



REQUEST FOR PROPOSALS and OPERATING STANDARDS MANUAL
For Social and Nutrition Services
Fiscal Years 2017-2019 (October 1, 2016 - September 30, 2019)



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) and 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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Ann Langford, Director, Community & Business Advancement

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SERVICES TO BE FUNDED THROUGH THE 2017-2019 RFP

Adult Day Health Services (ADHS)	A structured and supervised day program for older persons with dementia or persons 18 years of age or older and disabled, which provides engaging, creative and meaningful activities that promote enjoyment and socialization for the participant and an opportunity for respite for the caregiver.
Chore	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.
Congregate Meals	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>
Assistance to the Deaf and Hearing Impaired	Education, training, resources, information, and assistance with adjusting lifestyle and living arrangements in response to hearing impairment and deafness.
Assistance for Grandparents Raising Grandchildren	Support, training and information are provided to grandparents who are raising their grandchildren.
Health and Wellness Programs	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.
Home Delivered Meals (Meals on Wheels)	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.
Home Injury Control	Adaptations and devices are installed in homes of older adults in order to prevent falls and/or minimize the occurrence of injury.
Legal Assistance	Legal advice, information, and representation is provided to older adults.

Long Term Care Ombudsman	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.
Prevention of Elder Abuse, Neglect and Exploitation (PEANE)	Collaborative programs are developed, strengthened, and implemented that raise awareness and prevent elder abuse, neglect and exploitation.
Resource Advocacy	Provide information and access to services to older adults within the community. Resource Advocates seek out, identify and assist older adults in need of community services to identify resources that meet their individual needs.
Volunteer Caregiver	Organizations manage, recruit, and match volunteers who provide respite to caregivers of older adults. Volunteers provide companionship, assistance with instrumental activities of daily living, and/or transportation.

INTRODUCTION

The Area Agency on Aging 1-B (AAA 1-B) is a non-profit organization that is responsible for services to more than 663,567 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 organizations; 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 Aging 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 an 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 in order 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 organizations 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 Services 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 organizations interested in receiving a contract to provide services to older

adults for the three- year period between October 1, 2016 and September 30, 2019. 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 2017 - 2019 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 organizations require prior approval from AASA via AAA 1-B. Such organizations 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 at www.aaa1b.com. There is a separate application process for organizations 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.com.

*All new Nutrition Services Providers 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 in order to submit a proposal. All application forms are located at www.aaa1b.com and must be downloaded from the AAA 1-B website and submitted via US mail. Forms in this *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, and other documents. These materials will 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 are located at www.aaa1b.com and must be submitted electronically. Forms in this *Manual* are samples only.

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

CONTRACT STAFF DIRECTORY

Staff Name	Responsibility	Phone & Email
Cathy Backos Program Manager, Caregiver & Social Services	Adult Day Health Service Chore Deaf and Hearing Impaired Grandparents Raising Grandchildren Home Injury Control Legal Assistance Long Term Care Ombudsman Prevention of Elder Abuse, Neglect & Exploitation Resource Advocacy Volunteer Caregiver	248-213-0538 cbackos@aaa1b.com
Kelsey Budnick NAPIS Coordinator	National Aging Program Information System (NAPIS) Database	248-262-9218 kbudnick@aaa1b.com
Amanda D'Angelo Manager, Compliance & Regulatory Performance	Oversees programmatic management of all programs	248-262-1287 adangelo@aaa1b.com
Ann Langford Director, Community & Business Advancement	Department Director	248-262-9942 alangford@aaa1b.com
Chaora Berry Sr. Financial Analyst	Oversees fiscal management of all programs	248-262-9205 cberry@aaa1b.com
Kristin Wilson Program Manager, Nutrition and Wellness Services	Congregate Meals Home Delivered Meals 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.com	March 18, 2016
Applicant Workshop, MANDATORY.....	April 5, 2016
<ul style="list-style-type: none">• Social Service and Nutrition Service applicants are required to attend in order to submit an application for funding.• Information on applying for contracts will be presented.• Applicants are encouraged to review the entire <i>Manual</i> prior to the Workshop.	
Letters of Intent Due.....	April 15, 2016
Application Submission Deadline.....	June 03, 2016
<ul style="list-style-type: none">• Submit one application package with required documents and original signatures <u>and</u> two photocopied packages, either in person to the Southfield office or via US mail by 4:30 p.m. on June 3, 2016.	
AAA 1-B Board of Directors' Action on Funding Decisions.....	July 22, 2016
FY 2017 - 2019 Award/Denial Letters Mailed to Applicants.....	July 29, 2016
<ul style="list-style-type: none">• Letters appealing the decisions must be received by AAA 1-B by August 5, 2016 by certified US Mail, FedEx or UPS only.	
Pre-Contract Materials for awarded applicants due.....	August 12, 2016
<ul style="list-style-type: none">• Acknowledgement Letter, signed• Required Policies and Procedures• Certificate of Insurances• Revised Match Letter(s) and Budget (if applicable)• Business Associate Agreement, signed• Articles of Incorporation and federal ID number	
FY 2017 contracts mailed to contractors.....	August 29 - September 9, 2016
<ul style="list-style-type: none">• Awarded applicants are now known as "contractors."	
Contract Reporting Workshop, MANDATORY.....	September 20, 2016
Signed Contracts due to AAA 1-B.....	September 23, 2016
FY 2017 Contract Year Begins.....	October 1, 2016

MANDATORY APPLICANT WORKSHOP AND TECHNICAL ASSISTANCE

Applicants are required to attend the Applicant Workshop. Organizations may not apply for funding for the FY2017 - FY2019 contract cycle if an organization 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 15, 2016 at 4:30 p.m.

The request for proposal (RFP) letter of intent (LOI) informs AAA 1-B that your organization is interested not only in submitting a proposal in response, but also in receiving all RFP updates and modifications.

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

1. Use a formal letterhead and do not handwrite the letter of intent.
2. Include all services your organization 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 organization 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 chose to send the LOI 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 organizations that attend the Applicant Workshop and have submitted a letter of intent.

Applications must include all required documents and original signatures, where appropriate. One application with original signatures and (2) copies of the application must be submitted to AAA 1-B no later than 4:30 p.m. on the application due date of June 3, 2016. Late applications will not be accepted.

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

Applications are reviewed based on the following criteria:

- Organization Experience
- Program Description
- Program Need
- Program Implementation/Service Delivery
- Quality Assurance Procedures
- Staffing
- Budget
- One-Year Contractor Plan of Work Worksheet
- Targeting Plan
- Other Relevant Information

Contracts will be awarded to organizations whose applications best meet the stated criteria, demonstrate cost effective delivery of quality services, show collaboration and coordination with partner organizations, 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 (see sample ARC Programmatic and Fiscal Review Tools).

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. 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 on an annual basis or more frequently 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 AAA1-B program manager. Other changes, program requirements, and/or stipulations may be added to the funding decision.

All applicants must sign and return the Acknowledgement 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. Applicants may be required to resubmit signed funding match letters if contract funding amounts have increased.

All applicants approved for funding are required to submit electronically a copy of their organization'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 be in compliance 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 acknowledgement 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 or not 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 organization 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 on line at www.aaa1b.com. Please follow the instructions below to complete the application form.

Organization Information:

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

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

Organization History and Experience

Describe organization history, experience, and qualifications for providing the proposed service. If applicant is a previous AAA 1-B contractor, describe organization'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 organization is the most qualified to provide the service.

Program Implementation

Describe the process of program implementation including referral activities, participant intake, and service delivery. 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 organization's internal control policy. An internal control policy is something that 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 Budget Justification Form, which will include a brief explanation of all costs listed in the budget by line item.
- The Organization 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.

Organizations receiving more than \$500,000 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 \$500,000 or more of federal funding is received. The \$500,000 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 contractor's fiscal year.

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

FY 2017 Plan of Work

Each applicant is required to discuss the delivery of its proposed service for the first year (FY 2017) of the FY 2017 - FY 2019 contract funding period. Information provided will explain specific activities proposed to be undertaken to achieve the desired outcomes of the service.

An organization applying for funding for multiple services funded through AAA 1-B Title III/State Funds must submit a separate application for each service, each of which will include a separate plan of work.

Plan and Progress Worksheet

Complete “The Plan” portion of the Plan and Progress Worksheet, found on www.aaa1b.com. Do not complete “The Progress” portion of the worksheet; it will be completed and submitted quarterly by awarded applicants. As you complete “The Plan”, refer to the long term goal of the service, which was formalized in 2013 by AAA 1-B in consultation with contracted service providers. The long term goal can be found with each service definition in Part 2 of this *Manual*.

Outcomes: Changes that occur over time as a result of action steps taken. Desired outcomes are related both to the performance of the contract and also to the benefits conferred to participants, organizations, communities, or systems. Performance Outcomes have been determined by AAA 1-B in consultation with current service providers and are pre-filled on the worksheet. At least one outcome is designed to measure increased serving to one or more underserved or priority population groups. Impact Outcomes will measure the value of the service to societal stakeholders and will be developed early in the contract year in partnership with AAA 1-B Research, Policy Development and Advocacy Department staff.

Outputs: Measurable products and/or participation that result from implementing action steps. For example, surveys completed or presentations given. Basic performance outputs such as participants and units served will be reported on other reports and are not included on this worksheet.

Action Steps: Activities that will be undertaken to produce desired outputs by which outcomes are measured. Add a series of action steps that, for FY 2017, will result in measurable progress to accomplishing the outcomes. Action steps should be developed that are SMART (Specific, Measurable, Achievable, Relevant and Time-specific). Include a completion date for each action step. At least one action step must be related to serving one or more underserved or priority population groups. Do not include action steps that are part of the normal course of business, such as "make appointment with participant" or "install bathroom safety device." A good example of an action step is: Give one presentation to promote service to Asian Americans at the Association of Chinese Americans by 6/1/17.

AAA 1-B program managers are available to provide technical assistance on the completion of the plan of work.

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.com. Applicants will also enter the number of participants from each demographic group they project to serve.

For FY2017 – FY2019, 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. The percentage will auto-populate once population numbers are put into the form. Also, the applicant must identify an Action Step on the Plan and Progress Worksheet how the specific underserved/ priority group(s) will be reached and served.

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.

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 on Aging/ 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 purpose of 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.com. 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 organization 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 organization'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 the % sign.

Travel – Staff:

This item is for paid staff travel only. Any travel costs included in this item must be for the purpose of 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 put to use, 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; rather, 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
- 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.

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 Health 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 organization 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, consultant 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 the 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 Organization 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 as a result 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 in excess of 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 budgeted 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 during 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 during one year. The definition of a 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: Provide an authorized signature, printed/typed name and title, and the date of signature. At least one copy of the Budget Summary must have an original authorized signature, in blue ink. Applications without an original authorized signature on at least one copy of the Budget Summary will NOT be accepted for review.

Lines 35 and 36 are for AAA 1-B use only. Please leave them blank.

Budget Justification Form for Social Services

Complete the Budget Justification Form for Social Services by providing a brief but detailed explanation of all costs listed in the budget by line item. The form is located at www.aaa1b.com.

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 80% federal/state funding to 20% local match. Of the 20% 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 80% then multiply the result by 20%.

Exception to match requirement for the Grandparents Raising Grandchildren service: A match ratio of 90% federal/state funding to a 10% local match 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%.

Applicants must comply with match requirements to be eligible for funding. Organizations 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.com. They must be completed electronically since they are housed on a Microsoft Excel spreadsheet and some fields 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 applicant's 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 if and 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 are designed to show the costs of the proposed program by line item. Totals of the 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 donated 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 full Budget.

Detail Form: Congregate & Home Delivered Meal Program Budget Detail

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 organization 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 prepared in production facilities that are to be operated by the applicant. If all meal preparation is sub-contracted to another organization, skip this section.

Line Item #2 – Purchased Meals

This category is used for all meals not prepared in the applicant's facility including: NSIP-only provider meals and 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.

Detail Forms: Home Delivered Meals Expenditure Detail & Congregate Expenditure Detail

These two forms are identical, but pertain to either the Home Delivered Meal service or 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 organization requesting funding.

Lines 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 organizations 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 provided. 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) 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 the purpose of 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)".

Lines 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, attach 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. Applicants/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
- 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: Congregate and Home Delivered Meal Program Budget

Follow these instructions to complete the full budget form. Much of the information will have been auto-populated 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 organization 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. Attach to your application documentation attesting to the source and amount of cash and in-kind match that will be received for the program.

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%.

Nutrition Services contractors are not required to provide a match 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 back to the proportions included in the original contract.

Applicants must comply with match requirements to be eligible for funding. Organizations 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 fiscal 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 as a result 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 in excess of 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.
- 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.

Provide an authorized signature, printed/typed name and title, and the date of signature. At least one copy of the Budget Summary must have an original authorized signature, in blue ink. Applications without an original authorized signature on at least one copy of the Budget Summary will NOT be accepted for review.

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

Budget Justification Form

Complete the Budget Justification Form for Nutrition Services by providing a brief but detailed explanation of all costs listed in the budget by line item. The form is located at www.aaa1b.com.

NUTRITION SERVICE DELIVERY CHARTS: 1– 6

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

CHART 1: Food Specifications

This information will be used to evaluate and compare ingredients, quality, and portion size that comprise the food cost in your budget related to the one week sample menu submitted on Chart 2. Provide the information requested and Indicate N/A for food products that are not used. Wherever possible, indicate substitute products. List sample frozen meals utilized by brand commercially purchased, including brand names or whether prepared from scratch cooking.

CHART 2: Menu Specifications

This information will be used to evaluate the nutrient analysis of the applicants sample menu, and two standardized recipes.

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.

CHART 4: Congregate Site Operations

Submit a chart for each congregate site, including meals provided at Adult Day Health Centers.

CHART 5: Central/Site 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.

CHART 6: Caterer Food Service

This chart supplements Chart 5. Provide the information requested for caterer 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 organizations 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; template provided by AAA 1-B
- Certificate of Insurances, mailed directly to AAA 1-B from the insurance company.
- Copy of Articles of Incorporation and federal ID number, to verify corporate status.
- Business Associate Agreement, with authorized signature; template provided by AAA 1-B.

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 this *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 to AAA 1-B at 29100 Northwestern Hwy, Suite 400 Southfield, MI 48034, to the attention of the appropriate AAA 1-B program manager by August 12, 2016.

POLICIES AND PROCEDURES CHECKLIST

- Prioritization/Waiting List Policy
- Confidentiality Policy
- Private Pay Policy, If applicable
- Abuse Policy
- Emergency Management Policy, if applicable
- Volunteer Policy, if applicable
- Staffing Policies, including:
 - Reference Checks
 - Annual Employee Performance Reviews
 - Criminal Background Checks
- Complaint Resolution & Appeals
- Participant Service Termination Policy
- Organization-Written Policies, which address the following:
 - Risk Management
 - Worker Safety in the Home, if applicable
 - Organization's Code of Ethics
- Program Income/Voluntary Cost Share Policy
- Service-specific Policies: Applies to Adult Day Health and Nutrition Services only
- Adult Day Health Service (ADHS) Specific Policies and Procedures
 - Eligibility Criteria
 - Screening
 - Assessment
 - Care Plan
 - Medication
 - General Personal Care
 - Transportation
- Nutrition Service Specific Policies and Procedures
 - Person centered planning
 - Food Safety
 - Handling Donations
 - Emergency Plan
 - Eligibility
- Other Required Documents
 - Business Associate Agreement
 - Articles of Incorporation and federal ID number, to verify corporate status

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 AAA 1-B and the Michigan Aging and Adult Services Agency (AASA) against any and 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.
- 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 certificates must be sent by the insurance company, not the contractor. Your agent may send, via US Mail, an original certificate of insurance to: AAA 1-B, 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034; attention Community & Business Advancement Department. The certificate may also be e-mailed by the insurance company in PDF format to the Contract and DSP coordinator, or fax 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 named 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, 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.

