



***REQUEST FOR PROPOSALS (RFP) and OPERATING STANDARDS MANUAL –
COMMUNITY LIAISON***

Fiscal Years 2020-2022 (January 1, 2020 – September 30, 2022)



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

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

Michael Karson, Chief Executive Officer and President
AnnaGloria McCormick, Chief Integration Officer

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SERVICE TO BE FUNDED

Community Liaison	Assistance to individuals in finding and working with appropriate county based human service providers that can meet their needs which may include; information-giving (e.g., listing the providers of a particular service category so an individual may make their own contact directly); group presentations; referral (making contact with a particular provider on behalf of an individual); advocacy intervention (negotiating with a service provider on behalf of a participant); and follow-up contacts with clients to ensure services have been provided and have met the respective service need.
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INTRODUCTION

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

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

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

Title III of the Older Americans Act

Part A. General Provisions

Part B. Supportive Service and Senior Centers

Part C. Nutrition Services

C-1. Congregate Meal Services

C-2. Home Delivered Meal Services

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

Part E. National Family Caregiver Support Program

This *RFP and Operating Standards Manual – Community Liaison* (Manual) contracting information including Michigan Department of Health & Human Services (MDHHS)/Aging and Adult Services Agency (AASA) and AAA 1-B service standards, contract application materials, and other forms

required to be completed by agencies interested in receiving a contract to provide services to older adults for the contract term January 1, 2020 to September 30, 2022. Contracts for services are awarded based on the availability of funding and AAA 1-B Board of Directors funding decisions.

The *Manual* will be used to guide contract performance for contract term January 1, 2020 to September 30, 2022 and may be subject to change (i.e. receipt of transmittal letters from AASA indicating a policy or standards change).

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

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

Application Materials

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

Pre-Contract Materials

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

Contractor Reporting Materials

To provide applicants with a review of the periodic reporting required of awarded applicants, we have included instructions, reports, and materials expected of AAA 1-B funded contractors. This includes the programmatic and fiscal reporting requirements, including National Aging Program Information System (NAPIS) reporting requirements. This section also contains the grievance procedure. All reporting forms will be available on the AAA 1-B website at www.aaa1b.org and must be submitted electronically. Forms in the *Manual* are samples only.

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

CONTRACT STAFF DIRECTORY

Staff Name	Responsibility	Phone	Email
Kristin Wilson, Manager Wellness and Social Services	Chore, Community Liaison, Disease Prevention/Health Promotion, Home Injury Control, Legal Assistance, Long-Term Care Ombudsman Prevention of Elder Abuse, Neglect and Exploitation (PEANE)	248-262-9226	kwilson@aaa1b.org
Carmen Saucedo Finance Manager	All Social and Nutrition Services	248-213-0453	csaucedo@aaa1b.org

TENTATIVE SCHEDULE OF RFP (COMMUNITY LIAISON) AND CONTRACT AWARDING ACTIVITIES

Applicant Workshop, MANDATORY	July 31, 2019
Community Liaison RFP Materials Available Online at www.aaa1b.org	August 16, 2019
Letters of Intent Due by 12:00p.m.	August 21, 2019
Application Submission Deadline <ul style="list-style-type: none"> Submit one (1) application package with required documents and original signatures and five (5) photocopied packages, either in-person to the Southfield office or via US mail by 12:00p.m. on or before September 13, 2019 	September 13, 2019
AAA 1-B Board of Directors' Action on Funding Decisions	October 25, 2019
FY 2020 – 2022 Award/Denial Letters Mailed to Applicants <ul style="list-style-type: none"> Letters appealing the decisions must be received by AAA 1-B no later than November 8, 2019 by certified US Mail, FedEx, or UPS only 	November 1, 2019
Pre-Contract Materials for awarded applicants due <ul style="list-style-type: none"> Acknowledgment Letter Signed Required Policies and Procedures Certificate of Insurances Revised Budget and Match Letter (if applicable) Other Documents 	November 2019
FY 2020 (January 1, 2020 – September 30, 2020) contracts sent to contractors.	December 2019
Signed Contracts due to AAA 1-B	December 2019
Contract Year Begins	January 1, 2020
Contract Reporting Workshop, MANDATORY	As Needed

MANDATORY APPLICANT WORKSHOP AND TECHNICAL ASSISTANCE

Applicants must have attended the Applicant Workshop on July 31, 2019. Agency's may not apply for funding if an agency representative was 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 via email to contractbids@aaa1b.org by Wednesday, August 21, 2019 at 12:00 p.m.

