.

Beverages

Fluid intake should be encouraged, as dehydration is a common problem in older adults in conjunction with medication needs and decreased thirst. Milk and water must be provided/offered with every meal. Coffee and/or tea or other beverages are optional.

Special Menus

To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference, and provide flexibility in designing meals that are appealing to program participants.

Special Occasion or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The registered dietitian must have knowledge of the meal and grant approval it.

HOLIDAY MEALS ON WHEELS STANDARDS AND PROCEDURES

Each Area Agency on Aging 1-B (AAA 1-B) Home Delivered Meal (HDM) provider is required to participate in the Holiday Meals on Wheels (HMOW) program. HMOW seeks to identify and serve the frail elderly who have no other resources for a special meal on a holiday. AAA 1-B raises private funds to provide holiday meals and will reimburse nutrition providers per meal based on the HMOW reporting procedures described below. Nutrition providers are to complete the Holiday Meals on Wheels Form found at www.aaa1b.org. Nutrition providers must meet the HMOW standards and procedures listed below:

Assessment

A survey (in person, in writing, or by telephone) is conducted of the older persons to determine if they will be home on the holiday and without other options for a special holiday meal. Those surveyed may include Monday through Friday meal recipients, those who are on a wait list for HDMs, unpaid caregivers, spouses and/or partners, and congregate participants who reside where a meal site is located and have no other resources for a special meal on the holiday.

Menu

The meal must meet, or exceed, one-third of the Dietary Reference Intake (DRI). Additionally, the holiday meal should be “traditional” and appropriate to the holiday. The menu must be approved through the AAA 1-B menu approval process. Meals shall be prepared on the day of the holiday and delivered hot and ready to be consumed.

Holidays

Meal service on three (3) holidays is required. All AAA 1-B nutrition providers must serve on Thanksgiving and Christmas or Chanukah or other religious holiday requested. The remaining holiday must be selected from the following: New Year’s Day, Easter, Passover or another religious/holiday requested. Providers may serve more holidays, with approval from AAA 1-B as funding permits.

Menu Changes

Any changes in the approved menu must be submitted in writing and have prior approval from AAA 1-B.

Holiday Serving Changes

Any changes in projected holiday serving days must be submitted in writing and have prior written approval from AAA 1-B.

Meal Delivery

Meals must be delivered in compliance with the Michigan Food Code and kept at optimal serving temperatures during delivery. Volunteer drivers are to be instructed regarding safe food handling practices.

Fiscal Reporting Procedures

- A unit-rate will be determined annually for meal reimbursement.
- Providers will be reimbursed on a per unit basis by submitting route sheets and an invoice that includes the provider name and address, the date of service, and the total number of meals served.
- The route sheets and invoice must be submitted together received together, unless submitted electronically through NAPIS, from the provider by the following dates:
 - Thanksgiving/Christmas/Chanukah/Another Holiday by January 10
 - New Year's Day by February 10
 - Easter/Passover/Another Holiday by June 10
- AAA 1-B will not approve payment for HMOW until the units have been submitted to NAPIS.
- If the units in NAPIS and the units invoiced do not agree, AAA 1-B will request that the provider submit an amended invoice prior to payment being made.
- Units invoiced to AAA 1-B for HMOW may not be included on the #1020M monthly fiscal report.
- Meals that are eligible for MI Choice reimbursement may not be submitted for HMOW reimbursement. This includes any MI Choice participant who receives HDM service for which the provider bills the MI Choice program. However, holiday meals served to MI Choice participants who receive meals service through the provider contract or agreement may be submitted for HMOW reimbursement.
- Route sheets must include the full signature of the person delivering the meal.

Donations for HMOWs are to be sent to:

AAA 1-B Holiday Meals on Wheels Program at
AREA AGENCY ON AGING 1-B
PO BOX 776319
CHICAGO IL 60677-6319

Assessment

The accounting analyst and program manager will complete a desk assessment for nutrition providers that submit route sheets that are in compliance with AAA 1-B standards. The accounting analyst and program manager will review HMOW route sheets for nutrition providers that submit through NAPIS electronically during the annual fiscal assessment.

PROVISION OF MEALS TO ADS AND DADC PROGRAMS

The following policy shall be used for AAA 1-B contract nutrition programs that provide meals for Adult Day Service (ADS) and Dementia Adult Day Care (DADC) centers.

Provision of Meals to AAA 1-B Contract ADS and DADC Programs

- Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADS Program and DADC.
- Eligible persons are defined as any person age 60 or older and not receiving AAA 1-B Direct Service Purchase (DSP) or MI Choice funded ADS and DADC services. Persons under the age of 60, and persons 18 years of age and older who are disabled, may be considered a volunteer if they offer their assistance during meal time.
- The meals are to be classified as congregate meals; however, each recipient shall be assessed and reassessed for nutritional need, according to the AAA 1-B ADS and DADC Service Standards. Documentation for meals provided to eligible persons and volunteers must follow congregate meal documentation requirements.
- Meals provided to eligible persons and volunteers will receive Nutrition Services Incentive Program (NSIP) reimbursement.
- The ADS Program and DADC must maintain a donation system for contracted meals provided to eligible persons by the nutrition provider. A donation system is required by federal and state guidelines. Donations received for the meals will be submitted regularly to the nutrition provider. ADS Programs and DADC that receive meals must provide the nutrition provider with the suggested minimum donation for all meals received.
- The ADS Program and DADC shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and volunteers. Meals that are not served will NOT be reimbursed under the contract.
- If there is a repeated pattern of a high number of meals ordered but not served, the AAA 1-B may meet with the ADS Program and/or DADC and the nutrition provider to determine methods to minimize waste and address cost issues.
- Additional meals served to eligible participants must follow the AAA 1-B Congregate Meals Optional Meal Guidelines, including:
 - Second meals may be offered when on-site special events occur, a participant requests a meal four hours before or after the lunch meal is served (i.e., breakfast or dinner meal), or there are excess meals due to unusual or unpredictable circumstances, such as a weather-related travel advisory or power outage.
 - Participant documentation for the additional congregate meal must be recorded on a separate sign-in sheet and labeled as a second congregate meal. These meals are to be reported through NAPIS following standard procedures.
- ADS and DADC participants who are not eligible for congregate meal service may receive meals from a AAA 1-B funded nutrition provider at a rate negotiated between the ADS Program and DADC and the nutrition provider. This negotiated rate shall not exceed the total cost of the meal as indicated on the nutrition provider's approved budget or contract.

These meals will not be reimbursed under the contract and will not be considered for NSIP reimbursement. AAA 1-B requires all negotiations for such meals be documented in writing and submitted to the AAA 1-B program manager for approval.

- If an ADS Program chooses to receive meals from a non-AAA 1-B funded nutrition provider, the ADS or DADC Program must submit a written request to the AAA 1-B program manager for review and approval prior to meals being provided. Any intent to change meal providers must be submitted in writing to the AAA 1-B program manager for approval.
- If the ADS program or the DADC utilize subcontractors as meal providers, the subcontractor must follow the same menu as the contracted nutrition provider. If the subcontractor chooses to utilize their own menu, the menu must be approved by a contractual registered dietitian and submitted to AAA 1-B for approval.

Provision of Meals to non-contract ADS and DADC Centers

- AAA 1-B funded meals may be provided to eligible persons and volunteers when requested by ADS Program or DADC incorporated as a non-profit.
- Eligible persons are defined as any person age 60 or older and not receiving AAA 1-B DSP or MI Choice funded ADS services.
- The meals will be classified as congregate, and each recipient shall be assessed and reassessed for nutritional need according to the AAA 1-B ADS and DADC service standards. Meals served to eligible persons and volunteers will be counted for NSIP reimbursement. Documentation for meals provided to eligible persons and volunteers must follow congregate meal documentation requirements.
- The ADS Program and DADC must provide the AAA 1-B funded nutrition provider with the suggested minimum donation for each meal served to eligible persons and volunteers.
- The ADS Program and DADC shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and volunteers.
- If there is a repeated pattern of a high number of meals ordered but not served, AAA 1-B may meet with the ADS Program and the DADC and the nutrition provider to determine methods to minimize waste and address cost issues.
- Additional meals served to eligible participants must follow the AAA 1-B Congregate Meals Optional Meal Guidelines, per nutrition service program.
- Persons not eligible for a AAA 1-B funded meal may receive meals from a AAA 1-B contract nutrition provider at a rate negotiated between the ADS Program, the DADC, and the nutrition provider. This negotiated rate shall not exceed the actual cost of the meals as indicated on the nutrition providers approved budget. These meals shall not be reimbursed by AAA 1-B funding and shall not be considered for NSIP reimbursement.
- AAA 1-B requires all negotiations for funded meals between the ADS Program and DADC and the nutrition provider be documented in writing and submitted to the AAA 1-B program manager for approval.
- Any intent to change meal providers must be submitted in writing to the AAA 1-B program manager for approval.

- If an ADS Program or DADC chooses to receive meals from a non-AAA 1-B contract nutrition provider, the ADS Program must submit a written request to the AAA 1-B program manager for review and approval prior to meals being provided.
- If the ADS program or the DADC utilize subcontractors as meal providers, the subcontractor must follow the same menu as the contracted nutrition provider. If the subcontractor chooses to utilize their own menu, the menu must be approved by a contractual registered dietitian and submitted to AAA 1-B for approval.

Provision of Meals to Another For-Profit ADS Program and DADC

AAA 1-B contracted meals may not be provided to for-profit ADS Programs or DADC unless approved by AAA 1-B. Nutrition providers may negotiate and contract with a for-profit program to provide meals; however, the meals must be separate from the meals reported to the AAA 1-B. Records must be maintained, which demonstrate a complete separation of cost for food, labor, and administrative costs associated with these meals.