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. In addition to these general requirements for all AAA 1-B funded programs, applicants must also comply with the service specific operating standards found in this *Manual*.

Contractual Agreement

Services are to be provided as stated under the approved AAA 1-B Annual Implementation Plan through formal agreements between AAA 1-B and approved service providers as either contracts and/or Direct Service Purchase (DSP) bid agreements. Each contract or Direct Service Purchase agreement must contain all required components as detailed in the Operating Standards for Area Agencies on Aging. To obtain a copy of this document, please go to <https://osapartner.net>.

Assignment of responsibilities under the contract or execution of subcontracts involving a third party must be approved in writing by AAA 1-B. Direct service provision by AAA 1-B must be specifically approved as part of the area plan. Contractors are responsible for ensuring that subcontractors are held to all AAA 1-B and AASA Operating Standards for All Service Programs, as well as the Service Specific Standards, including insurances and background check policies. The form is also available on the website at www.aaa.1b.com.

Compliance with Service Definitions

Only those services for which a definition and minimum standards have been approved by the Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA) can be funded with federal and/or state funds awarded by AAA 1-B. Each contracted 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 service.

Services funded under Older Americans Act (OAA) Title III-E (The National Family Caregiver Support Program) may be provided to caregivers age 60 and older, caregivers of any age when the care recipient is age 60 or older, and to kinship caregivers age 55 or older caring for kinship care recipients aged 18 and under and persons with disabilities.

Services funded under the Merit Award funding (Adult Day Health Service and respite care) may be provided to adults aged 18 or older.

Targeting of Participants

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

“Substantial emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs and/or limited English proficiency than their relative percentage to the total elderly population within the geographic service area. “Low-income” is defined as an individual living at or below 100% of the federal poverty level. For updated, annual poverty guidelines go to: <http://aspe.hhs.gov/poverty>. Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve.

Participants shall not be denied services because of their income or financial resources.

Prioritization Criteria

Where program resources are insufficient to meet the demand for services, written criteria for prioritizing program participants to be served shall be developed which takes into account indicators of need and the prioritization criteria. Such indicators of need must account at a minimum for persons who are frail, homebound because of illness or incapacitating disability, or otherwise isolated. Individuals will be prioritized in the following order:

- AAA 1-B Community support services participants, who have been assessed by AAA 1-B
- Individuals recently released from the hospital and requiring services on a short term basis
- Other individuals recently released from the hospital
- Other factors of need, including economic need based on self-declaration of income, social need (insufficient community support, cultural or ethnic barriers and/or unsafe conditions), or functional need (mental, physical health, ADL/IADL limitations).

Participant Waiting List

Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, Community or Nutrition) but cannot be served at that time. Such a list must include service being sought, the name and contact information of the individual on waiting list, the date service is first sought, the length of stay on the waiting list, the county, or defined service area if less than a county, of residence of the person seeking service, and assistance or service referrals offered to the individual on the waiting list. The provider must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list. Waiting list information will be reported quarterly to an AAA 1-B program manager.

Serving Native Americans

Elderly Native Americans, as either members of tribes and organizations or as individuals, in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elderly persons. Providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elderly from that area. At this time, there are no Native American reservations in the AAA 1-B region. The organization that targets Native American groups for services in the AAA 1-B region is: South Eastern Michigan Indians, Inc., Center Line, MI 48015, (586) 756-1350.

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 consent of that person or of his or her legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state, or local organizations 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 with regard to HIPAA regulations. All participant information must be maintained in controlled access files, such as locked file cabinets or password protected computer files.

Referral and Coordination Procedures

Each provider shall establish and document working relationships with other community organizations for referrals and resource coordination to ensure that participants have maximum possible choice. Providers are encouraged to develop or support local coalitions of service providers in order to avoid duplication of services and maximize the resources available to participants. Each provider must be able to demonstrate linkages with organizations providing access services.

As appropriate, referrals should be made to the AAA 1-B Resource Center which is available for providers, older and disabled adults, and caregivers, Monday through Friday, 8:00 a.m. to 5:00 p.m., toll-free at (800) 852-7795. Assistance with translation via a Language Line or in identifying a translation service can be provided.

Participants may be eligible for the following AAA 1-B programs:

- Community support services through the Community Living Program (CLP),
- Community Care Management (CCM),
- Community Transition Services,
- The MI Choice Medicaid Waiver program.

Prior to disclosure of participant-identifying information to any other organization or individual, all providers must obtain from participants a signed release of information authorization.

- A general Release of Information, renewed annually, documents the participant's or guardian's consent for:
 - emergency contacts to be notified in the event of an emergency;
 - emergency information to be shared (if needed) and;
 - demographic data to be reported in the National Aging Program Information System (NAPIS).
- Should a program make referrals on behalf of a participant to another program an additional specific release of information form is required. This form is to be renewed annually.

Private Pay Policy

When AAA 1-B contractors 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 waiting list for federal/state funded and private pay services. For federal/state funded services, contractors shall abide by the AAA 1-B prioritization order:
 - AAA 1-B community supports services participants, assessed by AAA 1-B. These participants shall not be offered private pay service unless reviewed and approved by an AAA 1-B Supports coordinator;
 - Individuals recently released from the hospital and requiring services on a short term basis;

- Economic need, based on self-declaration of income. Federal/state funded programs may not require proof of income;
- Social need, such as insufficient community support, cultural or ethnic barriers, and/or unsafe conditions, and
- Functional need, such as mental health, physical health, or ADL/IADL limitations.

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 organization's Board of Directors and/or management of the organization.

The delivery of private pay services shall not be subsidized by OAA funds.

Services Publicized

Each provider must be able to publicize its programs in order to facilitate access by all older persons, which at a minimum shall include being easily identified in local telephone directories and websites. A focus should be given to publicizing programs to those in the greatest economic or social need, including low-income minority individuals.

Program informational materials and publicity must credit AAA 1-B as a funding source, and must indicate compliance with the Civil Rights and Social Rehabilitation Acts, and Equal Employment practices. Programs are encouraged to use the AAA 1-B logo on printed materials.

Sample tagline: [Organization] is funded in whole or in part by the federal Older Americans Act and the AASA through the Area Agency on Aging 1-B. [Organization] 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. Reasonable accommodation will be provided upon request.

Abuse/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 and ensure compliance with all Michigan state laws relative to elder abuse reporting.

Emergency Management/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.

Programs must have written emergency management procedures, which in some cases, shall be coordinated 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 a hazardous environmental condition.

Coordination with EOCs is required for Home Delivered Meal providers. Chore, Resource Advocacy, and all nutrition services providers may be called upon to assist in the event of an emergency.

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, a weather related crisis or a hazardous environmental condition, lack of staff or any other reason. If services are unable to be delivered, please notify AAA 1-B Resource Center at 800-852-7795.

Nutrition providers are required to complete and submit the electronic Meal Cancellation Report and email the completed report ~~send~~ to the AAA 1-B program manager on or before the date of closure. The Meal Cancellation Report can be found on the 'meal site' tab at www.osapartner.net.

Insurance Requirements

Each provider shall have sufficient insurance to indemnify loss of federal, state, and local resources due to casualty, fraud, or employee theft. All buildings, equipment, supplies and other property purchased in whole or in part with federal/state funds awarded by AAA 1-B are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss.

Volunteers

Each program utilizing volunteers shall have a written procedure governing the recruiting, training and supervision of volunteers that is consistent with the procedure utilized for paid staff. The organization's volunteer policy must call for a procedure for checking criminal background/history for volunteers, which is mandated by AAA 1-B for all volunteers going into the home and strongly recommended for all other volunteers. Volunteers shall receive a written position description, orientation training, and a yearly performance evaluation, as appropriate. Programs must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all volunteer staff. Background checks should be done on a regular basis for all volunteers, and is recommended annually.

Programs must have a written policy calling for an annual review of volunteer performance. Providers are encouraged to annually test volunteers for tuberculosis (TB).

For volunteers who operate a vehicle as part of their volunteer duties, a valid driver's license and automobile insurance is required. A copy of the volunteer's driver's license and certificate of insurance should be kept on file.

Staffing

Programs shall employ competent and qualified personnel sufficient to provide services pursuant to the contractual agreement. Programs shall have a policy calling for reference checks, and a written procedure for conducting reference checks.

Programs must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid 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. Background checks should be done on a regular basis for all employees, and is recommended annually.

Programs shall be able to demonstrate an organizational structure including established lines of authority. Programs must have a written policy calling for annual review of employee performance. Providers are encouraged to annually test employees for tuberculosis (TB). Adult Day Health Service providers are required to test employees for TB annually.

Staff and Volunteer Identification

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

Orientation and Staff Training

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

Program staff must also receive training from their employer designed to increase their knowledge and understanding of the program and the participants, and to improve their skills at tasks performed in the provision of service.

Programs must provide staff training on local resources available for referrals. This must include training on the AAA 1-B Information and Assistance service, AAA 1-B Community Support Services including the Community Living Program, and other AAA 1-B services for older adults.

Program staff is strongly encouraged to attend training on Person-Centered Thinking (PCT). PCT is a concept and a service delivery model which empowers the participant to take charge and direct their own needs, rather than allowing the system or services to direct their needs.

Program staff is encouraged to participate in relevant AASA or AAA 1-B-sponsored or approved in-service training workshops.

Records identifying dates of training, attendance, and topics covered are to be maintained in the staff's personnel file or contractor training logs. Training expenses are allowable costs against contracted funds. Each service program should budget an adequate amount to address its respective training needs.

Participant Files

Unless a participant assessment is conducted by AAA 1-B, or unless otherwise specified in AASA or AAA 1-B service standards, 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 and Birth Date
- Gender
- Source of referral to the program
- Living alone status/Living arrangements
- Condition of residential environment
- Race and Ethnicity
- Income Status (above/below 100% of poverty level)
- ADL and IADL assistance need information
- Nutrition Risk (required for Home Delivered Meal service only)

Emergency Information: Name, address, and telephone number of at least one emergency contact, with a different telephone number.

Caregiver Information: Name, address, and telephone number of caregiver(s), if applicable.

Release of Information: For NAPIS which must be signed by participant and renewed annually.

Service Related Information

- Dates of initial intake and the date service started
- Service needs identified;
- Service rendered;
- Referrals to other organizations

- Specific Release of Information authorizations related to any referrals for other services. This ROI is limited to a 1 year time period.

Participant Complaint Resolution and Appeals

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. Each program must provide written notification to each participant, at the time service is initiated, of her/his right to comment about service provision, appeal termination of services and file complaints of discrimination with the U.S. Department of Health and Human Services' Office of Civil Rights or the Michigan Department of Civil Rights.

Persons denied service and participants served under the contract must be notified of their right to complain and/or appeal and the procedure to be followed. Such notice may be given by posting written materials at locations where services are provided or through individual verbal instruction. Such notice must advise participants 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.

Each provider shall have a written procedure for handling complaints that includes documenting all complaints with actions taken and any follow-up provided. All complaints received will be logged by the provider and reviewed at each annual assessment by an AAA 1-B program manager.

Providers must provide a copy of the AAA 1-B Service Recipients Grievance Procedure to any participant or his/her representative who remains unsatisfied after grieving an action with the funded service provider. See AAA 1-B's Service Recipient's Grievance Procedure which is available upon request.

Complaints from participants received by AAA 1-B will be referred to the provider who manages the contract.

Appeals

Each program must also have a written appeals procedure for use by participants with unresolved complaints, individuals determined to be ineligible for services or by participants who have services terminated. Persons denied service, participants 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.

Service Termination

Each program must establish a written procedure to terminate a participant's service, if necessary. The procedure will include formal written notification of the termination of services and must be documented in the participant's file. 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 decides to stop receiving services.
- Reassessment determines a participant to be ineligible.
- Improvements/changes in the participant's condition so they no longer are in need of 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 participant in either acute care or a 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.

Employment Law

Each program must clearly post signs, in English and other languages as may be appropriate, at organization offices and locations where services are provided indicating non-discrimination in hiring, employment practices, provision of services and the federal/Michigan Labor Law compliance as it pertains to individual services.

Civil Rights Compliance

Programs may not discriminate against any employee, applicant for employment, or recipient of service because of race, color, religion, national origin, age, sex, height, weight or marital status. Providers must sign an Assurance of Compliance with Service Standards form assuring compliance with the Civil Rights Act of 1964.

Additionally, AAA 1-B requires that all programs do not discriminate against any employee, applicant for employment or recipient of service because of sexual orientation or gender identity.

Equal Employment

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

Universal Precautions

Each provider must evaluate the occupational exposure of employees to blood or other potentially hazardous materials which may result from performance of the employee's duties and establish appropriate universal precautions (www.osha.gov). Each program 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. Personal care staff in Adult Day Health Service centers is required to have documentation of annual TB test results in employee files.

Drug Free Workplace

Each program must agree to provide a 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 (www.drugfreeworkplace.org).

Americans with Disabilities Act

Each program must operate in compliance with the American Disabilities Act (www.usdoj.gov/crt/ada).

Family and Medical Leave Act of 1993

Each program must comply with the Family and Medical Leave Act of 1993 (www.opm.gov/oqa/leave/html/fmlaregs.htm).

Workplace Safety

Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MIOSHA). www.michigan.gov/miosha.

Each program should have a policy that addresses worker safety. This policy should cover contractor expectations of workers and volunteers (paid & unpaid) to ensure their own safety while in the community and/or in the private home of participants, including how to address any illegal or dangerous activities witnessed, presence of guns or weapons in the home, use of medical marijuana, etc. At a minimum, the safety policy should call for the development of organization procedures for communication during an emergency, dealing with inclement weather and how to handle threats to personal safety.

Note: Every AAA 1-B Community Support Services participant receives a Participant Handbook, which states that the participants are to “Provide a safe and non-threatening environment for those arranging for and providing services.” AAA 1-B staff is instructed to leave the premises if they feel threatened and/or witness illegal activity such as theft, use or dealing of illicit drugs, prostitution, abuse, etc. Participants are expected to keep weapons out of sight and preferably locked up while workers are in the home. All illegal or threatening activities or environments should be reported to the AAA 1-B supports coordinator immediately.

Risk Management

AAA 1-B requires all contractors to have in place their organization’s Risk Management Plan. The scope of the Risk Management Plan should include, where appropriate, the following components:

- A minimum of three risk areas: Business/IT; Natural/Environmental Threats; and Stakeholder Threats.
- Name of the individual who is responsible for implementing the Provider's Risk Management Policy and Procedure.
- Training in both clinical risk management and health and safety for key staff such as direct care staff, supervisors, managers, and Board Members (as appropriate)
- A system of communication among staff regarding the organization's Risk Management Policy and Procedure. Such system will include the reporting, investigation, and remediation of participant grievances, quality of care concerns and sentinel events. It will also include a written description of rights of the individual participant that is shared across the organization.

Code of Ethics

Each provider must provide AAA 1-B with their Code of Ethics Policy.

Debarment and Suspension

Area Agencies on Aging are prohibited from contracting or making sub-awards to parties 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 three years from the time as any pending litigation or audit findings have been resolved and final action is taken (45 C.F.R. § 74.53).

Providers must follow generally accepted accounting principles and meet any other fiscal requirements established in 45 C.F.R. § 74, 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 Organizations."

Non-Profit Providers who receive \$500,000 or more a year in federal funds must adhere to OMB circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations" 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.)

Quality Assurance

Each program must employ a mechanism for obtaining and evaluating the views of participants about the quality of services received. The mechanism may include participant surveys, review

of assessment records of in-home recipients, etc. Programs must demonstrate use of quality assurance data to enhance or improve service delivery.