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

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

1. Typed on formal letterhead.
2. Include the service your agency intends to bid on and include a key contact name, phone number, and email for this process.
3. Must have an authorized signature.
4. Letters of Intent will not be accepted beyond the due date. If a LOI is not submitted, your agency will not be permitted to bid.

APPLICATION REVIEW, AWARD AND DENIAL PROCESS

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

Application Review Criteria

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

Applications must include all required documents and original signatures, where appropriate. One (1) application with original signatures and five (5) copies of the application must be submitted to AAA 1-B no later than 12:00 p.m. on the application due date of September 13, 2019. Late applications will not be accepted.

Applications are reviewed based on the following criteria:

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

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

Application Review Tool

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

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

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

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

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

Contract Award

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

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

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

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

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

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

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

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

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

- Availability of funds
- Successful fulfillment of contract spending and serving levels in the current contract year
- Fiscal and programmatic site assessments
- Any other criteria which may affect contract performance

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

Contract Assessments

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

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

Denial of Award

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

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

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

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

APPLICATION INFORMATION AND INSTRUCTIONS

The application is available online at www.aaa1b.org. Please follow the instructions below to complete the application form.

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

Agency Information

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

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

Agency History and Experience

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

Program Description

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

Program Need

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

Program Implementation

Describe the process of program implementation including referral activities, participant intake, and service 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 agency's internal control policy. An internal control policy is something all programs should have in place. If the applicant does not currently have an internal control policy, it is strongly recommended that one be implemented
- The proposed procedure for assuring accuracy of unit reporting
- The policies and procedures for requesting donations or a voluntary cost share
- The policies for purchase and disposal of equipment purchased with AAA 1-B funding

Attach the following documents, found in the Appendix:

- The Budget Detail and Budget Summary forms
- The Agency Equipment Form, if equipment is requested in the budget. Equipment is

defined as any item purchased with AAA 1-B funds equal to or greater than \$5,000

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

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

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

Targeting Plan

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

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

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

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

The Targeting Plan uses the following definitions:

- "Poverty" is the need resulting from an income at or below the official poverty level as defined each year by the Federal Administration for Community Living/Department of Health and Human Services. For targeting purposes, factors indicating economic need are sources of income (SSI, food stamps, Medicaid, etc.), or income at or below 100% of the federal poverty level that entitles older persons to other supportive programs. To determine the federal poverty levels, go to www.hhs.gov/poverty.

- “Race/ethnicity status” is confined to the following designations:
 - American Indian or Alaskan Native – a person having origins in any of the original peoples of North American (including Central America), and who maintains tribal affiliation or community attachment
 - Asian, native Hawaiian, or Other Pacific Islander – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam. May also be a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
 - Black or African American – a person having origins in any of the black racial groups of Africa
 - Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race
 - White – a person having origins in any of the peoples of Europe, the Middle East, or North Africa
 - Multi-racial – a person whose response to the race item on the census could not be categorized in a specific group. The census data is based on an individual’s self-identification, that is, their perception of their own racial identity. For the Targeting Plan, people who identify with two or more racial categories are multi-racial.
- “Non-minority” older adults are those who are not in a minority designation – i.e. white, non-Hispanic.