- The provision of these meals shall not take priority over meals provided under the AAA 1-B contract.
- Meals cannot be reported under the AAA 1-B contract and cannot be counted for NSIP reimbursement. NSIP commodities cannot be used to prepare these meals.
- AAA 1-B requires all such negotiations be documented in writing and submitted to the AAA 1-B program manager for approval. (See OAA Title III-C Nutrition Standards).

Service Name	Congregate Meals
Service Number	C-3
Service Category	Community/Nutrition
Service Definition	The provision of nutritious meals to older individuals in congregate settings.
Unit of Service	Each meal served to an eligible participant.

MINIMUM STANDARDS

Eligibility Criteria

Each program shall have written eligibility criteria that places emphasis on serving older individuals in greatest need and includes, at a minimum:

- The eligible person must be 60 years of age or older, or be the spouse or partner of a person 60 years of age or older
- Family members of an eligible adult who are living with a disability and permanently live with the eligible adult in a non-institutional setting
- Individuals living with disabilities who have not attained 60 years of age but who reside in housing facilities occupied primarily by older adults, at which congregate nutrition services are provided, may receive such services
- Non-older adult individuals living with disabilities who reside in a non-institutional household may accompany an eligible older individual and may participate on the same basis as the elderly participants
- Whether, at the provider's discretion, a non-senior volunteer who directly supports meal site and/or food service operations may be provided a meal. Such meals may be provided only after all eligible participants have been served and meals are available. A fee is not required for non-senior volunteer meals and such meals are to be included in NAPIS meal counts.
- Person-Centered Planning involves participant choice. Participants in the program can participate in both home-delivered and congregate programs at the same time. Proper documentation must be kept as to the home delivered meal schedule and the congregate schedule. An agreement between AAA 1-B and the nutrition provider regarding participants who may be in both programs is encouraged.
- Programs shall utilize a system for documenting meals served for purposes of NAPIS. Documentation for individuals receiving meals must clearly separate eligible participants from ineligible participants.

Non-eligible Meals

At the provider's discretion, persons not otherwise eligible may be served, if meals are available, and they pay the full cost of the meal. At the provider's discretion, a non-senior staff who directly supports meal site and/or food service operations may be provided a discounted

meal. Such meals may be provided only after all eligible participants have been served and meals are available. The full cost includes raw food, preparation costs, and any administrative and/or supporting services costs. Documentation that full payment has been made shall be maintained; meals shall not be counted in NAPIS meal counts.

Home Delivered Meal Referrals

Each congregate nutrition provider shall be able to provide information relative to eligibility for home delivered meals and be prepared to make referrals for persons unable to participate in the congregate program, to those who appear eligible for a home delivered meals program.

Congregate Meal Site Requirements

Each site shall be able to document:

- That it is operated within an accessible facility. Accessibility is defined as a participant living with a disability being able to enter the facility, use the rest room, and receive service that is at least equal in quality to that received by a participant not living with a disability. Documentation from a local building official or licensed architect is preferred. A program may also conduct accessibility assessments of its meal sites when utilizing written guidelines approved by AAA 1-B.
- That it complies with local fire safety standards. Each meal site must be inspected, by a local fire official, no less frequently than every three years. For circumstances where a local fire official is unavailable after a formal (written) request, a program may conduct fire safety assessments of its meal sites when utilizing written guidelines approved by AAA 1-B.
- Compliance with Michigan Food Code and local public health codes regulating food service establishments. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department. The local health department is responsible for periodic inspections and for determining when a facility is to be closed for failure to meet Michigan Food Code standards. The program shall submit copies of inspection reports electronically on all facilities to the AAA 1-B within ten days of receipt. It is the responsibility of the program to address noted violations promptly.

Serving Days and Number of Meals

Each provider, through a combination of its meal sites, must provide meals at least once a day, five or more days per week. Programs may serve up to three meals per day at each meal site.

Meals per Day

Each site shall serve meals at least three days per week with a minimum annual average of 10 eligible participants per serving day. If the service provider also operates a home delivered meals program, home delivered meals sent from a site may be counted towards the 10 meals per day service level. Waivers to this requirement may be granted by AAA 1-B only when the following can be demonstrated:

- Two facilities must be utilized to effectively serve a defined geographic area for three days per week.

- Due to a rural or isolated location, it is not possible to operate a meal site three days per week.
- Seventy-five percent or more of participants at a meal site with less than 10 participants per day are in great economic or social need. Such meal sites must operate at least three days per week.

Site Establishment

Congregate meal sites currently in operation by the program may continue to operate unless AAA 1-B determines relocation is necessary to more effectively serve socially or economically disadvantaged older persons. New and/or relocated meal sites shall be in an area which has a significant concentration of the over aged 60 population living at or below the poverty level or with an older minority or ethnic population comprising a significant concentration of the total over-60 population. AASA must approve, in writing, the opening of any new and/or relocated meal site prior to the provision of any meals at that site.

Site Closure

When a meal site is to be permanently closed, the following procedures shall be followed:

- The program shall notify AAA 1-B in writing of the intent to close a meal site on the electronic AAA 1-B Nutrition Site Change form available at www.aaa1b.org.
- The program shall present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason.
- AAA 1-B shall review the rationale and determine that all options for keeping the site open or being relocated have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts should be made to develop a new meal site and/or assist participants to attend another existing meal site.
- AAA 1-B shall approve in writing the closing of all meal sites operating with funds awarded from AASA and notify AASA of all meal site closings. If a meal site to be closed is in an area where low-income and/or minority persons constitute 25% or more of the population, or if low-income and/or minority persons constituted more than 25% of meal participants served over the past 12 months, AASA must also approve in writing the closing of the meal site.
- The program shall notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.

Emergency Preparedness Training

Each program shall document that appropriate preparation has taken place at each meal site for procedures to be followed in case of an emergency including:

- Provision of an annual fire drill
- Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan

- Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency

Site Access, Maintenance and Security

Each program shall have written agreements with the owners of all leased facilities used as meal sites. Written agreements are recommended for donated facilities, but not required. The agreements shall address at a minimum:

- Responsibility for care and maintenance of facility, specifically including restrooms, equipment, kitchen, storage areas and areas of common use
- Responsibility for snow removal
- Agreement on utility costs
- Responsibility for safety inspections
- Responsibility for appropriate licensing by the Public Health Department
- Responsibility for insurance coverage
- Security procedures
- Responsibility for approval of outside programs, activities and speakers
- Other issues as desired or required

Posting Donation and Guest Fees

Each program shall display, at a prominent location in each meal site, the AAA 1-B or the AASA Community Nutrition Services poster. A contractor may use its own poster if all required information is included and clearly presented. The poster shall contain the following information for each program:

- Name and phone number of the nutrition project director
- Suggested donation for eligible participants
- Guest fee to be charged non-eligible participants
- A statement of non-discrimination identical to the language on the AASA poster

Additional information pertaining to the program shall not be displayed to cause any misunderstanding or confusion with information presented on the poster.

Assistive Eating Devices

Each program shall make available/store and or clean, upon request, food containers and utensils used as assistive devices for participants who are living with disabilities as part of a therapeutic program.

Non-Approved Meals

Congregate meal programs receiving funds through AASA may not contribute towards, provide staff time, or otherwise support potluck dining activities.

Project Council

Each program shall have a project council, comprised of program participants, to advise program administrators about services being provided. Program staff shall not be members of the project council. Project council minutes shall be maintained for review by AAA 1-B and communicated to participants as pertinent to the operation of the program to enhance quality of service and document service issues or changes impacting the program.

Food Taken Out of Meal Site

Nutrition providers may allow leftovers (food served to participants and not eaten) to be taken out of the site if the following conditions are met:

- A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual.
- All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up.
- All participants receive written material about food safety and preventing food-borne illness annually.
- The individual is required to sign a waiver statement that should be added to the NAPIS form that states the individual understand that they are responsible for food taken out of the site.
- Containers are not provided for the leftovers.

Food Taken Out of Meal Site due to Illness

If a regular congregate meal participant is unable to come to the site due to illness, the meal may be taken out of the site to the individual for no more than seven (7) days. If needed for more than seven days, the participant should be evaluated for home delivered meals. If the person taking out the meal is also a regular congregate participant, they may also take their meal out.

Off-Site Meals

When meals are served off-site that are part of an organized older adult site activity the following conditions shall be met:

- The activity must be sponsored by an aging network agency/group. (For example, Council/Commission on Aging, senior center, etc.)
- The sponsoring agency has worked with the nutrition provider to meet the nutrition standards
- The activity, including the meal, must be open to all eligible participants
- The take away meal must meet all the requirements of food safety and be foods that are low-risk for food borne illness
- Local health department rules and regulations, if any, supersede this standard and must be followed

- The meal site must provide written notification to the AAA 1-B program manager prior to the event for approval
- AAA 1-B program manager must inform the AASA field representative of the date, time, and sponsoring agency of the activity prior to the event. (Transmittal Letter #2008-167)

Second Meal Option

Nutrition providers may elect to offer second meals (2nd Meal) at specified dining sites. A second meal must meet the AASA nutrition standards and is defined as a 1) shelf-stable meal, 2) a frozen meal, or 3) a meal that is low-risk for food borne illness. A congregate meal participant may qualify for a second meal if the participant eats a regularly scheduled hot meal at the meal site and has requested a 2nd Meal following the nutrition provider's process; (i.e. phone request, sign up in advance).