Reporting

Providers awarded funding from AAA 1-B must:

- submit statistical and other required reports within time frames 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; and
- submit the required participant information for the National Aging Program Information System (NAPIS) as specified by AASA and AAA 1-B, as appropriate.

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

Reporting instructions and sample forms for all services are found in Part 3, Reporting Requirements of this *Manual*.

PROGRAM INCOME/VOLUNTARY DONATIONS/VOLUNTARY COST SHARE and PRIVATE PAY PROGRAM POLICIES

Program Income/Voluntary Donations

Program income/voluntary donations mean gross income received by the program that is directly generated by an AAA 1-B funded activity or earned as a result of the contract agreement during the contract period. Program income includes, but is not limited to, income from contributions for services performed. Fundraising activities do not generate program income. Funds generated from fundraising activities should be included as “Additional Resources” in the program budget. Interest earned on federal or state funds is not program income.

Program income/voluntary donations generated from federal or state funded services must be used to enhance or increase service for the program in which it was received in the contract year that it was received. All program participants shall be encouraged, and offered a confidential and voluntary opportunity to contribute towards the cost of providing the service received. **No one may be denied service for failing to make a donation.**

Voluntary Cost Share

Cost sharing may be implemented according to the Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA) cost sharing policy (AASA Transmittal Letter #393). Any organization interested in developing or revising new cost share guidelines must submit draft changes to AAA 1-B for approval.

Private Pay Programs

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

Required Documentation

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

- daily counting and recording of all receipts by two unrelated individuals,
- provisions for sealing, written acknowledgement, and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged, and
- reconciliation of deposit records and collection records by someone other than the depositor or counter(s).

No paid or volunteer staff person of any program is permitted to: solicit contributions from program participants (except donations or voluntary cost share); offer for sale any type of merchandise or service; and/or seek to encourage the acceptance of any particular belief or philosophy by any program participant.

OPERATING STANDARDS UNIQUE TO EACH SERVICE

This section contains the minimum standards and requirements for nutrition and social services for the FY 2017-FY2019 contract cycle, representing the period between October 1, 2016 and September 30, 2019. In addition to these service specific standards, applicants must also comply with the General Operating Standards for all services. Information about the amount of funding allocated to each service will be provided at the Applicants Workshop on April 5, 2016.

ACCESS SERVICE STANDARDS

In addition to the general service requirements, each Access Service program (Resource Advocacy is the one contracted service) must be able to demonstrate effective linkages with organizations providing long-term care participant support services within the program area. Such linkages must be sufficiently developed to provide for prompt referrals whether for initiating services or in response to a participant's changing needs or respective eligibility status.

Community Care Management (CCM) and the Medicaid Home and Community-Based Waiver for the Elderly and Disabled (MI Choice/Medicaid Waiver) programs are considered to be long-term care participant support services. These two programs have many common functions and activities as well as a consistent focus. The general requirements for Access Service programs are intended to provide a framework for efficient and effective integration of these programs within the Michigan aging network.

- An individual requiring long-term care is to be served by the CCM program when they have been determined to need a nursing facility level of care based on functional limitations, but are not determined to be Medicaid eligible. Once Medicaid eligibility has been determined, the participant is to be referred to the appropriate waiver program. CCM programs are to be funded through State Care Management funds and may also use Older Americans Act Title III Part B funds.
- An individual requiring long-term care may be served by the MI Choice/Medicaid Waiver program when it has been determined that they require a nursing facility level of care based on functional limitations and are Medicaid eligible. MI Choice/Medicaid Waiver programs are to be funded through Medicaid.

Community Living Program (CLP)

- An individual requiring short or long term care/assistance can be served by the CLP until it has been determined that the individual no longer requires assistance OR the participant requires additional services and can be served through the Community Care Management (CCM) or MI Choice/Medicaid Waiver Program.
- The CLP for any participant enrolled may be funded from a combination of Federal, State, local, private & Medicaid resources (depending on Medicaid eligibility).

Service Name	Resource Advocacy
Service Category	Access
Service Definition	Resource Advocacy is an integral component of the AAA 1-B Access Team which is comprised of Resource Advocates, Resource Advocacy Supervisor(s), Nutrition Assessors, AAA 1-B support coordinators, AAA 1-B clinical managers, resource specialist(s) and the AAA 1-B program manager. The Access Team works in conjunction with other aging and disability network collaboratives to support and enhance access to services. Resource Advocates seek out, identify, and assist older adults in need of community services to identify resources that meet their needs. Resource Advocates work in collaboration with AAA 1-B, but do not duplicate the work of AAA 1-B staff.
Unit of Service	One hour of Resource Advocacy service includes assisting older adults using person-centered techniques either in person or via the telephone to meet the individual's identified need(s), within the parameters set by the minimum standards.

AAA 1-B LONG TERM GOAL: Older adults will maintain their health and independence through access and information to services.

MINIMUM STANDARDS

- Resource Advocates develop expertise in understanding the range of services and benefits available to older adults in their community.
- Resource Advocates use a variety of strategies, including face-to-face or telephone contacts to seek out, assess, and assist older adults who are in need of options counseling, MMAP assistance, and/or long-term care services.
- Resource Advocacy contractors shall collaborate with racial/ethnic/culturally diverse organizations to target services to individuals who are low income and/or culturally/racially diverse. Targeting goals are developed annually as required by the state office.

Allowable Services

- Resource Advocates assist older adults with immediate and emergency needs for food, shelter, or other basic needs. Assistance may include warm transfer referrals to appropriate

organizations. They are required to provide practical assistance with the following: 1) Community Living Program (CLP); 2) Medicare/Medicaid; 4) Gatekeeper Program; and 5) Referrals to AAA 1-B and/or appropriate organizations for Information & Assistance.

- If resources are available, other services may also be provided including: practical assistance with prescription assistance (other than Medicare Part D) and Tax Assistance (Home Heating Credit and Homestead Property Tax Credit).
- Presentations given by Resource Advocates specific to programs/services and participation in community/health fairs are limited under AAA 1-B funding to 8% of the total contracted units per contactor, per contract year. Contractors participating in community/health fairs may count participants only when providing one-on-one assistance.
- Prior authorization/approval is required by AAA 1-B Resource Advocacy Program manager for any other services provided by the Resource Advocates under the AAA 1-B Resource Advocacy contract.
- Resource Advocates receive, follow up, and report on Gatekeeper referrals within 10 business days. Resource Advocates receive, follow up, and report on any referrals received from AAA 1-B supports coordinators and/or resource specialists within 10 business days.

Collaborations and Partnerships

Resource Advocates collaborate with Aging and Disability Resource Centers (ADRC), local senior centers, senior housing buildings, faith-based organizations, and other organizations in the community to identify and assist seniors in need of services.

Required Expertise and Training

- At least one Resource Advocate from each contracted organization shall be certified as a Medicare/Medicaid Assistance Program (MMAP) Counselor. However, AAA 1-B recommends that all Resource Advocates are trained on MMAP, particularly Medicare Part D and Medicare Savings Programs/Low Income Subsidies.
 - Certified MMAP Counselors must meet reporting requirements developed by the state office.
 - Certified MMAP Counselors must participate in relevant MMAP training in order to maintain certification as required by the state office.
- Resource Advocates work in partnership with AAA 1-B to receive appropriate and required training, make referrals and request services through the Community Living Program (CLP).
- Resource Advocates shall work in partnership with the Aging and Disability Resource Center (ADRC) and obtain certification as an ADRC Options Counselor. Certification will be coordinated between the AAA 1-B and Michigan Department of Health & Human Services

(MDHHS)/Aging and Adult Services Agency (AASA). Options Counselors shall report activities as required by the state office.

- Resource Advocates and Resource Advocacy Supervisor(s) shall participate in Access Team meetings at least twice per contract year to strengthen partnerships, attend trainings, streamline processes and review outcomes from services provided. Resource Advocates/Supervisors shall participate once a year in a regional meeting/training focused on contract issues and other relevant issues identified by AAA 1-B and/or contractors.

Revised 2016

IN-HOME SERVICE STANDARDS

In addition to the general requirements for all services, the following general standards apply to all in-home service categories, unless otherwise specified.

Service from other resources

Each in-home service program, prior to initiating service, must 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 the Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA) are not used to provide in-home services which can be paid for or provided through programs administered by DHS.

Older Americans Act (OAA) funding may not be used to supplant (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.

When reporting low-income to AAA 1-B, use 100% of federal poverty threshold.

Individual Assessment of Need

Each in-home service program, identified in the table below, shall conduct an assessment of 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 AAA 1-B 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 the AAA 1-B Community Support Services programs.

Participants (i.e., Home Delivered Meals Participants) shall be assessed within fourteen (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. Assessors must refer individuals thought 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 (<i>unless circumstances require more frequent reassessment</i>)
Homemaking	6 months (180 days)
Home Delivered Meals	6 months
Personal Care	6 months
Respite Care	6 months
Medication Management	3 months

When assessments are not conducted by a RN, the programs must have access to an RN for assistance in reviewing assessments, as appropriate, and maintain 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 information. Changes in information must be specifically noted during reassessments. Assessments must be documented in writing, signed, and dated.

Minimum Information to be gathered during assessments

Basic Information

- Individual's name, address and phone number
- Source of referral
- Name, address and phone number of persons to contact in case of an emergency
- Name, address and phone number of caregiver(s)
- Gender
- Age and 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)
- Prostheses
- Limitations in activities of daily living
- Eating patterns (diet history), special dietary needs, source of all meals, ability to store and reheat food 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)
- Pharmacy name, address and phone number (for all pharmacies used)
- Services currently receiving or received in past (including 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
- Paid or unpaid caregiver support (AAA 1-B added requirement)

Participant's 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 services program, as indicated in the table above must establish a written, person-centered 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, or others chosen by the participant, as appropriate. The service plan must contain, at a minimum, a:

- statement of the participant's problems, needs, strengths and resources,

- statement of the participant's 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, and
- documentation of referrals and follow-up actions.

To avoid duplication, the in-home service program may accept the service plan developed by a referring Community Living Program, care management, home- and community-based Medicaid program, other aging network home care programs, health care discharge plans, and Medicare certified home health providers. When the service plan is not developed by an RN, In-Home Service Programs must have access to an RN for assistance in developing service plans, as appropriate. Person-centered service plans must be evaluated at each participant reassessment.

PARTICIPANT RECORDS

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

- details of referral to program from the intake and/or assessment,
- an assessment of individual need or copy of assessment (and reassessment) from referring program,
- a person-centered service plan (with notation of any revisions),
- notes in response to participant, family, caregiver and organization contacts, including notation of all referrals made,
- a record of release of any personal information about the participant or a copy of signed Release of Information form,
- service start and stop dates,
- service termination documentation, if applicable,
- signatures and dates on participant documents, as appropriate.

Programs with multiple sources of funding must specifically identify participants served with funds from AASA; records must contain a listing of all contacts and contact dates paid for with funds from AASA, and the extent of services provided, such as units per participant.

All participant records (paper and electronic) must be kept confidential in controlled access files. All organizations that receive Medicaid funds must comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

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 health, emergency situations, person-centered planning, and/or abuse and exploitation.

Records shall be maintained which identify the dates of training, topics covered, and persons attending.

Service Name	Chore
Service Category	In-Home
Service Definition	Non-continuous household maintenance tasks intended to increase the <u>safety and ability</u> of the individual(s) living at the residence to maintain their independence.
Unit of Service	One hour performing specific chore tasks for eligible participants. Subcontracted providers which define the unit “per job” must be approved by AAA 1-B.

AAA 1-B LONG TERM GOAL: Older adults without the ability or means to perform certain household chores will be able to remain in their home, partly as a result of the chore service.

MINIMUM STANDARDS

Priority Allowable Outdoor Chore Tasks

- Snow Removal, including sidewalks where required by community ordinance
- Lawn Cutting
- Screen/Storm Window Installation and Removal
- Gutter Cleaning/Roof Sweeping
- Door Weather Stripping Installation

Priority Allowable Indoor Chore Tasks consist of minor home repair; and generally are tasks which do not require a permit.

- Plumbing - Eligible tasks include, but are not limited to, replacing/repairing pipes; and replacing faucets/faucet washers.
- Carpentry - Eligible tasks include, but are not limited to, repairing steps, floorboards, and railings.
- Electrical - Eligible tasks include replacing fuses, light bulbs, electrical plugs and frayed electrical cords.
- Heavy Cleaning/Trash Removal - Eligible tasks include, but are not limited to, cleaning attics and basements to remove fire and health hazards.

Chore tasks all contractors must provide: Emergency Service

Emergency service shall be provided if/when requested by AAA 1-B supports coordinators, the local Emergency Operations Center, or participants directly to the Chore contractors. Requests shall be approved in writing (prior to initiation) by the AAA 1-B program manager.

Optional Allowable Outdoor Chore Tasks

Tasks listed below may only be provided if units/funding are available after completion of priority allowable tasks:

- Repairing address numbers and mailboxes
- Trimming of over-hanging trees branches or overgrown bushes
- Washing windows
- Installing or fixing locks for windows and/or doors
- Securing skirting for mobile homes and related tasks for mobile homes
- Miscellaneous tasks, including leaf raking, with prior written approval from the AAA 1-B program manager

Optional Allowable Indoor Chore Tasks

Tasks listed below may only be provided if units/funding are available after completion of priority allowable tasks:

- Cleaning and securing carpets and rugs
- Pest control
- Washing walls and windows and scrubbing floors
- Repairing furniture to remove fire and health hazards
- Caulking windows
- Installing or fixing windows and/or door locks
- Checking and replacing smoke alarm/carbon monoxide detector batteries (only if performed in conjunction with other chore tasks)
- Miscellaneous tasks with prior written approval from the AAA 1-B program manager.

MINIMUM SERVICE STANDARDS

- Only the Chore service tasks listed above shall be provided, unless prior approval is given from the AAA 1-B program manager.
- 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 total grant funds.
- Programs must develop, maintain, and demonstrate working relationships with the local or county home repair, Home Injury Control, and weatherization service providers, as available, in the project area to ensure effective coordination of services and referrals.
- If an individual can be served through other resources (e.g., CDBG funded programs), an appropriate referral should be made before providing the service with AAA 1-B funding. This shall minimally include documenting how service will be coordinated, specification of Chore tasks, and referral protocol.

- Pest control services shall be provided only by appropriately licensed suppliers.
- Programs must ensure that no one under the age of 18 will operate a motorized piece of equipment or motorized vehicle while performing Chore service tasks, without the appropriate waivers in place, in accordance with state law.
- Programs must ensure that Chore workers receive orientation/training in the areas of safety in the workplace, proper use of tools and equipment, and ethical codes for persons working in a private home, including the issues of protecting privacy and refusing gratuities.
- Programs must limit tasks to those that do not exceed two (2) working days to complete by any one person. Any exceptions to this must be approved in writing by the AAA 1-B Program manager prior to completion of the task.
- Programs must electronically submit NAPIS information according to specified guidelines and by specified due dates.
- Programs must use a system for documenting participant satisfaction after all tasks are performed. Information, including summary data, shall be available for AAA 1-B programmatic assessment.
- Programs must contact all municipalities (city/township offices) in the designated service area to educate/inform them of service availability in their service area. This must include the provision of instructions encouraging municipalities to post and distribute information to persons likely to receive requests from older adults in need of service.
- Programs must contact all senior centers in the designated service area to promote Chore service. This must include the provision of instructions encouraging the posting and distribution of information to persons likely to receive requests from older adults in need of service.
- Programs must contact all AAA 1-B funded Home Delivered Meals, Resource Advocacy contractors and other similar programs in the designated service area to promote Chore service. This must include the provision of instructions encouraging the posting and distribution of information to persons likely to receive requests from older adults in need of service.
- Programs may subcontract with private companies to provide specified Chore services. Subcontractors must comply with AAA 1-B minimum insurance, service and reporting standards. Subcontractors, which define the unit “per job” (rather than per hour), must be approved by the AAA 1-B Program manager. All subcontracting agreements must be

approved by the AAA 1-B program manager. (For a copy of the Subcontracting Request form, go to www.aaa1b.com.)