SOCIAL SERVICES BUDGET INSTRUCTIONS

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

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

Budget Schedules: Cost Detail and Summary

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

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

Direct Budget Cost Detail Schedule

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

Salaries and Wages:

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

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

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

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

Employees may be grouped on one line if their roles are the same and their pay rate and hours of work are the same. If an employee is to be involved less than 52 weeks of the year, note that. Total the values at the bottom of the table. This sum, on line 5 will be automatically transferred to the Budget Summary, line 5.

Fringe Benefits:

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

Travel – Staff:

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

Supplies:

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

Equipment:

Include all equipment purchased with AAA 1-B funding that have an acquisition cost of \$5,000 or

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

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

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

Rent/Utilities:

Include the cost of rent and utilities used in the operation of your program. For rent, indicate the cost per square foot of space. For utilities, indicate the total cost per month for heat, electricity, and water. Convert these costs into annual figures and total the values on line 10. This value will be automatically transferred to the Budget Summary, line 10.

Communications:

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

Service Contracts:

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

Other:

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

Indirect Budget Cost Detail Schedule

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

Local Cash Match and Local In-Kind Match

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

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

In-Kind or Soft Match includes resources other than cash, which are used in providing the service. These may include but are not limited to donated rent and/or utilities; recorded hours of volunteers working on the equipment or supplies; and/or donated secretarial time. The value of in-kind donations should relate to real costs, for example the per-hour value of the work done by a volunteer or the fair market value of donated office space.

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

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

Budget Summary

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

Line 1) Enter the Agency Name

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

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

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

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

Line 24) Enter Program Income/Voluntary Cost Share.

Program Income/Voluntary Cost Share

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

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

Considerations:

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

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

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

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

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

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

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

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

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

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

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

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

Local Match Requirement Policy

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

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

Applicants must comply with match requirements to be eligible for funding. Agency unable to comply with cash match requirements may request consideration of a waiver of cash match for additional in-kind match. This waiver request must be submitted in writing along with the application and **MUST** include the reason why the match waiver is needed and the original documentation of in-kind match source. Record the total value of equipment on line 9. This value will be automatically transferred to the Budget Summary, line 9.

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.

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

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

AAA 1-B must receive these documents prior to releasing the contract. Only the requested documents should be submitted, in an organized manner. Unrequested documents will not be reviewed and may cause a delay in receiving funding. All documentation should be submitted via email to AAA 1-B at NDReports@aaa1b.org to the attention of the appropriate AAA 1-B program manager by November 15, 2019.

REQUIRED INSURANCE

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

- Contractors shall indemnify, save, and hold harmless Michigan Department of Health and Human Services (MDHHS), AAA 1-B and the Michigan Aging and Adult Services Agency (AASA) against all expense and liabilities, of any kind, which AAA 1-B or AASA may sustain, incur, or be required to pay arising out of the implementation of the contract. However, these provisions shall not apply to liabilities or expenses caused by or resulting from the willful or negligent acts of omissions of AAA 1-B or AASA or any of its officers or employees. In the event the contractor becomes involved or is threatened with litigation the contractor shall immediately notify AAA 1-B who in turn will notify AASA.
- Contractors are required to maintain insurance in amounts necessary to cover claims specific to the services provided in addition to required insurance listed below.
- Insurance policies must be issued by companies licensed to do business in Michigan, or approved to do business in Michigan, and such companies must be well rated and acceptable to AAA 1-B.
- AAA 1-B must be a certificate holder on all policies. On general liability insurance policies AAA 1-B must also be included as an additional insured.
- The insurance agent must provide ten (10) day written notice of changes or cancellation in insurance coverage.
- Certificates of insurance must contain the following cancellation notice language:
 - Should any of the policies described herein be cancelled before the expiration date thereof the insurer affording coverage will mail ten (10) days written notice to the certificate holder named herein.
- Insurance certificate must be sent by the insurance company, not the contractor. Your agent may send, via US mail, an original certificate of insurance to: Area Agency on Aging 1-B, 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034; attention Community & Business Advancement Department. The certificate may also be faxed by the insurance company to 248-948-0096 or emailed to insurance@aaa1b.org.
- Insurance Binders will NOT be accepted as proof of insurance

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

- Workers' Compensation
- General Liability with AAA 1-B as additional insured with a minimum combined single limit of \$1,000,000 each occurrence for bodily injury and property damage and the policy shall include personal injury and products/completed operations coverage.