The 2nd Meal is given to the participant when they leave the congregate site and differs from a ready-to-eat hot meal served on site at breakfast, lunch or dinner. It must be stored properly until the participant is ready to leave for the day. The 2nd Meal is to be counted as a congregate meal in all record keeping. Donations may be accepted for 2nd Meals.

Weekend Meal(s)- Nutrition providers may elect to offer weekend meals at specified dining sites. A weekend meal must meet the AASA nutrition standards and is defined as 1) a shelf-stable meal, 2) a frozen meal, or 3) a meal that is low-risk for foodborne illness. A congregate meal participant may qualify for a weekend meal if:

- The participant eats a regularly scheduled hot meal at the meal site
- The participant has requested a weekend meal following the nutrition provider's process; (i.e. phone request, sign up in advance)
- Donations may be accepted for weekend meals
- The Weekend Meal is given to the participant when they leave the congregate site and differs from a ready-to-eat hot meal served on site at breakfast, lunch, or dinner
- It must be stored properly until the participant is ready to leave for the day
- The weekend meal must meet the AASA nutrition standards
- The weekend meal is to be counted as a congregate meal in all record keeping
- Arrangements for weekend meal pick up should be made with the nutrition provider/site manager in advance

Guidance on Soup and Salad Bars for Senior Meals Programs - Nutrition contractors are encouraged to provide salad bars, which provide an opportunity to reach a broader base of participants.

Soup/Salad as a main meal	Must meet all nutrition standard requirements	Must do nutrition analysis
Soup/Salad bar as a part of a meal, i.e., vegetable or carb. (pasta choices)	Must meet nutrition requirement for the element it is used for	Must do nutrition analysis on element(s) included in meal
Soup/Salad bar as an addition to, or add on, to a regular meal	Does not have to meet nutrition standards or criteria	No need to do nutrition analysis

Voucher Meals

Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment with the approval of the AAA 1-B program/budget approval process. The program must meet the following standards:

- The restaurant, café, or other food service establishment must be licensed, and follow the Michigan Food Code, and is inspected regularly by the local health jurisdiction
- The restaurant, café, or other food service establishment agrees to provide at least one meal that meets AoA and AASA nutrition standards for meals
- The restaurant, café, or other food establishment must be barrier-free and ADA compliant
- The nutrition provider and restaurant, café, or other food establishment must have a written agreement, submitted to the AAA 1-B program manager, that includes:
 - how food choices will be determined
 - how food choices will be advertised/offered to voucher holder
 - how billing will be handled [will a tip be included in the unit price, i.e. If the meal reimbursement is \$6.25, will \$.25 be used toward the tip?]
 - how reporting takes place (frequency and what is reported)
 - evaluation procedures
 - a statement that voucher holders may take leftovers home, and that they may purchase additional beverages and food with their own money
- A written plan must be developed, kept on file, and given to the AAA 1-B program manager, that includes consideration of the following items:
 - Location of the restaurant, café, or other food service establishment regarding congregate meal site locations
 - Establishment of criteria for program participation – how restaurant, cafe, or other food service establishments are selected to participate and how new establishments can apply to participate
 - How older adults qualify for and obtain their vouchers, i.e. senior centers, nutrition provider office, nutrition program representative meets with older

- adults and the restaurant, café, or other food service establishment to issue vouchers and collect donations
- How frequently menu choices will be reviewed and revised by the AAA 1-B dietitian
- Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably.

Adult Foster Care/other Residential Care

Adult Foster Care (AFC) or other residential providers that bring their residents to congregate meal sites shall be requested to pay the suggested donation amount for meals provided to residents and staff 60 years of age or older. For those AFC residents and staff under the age of 60, the guest charge must be paid as posted at each meal site.

The congregate meal provider may request the AFC program to provide staff to assist the residents they bring with meals and other activities attended.

Complimentary Programs/Demonstration Projects

AAA 1-B and nutrition providers are encouraged to work together to provide programming at the congregate meal sites that include activities and meals. AAA 1-B and nutrition providers may conduct a demonstration project to assess the feasibility of alternate delivery systems for congregate meals, such as but not limited to, providing a cold (box lunch) meal for persons that participate in an activity at the site that is not immediately before or after a scheduled meal time.

Demonstration projects must be approved by AASA prior to implementation. The program shall notify AAA 1-B in writing of the intent to conduct such a program on the electronic AAA 1-B Nutrition Site Change form. Providers are to allow adequate time with a minimal 45-day notice for administrative review.

Prayer

Older adults may pray before a meal that is at a site. It is recommended that each nutrition program adopt a policy that ensures that each individual participant has a free choice whether to pray either silently or audibly, and that prayer is not officially sponsored, led, or organized by persons administering the Nutrition Program or the meal site.

Service Name	Home Delivered Meals
Service Number	B-5
Service Category	In-home/Nutrition
Service Definition	The provision of nutritious meals to homebound adults who are normally unable to leave their homes unassisted, and for whom leaving home takes considerable and taxing effort.
Unit of Service	One meal served to an eligible participant.

MINIMUM STANDARDS

Person Centered Planning

Each program shall have a written policy/procedure that covers integrating person centered planning into the home delivered meals program. This may include, but is not limited to:

- Allowing HDM participants to attend congregate meals sites when they have transportation and/or assistance to the site.
- Providing diet modifications as requested by the participant when the nutrition provider can do so while following AASA guidelines.

Eligibility Criteria

Each program shall have written eligibility criteria which places emphasis on serving older persons in greatest need and includes, at a minimum:

- That to be eligible a person must be 60 years of age or older, or if indicated in the HDM assessment that it is in the best interest of the eligible person, the following persons may also receive a meal:
 - The spouse, partner, of an HDM eligible person, regardless of ages.
 - The unpaid caregiver of an HDM eligible person including a family member under the age of 60 who provides full time care for an eligible person.
 - An individual living with a disability who resides in a non-institutional household with a person who is eligible to receive home delivered meals.
- That to be eligible a person must be homebound; i.e., normally is unable to leave the home unassisted, and for whom leaving home take considerable and taxing effort. A person may leave home for medical treatment; support groups; short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religions services; visits with friends or family.
- That to be eligible a person must be unable to participate in the congregate nutrition program on a regular basis because of physical or emotional difficulties.
- That to be eligible a person must be unable to obtain food or prepare meals for themselves because of:
 - A disabling condition, such as limited physical mobility, cognitive or psychological impairment, sight impairment, or
 - Lack of knowledge or skill to select and prepare nourishing and well-balanced meals, or

- Lack of means to obtain or prepare nourishing meals, or
- Lack of incentive to prepare and eat a meal alone, or
- Lacks an informal support system: has no family, friends, neighbors or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be temporarily or permanently supplemented.
- That the person’s special dietary needs can be appropriately met by the program, as defined by the most current version of the USDA “Dietary Guidelines for Healthy Americans”.
- That to be eligible a person must be able to feed himself/herself.
- That to be eligible a person must agree to be home when meals are delivered and contact the program when absence is unavoidable.
- At the provider’s discretion, persons not otherwise eligible may be provided meals if they pay the full cost of the meal. The full cost of the meal includes raw food, preparation costs, and any administrative and/or supportive services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or agencies and be available to the public upon request.

Assessment

Each program shall assess need for each participant within 14 days of initiating service. At a minimum, each participant shall receive two assessments per year, a yearly assessment and a six-month re-assessment. The initial assessment and yearly assessment must be conducted in-person. The six-month re-assessment may be either in-person or a telephone assessment.

A telephone re-assessment may be used if the participant meets the following criteria:

- Participant can complete a telephone assessment by themselves, or with the assistance of a family member, caregiver or friend;
- Has no significant HDM delivery issues; and
- The HDM driver, delivery person, and family and/or caregivers have no significant concerns for the participant’s well-being. The nutrition provider may deem a participant not eligible for the telephone re-assessment at any time during participation in the program. In-person assessments will then replace the telephone re-assessment.

The program should avoid duplicating assessments of individual participants to the extent possible. HDM programs may accept assessments and re-assessments of the participant conducted by case coordination and support programs, care management programs, other in-home service providers, home and community-based Medicaid programs, other aging network home-care programs, and Medicare certified home health providers. Participants with multiple needs should be referred to case management programs as may be appropriate.

If the HDM program is the only program the participant will be currently enrolled in, the assessment and re-assessments must, at a minimum, include:

Basic Information

- Individual's name, address and phone number
- Source of referral
- Name and phone number of emergency contact
- Name and phone numbers of caregivers
- Gender
- Age, date of birth
- Living arrangements
- Whether or not the individual's income is below the poverty level and/or sources of income (particularly Supplemental Security Income).

Functional Status

- Vision
- Hearing
- Speech
- Changes in oral health
- Prostheses
- Current chronic illness or recent (within past 6 months) hospitalizations

Support Resources

- Services currently receiving
- Extent of family and/or informal support network

Participant Satisfaction (re-assessment only)

- Participant's satisfaction with services received
- Participant's satisfaction with program staff performance

Effective Utilization of Site Resources

Each home delivered meal program shall demonstrate cooperation with other meal programs and providers and other community resources.

Meals per Day Determination

Each program may provide up to three meals per day to an eligible participant based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration given to the availability of support from family and friends, changes in the participant's status or condition. This process must include person-centered planning, which may include allowing the participant to attend congregate meals when they have transportation and/or assistance to attend.

Serving Days per Week

Each home delivered meals provider shall have the capacity to provide three meals per day, which together meet the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Meals shall be available at least five days per week.