- AAA 1-B recommends that programs explore the development of a fee-for-service or private pay program component to assist older persons who want to pay for Chore service but are unable to coordinate or locate appropriate providers. Funds garnered from these programs shall be used to promote expansion of Chore service in the designated service area.
- Programs must participate in regular, on-going meetings with AAA 1-B and other Region 1-B Chore programs to explore various issues including the provision of county-wide service, standardizing Chore assessment protocol and instruments, referrals to other resources, and ways to expand service.

Revised 2016

Service Name	Home Injury Control
Service Category	In-Home
Service Definition	Providing adaptations to home environments of older adults in order to prevent falls and/or minimize the occurrence of injuries in the home. <u>Priority adaptations shall include devices which minimize or prevent falls.</u> Home Injury Control does not involve home restoration or structural renovation, or Chore or homemaker activities
Unit of Service	Installation of one safety device in an older adult's residence. For ramps, installation of one ramp section. Installation is defined as connecting, preparing, or setting into place for use.

AAA 1-B LONG TERM GOAL: Recipients of a HIC modification will suffer fewer injuries and falls in their homes.

MINIMUM STANDARDS

Priority Allowable Home Injury Control (HIC) Adaptations

- Wall mounted grab bars/tub or other grab rails/assistive or other break apart rails
- Bathroom chairs/seats/transfer benches
- Hand-held showerhead
- Raised toilet seats (with or without rails)
- Stairway/hallway hand rails (interior/exterior)
- Safe (enhanced) lighting
- Smoke alarms/Carbon Monoxide detectors
- Non-slip treatments for steps/ramps/tubs
- Ramps (portable and non-portable)

Optional HIC Adaptations

Adaptation(s) listed below shall be provided if possible or if additional resources are secured:

- Vision adaptive devices
- Hearing adaptive devices, when not provided by AAA 1-B hearing contractor
- Thresholds/mini-ramps
- Bedside commodes
- Fans or air conditioners, as appropriate

MINIMUM STANDARDS

- Only the HIC adaptations listed above shall be performed by the contractor unless prior approval is obtained from AAA 1-B.
- Each HIC program, prior to making any home adaptations, must determine whether a potential participant is eligible for services through a program supported by other funding sources, particularly programs funded through the Social Security Act or Veterans Administration.
- If an individual can be served through other resources (e.g., CDBG funded programs), an appropriate referral should be made before providing the service with AAA 1-B funding. This shall minimally include documenting how service will be coordinated, specification of HIC tasks, and referral protocol.
- Each program must use an AAA 1-B approved home environment assessment tool, or ensure that the tool, or comparable tool, is used by organizations referring older adults for the HIC service.
- Each program shall provide assistive devices as described above, and offer explanation and demonstration on usage to the participant. Installation of the device is required unless a written waiver is obtained from the participant.
- Individuals that choose not to have the device installed shall sign an AAA 1-B approved participant waiver which indicates that they do not require this component of the service and also list the reason why they do not require installation (e. g., family member will assist, participant refusal, device does not require installation).
- Each program shall provide educational literature, with an emphasis on fall prevention (as applicable) or injury prevention.
- Each program must develop working relationships with aging network providers including AAA 1-B Community Support Services (CSS) and the AAA 1-B Resource Center, home care agencies, chore, home repair and housing assistance service providers and Resource Advocates as available in the project area, to ensure effective referrals and coordination of efforts.
- Each program shall offer participants the opportunity to speak with an AAA 1-B Resource Specialist if other community based needs are identified during the in-home assessment (e.g., need for home delivered meals, home care, etc.).
- Each program must maintain a record of homes adapted, including date of assessment or referral, date work completion, tasks performed, materials used, cost and sources of payment.

- Each program must establish and utilize written criteria for prioritizing participants in need of service.
- Each program must develop and utilize a written policy for the reuse of equipment and materials (e.g., ramps) whenever possible.
- All safety devices installed must conform to local building codes and meet respective UL® Safety Standards.
- HIC contractors shall demonstrate efforts to coordinate with other HIC contractors in areas which include:
 - Participation at regional meeting/trainings
 - Fundraising, grant writing, group purchasing, corporate sponsorship, and volunteer recruitment (whenever possible)
 - Sharing/reusing donated equipment or supplies (whenever possible)
 - Developing a suggested cost share donation scale
 - Exploring methods to ensure timely installation of devices
 - Developing private pay opportunities (as appropriate)
- Funds awarded for the HIC program may be used to purchase materials and disposable supplies needed to complete the adaptation of the home up to 10% of the grant funding. Materials and supplies should be reflected in the annual contractor budget submitted to AAA 1-B.

Revised 2016

Service Name	Adult Day Health Service
Service Category	Community
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.

AAA1-B LONG TERM GOAL: The safety, health and well-being of older adults with dementia, or adults with disabilities, and their caregivers and families will be enhanced and caregivers and families will be able to provide care to the care receiver at home in the community for a longer period of time, preventing early institutional placement.

MINIMUM STANDARDS

- Contractors funded must offer Comprehensive Care (Dementia) Adult Day Health Service (ADHS) programs and have the capacity to provide the following services:
 - Personal care (on-site required); may be subcontracted
 - Personal care (off-site optional); may be subcontracted
 - 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
 - Dementia specific participant centered programming
 - Staff to participant ratio of at least 1:4
 - Hours of operation/availability: Monday – Friday, minimally 10 hours per day; Saturday, optional
- Contractors funded by AAA 1-B shall minimally serve 12 unduplicated participants and 7,736 units per year. These minimum serving requirements may be adjusted by the AAA 1-B Board of Directors based on program development and/or other activities planned or unplanned which occur during the program year.
- Contractors are encouraged to establish and maintain an Advisory Board for the purpose of securing resources, educating the public, and obtaining input on program development and other activities associated with the center. The AAA 1-B program manager will attend the Advisory Board meetings when possible.
- Contractors shall comply with NAPIS reporting requirements which include capturing and reporting required caregiver data.

Eligibility Criteria

Each Dementia ADHS Program shall establish written eligibility criteria that will include, at a minimum, the following items:

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

In addition, the Dementia ADHS program shall have an established admission criterion that includes the following:

- Persons 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 ninety (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; and
- 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 an 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.

Participant Screening Procedures

Each Dementia ADHS 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.
- Handicaps, 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, ethnicity and sex (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 an AAA 1-B Community Support Services (CSS) supports coordinator who will provide this data.

Assessment Procedures

If preliminary screening indicates an individual may be eligible for ADHS, a comprehensive individual assessment of need shall be performed before admission to the program. All assessments shall be conducted in person. 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
- Sex
- 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 ADHS 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

Upon conclusion of the comprehensive assessment, a determination of whether individual is eligible for the program will be made. 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 month of entering an ADHS program. In addition, all Dementia ADHS programs shall require participants to have a physical exam within six months of program admission.

An initial assessment is not required for individuals referred by AAA 1-B supports coordinators, who will provide this data.

Wait List for Services

The Dementia ADHS program shall have a policy to address potential waiting lists. The program supervisor is responsible for monitoring service usage on a weekly basis and contacting families bi-monthly that may be on the waiting 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.

Care Plan

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

- A statement of the participant's problems, needs, strengths, and resources.
- A statement of the short and long-term goals and 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 ADHS program shall have a written policy/procedure to govern the development, implementation, and management of care plans. Each participant is to be reassessed every three months to determine the results of implementation of the care plan. If observation indicates a change in participant status, a reassessment may be necessary before three months have passed.

- Written care plans for each ADHS 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 care plan.
- The participant, families/caregivers, and other service providers shall have the opportunity to contribute to the development and implementation of the care plan.
- The care plan shall be signed and dated by all staff/health care contributors (a care conference sign-in sheet will suffice for other contributors).
- The care plan shall reference the needs of the caregiver as appropriate.

Participant Files

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

- Details of participant's referral to ADHS program.
- Intake records.
- Assessment of individual need or copy of assessment (and reassessments) from referring program.
- Care plan (with notation of any reassessment 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 in order to reflect changes in the participant's status and progress made toward the goals established by the care 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 ADHS 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; and
 - 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 ADHS program shall provide directly or make arrangements for the provision of the following services listed below. 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
- Personal Care
- 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 in order 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 ADHS center is receiving meals from a non AAA 1-B nutrition services provider, see Policy on Provision on Contracted Meals to Adult Day Health Service centers.

- The ADHS 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 Dementia ADHS 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; and
- Shopping Assistance/Escort.

Medications

Each Dementia ADHS program shall establish written policies and procedures (reviewed and approved by a consulting Pharmacist, Physician or Registered Nurse) that 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; and
- Procedures for medication set up.

In addition, the Dementia ADHS program's written medication procedures should include:

- Procedures for observing, recording, and reporting to the physician and care manager any reactions or effects of medications
- A statement or verification that agency or facility staff providing medication services document when they observe the participant taking their medications and notify their supervisor, and ultimately the AAA 1-B care manager, if the participant does not take their medications as prescribed.
- If unlicensed staff are allowed to assist participants in self administration of medications, the staff must have successfully completed a training program which covers:
 - Relevant consumer rights and responsibilities;
 - Job responsibilities;
 - Limitations of reminding versus administration; and
 - Periodic demonstration of safe practice (minimum every two years).
- Aides or unlicensed staff performing medication services for the ADHS provider does not perform such activities as eye drops, injections, or any decision/action.
- If agency or facility staff 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 seven "Rs": right person; right medications; right dose; right time; right route; right documentation; and right reason.

Discharge Procedures

Each Dementia ADHS program shall establish a written policy/procedure for discharging individuals from the program which 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; and
- 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 ADHS are terminated.

Personnel

Each Dementia ADHS program shall employ a full-time program director with a minimum of a bachelor's degree in a health or human services, gerontology, or related field, or be a qualified health professional. Dementia ADHS programs shall have a minimum staff/volunteer/student participant ratio of 1:4. At least one staff shall be on-site at all times when participants are in attendance. Health support services may be provided only under the supervision of a Registered Nurse (RN). The ADHS provider shall have a staff person present who is

knowledgeable in first-aid procedures, including CPR, whenever participants are present at the ADHS center

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

In addition, the Dementia ADHS program shall meet the following personnel requirements:

- The Dementia ADHS 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; and 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 (Documentation of education and experience must be available).
- The program coordinator shall ensure that individual and group supervision is provided at regularly scheduled intervals.
- A person who has at minimum, a bachelor's degree in health or human services, gerontology or related field, shall supervise all dementia respite program personnel.
- Inexperienced 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 Dementia ADHS program shall meet the following activity/environmental requirements:

- Use a mixture of both structured and unstructured one to one and small group activities that stimulate multiple senses, reminiscence 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 Dementia ADHS program shall arrange to use program consultants, as necessary, such as medical and mental health professionals, environmental specialists and other therapists.

Dementia ADHS programs shall work toward developing the following as necessary:

- RN (or LPN under RN supervision) to provide physical health and support services a minimum of four hours per month.
- Social worker or certified counselor to coordinate and provide counseling and linkage for a minimum of four hours per 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.
- It is required 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 ADHS 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
 - 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.

Employers shall maintain records detailing dates of training and topics covered in employee personnel files.

Personnel Training

Meetings: All Dementia ADHS programs shall include personnel in staff meetings and individual and group supervisory conferences as scheduled to develop their knowledge and expertise.

Staff Development: All Dementia ADHS programs shall have a formal staff development program. All staff, volunteers, and students shall complete an initial training program that includes content in the following areas:

- Normal aging versus 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).
- 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.

In-Service Training: All Dementia ADHS 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.

Additional Day Center Requirements

Dementia Adult Day Health Care program shall have a policy to address potential waiting lists. The program supervisor is responsible for monitoring service usage on a weekly basis and contacting families bi-monthly that may be on a waiting 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.

Dementia ADHS programs are encouraged to 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.

Caregiver Support

Dementia ADHS programs are encouraged to 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.

Dementia ADHS programs are encouraged to demonstrate evidence of providing caregiver information and education about dementia or to assist caregivers in obtaining it through referral to local self-help organizations, or dementia resource libraries regarding:

- Diagnosis, stages/progression of dementing conditions, aspects of Alzheimer's disease that lead to forgetfulness, misperceptions or misidentification of objects or people.
- Task or breakdown, verbal/nonverbal communication approaches and emphasis upon areas of strength and remaining capacity.
- Financial, legal and placement planning considerations.

Dementia ADHS programs are encouraged to 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.

Dementia ADHS programs are encouraged to 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 service. 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 of person with dementia;
- Abusive behavior of the person with dementia or caregiver; neglect or exploitation as defined by the Michigan Department of Human Services; and
- Adverse incident during the delivery of service.

Dementia ADHS program staff should 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.

Transportation

The Dementia ADHS program shall be accessible. This means the center is to be located within a convenient distance of participants' homes. The program should provide or arrange for transportation within a 15 mile radius. If the ADHS program operates its own vehicles for transporting participants to and from the ADHS center, the following transportation minimum standards shall be met:

- Each program should develop written standards regarding criteria for safe driving records of persons responsible for providing transportation.
- 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 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 ADHS 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 ADHS center must ensure that specific participant emergency information is carried in each vehicle providing transportation for ADHS program participants transported to and from the ADHS 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 ADHS program shall have first-aid supplies available at the ADHS center. A staff person knowledgeable in first-aid procedures, including CPR, must be present at all times participants are in the ADHS center. Procedures to be followed in emergency situations (e.g., fire, severe weather) shall be posted in each room of the ADHS center. Practice drills of emergency procedures shall be conducted every six (6) months. The program shall maintain a record of all practice drills.

Each ADHS 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 ADHS 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 ADHS center shall have the following furnishings:

- At least one straight back or sturdy folding chair for each participant and staff person;
- 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; and
- Special equipment as needed to assist persons with disabilities.

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

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Service Name	Personal Care for ADHS
Service Definition	Services which 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.

MINIMUM STANDARDS

Service Compliance

AAA 1-B contracted Comprehensive Care (Dementia) ADHS providers who are also in the AAA 1-B Direct Service Purchase (DSP) pool will use the AAA 1-B Community Support Services (CSS) assessment and authorization process.

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 ADHS 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 Community Health (MDCH) strongly recommends the completion of a recognized nurse's aide training course by each worker.

Vendors 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: The process of getting food by any means from the receptacle (plate, cups, glass) into the body. This activity describes the process of eating after food is placed in front of an individual.
- Toileting: The process of getting to and from the toilet room for elimination of feces and urine, transferring on and off the toilet, cleansing self after elimination, and adjusting clothes.
- Bathing: The process of washing the body or body parts, including getting to or obtaining the bathing water and/or equipment whether this is in the shower or tub.
- Grooming: The activities associated with maintaining personal hygiene and keeping one's appearance neat, including care of teeth, hair, nails, skin, etc.
- Dressing: The process of putting on, fastening, and taking off all items of clothing, braces, and artificial limbs that are worn daily by the individual including obtaining and replacing the items from their storage area in the immediate environment.
- Transferring: The process of moving horizontally and/or vertically between the bed, chair, wheelchair and/or stretcher.
- Ambulation: The process of moving about on foot or by means of a device with wheels.

IADLs for an individual with a demonstrated need involve the provision of household services essential to the participant's health and comfort in the home and include:

- Meal Preparation: Activities associated with planning, preparing and serving regular meals and cleaning up.
- Taking Medication: The ability to remind a participant to take prescription (when ordered by a physician) or non-prescription medication at a scheduled time and dose.