- Employee Dishonesty \$50,000 Limit to cover both First Party and Third Party (theft of client's property) crime

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

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

The following insurances are recommended for additional agency protection:

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

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

AAA 1-B AND AASA OPERATING STANDARDS

Policy Statement

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

Contractual Agreement

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

Assignment of responsibilities under the contract or execution of subcontracts involving an additional party must be approved in writing by AAA 1-B. Subcontractors shall be subject to all conditions and provisions of the contract. Contractors are responsible for ensuring that

subcontractors meet and adhere to all AAA 1-B and AASA Operating Standards for Service Programs, as well as the service specific standards. AAA 1-B reserves the right to monitor and assess the performance under the subcontract.

Compliance with Service Definitions

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

Eligibility

Services shall be provided only to persons 60 years of age and older.

Targeting of Participants

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

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

Each provider must be able to specify how they satisfy the service needs of low-income minority individuals within the service area. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet specific objectives established by AAA 1-B for providing services to low-income minority individuals in numbers greater than their relative percentage to the total older adult population within the geographic service area.

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

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

Indicating factors are included for:

- Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.
- Functional Need – disabled (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical

inability to perform specific tasks, acute and/or chronic health conditions, etc.

- Economic Need – eligibility for low income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold].

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

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

Contributions

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

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

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

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

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

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

Cost Sharing Policy

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

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

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

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

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

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

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

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

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

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

Confidentiality

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

are also bound to protect the confidentiality of participant information.

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

Participant Files

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

Participant Information (for reporting to the basic National Aging Program Information System

– NAPIS):

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

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

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

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

Referral and Coordination Procedures

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

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

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

Services Publicized

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

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

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

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

Older Persons at Risk

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

Disaster Response

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

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

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

Volunteers

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

Staffing

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

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

Staff Identification

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

Orientation and Training Participation

New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging

process, ethics and emergency procedures. Issues addressed under the aging process may include, though are not limited to: cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.

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

Service Quality Review

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

Complaint Resolution and Appeals – Participant

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

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

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

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

Service Termination Procedure - Participant

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

- The participant's decision to stop receiving services

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

Grievance Procedures

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

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

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

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

AAA 1-B Grievance Process

Step One: Informal Inquiry:

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

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

- Within five (5) calendar days of receipt of the written request for a grievance hearing, AAA 1-B will schedule a hearing before the Board of Directors or a sub-group of the Board to take place at the end of the next regularly scheduled meeting of the AAA 1-B Board of Directors. If the next regularly scheduled Board meeting is scheduled to occur within three (3) weeks of receipt of the written request, the hearing will be scheduled for the next subsequent Board meeting and the complainant and service provider will be so informed.
- A complainant shall be given a maximum of fifteen (15) minutes to present his/her complaint and the contract service provider agency shall be given a maximum of fifteen (15) minutes to present its explanation of the grieved action. This will be followed by a fifteen (15) minute questions and answer period.
- The Board of Directors or sub-group of the Board shall reach a final determination by majority vote of the Directors present and shall render this determination to the complainant when the vote is taken. The complainant and contracted service provider will also be sent the determination in writing within five (5) calendar days of the grievance hearing. *AAA 1-B Board Approved – 3/31/06*