Liquid Meals

Nutrition providers may also make liquid meals available to program participants when ordered by a physician. The AAA 1-B dietitian must approve all liquid meals products to be used by the program. The program shall provide instruction to the participant, and/or the participant's caregiver and/or participant's family in the proper care and handling of liquid meals.

Liquid supplements may be purchased with OAA Title III-C funds; however, liquid supplements may not be counted as a meal in NAPIS. Liquid supplements are a component of a meal, and may be requested by a participant, under the following conditions:

- a. A physician order, renewed every six months, stating the need for the additional supplement.
- b. A care plan for participants receiving liquid supplements with their meal should be developed in consultation with the participant's physician.
- c. A signed form, kept in the participant's file, indicating what parts of the meal the participant chooses to receive: beverage, main entrée, fruit, dessert, liquid supplement. The form must also include a statement acknowledging that the participant can reinstate any part of the meal at any time, upon request.

When liquid meals are the participant's sole source of nutrition, the following requirements must also be met.

- Diet orders shall include participant weight and be explicit as to required nutritional content;
- Diet orders must be renewed, by a physician, every three months;
- The care plan for participants receiving liquid meals shall be developed in consultation with the participant's physician.

Person-Centered Planning: HDM participants may elect to have all, or part, of the HDM delivered to them. Each nutrition provider should have a form that is updated every six months during the reassessment indicated if the participant has chosen to receive only part of the meal. The form should have the following, at a minimum:

- A statement that indicates that participant is choosing to opt out of the full meal, and then indicating which parts of the meal they would like
- A statement that the participant can opt back into the full meal at any time by notify the HDM office or telling the delivery people
- A signature, initials, or mark of the participant
- The form should be kept in the participant's file

Home Visit Safety: Assessors, HDM drivers, delivery people and other nutrition program staff are not expected to be placed in situation where they feel unsafe or threatened. Nutrition providers shall create a “Home Visit Safety Policy” that addresses verbal and physical threats made to the assessor (s), drivers, or other program persons, by participants, family members, pets (animals) or others in the home during the assessment.

This policy should include, but is not limited to:

- a. Definition of a verbal or physical threat
- b. How a report should be made/who investigates the report
- c. What actions should be taken by the assessor or driver if they are threatened
- d. What warnings should be given to the participant
- e. What actions should be taken for repeated behaviors
- f. What information gets recorded in the chart
- g. Situations requiring multiple staff/volunteers

Assessment for Frozen Food Usage

The program shall verify and maintain records that indicate each participant can provide safe conditions for the storage, thawing, and reheating of frozen foods.

- Frozen foods should be kept frozen until it is to be thawed for use.
- Frozen food storage should be maintained at 0 degrees Fahrenheit.
- Each nutrition provider shall develop a system by which to verify and maintain these records and provide participants with food safety training as part of the nutrition education requirement for the HDM program.
- Frozen meals, with the approval of the AAA 1-B program manager may be provided by programs to participants based on individual need or where hot meal distribution is not logistically feasible or under emergency situations.
- Frozen meals must meet the food safety criteria as specified under the Michigan food law.
- Nutrition information for reading labels, reheating meals, and food safety shall be made available to those who receive frozen meals.
- Route sheets to document the meals must state the meal was served as a frozen meal.

Each program shall develop and have available written plans for continuing services in emergency situations such as short-term natural disasters (e.g., snow and/or ice storms), loss of power, physical plant malfunctions, etc. Staff and volunteers shall be trained on procedures to be followed in the event of severe weather or natural disasters and the county emergency plan.

Prioritizing Pre-Screen Process

Each program must complete a prioritizing pre-screen for everyone placed on a waiting list for home delivered meals following AAA 1-B guidelines. See general operations standards for wait list criteria. Programs that develop their own criteria must have them approved in writing by the AAA 1-B program manager.

REPORTING REQUIREMENTS

PROGRAMMATIC REPORTING REQUIREMENTS

Contractors are required to submit a number of reports on a periodic basis to AAA 1-B, the National Aging Program Information System (NAPIS), OmbudsManager, and/or the Legal Services Information System (LSI). All reports are to be submitted electronically, unless otherwise directed by AAA 1-B. These reports are used by AAA 1-B and NAPIS to monitor contract performance and participant and unit serving levels. Programmatic reports must reconcile and be consistent with submitted fiscal and NAPIS reports. AAA 1-B has implemented a process to ensure that units reported to NAPIS form the basis for reimbursement to contracts.

All quarterly programmatic reports are due to NAPIS, LSI, and/or AAA 1-B at NDReports@aaa1b.com by the 10th of the month following the end of each fiscal quarter, January, April, July, and October. Contact the program manager if, for any reason, the reports will be submitted late. Late reports can affect the status of the contract and are a compliance issue.

Additional information that cannot be emailed, such as brochures or newsletters, may be mailed to: Area Agency on Aging 1-B, 29100 Northwestern Highway, Suite 400, Southfield, MI 48034 or faxed to (248)948-0096. Please direct to the attention of the appropriate program manager.

Quarterly Participant Unit Report

All contractors need to complete this form quarterly for each county that they serve. For contractors serving more than one county, Total Participant and Units must be divided between the Quarterly Participant Unit Report - All Services reports for each county served according to the projections on the individual county Targeting Plans.

Quarterly Care Receiver Participant Report

Each Adult Day Services, Dementia Adult Day Care, and Volunteer Caregiver contractors must also complete the Quarterly Care Receiver Participant Report. This report is completed to report on the number and demographics of Care Receivers served in the program. Units are not reported on this form. These services are considered caregiver services since they provide respite for the caregiver, and therefore units are reported on the Quarterly Participant Unit Report – All services for the caregiver as required for NAPIS reporting.

Quarterly Programmatic Narrative

All contractors need to complete this form.

Social Services or Home Delivered Meals Wait List

There are two different Wait List forms; one for Home Delivered Meals and the other is for the Social Services. Congregate Meal contractors do not have to complete this form.

Evidence Based Quarterly Report

Only Evidence Based contractors need to complete this form. Nutrition Education Assessment Report

For nutrition services only, this worksheet is submitted annually with renewal of the contract.

Legal Services Information Systems (LSI)

Legal Assistance contractors will complete and submit quarterly activity reports using the electronic Legal Services Information System (LSI). Contractors will work with their AAA 1-B program manager to access LSI.

OmbudsManager

Long-Term Care Ombudsman contractors will complete and submit activity reports using the electronic OmbudsManager program. Contractors will need to contact the State Long-Term person for access to OmbudsManager.

NAPIS Electronic Submission Process

Contractors of the following services are required to submit electronic data to NAPIS each quarter. Electronic submissions are due the 10th of the month following the end of each quarter. The due dates are: January 10, April 10, July 10, and October 10.

- Adult Day Services
- Dementia Adult Day Care
- Chore
- Congregate Meals
- Grandparents Raising Grandchildren
- Home Delivered meals
- Volunteer Caregiver

FISCAL REPORTING REQUIREMENTS

The Monthly, Quarterly, and Yearly Financial Report are due on the 5th business day of each month for the preceding month of service. Late reports will not be processed, and monthly payment will be withheld until the next reporting period. If a contractor is late any two months in a three-month consecutive month period, the contractor will be placed on probation.

Reporting forms may be obtained from the AAA 1-B website at www.aaa1.org.

Social Service Program Monthly Financial Report #009

All funds received from AAA 1-B under this contract and all match and program

income/voluntary cost share related to the contract must be accounted for in a manner that is distinct and separate from all other funds received by the contractor and separate from any other contracts and agreements with AAA 1-B. Fill in all requested information. All dollar amounts are to be rounded to the nearest dollar.

Revenue: Record all income received to date pertaining to this contract as indicated on each line. For federal/state funds (not yet received but owed for this period) enter earned funds from the bottom section.

Expenditures: Report line item expenditures per the approved contract budget. Expenses should be broken out by direct costs vs. indirect costs. The sum of the direct and indirect expenses will automatically total. Do not include additional resources.

Fill in the “Completed by” section. Reports may be emailed with a signature, **except for the final report, which should be signed by an authorized official and mailed to AAA 1-B.**

Quarterly Financial Report #008

All funds earned from the AAA 1-B under this contract and all match and program income/voluntary cost share related to the contract must be accounted for in a manner that is distinct and separate from all other funds received by the contractor and separate from any other contracts and agreements with the AAA 1-B. Fill in all requested information. All dollar amounts are to be rounded to the nearest dollar.

Revenue: Record all income earned to date pertaining to this contract as indicated on each line. For federal/state funds (not yet received but owed for this period) enter earned funds from the bottom section.

Expenditures: Report line item expenditures per the approved contract budget. Expenses should be broken out by direct costs vs. indirect costs. The sum of the direct and indirect expenses will automatically total. Do not include additional resources.

Cash on Hand Balance: Total YTD revenues less total YTD Direct and Indirect Expenditures. This represents you cash standing AFTER this report is processed. If estimated expected funds are not received in 5-7 days, contact AAA 1-B immediately.

Manually input the additional resources applied to this contract. The AAA 1-B website report form will automatically carry forward all other figures to this section.

Fill in the “Completed by” section. Reports may be emailed with a signature to the AAA 1-B, **except for the final report, which should be signed by an authorized official and mailed to the AAA 1-B.**

Social Services Under/Overspending Reconciliation Report #006

Explanation of Difference: Please explain difference of 10% or more that occur between the planned and the actual expenditures, for the expense line items that have been allowed under your contract. State what corrective action will be taken to bring under/over spending in line with budgeted levels.

If under spending occurs in a Direct Cost Line Item, explain why it is necessary to continue to receive payment. If under spending occurs in an Indirect Cost Line Item, explain why the contract amount shouldn't be reduced to reflect efficiencies.