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 one supervisory review per year with each worker. Documentation of supervisor review must include:

- Date of supervisory review;
- Place of supervision;
- Participant's name;
- Name of worker;

- Skills/tasks observed and level of competence; and
- 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.

GENERAL POLICY REQUIREMENTS

Clothing

Families may send in a separate set of clean clothes, including undergarments and a bathrobe, to be kept at the ADHS site. Families may also send in another set of clean clothes and bathrobe the day of their bathing service. All items of personal clothing must be marked with participant's name. The participant's dirty clothes will be sent home the same day of his/her bath/shower.

Accessories

The ADHS site shall provide standard shampoo and mild liquid soap, such as Ivory or Dove, and families may send special shampoo and soaps. A hair dryer shall be available to dry the participant's hair after bathing/shampooing.

Safety in the bathroom and shower

Grab bars shall be installed in bathroom area according to the American National Standard Codes, and should be placed by the toilet, tub, and shower area. They are also useful where people dry themselves. Grab bars should be installed on walls reinforced with 2 x 4s or 2 x 2s running horizontally between wall studs. The American National Standard Codes suggest two horizontal sidewall grab bars, 24 inches in length, one placed at 33-36 inches above the floor and the other 9 inches above the tub rim.

The shower area shall be kept dry, and slip resistant tile in the shower is recommended. Shower mats shall be used inside and outside of shower to prevent falls. A shower seat attached to the wall of the shower that folds up onto the wall is highly recommended. If no shower seat is used, an aluminum shower chair or plastic/PVC tubing chair is required.

A call light, phone, or other type of call system is recommended in the bathroom to alert other staff in cases of emergencies that might occur while showering/bathing a participant.

Providing Shower and Bath Care

Follow these steps to insure safe and effective care. Be sure to practice Universal Precautions, including washing your hands, using gloves, mask, plastic outer covering, as needed. Never

leave the bathing area when the participant is in the water, and no participant should be in a tub of water or shower longer than 20 minutes.

- Identify and greet the participant to be bathed. Be sure to call the participant by name and introduce yourself (as appropriate).
- Explain the procedure to the participant. If the participant has a fear of bathing/showering, work by redirection and/or any other means to make the beginning of this experience as enjoyable as possible. Be sure to provide for privacy and encourage the participant to use the toilet before taking a shower or bath.
- Collect the following items: soap, shampoo, washcloth, two bath towels, a clean change of clothing for the participant, deodorant or antiperspirant, and other toiletries as requested or required. Place all necessary items in the bathroom in the space provided or on a chair.
- Place a rubber bath mat in the tub, if not already present, or on the shower floor area. Be sure not to block the drain. Place a clean non-skid mat on the floor in front of the tub or shower area.
- If bathing, fill the tub halfway with water. Water temperature should be approximately 105° F (41° C), but no more than 120° F. Be sure to test water temperature prior to entry. The ADHS center should be provided with a safety device at the main source of water supply that regulates temperature; however, it is the responsibility of the staff performing the task to make that “SELF TEST” prior to participant’s entry into the water.
- Have a secure chair with arm supports available for dressing and undressing. Help the participant remove their clothing. Cover the participant with bath towels, robe or the like to keep them from becoming chilled.
- Help the participant to the bathing area, always being sure that the floor surface is dry and clear. Have the participant hold on to one of the required grab-bars installed in the bathtub/shower area before allowing them entry into the water. At the same time, maintain a firm hold on the participant during the transfer process. If necessary, or requested, use a transfer belt and ask for additional help.
- Help the participant with his/her bathing/showering activities. In order to be completely cleaned in a shower chair, it may be necessary if possible, to have participant stand for a short period of time during the shower. Make sure the participant has a secure hold on the grab-bars and you have a secure hold on the participant. If necessary, a shower can be accomplished with a transfer belt on. If standing is not possible, help the participant in leaning from side to side so a complete washing is ensured. Be sure to maintain their personal rights at all times. This is to include, but not be limited to, language, touch, and/or any other actions that could be deemed as degrading to the participant.
- The participant should be treated with the utmost respect at all times. In doing so, it is required that the staff performing the task of bathing/showering or any other personal service, maintain a conversation during said task unless the participant prefers not to talk. Eye to eye contact shall be maintained as often as possible.
- After a complete and thorough washing and rinsing, assist the participant to their feet in the tub. Once the participant has his/her footing, and has a firm grip on the required grab-bars installed in the bathtub/shower area, assist him/her with exiting. If necessary, use a transfer belt or ask for assistance.

- Have the participant sit in the chair, wrap them in a towel or robe and allow them to adjust to the change of temperature and setting. Place a towel over their head; however, be sure not to cover up their entire face.
- Help the participant dry off, pat gently. Help the participant put on a clean set of clothing.
- Give other grooming assistance, as needed. Shaving is only to be done with participant's own electric shaver. No razors are to be used on AAA 1-B participants.
- No toenail or fingernail clipping is to be done on AAA 1-B participants by ADHS staff. This service can only be performed by a podiatrist at the ADHS center. If the ADHS center has podiatry service available, the participant or the participant's caregiver will have to approve this service and will be billed separately for this charge.
- Assist the participant back to the main area of activity and be sure to compliment them on how nice they look.
- Clean the tub/shower using a solution of 10 parts water to 1 part bleach. Remove soiled items, wash linens, and discard disposables.
- Wash your hands.
- Cite observations on the participant/worker log sheet which indicate, at minimum: 1) the condition of the participant's skin; 2) the amount of assistance needed; 3) how well the procedure was tolerated; and 4) any other concerns you may have, if appropriate.

Provision of Contracted Meals to ADHS Programs

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

- Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADHS 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 ADHS 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 ADHS 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 ADHS 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. ADHS centers that receive meals must provide the nutrition contractor with the suggested minimum donation for all meals received.

- The ADHS 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 ADHS 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.
- ADHS participants who are not eligible for congregate meal service may receive meals from an AAA 1-B funded nutrition provider at a rate negotiated between the ADHS 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 ADHS 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 ADHS Program chooses to receive meals from a non-AAA 1-B funded nutrition provider, the ADHS 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.

Service Name	Evidence-Based Disease Prevention/Health Promotion Programs
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.

AAA1-B LONG TERM GOAL: Older adults will have improved health and well-being through access to evidence based disease prevention/health promotion programs.

MINIMUM STANDARDS

- Each program shall utilize staff with specific training and/or experience in the particular service area(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 under served 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 organizations 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.aaa1b.com, www.healthyagingprograms.org/captivate/module2.htm, or contact the AAA 1-B program manager.

Service Name	Assistance for Grandparents Raising Grandchildren
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	May be either: 1) one hour of staff time worked; 2) one information piece developed and distributed; or 3) one training developed and implemented.

AAA 1-B LONG TERM GOAL: Grandparents will more effectively parent their grandchildren after receiving information & support from trained professionals and fellow grandparents.

MINIMUM STANDARDS

- Programs must be targeted to grandparents and/or other family caregivers age 55 years and older.
- Units of service shall be allocated to either service coordination or directly to grandparent assisted. Units allocated to service coordination shall only include units directly related to arranging provision of above services. Units of service allocated to service coordination and direct service must be reported separately on the Quarterly Programmatic Participant Unit Report. Only direct service units will be reported into NAPIS.
- Agencies shall comply with NAPIS reporting requirements which include capturing and reporting required caregiver data.
- 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 Human Services (DHS), 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.
- These funds are intended as seed funding. Applicants may apply for one cycle of funding, after which time the program should be continued through other resources (if appropriate).

Service Name	Assistance to the Hearing Impaired and Deaf
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 and rights and benefits of hearing impaired and deaf persons with a focus on equal access to public services and public accommodations; assistance in obtaining benefits and services; training in techniques for adjusting lifestyle and living arrangements in response to hearing impairments and deafness; group and community education on hearing loss prevention/adjustment group education/socialization; advocacy for rights to reasonable accommodations, including interpreter services, access to assistive devices and additional technologies; assistance accessing/navigating the health care system; and individual participant assistance for the deaf to obtain translating services in their native language of American Sign Language.
Unit of Service	One hour of allowable support activities or each community education session.

AAA 1-B LONG TERM GOAL: Seniors will be empowered to stay active and healthy through provision of Older Americans Act hearing services to improve accessibility to meet personal and health related needs, maintain inter-personal communication, and enhance quality of life.

MINIMUM STANDARDS

- Each program must have staff who are fluent in American Sign Language and other communication modes suitable to the Hearing Impaired and Deaf.
- Each program must 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 must 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.
- Contractors funded to provide assistance to the deaf and hearing impaired must provide services throughout the six counties served by AAA 1-B, in proportion to the number of Hearing Impaired and/or Deaf older adults in each county.

Service Name	Legal Assistance
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 a priority service under the Older Americans Act (OAA).
Unit of Service	Provision of one hour of an allowable service component.

AAA 1-B LONG TERM GOAL: Participants will have their legal matters addressed & their legal status improved after receiving specific types of information and assistance.

ALLOWABLE SERVICE COMPONENTS

- Intake: The initial interview to collect demographic data and identification of the participant's legal difficulties and questions.
- Advice and Counsel: The participant is offered an informed opinion, possible courses of action and clarification of his/her rights under the law.
- 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. 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.
- 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 in order 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.
- 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.
- Preparation of Legal Documents: Documents such as contracts, wills, powers of attorney, leases, or other documents may be prepared and executed by legal assistance programs.
- Negotiation: Within the rules of professional responsibility, program staff may contact other persons concerned with the participant's legal problem in order to clarify factual or legal contentions and possibly reach an agreement to settle legal claims or obtain services and supports.
- 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.

- **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.

MINIMUM STANDARDS

- Each legal assistance program must 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, 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 1-B and to the Michigan Department of Health & Human Services (MDHHS)/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 in order 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, with regard to 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 organization.

Service Name	Long-Term Care Ombudsman/Advocacy
Service Category	Community
Service Definition	<p>Provision of assistance and advocacy services to residents of long-term care facilities to resolve complaints 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><u>Consultation/Family Support:</u> Provision of assistance to older persons and their families in understanding, identifying, locating, evaluating, and/or obtaining long-term care services.</p> <p><u>Complaint Investigation/Advocacy:</u> 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. Complaint 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><u>Non-Complaint Related Facility Visits:</u> Quarterly visits to each long-term care facility in the project area. More frequent visits may occur where problems exist.</p> <p><u>Community Education:</u> Provision of information to the public, including long-term care facility residents, regarding all aspects of the long-term care system, and elder abuse, neglect and exploitation. This component includes formal presentations, agency consultation, activities with the print and electronic media, and development of consumer information materials.</p> <p><u>Volunteer Support:</u> Conduct of recruitment, training,</p>

	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.

AAA 1-B LONG TERM GOAL: Residents of nursing homes will receive the level and quality of service & care they expect and to which they are entitled.

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 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 Organization (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 AASA and area agencies on aging.
- 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 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	Each hour of contact with organizations to develop coordinated, comprehensive services for the target population. In addition to contact with other aging sub-contract organizations, elder abuse sub-contract agencies shall count contact with the Adult Protective Services/Department of Human Services (DHS), law enforcement, health care professionals, Community Mental Health (CMH), and other relevant service entities when the reason for the contact is to meet the above service definition.

AAA 1-B LONG TERM GOAL: The incidence of elder abuse and financial exploitation will decrease and awareness of these issues will rise in the communities served.

MINIMUM STANDARDS

- Professional/para-professional training, community outreach, public education, case consultation, and/or interdisciplinary teams must be implemented through a coordinated, interagency approach.
- The coordinated, comprehensive approaches to prevent elder abuse, neglect, and exploitation must include the participation of, at a minimum, Adult Protective Services staff of local Department of Human Services (DHS) offices, 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	Management, recruitment, and matching 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.

AAA 1-B LONG TERM GOAL: Caregivers feel refreshed & rejuvenated after receiving temporary respite from their caregiving responsibilities & report improved health & decreased stress.

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 organizations. Programs must be separately incorporated and independent with a 501 (c)(3) status.
- Units of service shall be allocated to service coordination or directly to caregiver assisted. Units allocated to service coordination shall include only units directly related to arranging provision of above mentioned services. Number of units allocated to service coordination and direct service for the caregiver must be reported separately on the Quarterly Programmatic Participant Unit Report. Only those units allocated to direct service 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 quarterly on the AAA 1-B Quarterly Programmatic Participant Unit 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.
- Requirements for the provision of in-home volunteer respite shall include:
 - Programs must employ a professionally qualified individual who directly supervises volunteers providing respite. Supervision must be available to program volunteers at all times (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 organization 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 be available to the volunteer respite caregiver at all times. The plan shall include a minimum of two emergency contact names and phone numbers and information on hospital of choice.
- 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 and maximize the potential for coordinated program development, expansion, volunteer recruitment, training and appropriate referrals of both participants and volunteers.

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>=</u>	<u>Weighted Population</u>	<u>Region 1-B Weighted Percents</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 Percents x County Percents

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

100%

1 Adjustment 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 2017-FY2019 contract cycle, representing the period between October 1, 2016 and September 30, 2019.

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, dried, canned, fresh, shelf stable or supplemental 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 are allowed to 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

Each program shall utilize a menu development process, which encourages every attempt to include key nutrients and to follow other dietary recommendations that relate to lessening chronic disease and improving the health of older Michigianians. 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 encouraged for costs containment and/or convenience, but are not required. Programs are encouraged to consult with the regional dietitian during the menu development process.
- Menus for at least 2 months are to be submitted to AAA 1-B for review/approval at least one month prior to the start of the first menu. For example, January and February menus must be submitted for review no later than December 1st.
- 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).

- Posting of menu to be served in a conspicuous place at each meal site and at each place food is prepared. The program must be able to provide information on the content for food allergens 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.

Special needs of older adults must be considered in menu planning. To help ensure that menus will address the nutritional needs of older adults, menu planning should be designed to:

- include a variety of foods, especially fruits, vegetables and whole grains,
- avoid too much total fat, saturated fat, Trans Fat and cholesterol, Encourage mono and polyunsaturated fats,
- include foods with adequate complex carbohydrates and fiber,
- avoid too much refined carbohydrates and added sugars,
- encourage nutrient dense foods,
- avoid too much sodium by using salt-free herbs and spices; cooking from scratch and using less processed and manufactured foods, and
- provide an appropriate number of calories to help maintain ideal body weight.

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.

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.

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 in order 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, food safety consumerism and health. At least once per year, the following topics must be covered in the monthly nutrition education, how food choices affect chronic illness, and the Importance of making wise food choices. Program materials distributed must take into consideration the level of literacy, living alone status, caregiver support and translation of materials as appropriate for older adults with limited English proficiency.

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.

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 IIIC 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 IIIC requirements and:

- are served at a congregate or home delivered meal setting; or,
- 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:

- Medicaid-funded adult day care meals,

- 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).

Each NSIP-only (non-AAA 1-B funded) site must have the following:

- A signed contract or memorandum of agreement in place detailing the nutrition requirements for the meal.
- The mechanism for distributing NSIP only funds; e.g. per meal rate, percentage of total.
- A written plan for assessment of site based on Title III-C requirements.

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:

- daily counting and recording of all receipts by two individuals,
- provisions for sealing, written acknowledgement and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged, and
- 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 complaints 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,
- agreements in place with volunteer organizations, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other organizations/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.

The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors of the AAA 1-B nutrition provider. The 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 the 'meal site' tab at www.osapartner.net.

Agreements

A nutrition services provider may enter into an agreement with an organization operating a congregate and/or HDM site in order for that organization to receive NSIP funding for meals served to persons aged 60 and older, upon approval of AAA 1-B. The provider shall have a written agreement with each organization operating NSIP-only meal sites.