Reprogramming and Redistribution of Funds

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

Civil Rights Compliance

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

Equal Employment

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

Universal Precautions

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

Drug Free Workplace

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

Americans with Disabilities Act

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

Workplace Safety

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

Debarment and Suspension

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

Fiscal Responsibilities

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

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

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

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

Contract Revisions or Amendments

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

- Substantive amendment – any alteration in the contract that substantially affects the character of the contract such that it is essentially different from what was approved by AAA -B. Amendments covering substantive changes shall be subject to the same process of approval that governs the original approval of the contract. Substantive amendments shall include the following:
 - Significant changes in the project objectives
 - An addition of a new service category or deletion of an existing service category
 - A budget transfer of more than 20% or \$5,000, whichever is greater, from any single approved service category
 - A change in the minimum local match requirement
 - A change in the project period and/or budget duration dates
 - Supplemental awards
 - Other changes specified by AAA 1-B
- Administrative revisions – changes in the contract which are made for facilitating implementation of the project but are minor in nature and do not change the essence of the project. Administrative changes should not require approval from AAA 1-B, however, AAA 1-B shall be notified of changes together with necessary documentation and justification. AAA 1-B shall review and respond in writing to the changes within a specific timeframe.

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

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

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

Private Pay

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

- Assurance that high quality service shall be provided regardless of a person's ability to pay and whether the service is funded privately or through federal/state funds
- The methods used to determine how persons will be served, either through federal/state funding or through private pay, and shall include the language used at

- intake for screening and for informing individuals of private pay options
- How participants will be prioritized on a waitlist for federal/state funded and private pay services

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

Examination and Maintenance of Records

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

Reporting

Providers awarded funding from AAA 1-B must:

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

Community Liaison Service Standard

Service Name	Community Liaison
Service Number	A-4
Service Category	Access
Service Definition	Assistance to individuals in finding and working with appropriate county based human service providers that can meet their needs which may include; information-giving (e.g., listing the providers of a particular service category so an individual may make their own contact directly); group presentations; referral (making contact with a particular provider on behalf of an individual); advocacy intervention (negotiating with a service provider on behalf of a client); and follow-up contacts with clients to ensure services have been provided and have met the respective service need.
Unit of Service	Provision of one hour of component information and referral (1&A) functions (Note: newsletters and media spots are encouraged but are not to be counted as information-giving units of service).

Minimum Standards

1. Each program shall have a resource file, which is current that includes a listing of human service agencies, services available, pertinent information as to resources and ability to accept new clients and eligibility requirements. The program shall be able to provide adequate information about community resources and agencies to all participants, so they may make their own contact directly.
2. Each program located in areas where non-English or limited English-speaking older persons are concentrated shall have bilingual personnel available or have the capacity to acquire interpretation services. In addition, each program must have the capacity to serve hearing impaired persons and visually impaired persons in a manner appropriate to their needs, such as through the Michigan Relay center.
3. All providers are required to offer services in the home and by phone. Where walk-in service is available, there shall be adequate space to ensure comfort and confidentiality to clientele during the intake and interviewing. If AAA 1-B sends a referral, an in-home/person wellness check is required to be fulfilled.
4. Each program shall maintain records (for six (6) years or until audit has been closed) of the nature of calls received/persons served, the agencies and/or organizations to which referrals are made and the service for which referrals made, the results of follow-up contacts, and any client files maintained. Such information regarding service transactions shall be reported to the AAA upon request for monitoring and/or planning purposes.
5. A follow-up contact shall be made on all referrals, whether services are negotiated or

not, within ten working days to determine whether services were received, the identified need met, and client satisfaction. Follow-up contacts are not required for information-giving only contacts.

6. Each program must determine the quality of services provided, through a sampling of no less than 10% of clients, at least annually.
7. Each program shall demonstrate effective linkages with agencies providing long-term care support services within the program area (i.e., case coordination and support, care management, and MI CHOICE waiver programs).
8. Funded providers, responsible for the entire designated county, must have the capacity to:
 - Provide training to staff
 - Develop/maintain database
 - Manage all aspects of program
9. At least one (1) Community Liaison from each contracted organization shall be certified as a Medicare/Medicaid Assistance Program (MMAP) Counselor.
 - Certified MMAP Counselors must meet reporting requirements developed by the state office.
 - Certified MMAP Counselors must participate in relevant MMAP training to maintain certification as required by the state office.
10. Each program is encouraged to seek Community Resource Specialist (CRS) certificates from the Alliance for Information and Referral Systems (AIRS) for individual I&A employees and volunteers.