Annual Equipment Inventory #0015

Complete a #0015 form for each program contract annually and submit with yearend fiscal reports. Only equipment purchased with AAA 1-B federal/state contract dollars is to be included on this report. Do not include all equipment associated with the contracted program. Equipment must be reported while the program is in existence even if records indicate the equipment is fully depreciated.

Enter the quantity and the item description where indicated. Only include items that are defined as non-consumable goods that have an expected service life of at least one-year and with a total acquisition value of \$5,000 or greater.

Indicate the acquisition date and the cost of the equipment. Equipment cost is defined as the net invoice price including any modifications, attachments, accessories, or auxiliary apparatus that make the equipment useful. Taxes, freight, duty, and installation may or may not be included in accordance with contractor's regular accounting practices.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the amount, if any, purchased with additional resources.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the amount if any, purchased with additional resources.

Indicate the disposal date and disposal method, if applicable. Disposal options include:

- Selling the equipment that is no longer used at fair market value and using the proceeds to assist in the purchase of replacement equipment.
- Using the equipment for other AAA 1-B contracted programs when it is no longer needed for the original program.
- Throwing away the equipment when it no longer functions. Contact AAA 1-B prior to disposal if the fair market value of the equipment is greater than \$5,000.

Sign and date the form for return to AAA 1-B.

Nutrition Services Monthly Financial Report #1020M

This report is to be used for monthly reporting of units served and as the basis for NSIP monthly reimbursement.

Enter name and contract number, if a contractor, appropriate fiscal year and month that the report covers. Enter the current NSIP rate.

Enter applicable contract information for Congregate and Home Delivered meals as indicated in the General information section.

Monthly Program Summary: All providers must enter the number of congregate and/or home delivered meals served monthly and year to date. The federal/state earned funds sections will automatically calculate.

Enter the amount of grant funds, NSIP payments, and program income received where indicated. The over/under serving level percentage will automatically calculate.

If the percentage of over/under serving is 10% or greater, an explanation must be provided on this report. For over serving, indicate the plan for continuing service levels through the end of the fiscal year.

Expenditures: Report line item expenditures per the approved contract budget. Expenses should be broken out by direct costs vs. indirect costs. The sum of the direct and indirect expenses will automatically total. Do not include additional resources. The "Title III-C/State Funds Earned" line item in this section should match the "Title III-C/State Funds Earned" line item in the Monthly Program Summary section of this form.

The Contractor/NSIP-only provider section is to be completed by any Contractor that purchases units with contract funding from a NSIP-only provider and any NSIP-only provider that sells units to a Contractor.

The individual responsible for completing this report must enter their name, title, and the date that the report is completed prior to emailing.

Annual Financial Report #1020Y

The #1020Y report must be submitted annually by all contractors and requires an original signature. This report will not be accepted by email. A preliminary #1020Y report is due by the 5th business day of October following the close of the fiscal year. The final report is due to AAA 1-B no later than the 5th business day of November following the close of the fiscal year.

Units reported on the #1010Y form must match the units reported in NAPIS for the contract year to close. Final reports not matching NAPIS will not be accepted. Final payments will be based off units in NAPIS.

This form is to be completed with actual expenditure information in the same manner as the nutrition budget.

Attach form #0015 Annual Inventory Schedule, if applicable.

Attach a written explanation if either service has under-serving of 10% or more.

Annual Equipment Inventory #0015

Complete a #0015 form for each program contract annually and submit with year-end fiscal reports. Only equipment purchased with AAA 1-B federal/state contract dollars is to be included on this report. Do not include all equipment associated with the contracted program.

Equipment must be reported while the program is in existence even if records indicate the equipment is fully depreciated.

Enter the quantity and the item description where indicated. Only include items that are defined as non-consumable goods that have an expected service life of at least one year and with a total acquisition value of \$5,000 or greater.

Indicate the acquisition date and the cost of the equipment. Equipment cost is defined as the net invoice price including any modifications, attachments, accessories, or auxiliary apparatus that make the equipment useful. Taxes, freight, duty, and installation may or may not be included in accordance with contractor's regular accounting practices.

Indicate the portion of the total cost charged to the AAA 1-B program contract. Only include the amount purchased with grant funds. Do not include the share (if any) purchased with additional resources.

Indicate the disposal date and disposal method, if applicable. Disposal options include:

- Selling the equipment that is no longer used at fair market value and using the proceeds to assist in the purchase of replacement equipment.
- Using the equipment for other AAA 1-B contracted programs when it is no longer need for the original program.
- Throwing away the equipment when it no longer functions. Contact AAA 1-B prior to disposal if the fair market value of the equipment is greater than \$5,000.

Sign and date the form and return to AAA 1-B.

REFERENCES

The forms in this section are samples of the forms that you will need to submit to the appropriate program manager. They can be accessed and downloaded from the AAA 1-B website at www.aaa1b.org when the contract period begins.



CONTRACTOR TARGETING PLAN

Agency Name: _____

Date/Fiscal Year: _____

Service: _____

County to Be Served: _____

Target Population to Be Served: _____

This worksheet will identify the population groups you propose to target with your program.

For each targeted population group, refer to 2010 Census Data to determine the population of that group, in the county you propose to serve.

If you are serving more than one county a Targeting Plan must be completed for each county to be served.

2010 Census Data can be found at: <http://www.aaa1b.org>. Post this data in the second, "Number of Persons" column.

Enter the number of persons you propose to serve in the "Projected Number of Participants for Entire FY" column.

The value in the first row of this column must equal the total number of participants you propose to serve under the contract.

You will see that both Percentage columns will auto-calculate.

Confirm the targeted population group you choose, the percentage of participants you propose to serve is double the percentage in the population.

Categories in Census	Number of Persons 60+ (from 2010 Census)	Percentage of Population	Projected Number of Participants for Entire FY	Projected Percentage of Participants for Entire FY
Total 60+ Population:		100%		100%
Black or African American		#DIV/0!		#DIV/0!
American Indian/Alaskan Native		#DIV/0!		#DIV/0!
Asian/Native Hawaiian/Pacific Islander		#DIV/0!		#DIV/0!
Multi-racial (i.e. two or more races)		#DIV/0!		#DIV/0!
Total Minority:	0	#DIV/0!	0	#DIV/0!
White/Non-Hispanic		#DIV/0!		#DIV/0!
Hispanic/Latino		#DIV/0!		#DIV/0!
Total Non-Minority:	0	#DIV/0!	0	#DIV/0!
In Poverty (100% of Federal Level)		#DIV/0!		#DIV/0!
Poverty and Minority				#DIV/0!
LGBTQ				#DIV/0!
Limited English Proficiency		#DIV/0!		#DIV/0!



Contractor Targeting Plan - Caregiver Services

Agency Name:	
Service:	
Target Population to Be Served:	
County to Be Served:	
Date/Fiscal Year:	

This worksheet will identify the caregiver population groups you propose to target with your program. First, determine the county(ies) you propose to serve. For each group, enter the number of persons (caregivers) you propose to serve in the "Projected Number of Participants for Entire FY" column. The value in the first row of this column must equal the total number of participants you propose to serve under the contract. You will see that the Percentage column will auto-calculate.

Categories in Census	Projected Number of Participants for Entire FY	Projected Percentage of Participants for Entire FY
Total Population Under 60:		#DIV/0!
Total 60+ Population:		#DIV/0!
Total Population:		100%
Black or African American		#DIV/0!
American Indian/Alaskan Native		#DIV/0!
Asian/Native Hawaiian/Pacific Islander		#DIV/0!
Multi-racial (i.e. two or more races)		#DIV/0!
Total Minority:		#DIV/0!
White/Non-Hispanic		#DIV/0!
Hispanic/Latino		#DIV/0!
Total Non-Minority:		#DIV/0!
In Poverty (100% of Federal Level)		#DIV/0!
Limited English Proficiency		#DIV/0!
LGBTQ		#DIV/0!



SUBCONTRACTING REQUEST FOR APPROVAL

Send original signed form to:
Area Agency on Aging 1-B
29100 Northwestern Highway, Suite 400
Southfield, MI 48034

All subcontracting requests must be submitted using the Subcontracting Request for Approval form.

If you have questions or are interested in obtaining a Subcontracting Request for Approval form, please contact the AAA 1-B Program Manager or visit the AAA 1-B website at <https://aaa1b.org/partner-with-us/contract-providers/>.

The Area Agency on Aging 1-B (AAA 1-B) recognizes and approves the following subcontracting agreement between the parties listed below:

AAA 1-B Contractor Agency Name: _

AAA 1-B Contract Number: -

Service: -

Subcontractor Agency Name: -

It is the responsibility of the AAA 1-B Contractor agency to monitor and assess the performance of all assignees or subcontractors for the following:

1. Compliance with State and AAA 1-B Minimum Service Standards
2. Timely submission of data to the AAA 1-B contractor agency
3. Compliance with AAA 1-B insurance requirements
4. Subject to all conditions and provisions of the AAA 1-B Contract

Note: The Contractor shall be responsible for the performance of all assignees or subcontractors. Subcontractor agencies may be assessed by the AAA 1-B to ensure compliance with items listed above.

In addition, subcontractors providing **personal care services** must meet the following guidelines:

1. The subcontractor must be a member of the AAA 1-B Direct Service Purchase (DSP) pool.
2. Personal care aides must be cross-trained to assist in other areas during times when no personal care is required (i.e., office administration, social activities).
3. Supervision of the subcontracted personal care aides during the hours they are on-site at the AAA 1-B Contractor agency will be performed by the Contractor agency.