This agreement must be the AAA 1-B's standardized "Agreement for Receipt of Supplemental NSIP Cash Payment" or one that contains the same components, as described in the AAA 1-B Policy and Guidelines for Establishing NSIP-Only Sites.

Any meal program/meal site receiving NSIP-only funding must operate in compliance with all federal requirements and state operating standards pertaining to the respective meal program and assure the availability of adequate resources to finance the operation of the meal program/meal site without charge to program participants.

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.
- Nutrition providers must be able to produce a nutrient analysis for a meal when requested by AASA, the Area Agency on Aging (AAA), a participant, a participant's family member or a medical provider. Nutrient analysis does not have to be listed on the menu.
- Calorie goal per meal should be 700 (average of recommended male of 900 and female of 550).

Nutrient	Target Values (Minimum)	Compliance Values Averaged over 1 Week
Calories	700 calories	600-850 calories
Protein	19 grams per meal	>=19 grams per meal
Total Fat	<30% of calories	<30% of calories, averaged

Saturated Fat	<10% of calories	over one week No one meal may be more than 35% fat
Trans Fat	No Trans Fat	As low as possible
Fiber	10 grams	7 grams or higher
Calcium	400 mg	400 mg or higher
Magnesium*	116 mg	116 mg or higher
Vitamin B6*	.6 mg	.6 mg or higher
Vitamin B12*	.8 mcg	.8 mcg or higher
Vitamin C	30 mg	25 mg or higher
Sodium	800-1,200 mg	1,200 mg or less

Fresh Foods

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

Fruits and Vegetables

Increase the user 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.

MyPlate Food Groups

Each meal should have the following food groups: grain, vegetable, fruit, dairy, and protein. Refer to <http://www.MyPlate.gov> for each meal component of the five food groups, and the recommended serving size:

Grains: A variety of enriched and/or whole grain bread products, particularly those high in fiber, are recommended. This group may include but is not limited to:

Muffin	Cornbread	Biscuit	Waffle
French Toast	English Muffin	Tortilla	Pancakes
Bagel	Crackers	Granola	Graham Crackers
Dressing	Cracked Wheat	Rice	Pasta/Noodles
Sandwich Bun	Cooked Cereal	Quinoa	Bread, all types
Ready to eat Cereal			

Vegetables: Along with a variety of traditional vegetables, this group contains different forms of vegetables with an emphasis on a variety of colors and includes but is not limited to:

- dry beans and peas: black beans, black-eyed peas, kidney beans, lentils, tofu;
- 100% vegetable juice: fresh, frozen, freeze-dried, juice or canned;
- dark green raw leafy vegetables: bok choy, broccoli, collard green, dark green leafy lettuce, kale, Swiss chard, spinach;
- orange vegetables: butternut squash, carrots, pumpkin, sweet potatoes;
- red vegetables: beets, red onions, red peppers, red potatoes, rhubarb, tomatoes;
- starchy vegetables: corn, green peas, lima beans (green), potatoes; and
- other vegetables: artichokes, onions, jicama, asparagus, mushrooms, Brussels sprouts, cabbage, cauliflower, iceberg (head) lettuce, parsnips, zucchini.

Fruits: Along with a variety of traditional fruits, fruits may include, but are not limited to chopped, cooked or canned fruit; 100% fruit juice; or fresh, frozen, freeze-dried, juice or canned fruits.

Dairy: Along with traditional milk products, this category may include, but is not limited to buttermilk, low-fat chocolate milk, lactose reduced and lactose-free milk fortified with vitamins A and D, powdered dry milk, evaporated milk, yogurt, tofu processed with calcium salt, and calcium-fortified soy, rich or almond milk.

Protein Foods: For the protein foods listed below, the serving weight is the edible portion, not including skin, bone, or coating. Choose lean or low-fat meat and poultry. If higher fat choices are made, such as regular ground beef (75% to 80% lean) or chicken with skin, the empty calories provided from the fat will increase the caloric value of the meal and should be limited on menus since they do not contribute to the 1/3 DRI nutritional requirements. Acceptable protein foods include:

- Beef
- Poultry
- Eggs
- Seafood
- Shellfish

- Beans and Peas, i.e. bean burgers, chickpeas, falafel, lentils
- Nut butter
- Nuts and Seeds
- Processed Soy Products, i.e. tofu, tempeh
- Game meats, organ meats

Equivalencies for food in the Protein Foods group are based on a combination of protein and calories. The USDA changed the equivalencies for nuts, peanut butter, and beans and peas in 2005 because the calorie levels of the original equivalents were too high to promote them as valid choices in the Protein Foods group. While the protein in 1 oz. equivalent of peanut butter is now less than in 1 oz. of meat, the recommended daily amounts (about 5 to 7 oz. equivalents) still provide more than adequate protein. Source:

<http://www.choosemyplate.gov/faqs.html>.

Imitation cheese, which the Food and Drug Administration defines as not meeting nutritional equivalency requirements for the natural non-imitation product cannot be served to meet the protein requirement.

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 or on consecutive days.

In order 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, salad dressing with tossed salad, 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 and 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 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.

ESTABLISHING A NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)-ONLY SITE

As the population of older adults in Region 1-B grows, it may be necessary to meet nutritional needs through sites funded only by the Nutrition Services Incentive Program (NSIP). The following guidelines govern the establishment of NSIP-only nutrition sites in Region 1-B:

Area Aging on Aging 1-B (AAA 1-B) will consider non-profits currently operating a nutrition program or partnering with an entity that operates a nutrition program to be eligible for NSIP funding consideration.

AAA 1-B will review the following during an initial meeting:

- Organization's Incorporation status.
- Ability and willingness to change to a donation system. No fees may be charged for NSIP reimbursed meals.
- Ability to provide monthly, quarterly, and annual fiscal and program written reports and meet NAPIS electronic reporting requirements.
- Ability to accept and implement menu cycle changes required by AAA 1-B.
- Ability and willingness to comply with all applicable service standards for nutrition.
- Authorization from the organization's Board of Directors to enter into an agreement for NSIP-only nutrition site(s) in Region 1-B.

AAA 1-B will make the final determination to deny or accept the applicant's request for NSIP-only funding.

If the applicant is accepted, AAA 1-B shall secure an "Agreement for Receipt of the Supplemental NSIP Cash Payments" with the Aging and Adult Service Agency (AASA) on behalf of the applicant organization.

AAA 1-B will issue an agreement, which will bind:

- the applicant organization to all the nutrition program service standard requirements contained in the FY 2017-2019 AAA 1-B Request for Proposals and Operating Standards *Manual*.
- AAA 1-B to provide the federally-determined level of per meal NSIP reimbursement.

Applicants approved as NSIP-only nutrition providers must meet all nutrition and AAA 1-B service standards and will receive a programmatic and fiscal assessment annually.

HOLIDAY MEALS ON WHEELS STANDARDS AND PROCEDURES

Each Area Agency on Aging 1-B (AAA 1-B) Home Delivered Meal (HDM) provider, both contracted and NSIP-only, 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.com. 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 waiting 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 particular 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 other 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 and Christmas/Chanukah/Other Holiday by January 10
 - New Year's Day by February 10
 - Easter/Passover/Other 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 ADHS PROGRAMS

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

Provision of Meals to AAA 1-B Contract ADHS Programs

- Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADHS 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 ADHS 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 ADHS 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 ADHS 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. ADHS centers that receive meals must provide the nutrition contractor with the suggested minimum donation for all meals received.
- The ADHS 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 ADHS 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.
- ADHS participants who are not eligible for congregate meal service may receive meals from an AAA 1-B funded nutrition provider at a rate negotiated between the ADHS 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 such meals be documented in writing and submitted to the AAA 1-B program manager for approval.

- If an ADHS Program chooses to receive meals from a non-AAA 1-B funded nutrition provider, the ADHS 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.

Provision of Meals to non-contract ADHS Centers

- AAA 1-B funded meals may be provided to eligible persons and volunteers when requested by ADHS Programs 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 ADHS 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 ADHS 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 ADHS Program must provide the AAA 1-B funded nutrition provider with the suggested minimum donation for each meal served to eligible persons and volunteers.
- The ADHS 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.
- If there is a repeated pattern of a high number of meals ordered but not served, AAA 1-B may meet with the ADHS 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, per nutrition service program.
- Persons not eligible for an AAA 1-B funded meal may receive meals from a AAA 1-B contract nutrition provider at a rate negotiated between the ADHS Program and 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 ADHS Program and the nutrition provider be documented in writing and submitted to the AAA 1-B program manager for approval. (See nutrition standards beginning page I. D-60).
- Any intent to change meal providers must be submitted in writing to the AAA 1-B program manager for approval.
- If an ADHS Program chooses to receive meals from a non AAA 1-B contract nutrition provider, the ADHS Program must submit a written request to the AAA 1-B program manager for review and approval prior to meals being provided.

Provision of Meals to Other For-Profit Adult Day Health Service Programs

AAA 1-B contracted meals may not be provided to for-profit ADHS Programs 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 completely 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 can not be reported under the AAA 1-B contract and can not be counted for NSIP reimbursement. NSIP commodities can not 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 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.

AAA 1-B LONG TERM GOAL: Through access to nutrition, nutrition education and service referrals, older adult hunger & food insecurity will be reduced and socialization, health & well-being will be enhanced.

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;
- 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 are allowed to 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 in order to more effectively serve socially or economically disadvantaged older persons. New and/or relocated meal sites shall be located 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. The Michigan 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.com.
- 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 located 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.

NSIP Meal Sites

A program may enter into an agreement with an organization operating a congregate meal site in order for that organization to receive Nutrition Services Incentive Program (NSIP) funding for meals served to person aged 60 and over, upon approval by AAA 1-B. Any meal site receiving NSIP-only funding must operate in compliance with all federal requirements and state operating standards pertaining to the congregate meal program and assure the availability of adequate resources to finance the operation of the meal site without charge to program participants. The program shall have a written agreement with each organization operating NSIP only meal sites. This agreement shall be either AASA's standardized "Agreement for Receipt of Supplemental NSIP Cash Payment" or one that contains the same components.

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 as long as 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; and,
- A statement of non-discrimination identical to the language on the AASA poster.

Additional information pertaining to the program shall not be displayed so as 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 managers 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.

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 clients.

Soup and salad bar menu requirements:

A salad bar, at minimum, must contain the following:

- One selection of mixed greens (i.e., spinach, romaine lettuce, arugula) along with iceberg lettuce.
- At least four selections of fresh vegetable toppings, (i.e., carrots, mushrooms, onions, peas, celery, green peppers, broccoli, and tomatoes).
- At least two fruit selections. Preferably one should be a fresh fruit (i.e., bananas, apples, grapes, oranges, pineapple, melons, strawberries, blueberries, kiwi, peaches or pears). Non-fresh fruits may include raisins, dried apricots or other dried fruits, or canned or frozen fruits such as melon balls, mandarin oranges, peaches, pears or fruit cocktail.
- At least two selections of meat (i.e., cubed ham or turkey) or meat alternatives (i.e., eggs, nuts, tofu or beans, such as chickpeas).

- At least one selection of shredded cheese variety (shredded mozzarella cheese can be offered for a lower-fat choice).
- At least two bread servings, which may include croutons, breadsticks, crackers, rolls, cornbread, muffins, sweet bread or bagels. Whole wheat or multigrain products are highly recommended for increased fiber.
- At least one prepared salad such as potato, macaroni, pasta, three-bean, broccoli, cucumber or coleslaw.
- Milk or a milk alternative must be served with the salad bar; eight ounces of yogurt may count as a milk serving.
- A soup serving shall be six ounces. If two soups are served, one should be a low-sodium broth-based soup, and the other a cream soup, preferably made with skim milk. If one soup is served, it should contain a meat or meat alternative.

Soup and salad bars can be used as part of a daily meal, or may be used as the meal itself.

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; and
- 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 in regard to congregate meal site locations;
 - Establishment of criteria for program participation – how restaurant, care, 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; and,
 - 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 advance notice for administrative review.

Service Name	Home Delivered Meals
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.

AAA 1-B LONG TERM GOAL: Through access to nutrition, nutrition education and service referrals, older adult hunger & food insecurity will be reduced and health & well-being will be enhanced.

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 is able to do so while following OAA 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 organizations and be available to the general public upon request.

Assessment

Each program shall conduct an assessment of 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 is able to 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 the 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. A liquid meal unit of service shall be calculated as two (2) 8-ounce servings /cans and reported as a liquid meal in NAPIS.

When liquid meals are used to supplement a participant's diet, the physician's order must be renewed every six months. Also, 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.

Liquid supplements can be purchased with Older Americans Act (OAA) funds. However, they cannot be counted as a meal in NAPIS or for Nutrition Services Incentive Program (NSIP) purposes unless the liquid supplement is offered as part of a full meal that meets the one-third DRI. Liquid meals can be counted in NAPIS for NSIP purposes when the following is documented in a participant file:

- A regular meal was offered to the participant
- The participant chose the liquid supplement as part of what they wanted from that meal
- The participant signed and dated that they were offered the full meal and that only the liquid supplement is what is being requested.

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 such time as 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 each individual 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.

Access Team Meeting Attendance

Nutrition contractor designees are expected to attend AAA 1-B Access Team meetings as scheduled.

Priority Level:



Date: _____
Reviewer: _____

Programmatic Application Review NUTRITION and SOCIAL SERVICES

(For AAA 1-B Staff Use Only)

Agency:
Service:

Fiscal Year

Funds			Participants			Units		
Current	Requested	Staff Recommendation	Current	Projected	Staff Recommendation	Current	Projected	Staff Recommendation

I. Agency Experience

- For new applicants, the agency's history, experience and qualifications for providing the proposed service is adequately described. For current AAA 1-B contractors/applicants, the agency's history/experience in meeting service levels, targeting and programmatic goals/objectives is described.
- Applicant demonstrates experience with serving older adults and/or caregivers.
- Applicant demonstrates experience with serving minority, low income and/or Hispanic population.

Agency Experience Score: _____

Potential Score: _____

II. Program Description/Program Need

- The applicant described how the program will benefit older adults and/or caregivers in the communities to be served.
- The applicant described how the program addresses the particular needs within the community to be served.
- The applicant described how the proposed program will add value for the various stakeholders served by the aging network; including older adults, caregivers, and tax payers.
- The applicant described how their proposed program meets a specific need within a service area.
- The applicant described why they are the most qualified to provide the service.

Program Description/Program Need Score: _____

Potential Score: _____

III. Program Implementation

- Applicant adequately described the process of program implementation, including referral activities, participant intake and service delivery.
- Person centered procedures appear to be in place for program implementation, including referral activities, participant intake and service delivery.
- The description of the service delivery shows an understanding of what is required for the service or program.

Program Implementation Score: _____

Potential Score: _____

Date:	_____
Reviewer:	_____

Agency:
Service:

Fiscal Year _____

IV. Quality Assurance

- a. Criteria for measuring service quality and participant and/or caregiver satisfaction are clearly explained.
- b. Identified how quality data will be used for enhancing and/or expanding programming.
- c. Sample of Quality Assurance instruments and/or outcomes report were submitted with the application.

Quality Assurance Score: _____

Potential Score: _____

V. Staffing

- a. The supervision is appropriate, adequate, and meets service standards.
- b. The staffing is appropriate, adequate, and meets service standards.
- c. The program utilizes volunteers to enhance or expand the service.
- d. Applicant submitted an organizational chart with their application.

Staffing Score: _____

Potential Score: _____

VI. Targeting Plan

- a. The program projected service targeted participants at a percentage greater than (i.e. double) their relative percentage to the total older adult population.
- b. Program targets minority participants.
- c. Program targets low income participants.
- d. Program targets Hispanic participants.