REPORTING REQUIREMENTS

PROGRAMMATIC REPORTING REQUIREMENTS

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

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

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

Quarterly Participant Unit Report

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

Quarterly Programmatic Narrative

All contractors need to complete this form.

Social Services Wait List

All contractors need to complete this form.

FISCAL REPORTING REQUIREMENTS

The Monthly, Quarterly, and Yearly Financial Report are due on the 5th business day of each month for the preceding month of service. Late reports will not be processed, and monthly payment will be withheld until the next reporting period. If a contractor is late any two months in a three-month consecutive month period, the contractor will be placed on probation. Reporting forms may be obtained from the AAA 1-B website at www.aaa1.org.

Social Service Program Monthly Financial Report #009

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

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

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

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

Quarterly Financial Report #008

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

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

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

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

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

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

Social Services Under/Overspending Reconciliation Report #006

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

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

Annual Equipment Inventory #0015

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

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

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

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

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

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

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

REFERENCES

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



CONTRACTOR TARGETING PLAN

Organization Name: _____

Date/Fiscal Year: _____

Service: _____

County To Be Served: _____

Target Population To Be Served: _____

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

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

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

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

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

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

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

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

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



SUBCONTRACTING REQUEST FOR APPROVAL

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

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

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

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

AAA 1-B Contractor Agency Name: _____

AAA 1-B Contract Number: _____

Service: _____

Subcontractor Agency Name: _____

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

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

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

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

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

Subcontractor Agency: Executive Director/President or
Board Chairperson

Date

Contractor Agency: Executive Director/President or
Board Chairperson

Date



Quarterly Participant Unit Report – Community Liaison
Due 10th of the months of January, April, July, and October

Fiscal Year: **Quarter:** **County:**
Service:
Agency Name:
Target/Underserved Population To Be Served:
Person Preparing Report
 Name:
 Email:
 Phone:
 Fax:

Number of Unduplicated Participants Served
Number of Units Served

This Quarter	Cumulative YTD	Contracted Amount	Percent of Projection
			0.0%
			0.0%

Unduplicated Participant Count by Characteristic
Participant Race/Ethnicity
Black or African American
American Indian, Eskimo, Aleutian
Asian
Native Hawaiian/Pacific Islander
Multi-racial
White/Non-Hispanic or Latino
Hispanic or Latino

This Quarter	Cumulative YTD	Targeting Plan Projected Amount	Percent of Projection Achieved
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%
			0.0%

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

This Quarter	Cumulative YTD	Targeting Plan Projected Amount	Percent of Projection Achieved
			0.0%
			0.0%
			0.0%
			0.0%

Quarterly Programmatic Narrative

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

Fiscal Year:

Quarter:

Service:

Agency Name:

Person Preparing Report

Name:

Email:

Phone:

Please Describe:

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

B. Staffing Changes/Updates

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

D. Service Needs and Service Gaps

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

Discuss Contract Status Items:

A. Current Contract Stipulations (Listed on Contract)

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

C. Over/Under Serving

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

E. Total Number of Units Served in the Quarter



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

Fiscal Year:		Quarter:	
Service:			
Agency Name:			
Target/Underserved Population To Be Served:			
Person Preparing Report			
Name:			
Email:			
Phone:			

1. Enter the number of individuals on the waiting list:	
2. Describe the length of stay for individuals on the waiting list: (these should total the number above)	
Less than 30 days	
30 – 60 days	
Greater than 60 days	
Greater than 180 days	
2a. Enter the number of individuals that currently receive services that are “underserved” (i.e. received social services at less than assessed level, etc.)	