Subcontractor Agency: Executive Director/President or Board Chairperson

Date

Contractor Agency: Executive Director/President or Board Chairperson

Date

CHART 1- FOOD SPECIFICATIONS/NUTRIENT ANALYSIS

Complete the chart below and submit attachments as indicated. This information will be used to evaluate and compare ingredients, quality, and portion sizes.

Agency Name: _____

Date: _____

List all food service suppliers for your establishment (i.e. Gordons, Sysco, US foods):	
PRODUCT SPECIFICATION	NUTRITION INFORMATION
Protein Specifications	Protein Specifications
Ground Beef, Bulk:	<input type="checkbox"/> 70/30, <input type="checkbox"/> 80/20, <input type="checkbox"/> 85/15 <input type="checkbox"/> Other (specify)
Pre-Cooked Hamburger Patty: oz/ea	gm Protein, gm Fat, mg NA (sodium)
Pre-Cooked Chicken Patty: oz/ea	gm Protein, gm Fat, mg NA (sodium)
Boneless Skinless Chicken Breast: oz/ea	gm Protein, gm Fat, mg NA (sodium)
Turkey Breast oz/ea	gm Protein, gm Fat, mg NA (sodium)
Pork Loin oz/ea	gm Protein, gm Fat, mg NA (sodium)
Pork Chop (bone-in or boneless): oz/ea	gm Protein, gm Fat, mg NA (sodium)
Ham (bone-in or boneless): oz/ea	gm Protein, gm Fat, mg NA (sodium)
Dairy	Dairy
Milk: _____ List Variety	% Fat: _____ Brand: _____ Supplier: _____
Yogurt: _____ List Variety	_____ oz / container, _____ % Fat, _____ gm Carb Brand: _____ Supplier: _____
Fats	Fats
Margarine or Butter Pads	Size: _____ oz
Gravy	Brand: _____ Attach recipe if using canned, dry, or homemade
Vegetables	Vegetables
Fresh:	Supplier (for fresh): _____
Canned:	Sodium (NA) for canned: _____ mg per ½ cup
Frozen:	Attach recipe for mashed potatoes
Mashed Potatoes	Fruits
Fruits	Pack Type: _____ (i.e. water, juice, light syrup)
Canned Fruit: _____ oz	Supplier (for fresh): _____
Fresh Fruit:	Frozen Meals/Entrees
Frozen Meals/Entrees	If purchasing meals from a foodservice supplier, attach nutrition analysis for 3 different meals
Prepped on site: <input type="checkbox"/> Yes <input type="checkbox"/> No	Attach a list of purchased frozen food entrees to be consumed after heating (i.e. stuffed peppers)
Brand/Supplier (if purchased):	Shelf Stable Meals
Shelf Stable Meals	Attach a 3-day menu with nutrition analysis
Source/Brand:	Liquid Meals
Liquid Meals	List Products:
Name Brand:	

NUTRITION ANALYSIS

Briefly describe method/software program used for menu analysis:

Attach a 1-week sample menu with nutrient analysis. Provide an analysis per day and average per week for the following nutrients: calories, protein, carbohydrate, fat, saturated fat, sodium, and dietary fiber.

CHART 2- CONGREGATE SITE OPERATIONS

Agency Name: _____ Date: _____

Site Name: _____

Address: _____

Location: Urban Suburban Rural

Site Contact Name: _____ Volunteer? Y N

Site Contact Email: _____

Phone Number: _____ Serving Hours of Meal Service: _____

Number of weekdays open: _____

Number of weekend days open: _____

PROGRAM INCOME

Donation Request: Age 60+ Guests Under Age 60
 \$ _____ \$ _____

Food Service Staff: Volunteer Under Age 60: Other:
 \$ _____ \$ _____ \$ _____

Funding Sources: Federal State Local Other

SITE DESCRIPTION

Type of Congregate Site (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> a. Focal Point
<input type="checkbox"/> b. High concentration of elderly in poverty
<input type="checkbox"/> c. High concentration of minority elderly
<input type="checkbox"/> d. Multi-purpose senior center
<input type="checkbox"/> e. Religious facility | <input type="checkbox"/> f. School
<input type="checkbox"/> g. Public or low-income housing
<input type="checkbox"/> h. Restaurant
<input type="checkbox"/> i. Adult Day Center
<input type="checkbox"/> j. Other (township hall, club, etc.) |
|--|---|

Barrier Free: Yes No If no, indicate reason _____

Certification of Accessibility (persons with disabilities are able to enter building, use restroom, and receive service that is at least equal in quality as that received by persons with no disabilities)

Yes No If no, indicate reason _____

Average Number of Meals Served Daily: _____ **Average Number of Meals Weekly** _____

Average Number of Individuals (unduplicated) Served Weekly:

Congregate Meals: _1 Meal _____ 2 Meals _____ 3 Meals Home

Delivered Meals: _____ 1 Meal _____ 2 Meals _____ 3 Meals Liquid

Meals: _1 Meal_2 Meals_3 Meals

Other Meals (*please list*):

Meals prepared on site? Yes No Is this site a drop-off point for HDM? Yes No

Proof of food service license: Yes No If no, indicate reason _____

Nutrition Service Chart 3 -Operational Resources



Annual Congregate Meals Report

FISCAL YEAR:

Organization:

1. Agency/person(s) conducting for congregate nutrition education:

2. Resource person/agencies/handouts/programs (summary)

3. Materials used and any information provided in other languages (list).

CONGREGATE NUTRITION EDUCATION ACTIVITIES PLAN AND OUTCOMES

January

February

March

April

May

June

July

August

September

October

November

December

Congregate Site Information

4. List of congregate sites:

5. Number of Home Delivered Meal (HDM) recipients who also attended a congregate site:

6. Describe vehicles and equipment used for delivering/holding hot, cold and ambient foods.

7. Average Volunteer FTE's at meal time:

8. Average Paid Staff FTE's at meal time:

Submitted by:

Date:

AAA 1-B Comments

Nutrition Service Chart 3 - Operational Resources

Annual Home Delivered Meal Report

FISCAL YEAR:

Organization:

1. Agency/person(s) conducting for nutrition education:

2. Resource person/agencies/handouts/programs (summary)

3. Describe frequency, materials, categories, information provided in other languages.

HOME DELIVERED MEALS NUTRITION EDUCATION ACTIVITIES PLAN

January

February

March

April

June

July

August

September

October

November

December

HOME DELIVERED MEAL INFORMATION

4. Describe vehicles and equipment used for delivering/holding hot, cold and ambient foods. Describe the process for monitoring food safety of home delivered meals.

A. Serving

B. Transporting

5. List the number of HDM routes year-end:

Paid Staff stops per route average/range:

Volunteer stops per route average:

Describe any delivery changes completed in the previous year or planned for the upcoming year:

6. List HDM Volunteer FTEs for delivery:

7. List HDM Paid Staff FTEs for delivery:

8. Provide a copy of intake form, assessment form, and reassessment process as an attachment

Submitted by:

Date:

AAA 1-B Comments:

CHART 4- CENTRAL/SATELLITE KITCHEN

(Attach 1 chart per kitchen)

Agency Name: _____ Date _____

Kitchen Name: _____

Kitchen Address: _____

Kitchen Phone: _____ Contact Person: _____

Certified Manager Name: _____ Certification Date: _____

Allergen Certificate Name: _____ Certification Date: _____

Type of Kitchen: Central (main)
 Satellite
 HDM only

List all dining/HDM sites served from this kitchen

Average Number of	Congregate	Home Delivered	Total
Week	[REDACTED]		

NUTRITION SITE PRODUCTION

Menu Type (Check one)

- 1 month Quarterly Seasonal ___Weeks
 ___Other Week(s) ___Other please specify _____

Food Preparation (Check all that apply)

- Prepared Fresh (Scratch-Cooked)
 Cook Freeze on Site Cook Chill on Site Convenience Entrees
 List: ___% Scratch Entrees ___% Convenience Entrees

CATERED MEALS

- Yes No (If yes, complete Chart 5- Catered Food Service Chart)

FOOD SERVICE LICENSE

All Nutrition Applicants: Attach copy of **Food Service License** and **Current Health Inspection Report** for the central/satellite kitchen(s) indicated above.

CATERED FOOD SERVICE - CHART 5 SUPPLEMENT TO KITCHEN

(Complete 1 form for each caterer - *if applicable*)

Attach a copy of the process to be used to assure fair and competitive bidding for the selection of a caterer(s), and copy of the health inspection report from kitchen used to prepare meals.

Agency Name: _____ Date: _____

Name of Caterer: _____

Address: _____

Telephone Number: _____

Certified Manager Name: _____ Certification Date: _____

Type of Operation:

- National Caterer Local Caterer Vocational School School
 Restaurant Hospital Other, Specify _____
 AAA1-B Provider under separate contract _____

Average Number of Meals Prepared/Served Weekly

	Congregate	Home Delivered	Total
Week	_____	_____	_____

List names of all sites served by the caterer: _____

Annual Average Cost

	Congregate	Home Delivered	Sub Total
Raw Food	_____	_____	_____
Labor	_____	_____	_____
Meal Delivery	_____	_____	_____
Other	_____	_____	_____
Total:	_____	_____	_____

FOOD SERVICE LICENSE

Attach copy of **Food Service License** and **Current Health Inspection Report** for kitchen(s) indicated.

NUTRITION ANALYSIS

Attach a 1-week sample menu with nutrient analysis. Provide an analysis per day and average per week for the following nutrients: calories, protein, carbohydrate, fat, saturated fat, sodium, vitamin A, vitamin C, dietary fiber, calcium and iron.