Targeting Plan Score: _____

Potential Score: _____

VII. Applicant One Year Contractor Planning and Reporting Worksheet

- a. The applicant identified and documented specific inputs relevant to the service.
- b. The applicant identified and documented specific action steps relevant to the outputs and outcomes that are:
 - i. Specific
 - ii. Measureable
 - iii. Achievable
 - iv. Relevant
 - v. Timely
 - vi. Supportive of the Logic Model

Service Action Steps Evaluation Notes/Comments:

Date:	_____
Reviewer:	_____

Agency:
Service:

Fiscal Year _____

VII. Applicant One Year Contractor Planning and Reporting Worksheet

- c. The applicant has provided specific action steps for reaching and serving the targeted population that are:
- i. Specific
 - ii. Measureable
 - iii. Achievable
 - iv. Relevant
 - v. Timely
 - vi. Supportive of the Targeting Plan

Targeting Action Steps Evaluation Notes/Comments:

Applicant One Year Contractor Planning and Reporting Worksheet Score:
Potential Score:

VIII. Budget Review

- a. The budgeted staffing hours are appropriate, adequate, and meet service standards.
- b. The budgeted program income amount and/or voluntary cost share is appropriate for the number of units, participants, and low income participants projected.
- c. The number of projected participants is appropriate, for the funding requested.
- d. The number of projected units is appropriate for the funding requested.
- e. The program has other additional resources that will support the proposed service.

Budget Review Score:
Potential Score:

IX. Miscellaneous

- a. The application describes unique or innovative aspects of service delivery.
- b. The application narrative was clearly written.
- c. The applicant adequately described the procedures for assuring accuracy of unit reporting.
- d. The applicant adequately described the procedure for requesting donations/cost share.
- e. Program targets other under served populations not on the targeting plan (i.e. LGBT, specific ethnic populations etc.)

Miscellaneous Score:
Potential Score:

Date:	_____
Reviewer:	_____

Agency:
Service:

Fiscal Year _____

Summary

Service Information Category

- I. Agency Experience
- II. Program Description/Program Need
- III. Program Implementation
- IV. Quality Assurance
- V. Staffing
- VI. Targeting Plan
- VII. Applicant One Year Contractor Planning and Reporting
- VIII. Budget Review
- IX. Miscellaneous

Potential Score	Agency	
	Potential Score	Actual Score
Total Score		

Strengths and Weaknesses

Strength Weakness

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Stipulations

Pre Contract

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments

FISCAL APPLICATION REVIEW FORM NUTRITION and SOCIAL SERVICES

Agency: _____

Fiscal Year _____

Service: _____

Funds		Clients		Units	
Current	Requested	Current	Projected	Current	Projected

I. MANAGEMENT INFORMATION

- A) Is a description of the accounting system used for tracking income, expenditures, and program income/voluntary cost share included? If so, does it include information regarding:

_____ The name and description of the applicant's accounting software?

_____ If the applicant uses Accrual or Cash based accounting?

_____ A description of positions responsible for various accounting functions?

_____ Applicant policies and procedures related to internal controls?

- B) Was a description of the unit-tracking system included? If so does it include:

_____ The applicants internal policies and procedures describing how units are served and documented?

_____ Does the system seem to adequately meet AAA 1-B unit documentation standards?

_____ A copy of the applicant's internal policies and procedures for unit reporting?

_____ Does the system seem to reasonably ensure that units reported to the AAA 1-B and NAPIS will be accurate?

_____ Is there a description of the procedure for requesting donations/cost share included?

- C) Was a certified (signed) Debarment and Suspension Declaration included?

- D) Has the Debarment and Suspension Declaration been verified through the EPLS on-line system?

- E) Are audited financial statements included with the application and if not was there acceptable documentation as to why not?

- F) If audited financial statements were included were there any material weaknesses or other findings that made the statements other than unqualified?

II. BUDGET

- A) Was the budget submitted on the form provided by the AAA 1-B?

- B) Are all calculations on the budget correct?

- C) Does the budget balance, indicating no error messages?

- D) For nutrition applicants only – was justification documentation submitted for Consulting, Supplies and Other line items that are 10% or more than the total budget?

- E) For nutrition applicants only – Do the budgeted amounts for the Federal/State share and NSIP rate match the published award amount for the service area in which the applicant is applying?

- F) Do any of the line items appear to be inappropriate or unreasonable expenditures for the program in which the applicant is requesting funding?

III. MATCH REQUIREMENTS

- A) Has the applicant included original documentation that ensures that appropriate match funding has been secured for the requested program funding?

- B) For a Social Service Application, is three quarters (3/4) of the 20% match hard cash? If not has the provider requested a waiver?

Reviewed by:
Reviewed on:

FISCAL APPLICATION REVIEW FORM NUTRITION and SOCIAL SERVICES

Agency:	Fiscal Year					
Service:	Funds		Clients		Units	
	Current	Requested	Current	Projected	Current	Projected

IV. INSURANCE

- A) If the applicant is a new provider, does the application contain documentation of required insurance? (Original Certificates)
- B) Do General policies include the Area Agency on Aging 1-B as an additional insured?
- C) Is the Area Agency on Aging 1-B listed as a certificate holder on all certificates of insurance?
- D) Are original certificates of insurance on file for all coverage required for the service provided?

V. FISCAL ASSESSMENTS AND TECHNICAL ASSISTANCE

- New Applicant - No history of funding.
- Satisfactory previous year Fiscal Assessment.
- Satisfactory current year Fiscal Assessment.
- Unsatisfactory (compliances) issues have been corrected. If not, why?
- Recommendations from assessments and technical assistance have been implemented.
- Did the applicant comply with the reporting requirements?
- If not, what were the problem areas?

WEAKNESSES

STIPULATIONS

Pre Contract

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Reviewed by:
Reviewed on:

Plan and Progress Worksheet

FISCAL YEAR: FY 2017

SERVICE: Chore

ORGANIZATION NAME:



THE PLAN

Planned Action Steps	Expected Outputs	Performance Outcomes
<i>Measurable activities that result in outcomes. specific: who, where, when, how many</i>	<i>Measurable results of action steps</i>	<i>Measurable change over 1 year</i>
	1. Number and names of subcontractors. 2. Data from surveys of stakeholders. 3. Number and names of referral sources and their social program. 4. Number and names of organizations that can also provide chore services. 5. Number of new participants added during current year.	1. 80% of participants report being satisfied with service. 2. Number of participants in targeted underserved/priority population group is at least double their proportion in the community. 3. 80% of participants report knowing how to access relevant supportive services. 4. 80% of participants report their homes are safer as a result of chore services.

THE PROGRESS

First Quarter Action Steps Taken	First Quarter Outputs	First Quarter Outcomes
Second Quarter Action Steps Taken	Second Quarter Outputs	Second Quarter Outcomes
Third Quarter Action Steps Taken	Third Quarter Outputs	Third Quarter Outcomes
Fourth Quarter Action Steps Taken	Fourth Quarter Outputs	Fourth Quarter Outcomes

ADDITIONAL APPLICATION FORMS TO COMPLETE AND SUBMIT

Forms available on the AAA 1-B website at www.aaa1b.com/doingbusinesswithus.

FOR ALL SOCIAL SERVICES APPLICANTS:

- 1 Year Contractor Plan and Progress Worksheet (page 1 only)
- 1 Year Targeting Plan
- Social Services Budget Summary (Original Signature)
- Budget Justification Form Social Services (Original Signature)
- *Completed Contractor's Application Checklist (Original Signature)

FOR NUTRITION SERVICES APPLICANTS:

- 1 Year Contractor Plan and Progress Worksheet (page 1 only)
- 1 Year Targeting Plan
- Congregate and Home Delivered Meal Program Budget (Original Signature)
- Budget Justification Form Nutrition Services (Original Signature)
- Service Delivery Charts (for Nutrition Applicants Only):
 - Food Specifications - Chart 1
 - Menu Specifications - Chart 2
 - Nutrition Service Operational Resources - Chart 3
 - Congregate Site Operations - Chart 4
 - Central/Site Kitchen - Chart 5
 - Caterer Food Service - Chart 6
- *Completed Contractor's Application Checklist - (Signed - Original Signature).
See attached Form.

*This checklist provides a list of all items that are required to be submitted with your application for the application to be eligible for funding. There are additional items that are not listed above. **Missing items will disqualify your application from being reviewed by the Application Review Committee (ARC).** It is the applicant's responsibility to verify all items are included when submitting the application.

Please complete this attached checklist to verify you have included all items and include the signed checklist at the front of your application.

If you have any questions regarding this application, please contact the Program Manager for your service(s).

Application Checklist

Please complete this checklist of **Required Application Materials** to verify all items are being submitted. Sign and date the form, and include as the first page of your application.

I. APPLICATION

- ☐ A. ORGANIZATION INFORMATION (ORGANIZATION NAME, ADDRESS, PROGRAM CONTACTS, ETC.)
- ☐ B. NARRATIVE
 - ☐ Organization History and Experience
 - ☐ Program Description and Need
 - ☐ Program Implementation
 - ☐ Quality Assurance
 - ☐ Staffing & Organizational Chart
 - ☐ Financial Management
- ☐ 1 YEAR PLAN AND PROGRESS WORKSHEET (PAGE 1 ONLY)
- ☐ 1 YEAR TARGETING PLAN

II. BUDGET DOCUMENTS

- ☐ A. SOCIAL SERVICES BUDGET SUMMARY
- ☐ B. BUDGET JUSTIFICATION FORM SOCIAL SERVICES
- ☐ C. CONGREGATE AND HOME DELIVERED MEAL PROGRAM BUDGET
- ☐ D. BUDGET JUSTIFICATION FORM NUTRITION SERVICES

III. SERVICE DELIVERY FORMS – *Nutrition Services Applicants Only*

- | | |
|---|--|
| 1. <input type="checkbox"/> Food Specifications | 4. <input type="checkbox"/> Congregate Site Operations |
| 2. <input type="checkbox"/> Menu Specifications | 5. <input type="checkbox"/> Central/Site Kitchen |
| 3. <input type="checkbox"/> Nutrition Service
Operational Resource | 6. <input type="checkbox"/> Caterer Food Service |

IV. ☐ LOCAL MATCH LETTER (ORIGINAL)

V. ☐ LETTERS OF SUPPORT (MINIMUM OF 2 REQUIRED)

VI. ☐ SUBCONTRACTING REQUEST FOR APPROVAL (IF APPLICABLE)

VII. ☐ REQUEST OF WAIVER OF SERVICE PROVISION STANDARD FORM (IF APPLICABLE)

Applicant's Signature

Date

CONTRACTOR TARGETING PLAN

Rev. 2/2016

Organization Name: _____

Date: _____

Service: _____

County To Be Served: _____

This worksheet will identify the population groups you propose to target with your program. First, determine the county(ies) you propose to serve. Then, for each targeted population group, refer to 2010 Census Data to determine the population of that group, in the county(ies) you propose to serve. 2010 Census Data can be found on the AAA 1-B website at: <http://www.aaa1b.com>. Post this data in the second, "Number of Persons" column. Next, for each group, 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 the two Percentage columns will auto-calculate. Confirm that for each targeted population group you chose, the percentage of participants you propose to serve is double their percentage in the population.

For FY2017-2019, we have added a new category of individuals to target for service: those with Limited English Proficiency. Please use **Limited English Proficient Population in Region 1-B** also found on the AAA 1-B website to complete the cells on row 22 below.

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		#VALUE!		#VALUE!
American Indian/Alaskan Native		#VALUE!		#VALUE!
Asian/Native Hawaiian/Pacific Islander		#VALUE!		#VALUE!
Multi-racial (i.e. two or more races)		#VALUE!		#VALUE!
Total Minority:	#VALUE!	#VALUE!	#VALUE!	#VALUE!
White/Non-Hispanic		#VALUE!		#VALUE!
Hispanic/Latino		#VALUE!		#VALUE!
Total Non-Minority:	#VALUE!	#VALUE!	#VALUE!	#VALUE!
In Poverty (100% of Federal Level)		#VALUE!		#VALUE!
Limited English Proficiency		#VALUE!		#VALUE!

BUDGET SUMMARY
(Dollars Only: No Cents)

FOR AAA 1-B USE ONLY

- ☐ AAA 1-B
☐ FA
☐ CONTRACTOR

1. Agency Name: _____		Page 1 of 3	
2. Service: _____			
3. Budget Period: 10/01/2016 - 09/30/2017		29. TOTAL BUDGETED PARTICIPANTS	-
4. Date prepared: _____		30. TOTAL BUDGETED UNITS	-
		31. TOTAL UNIT COST	\$ -
		32. UNIT SHARE/UNIT RATE	\$ -
		33. ADDITIONAL RESOURCES	
Direct Costs	Budget	Amount	Source
5. Salaries and Wages	\$ -		
6. Fringe Benefits	\$ -		
7. Travel-Staff	\$ -		
8. Supplies	\$ -		
9. Equipment	\$ -		
10. Rent/Utilities/Space	\$ -		
11. Communications	\$ -		
12. Service Contracts	\$ -		
13. Other	\$ -		
Total Direct Costs	\$ -		
Indirect Costs			
14. Salaries and Wages	\$ -		
15. Fringe Benefits	\$ -		
16. Travel-Staff	\$ -		
17. Supplies	\$ -		
18. Equipment	\$ -		
19. Rent/Utilities/Space	\$ -		
20. Communications	\$ -		
21. Service Contracts	\$ -		
22. Other	\$ -		
Total Indirect Costs	\$ -		
TOTAL BUDGET	\$ -		
24. Less: Program Income/Voluntary Cost Share	\$ -		
NET COSTS	\$ -		
26. Source of Funds		\$ -	TOTAL RESOURCES
26.a. Federal/State	\$ -		
26.b. Local Cash Match	\$ -		
26.c. Local In-Kind Match	\$ -		
27. Program Income/Voluntary Cost Share	\$ -		
TOTAL BUDGET	\$ -		
Certification: I certify that I am authorized to sign on behalf of this agency. The budget amounts represent necessary and proper costs for implementing this program. Adequate documentation and records will be maintained to support all program expenditures.			
34. Signature _____ Title _____ Date _____			
Printed/Typed Name: _____ Printed Title: _____			
35. Stipulations Approval		AAA 1-B USE ONLY	
Pre-Contract Stipulation(s) Met: (check one)	<div style="display: inline-block; border: 1px solid black; padding: 5px;"> CBA <input type="checkbox"/> Yes <input type="checkbox"/> None </div>	<div style="display: inline-block; border: 1px solid black; padding: 5px;"> FA <input type="checkbox"/> Yes <input type="checkbox"/> None </div>	
Contract Stipulation(s) to be Met: (check one)	<div style="display: inline-block; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> None </div>	<div style="display: inline-block; border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> None </div>	
Initial _____			
Date _____			
36. Budget Approval		AAA 1-B	
		Date	
CBA	_____	_____	
FA	_____	_____	
Contract # _____			

DIRECT BUDGET COST DETAIL SCHEDULE

Page 2 of 3

Agency Name:

Service:

5. SALARIES AND WAGES

a. Standard Work Week Hours:

b. Position / Title	c. FTE	d. \$ Total
		\$ -
Line 5: SALARIES AND WAGES TOTAL		\$ -

FRINGE BENEFITS (Line 6)	
% TO TOTAL SALARIES	\$ -

TRAVEL - STAFF			
Miles:	Rate Per Mile:	\$	-
Other:		\$	-
Line 7: STAFF TRAVEL TOTAL		\$	-

SUPPLIES	
	\$ -
Line 8:	SUPPLIES TOTAL \$ -

EQUIPMENT	
	\$ -
Line 9:	EQUIPMENT TOTAL \$ -

RENT/UTILITIES			
Rent Rate:		Square Feet:	\$ -
Utilities:		Months:	\$ -
Utilities:		Months:	\$ -
Line 10: RENT/UTILITIES/TOTAL			\$ -

COMMUNICATIONS	\$ Total
	\$ -
Line 11: COMMUNICATIONS TOTAL	\$ -

SERVICE CONTRACTS	\$	-
Line 12: SERVICE CONTRACTS TOTAL	\$	-

OTHER	\$	-
Line 13: OTHER TOTAL	\$	-

INDIRECT BUDGET COST DETAIL SCHEDULE

Page 3 of 3

Agency Name:

Service:

14. SALARIES AND WAGES

a. Standard Work Week Hours:

b. Position / Title	c. FTE	d. \$ Total
		\$ -
Line 14: SALARIES AND WAGES TOTAL		\$ -

FRINGE BENEFITS (Line 15)

% TO TOTAL SALARIES	\$ -
---------------------	------

TRAVEL - STAFF

Miles:	Rate Per Mile:	\$ -
Other:		\$ -
Line 16: STAFF TRAVEL TOTAL		\$ -

SUPPLIES

	\$	-
Line 17:	SUPPLIES TOTAL	\$ -

EQUIPMENT

	\$	-
Line 18:	EQUIPMENT TOTAL	\$ -

RENT/UTILITIES

Rent Rate:	\$ -	Square Feet:	0.00	\$ -
Utilities:		Months:		\$ -
Utilities:		Months:		\$ -
Line 19: RENT/UTILITIES/TOTAL				\$ -

COMMUNICATIONS

	\$	-
Line 20: COMMUNICATIONS TOTAL	\$	-

SERVICE CONTRACTS

	\$	-
Line 21: SERVICE CONTRACTS TOTAL	\$	-

OTHER

	\$	-
Line 22:	OTHER TOTAL	\$ -

DESCRIPTION OF MATCHING FUNDS

Local Cash Match

(Specify Source of Funds)	Amount
	\$ -
Line 26b. Local Cash Match TOTAL	\$ -

Local In-Kind Match

(Specify Source of Funds)	Amount
	\$ -
Line 26c. Local In-Kind Match TOTAL	\$ -

**AREA AGENCY ON AGING 1-B
BUDGET JUSTIFICATION FORM
SOCIAL SERVICES**

Applicant Name: _____

Service: _____

EXPLANATION OF EXPENDITURES

Please briefly explain all costs listed in the budget by line item.