Quarterly participants served under OAA Title III and state funds
Participant Unit Report - Due 10th of the months of January, April, July, and October

Fiscal Year: Quarter: County:

Service:

Agency Name:

Target/Underserved Population to Be Served:

Person Preparing Report
 Name:
 Email:
 Phone:

Number of Unduplicated Participants Served
Number of Units Served

Title III Unduplicated Participant Count by Characteristic
Participant Race/Ethnicity
a. Black or African American
b. American Indian, Eskimo, Aleutian
c. Asian
d. Native Hawaiian/Pacific Islander
e. Multi-racial
f. White/Non-Hispanic or Latino
g. Hispanic or Latino

Participants in Poverty (100% of federal level)
Total Participants in Poverty and Minority Group
LGBT Participants Served
Limited English Proficiency

This Quarter	Cumulative YTD	Contracted Amount	Percent of Projection

This Quarter	Cumulative YTD	Target Proj Amount	Plan Projection Achieved

This Quarter	Cumulative YTD	Targeting Plan Projected Amount	Percent of Projection Achieved

SAMPLE

Quarterly Programmatic Narrative

Due 10th of the months of January, April, July, and October

Fiscal Year:		Quarter:		
Service:				
Agency Name:				
Person Preparing	g Report			
Name:				
Email:				
Phone:				

Please Describe:

A. Significant Service Developments (i.e. Briefly Describe Outreach, Marketing, Education, and Training Events)

B. Staffing Changes/Updates

C. Recommendations Implemented (Listed on Assessment Follow-Up Tool)

D. Service Needs and Service Gaps

E. Other Significant Activities Experienced in Your Funded Service to Date

Discuss Contract Status Items:

A. Current Contract Stipulations (Listed on Contract)

B. Compliance Issues (Listed on Assessment Follow-Up Tool)

C. Over/Under Serving

D. Total Number of Participants Served in the Quarter do not count a participant more than once **THIS QUARTER**

E. Total Number of Units Served in the Quarter



Social Services Waiting List Information (Non-Medicaid Waiver Participants)

Fiscal Year: **Quarter:**

Service:

Agency Name:

Target/Underserved Population to Be Served:

Person Preparing Report

Name:

Email:

Phone:

1. Enter the number of individuals on the waiting list:

2. Describe the length of stay for individuals on the waiting list: (these should total the number above)

Less than 30 days	<input type="text"/>
30 – 60 days	<input type="text"/>
Greater than 60 days	<input type="text"/>
Greater than 180 days	<input type="text"/>

2a. Enter the number of individuals that currently receive services that are “underserved” (i.e. received social services at less than assessed level, etc.)

2b. Describe the reasons that participants in question 2a (above) are “underserved” (check all that apply):

<input type="checkbox"/>	Reduced or closed services or programs
<input type="checkbox"/>	Loss of caregivers or informal support that supplemented AASA/AAA services or programs
<input type="checkbox"/>	Participant served fewer hours of service than assessed or requested service hours
<input type="checkbox"/>	Shortages of in-home service staff/direct care workers
<input type="checkbox"/>	Prioritization of participant leads to “underservice” for some participants based on priority level
<input type="checkbox"/>	Service delays and/or disruptions
<input type="checkbox"/>	Other (please describe below):

3. Describe any assistance/referrals provided to individuals that are placed on waiting lists:

- Referred to a local non-AAA-funded food assistance program (e.g. MiCAFE, Project FRESH) that is currently accepting participants
- Referred to a local food bank/pantry shelf
- Referred to local DHS office
- Referred to HCBS/ED Waiver Program
- Referred to AAA 1-B's CLP for service options
- Referred to private pay program
- Other assistance (please describe below):

4. Additional comments on waiting list (e.g. changes, events, issues impacting the list, etc.):

SAMPLE

5. Does the demand for in-home, access, and priority services exceed service availability?

- Yes No Unknown

5a. If yes, describe below (check all that apply):

- Limited funding for services
- Limited service area/service delivery availability
- Driver/worker shortage
- Participant choice

6. In order to address service demand that exceeds service availability, are services provided:

6a. At levels less than identified need (underserved)?

- Yes No Unknown

6b. To all participants at their identified need level. **Individuals that cannot be served at identified need level are placed on the waiting list?**

- Yes No Unknown

7. Additional comments on “underservice”:

--

8. If a “0” count of individuals is being reported on the waiting list, please describe:

<input type="checkbox"/>

Service capacity/funding is sufficient to serve all individuals that are eligible

<input type="checkbox"/>

Other (describe):

--

SAMPLE



Home-Delivered Meals Waiting List Information (Non-Medicaid Waiver Participants)

Fiscal Year: Quarter:

Service:

Agency Name:

Target/Underserved Population to Be Served:

Person Preparing Report

Name:

Email:

Phone:

1. Enter the number of individuals on the waiting list:
2. Describe the length of stay for individuals on the waiting list: (these should total the number above)
- | | |
|-----------------------|----------------------|
| Less than 30 days | <input type="text"/> |
| 30 – 60 days | <input type="text"/> |
| Greater than 60 days | <input type="text"/> |
| Greater than 180 days | <input type="text"/> |

2a. Enter the number of individuals that currently receive services that are “underserved” (i.e. Received home delivered meal services at less than assessed level, etc.)

2b. Describe the reasons that participants in question 2a (above) are “underserved” (check all that apply):

<input type="checkbox"/>	Reduced or closed weekend meal programs/options
<input type="checkbox"/>	Participant served/provided frozen meals in place of home-delivered hot meal
<input type="checkbox"/>	Reduced or closed local meal programs that supplement AASA/AAA HDM program
<input type="checkbox"/>	Participant served fewer meals per week than assessed or requested number of meals
<input type="checkbox"/>	Shortages of HDM volunteers/drivers
<input type="checkbox"/>	Prioritization of HDM participants leads to “underservice” for some participants based on priority level
<input type="checkbox"/>	Service delays and/or disruptions
<input type="checkbox"/>	Other (please describe below):

3. Describe any assistance/referrals provided to individuals that are placed on waiting lists:

- Referred to a local non-AAA-funded food assistance program (e.g. MiCAFE, Project FRESH) that is currently accepting participants
- Referred to a local food bank/pantry shelf
- Referred to local DHS office
- Referred to HCBS/ED Waiver Program
- Referred to AAA 1-B's CLP for service options
- Referred to private pay program
- Other assistance (please describe below):

4. Additional comments on the home-delivered meals waiting list (e.g. changes, events, issues impacting the list, etc.):

5. Does the demand for home-delivered meal services exceed service availability?

- Yes No Unknown

5a. If yes, describe below (check all that apply):

- Limited funding for services
- Limited service area/service delivery availability
- Driver/worker shortage
- Participant choice

6. In order to address service demand that exceeds service availability, are home-delivered meal services provided:

6a. At levels less than identified need (underserved)?

- Yes No Unknown

6b. To all participants at their identified need level. **Individuals that cannot be served at identified need level are placed on the waiting list?**

- Yes No Unknown

7. Additional comments on “underservice”:

--

8. If a “0” count of individuals is being reported on the home-delivered meals waiting list, please describe:

<input type="checkbox"/>	Service capacity/funding is sufficient to serve all individuals that are eligible
<input type="checkbox"/>	Other (describe):

SAMPLE



Disease Prevention/Health Promotion Workshop/Program Quarterly Report

Due the 10th of the following months: January, April, July, October

Fiscal Year: Quarter:

Service:

Agency Name:

Person Preparing Report

Name:

Email:

Phone:

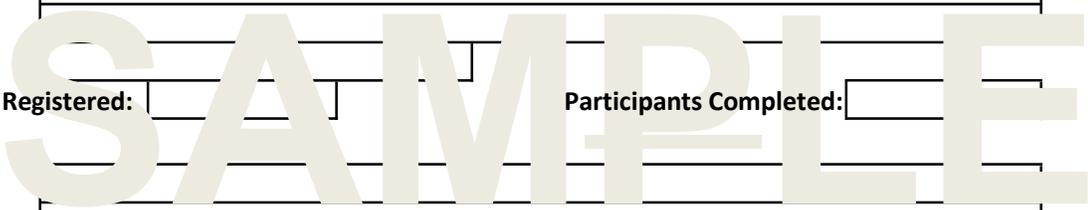
Workshop:

Location:

Start Date:

Participants Registered: Participants Completed:

Canceled workshops:

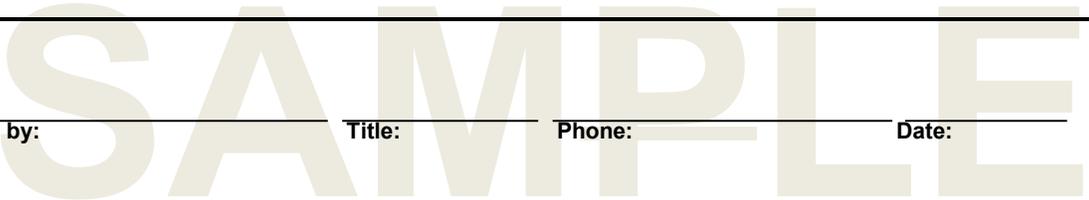


**AREA AGENCY ON AGING 1-B
MONTHLY FINANCIAL REPORT #009
SOCIAL SERVICES**

Contractor Name: _____
 Contract Number: _____
 Service: _____

Contracted Units: _____
 Contracted Participants: _____

Cumulative No. of Month	0	Monthly Expenditures	Year to Date Expenditures	Year to Date Budget	Year to Date Variance	Annual Budget
Direct Cost:		-	-	-	-	-
Indirect Cost:		-	-	-	-	-
* Total Cost:		-	-	-	-	-
Less Program Income/Voluntary Cost Share:		-	-	-	-	-
Net Cost:		-	-	-	-	-
Federal/State Share:		-	-	-	-	-
Local Match Share:		-	-	-	-	-
Monthly Units		-	-	-	-	-
Unduplicated Participants		-	-	-	-	-



Completed by: _____ Title: _____ Phone: _____ Date: _____

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

Signature (Required for processing): _____ Title: _____ Date: _____

E-mail this report to FAReports@aaa1b.com on or before the 5th business day of: Nov, Dec, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct. Monthly reports must be signed by an Authorized Official and emailed to the Agency. Year-end Final Reports must be signed by an Authorized Official and mailed to the Area Agency on Aging 1-B at 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034.