Direct Cost Line Item: Explanation:

Salaries and Wages	
Fringe Benefits	
Travel-Staff	
Supplies	
Equipment	
Rent/Utilities/Space	
Communications	
Service Contracts	
Other	

Indirect Cost Line Item: Explanation:

Salaries and Wages	
Fringe Benefits	
Travel-Staff	
Supplies	
Equipment	
Rent / Utilities / Space	
Communications	
Service Contracts	
Other	

Completed by:

Title:

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 Final Report):

Title:

Area Agency on Aging 1-B
Congregate and Home Delivered Meal Program Budget

I. GENERAL INFORMATION

Contractor:				Contract Period:	2016-2017	
	Grant Funding	Required Match	Units	Unit Rate	Participants	
Congregate Meals		\$0				
Home Delivered Meals		\$0	-			
Grant Total	\$0	\$0	-			
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	\$0	Total Program Cost	\$0
Less: CM Program Inc./Vol.Cost Share		Total Program Unit Cost	
Less: HDM Program Inc./Vol.Cost Share			
Less: NSIP Reimbursement	\$0		
Sub Total	\$0		
Less: Required Match	\$0		
Federal/State Grant	\$0		

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.

Signature: _____ Title: _____

Budget Approval: CBA _____ Date: _____ FA _____ Date: _____
 AAA 1-B Use Only

Contractor _____

Production Facility	Meal Type
TOTAL RAW FOOD	

Units	Cost	Total
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -

Units	Cost	Total
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -
-	\$ -	\$ -

[illegible][illegible][illegible][illegible][illegible][illegible]

CONGREGATE MEALS	
-	\$ -

HOME DELIVERED MEALS	
-	\$ -

CONGREGATE EXPENDITURE DETAIL

Contractor: 0

4. DIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
Social Worker 5hr/week			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL DIRECT LABOR SALARIES			\$ -

9. INDIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL INDIRECT LABOR SALARIES			\$ -

5. DIRECT LABOR FRINGE

Position/Title	FTE	Total
Social Worker		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
TOTAL DIRECT LABOR FRINGE		\$ -

10. INDIRECT LABOR FRINGE

Position/Title:	FTE	Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
TOTAL INDIRECT LABOR FRINGE		\$ -

6. DIRECT KITCHEN EXPENSES

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
TOTAL DIRECT KITCHEN EXPENSES	\$ -

11. CONGREGATE FACILITIES (RENT/UTILITIES)

Rent Rate:		Sq. Ft.		\$ -
Utilities:		Months:		\$ -
Utilities:		Months:		\$ -
TOTAL FACILITIES				\$ -

12. EQUIPMENT

	\$	-
	\$	-
	\$	-
	\$	-
TOTAL EQUIPMENT	\$	-

7. TRANSPORTATION

Miles:		Rate Per Mile:		\$ -
Other:				\$ -
TOTAL TRANSPORTATION				\$ -

13. CONSULTANTS

	\$ -
	\$ -
	\$ -
TOTAL CONSULTANTS	\$ -

8. OTHER

	\$	-
	\$	-
	\$	-
	\$	-
TOTAL OTHER	\$	-

HOME DELIVERED MEALS EXPENDITURE DETAIL

Contractor: 0

4. DIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL DIRECT LABOR SALARIES			\$ -

9. INDIRECT LABOR SALARY

Position/Title:	Work Week Hours:	FTE	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
TOTAL INDIRECT LABOR SALARIES			\$ -

5. DIRECT LABOR FRINGE

Position/Title	FTE	Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
TOTAL DIRECT LABOR FRINGE		\$ -

10. INDIRECT LABOR FRINGE

Position/Title:	FTE	Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
TOTAL INDIRECT LABOR FRINGE		\$ -

6. DIRECT KITCHEN EXPENSES

	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
	\$	-
TOTAL DIRECT KITCHEN EXPENSES	\$	-

11. HDM FACILITIES (RENT/UTILITIES)

Rent Rate:	Sq. Ft.	\$	-
Utilities:	Months:	\$	-
Utilities:	Months:	\$	-
TOTAL FACILITIES		\$	-

12. EQUIPMENT

	\$	-
	\$	-
	\$	-
	\$	-
TOTAL EQUIPMENT	\$	-

7. TRANSPORTATION

Miles:		Rate Per Mile:		\$	-
Other:				\$	-
TOTAL TRANSPORTATION				\$	-

13. CONSULTANTS

	\$ -
	\$ -
	\$ -
TOTAL CONSULTANTS	\$ -

8. OTHER

	\$	-
	\$	-
	\$	-
	\$	-
TOTAL OTHER	\$	-

**AREA AGENCY ON AGING 1-B
BUDGET JUSTIFICATION FORM
NUTRITION SERVICES**

Applicant Name: _____

Service: _____

EXPLANATION OF EXPENDITURES

Please briefly explain all costs listed in the budget by line item. An explanation for raw food, purchased meals, and nutrition supplements is not needed.

Direct Cost Line Item: Explanation:

Direct Labor Salary	
Direct Labor Fringe	
Direct Kitchen Expenses	
Transportation	

Indirect Cost Line Item: Explanation:

Other	
Indirect Labor Salary	
Indirect Labor Fringe	
Facilities (Rent / Utilities)	
Equipment	
Consultants	

Completed by:

Title:

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 Final Report)*:

Title:

FOOD SPECIFICATIONS CHART 1

Complete the chart below with attachments as indicated. This information will be used to evaluate and compare ingredients, quality, and portion size that comprise the food cost in submitted budgets and menus. Indicate N/A for items that are not used and wherever possible indicate substitute products.

Agency Name: _____ Date: _____

PRODUCT SPECIFICATION OR SUBSTITUTE PRODUCT USED	NUTRITION FACTS LABEL INFORMATION
Protein Specifications	
Ground Beef, Bulk: 81/19,80/20, 85/15 _____	% FAT _____
Pre-Cooked Hamburger Patty: _____ oz/ea	GM PROTEIN _____ OZ, GM FAT _____ OZ, MG NA _____ OZ
Pre-Cooked Chicken Patty: _____ oz/ea	GM PROTEIN _____ OZ, GM FAT _____ OZ, MG NA _____ OZ
Boneless Skinless Chicken Breast: _____ oz/ea	GM PROTEIN _____ OZ, GM FAT _____ OZ, MG NA _____ OZ
Turkey Breast (entree):Ckd or Raw: _____ oz/ea	GM PROTEIN _____ OZ, GM FAT _____ OZ, MG NA _____ OZ
Pork Chop (bone-in or boneless): _____ oz/ea	GM PROTEIN _____ OZ, GM FAT _____ OZ, MG NA _____ OZ
Dairy	Dairy
Milk: <i>List Variety</i> _____	% FAT _____ HDM, % FAT _____ CONG.
Yogurt: <i>List Variety</i> _____	% FAT _____, OZ / CONTAINER _____, GM CARB _____
Fats	Fats
Margarine or Butter: size _____	GM FAT _____ SERV OR P/C _____
Gravy, finished product(<i>brand</i>) _____	MG SODIUM _____ 2 OZ
Canned or dry _____ attach recipe _____	
Attach gravy recipe if home made _____	
Vegetables	Vegetables
Mashed Potato, prepared (describe): _____	MG SODIUM (NA) _____ ½ CUP
Fresh/Seasonal: (describe) _____	
Corn: <i>Canned or Frozen</i> _____	MG SODIUM (NA) _____ ½ CUP
Fruits	Fruits
Canned Fruit number of (variety): _____	PACK _____ (I.E. WATER, JUICE, LIGHT SYRUP)
Fresh, Apple (source) _____	CASE COUNT _____ GRADE _____
Frozen Meals	Frozen Meals
Chicken , Potato Vegetable or other describe _____	CALORIES/SERVING _____, MG SODIUM (NA)/SERV _____
Brand: _____ (or onsite prep) _____	GM FAT/SERVING _____, GM PROTEIN/SERVING _____
Bread	Bread
Whole Grain Bread (list first three ingredients on label): _____	FIBER (GM)/OZ _____
Shelf Stable Meals-Attach 3 day menu	Shelf Stable Meals-Attach nutrient analysis/meal
Source/Brand: _____	AVG..CAL /MEAL _____ AVG SODIUM (MG)/MEAL _____
Liquid Meals	Liquid Meals
Name Brand _____	LIST PRODUCTS ON BUDGET:-ATTACH SEPARATE SHEET

MENU SPECIFICATIONS CHART 2



Please complete the information requested below. This information will be used to evaluate a sample of your menu's nutrient analysis, standardized recipe and cycle menu for your senior nutrition application.

Agency Name: _____ Date: _____

STANDARDIZED RECIPE Sample Meat Loaf Recipe	NUTRIENT ANALYSIS PANEL Per Serving of Meat Loaf
Recipe Source: _____	CALORIES/SERVING _____
Yield: _____	GM PROTEIN _____
Portion Size: _____	GM CARBOHYRATE _____
Quantity Prepared : _____ lbs/oz	GM FAT _____
	GM SATURATED FAT _____
	MG CHOLESTEROL _____
	MG SODIUM _____
	MG IRON _____
	GM DIETARY FIBER _____

STANDARDIZED RECIPE Sample Spaghetti Meat Sauce Recipe	NUTRIENT ANALYSIS PANEL Per Serving of Spaghetti Meat Sauce
Recipe Source: _____	CALORIES/SERVING _____
Yield: _____	GM PROTEIN _____
Portion Size: _____	GM CARBOHYRATE _____
Quantity Prepared : _____ lbs/oz	GM FAT _____
	GM SATURATED FAT _____
	MG CHOLESTEROL _____
	MG SODIUM _____
	MG IRON _____
	GM DIETARY FIBER _____

1. **Attach** recipe for meat loaf and meat spaghetti sauce or list brand(s) name(s) if convenience item and nutrients in item per serving and service size.
2. Briefly describe the method/software program used to analyze recipes for nutrient content:
3. **Attach** nutrient analysis for recipe per serving.
4. **Attach** 1 week sample cycle with analysis provided per day and average nutrients per week. for 1/3 DRI: calories, protein, carbohydrate, fat, saturated fat, sodium, vitamin A, vitamin C, dietary fiber, calcium and iron.

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

May

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 2015 (if applicable):

Paid Staff stops per route average/range:

--

Volunteer stops per route average:

--

Describe any delivery changes completed in 2015 or planned:

--

6. List HDM Volunteer FTEs for delivery:

--

7. List HDM Paid Staff FTEsfor delivery:

--

Submitted by:

--

Date:

--

AAA 1-B Comments:

--

CONGREGATE SITE OPERATIONS CHART 4

Applicant Name: _____ Date: _____

Site Name: _____

Address: _____

Site Contact Name*: _____

*Volunteer: ☐ Y ☐ N _____

Site Contact email: _____

Site phone info #: _____ Serving Hours of Meal Service: _____ to _____

Service Days per week: _____

Service Days per weekend: _____

PROGRAM INCOME

Donation Request:	Age 60+ \$ _____	Guests Under Age 60 \$ _____
Food Service Staff: \$ _____	Volunteer Under Age 60: \$ _____	Other: \$ _____

SITE DESCRIPTION

Type of Congregate Site *(Check One)*

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

Barrier Free: ☐ Yes ☐ No If no, indicate reason _____

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

Central Kitchen

Yes 2nd Meals taken off site

Satellite Kitchen

No 2nd Meals offered for off site

Average Number of Individuals *(unduplicated)* Served Weekly : _____ Total _____

CENTRAL/SITE KITCHEN - Chart 5

(Attach 1 chart per kitchen)

Agency Name: _____ Date _____

Kitchen Name: _____

Kitchen Address: _____

Kitchen Phone: _____ Contact Person: _____

Certified Manager Name: _____ Certification Date: _____

Type of Kitchen: ☐ Central – satellite If yes, list sites served below
☐ Site – satellite ☐ yes ☐ no
☐ HDM only

**List all dining/HDM
sites served from
this licensed
preparation/satellite
kitchen:** _____

Average Number of Meals Prepared/Served Weekly

	Congregate	Home Delivered	Total
Week _____	_____	_____	_____

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 Caterer Food Service Chart – Chart 6)

FOOD SERVICE LICENSE

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

CATERER FOOD SERVICE - CHART 6 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 MEALS SERVED PER WEEK:

	Congregate	Home Delivered	Sub Total
WEEKLY	_____	_____	_____

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.

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.

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. **Attach Subcontractor's Certificate of Insurance from insurance agency.**

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

Tina Abbate Marzolf, Chief Executive Officer, AAA 1-B

Date



**AREA AGENCY ON AGING 1-B SERVICE PROVIDER
REQUEST OF WAIVER OF SERVICE PROVISION
STANDARD FORM**

Name of Agency

Date

Requesting Waiver of Standard:

Reason for Request:

Documentation Submitted:

Proposed Date Waiver to take effect (if approved):

AAA 1-B Comments:

Signature/Title

Date

Reviewed By:

Program Manager/Fiscal Manager

Date

Community & Business Advancement
Director

Date

APPROVED ☐

DENIED ☐

AAA 1-B CEO

Date

Note: Remember, requests for a waiver of any AAA 1-B policy must be submitted in a cover letter to the AAA 1-B along with the application. At minimum, requests for a policy waiver must include the following: 1) the specific AAA 1-B policy which the waiver is requested; 2) the reason(s) why waiver is needed; and 3) the proposed date on which the waiver (if approved) would take effect. No waiver of minimum insurance requirements will be granted.