**AREA AGENCY ON AGING 1-B
 QUARTERLY FINANCIAL REPORT #008
 SOCIAL SERVICES**

I. GENERAL INFORMATION

Contractor Name: _____
 Contracted Service: _____ Financial Year: _____ to _____
 Contract Number: _____ Quarter Ending: _____
 Contract Amount: _____ Final Report: Yes () No ()

II. CONTRACT REVENUE AND EXPENDITURES

<u>REVENUE</u>	YTD Actual	YTD Planned	Contract Budget
Federal/State Funding	_____	_____	_____
Cash Match	_____	_____	_____
In-Kind Match	_____	_____	_____
Prog. Inc./Vol. Cost Share	_____	_____	_____
Total:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>EXPENDITURES</u>	YTD Actual	YTD Planned	Contract Budget
Direct			
Salaries and Wages	_____	_____	_____
Fringe Benefits	_____	_____	_____
Travel	_____	_____	_____
Supplies	_____	_____	_____
Equipment	_____	_____	_____
Rent and Utilities	_____	_____	_____
Communications	_____	_____	_____
Service Contracts	_____	_____	_____
Other	_____	_____	_____
Total:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

Indirect			
Salaries and Wages	_____	_____	_____
Fringe Benefits	_____	_____	_____
Travel	_____	_____	_____
Equipment	_____	_____	_____
Rent and Utilities	_____	_____	_____
Communications	_____	_____	_____
Service Contracts	_____	_____	_____
Other	_____	_____	_____
Total:	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

Total Direct and Indirect Expenditures _____ \$0 _____ \$0 _____ \$0

CASH BALANCE ON HAND: _____ \$0

III. PROGRAM SUMMARY

Total Cost Charged to Contract	— <u>\$0</u>
Less: Program Income Received	— <u>\$0</u>
Net Program Cost	— <u>\$0</u>
Federal/State Share (90%)	_____ <u>\$0</u>
Cash/In-Kind Match (10%)	_____ <u>\$0</u>
Net Program Cost	_____ <u>\$0</u>
Total Contract Cost	_____ <u>\$0</u>
Additional Resources	_____ <u>\$0</u>
Total Service Cost	<u>_____ \$0</u>

Completed by: _____

Title: _____

Date: _____ Phone #: _____

I certify that the information provided in this statement is accurate, that all resources received have been accounted for and that all costs reported herein have been incurred in accordance with the conditions of the contract.

Signature: _____
 (Required for processing)

Title: _____

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

E-mail this report to FAReports@aaa1b.com on or before the 5th business day of: January, April, July and October. All reports must be signed by an Authorized Official and emailed to AAA 1-B. A Year-end Final Report must be signed by an Authorized Official and mailed to the AAA 1-B.

**AREA AGENCY ON AGING 1-B
 QUARTERLY FINANCIAL REPORT #006
 UNDER/OVER SPENDING RECONCILIATION
 SOCIAL SERVICES/NUTRITION**

Contractor Name: _____

Contract Number: _____

Service: _____

EXPLANATION OF DIFFERENCES

1. Please explain differences of 10 percent or more that occur between the planned and the actual expenditures, for the expense line items that have been allowed under your contract. State what corrective action will be taken to bring under/over spending in line with budgeted levels.

If under spending occurs in an indirect cost line item, explain why it is necessary to continue to receive payment.

If under spending occurs in a direct cost line item, explain why the contract amount shouldn't be reduced to reflect efficiencies.

Direct Cost Line Item: Explanation:

Indirect Cost Line Item: Explanation:

2. Do you presently have any unpaid obligations? Yes No

Please explain:

If yes, are these costs included in this month's report? * Yes No

** You must include these costs in your Year End 008 Form. If you were formerly reporting on a cash basis, you may want to identify these included accrued costs with an asterisk.*

Completed by:

Title:

Phone:

Signature (Required for processing):

Title:

Date: _____

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).”

SAMPLE

E-mail this report to FAReports@aaa1b.com on or before the 5th business day of: January, April, July, and October. Report must be signed by an Authorized Official and emailed to the Agency. A Final Year-end Report must be signed and mailed to the Area Agency on Aging 1-B at 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034.

**AREA AGENCY ON AGING 1-B
MONTHLY FINANCIAL REPORT#1020M
NUTRITION SERVICES**

GENERAL INFORMATION

	Congregate	Home Delivered
Provider Name: _____	Contract Amount _____	_____
Contract Number: _____	Units Contracted _____	_____
	Participants Contracted _____	_____
Fiscal Year _____ to _____	Unit Rate _____	_____
Month Ending _____	NSIP Rate _____	_____

MONTHLY PROGRAM SUMMARY

	Current Month Congregate	Year to Date Congregate	Current Month Home Delivered	Year to Date Home Delivered
Meals Served	_____	_____	_____	_____
Participants Served	_____	_____	_____	_____
Title III C/State Funds Earned:	\$0	\$0	\$0	\$0
Direct Costs	_____	_____	_____	_____
Indirect Costs	_____	_____	_____	_____
Title III C/State Revenue Receive	_____	_____	_____	_____
NSIP Revenue Received:	_____	_____	_____	_____
Program Income Received:	_____	_____	_____	_____
Over/Under Serving Level*:	_____	_____	_____	_____

* If over/under serving level is 10% or greater provide explanation of variance(s):

* Participants and units reported must match the data reported and reconciled in NAPIS.

CONTRACTOR

Indicate number of meals reported above that were purchased from a NSIP only provider:

Provider Name: _____

Congregate Meals: _____

Home Delivered: _____

Completed by: _____

Title: _____ Date: _____

Signature: _____

NSIP ONLY PROVIDER

Indicate meals (not reported above) that have been purchased by Nutrition Contractor:

Provider Name: _____

Congregate Meals: _____

Home Delivered: _____

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

E-mail this report to FARports@aaa1b.com on or before the 5th business day of the month subsequent to the report period. Monthly reports must be signed by an Authorized Official and emailed to the Agency for processing.

**Area Agency on Aging 1-B
Year End Financial Form - #1020Y**

I. GENERAL INFORMATION

Contractor: _____ Contract Period: _____

	Grant Funding	Required Match	Units	Unit Rate	Participants
Congregate Meals		\$0	_____	_____	
Home Delivered Meals		\$0	_____	_____	
Grant Total	<u>\$0</u>	<u>\$0</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
NSIP Rate	\$0.56				

II. YEAR ONE BUDGET EXPENDITURES

	Congregate Meals	Unit Ratio	Home Delivered Meals	Unit Ratio	Total Contract Expenditures	Additional Resources	Total Program Expenditures
Direct Costs							
1. Raw Food	\$0		\$0		\$0		\$0
2. Purchased Meals	\$0		\$0		\$0		\$0
3. Nutrition Supplements	\$0		\$0		\$0		\$0
4. Direct Labor Salary	\$0		\$0		\$0		\$0
5. Direct Labor Fringe	\$0		\$0		\$0		\$0
6. Direct Kitchen Expenses	\$0		\$0		\$0		\$0
7. Transportation	\$0		\$0		\$0		\$0
Total Direct Costs	\$0	0.00	\$0	0.00	\$0	\$0	\$0
Indirect Costs							
8. Other	\$0		\$0		\$0		\$0
9. Indirect Labor Salary	\$0		\$0		\$0		\$0
10. Indirect Labor Fringe	\$0		\$0		\$0		\$0
11. Facilities (Rent / Utilities)	\$0		\$0		\$0		\$0
12. Equipment	\$0		\$0		\$0		\$0
13. Consultants	\$0		\$0		\$0		\$0
Total Indirect Costs	\$0	0.00	\$0	0.00	\$0	\$0	\$0
Total Program Budget	\$0	0.00	\$0	0.00	\$0	\$0	\$0

III. BUDGET SUMMARY

Total Contract Budget	<u>\$0</u>	Total Program Cost	<u>\$0</u>
Less: CM Program Inc./Vol.Cost Share		Total Program Unit Cost	_____
Less: HDM Program Inc./Vol.Cost Share			
Less: NSIP Reimbursement	<u>\$0</u>		
Sub Total	<u>\$0</u>		
Less: Required Match	<u>\$0</u>		
Federal/State Grant	<u>\$0</u>		

CERTIFICATION: I certify that I am authorized to sign as a representative, officer or agent of the above-mentioned entity. The budget amounts represent necessary costs for implementing the Congregate and Home Delivered Meal Programs as described in the AAA 1-B Contract. Documentation required under the contract will be maintained and accessible for the entire period of the contract and until an audit of the records has been completed after the end of the three-year contract.

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31 Sections 3729-3730 and 3801-3812)."

Signature: _____ Title: _____

Budget Approval: _____ OBA _____ Date _____ FA _____ Date _____