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

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

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

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

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

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

- ☐ Yes ☐ No ☐ Unknown

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

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

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

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

- ☐ Yes ☐ No ☐ Unknown

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

- ☐ Yes ☐ No ☐ Unknown

7. Additional comments on “underservice”:

--

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

Service capacity/funding is sufficient to serve all individuals that are eligible

Other (describe):

--

SAMPLE

**AREA AGENCY ON AGING 1-B
MONTHLY FINANCIAL REPORT #009
SOCIAL SERVICES**

Contractor Name: _____
Contract Number: _____
Service: _____

Contracted Units: _____
Contracted Participants: _____

Cumulative No. of Month	0	Monthly Expenditures	Year to Date Expenditures	Year to Date Budget	Year to Date Variance	Annual Budget
Direct Cost:			-	-	-	-
Indirect Cost:			-	-	-	-
* Total Cost:		-	-	-	-	-
Less Program Income/Voluntary Cost Share:			-	-	-	-
Net Cost:		-	-	-	-	-
Federal/State Share:		-	-	-	-	-
Local Match Share:		-	-	-	-	-
Monthly Units		-	-	-	-	-
Unduplicated Participants		-	-	-	-	-

Completed by: _____ **Title:** _____ **Phone:** _____ **Date:** _____

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

Signature (Required for processing): _____ **Title:** _____ **Date:** _____

E-mail this report to FAReports@aaa1b.com on or before the 5th business day of: Nov, Dec, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Oct. Monthly reports must be signed by an Authorized Official and emailed to the Agency. Year-end Final Reports must be signed by an Authorized Official and mailed to the Area Agency on Aging 1-B at 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034.

**AREA AGENCY ON AGING 1-B
QUARTERLY FINANCIAL REPORT #008
SOCIAL SERVICES**

I. GENERAL INFORMATION

Contractor Name: _____

Contracted Service: _____ Financial Year: _____ to _____

Contract Number: _____ Quarter Ending: _____

Contract Amount: _____ Final Report: Yes () No ()

II. CONTRACT REVENUE AND EXPENDITURES

<u>REVENUE</u>	<u>YTD Actual</u>	<u>YTD Planned</u>	<u>Contract Budget</u>
Federal/State Funding	_____	_____	_____
Cash Match	_____	_____	_____
In-Kind Match	_____	_____	_____
Prog. Inc./Vol. Cost Share	_____	_____	_____
Total:	<u><u>\$0</u></u>	<u><u>\$0</u></u>	<u><u>\$0</u></u>
<u>EXPENDITURES</u>	<u>YTD Actual</u>	<u>YTD Planned</u>	<u>Contract Budget</u>
Direct			
Salaries and Wages	_____	_____	_____
Fringe Benefits	_____	_____	_____
Travel	_____	_____	_____
Supplies	_____	_____	_____
Equipment	_____	_____	_____
Rent and Utilities	_____	_____	_____
Communications	_____	_____	_____
Service Contracts	_____	_____	_____
Other	_____	_____	_____
Total:	<u><u>\$0</u></u>	<u><u>\$0</u></u>	<u><u>\$0</u></u>
Indirect			
Salaries and Wages	_____	_____	_____
Fringe Benefits	_____	_____	_____
Travel	_____	_____	_____
Supplies	_____	_____	_____
Equipment	_____	_____	_____
Rent and Utilities	_____	_____	_____
Communications	_____	_____	_____
Service Contracts	_____	_____	_____
Other	_____	_____	_____
Total:	<u><u>\$0</u></u>	<u><u>\$0</u></u>	<u><u>\$0</u></u>
Total Direct and Indirect Expenditures	<u><u>\$0</u></u>	<u><u>\$0</u></u>	<u><u>\$0</u></u>
CASH BALANCE ON HAND:	<u><u>\$0</u></u>		

III. PROGRAM SUMMARY

Total Cost Charged to Contract	<u>\$0</u>
Less: Program Income Received	<u>\$0</u>
Net Program Cost	<u><u>\$0</u></u>
Federal/State Share (80%)	<u>\$0</u>
Cash/In-Kind Match (20%)	<u>\$0</u>
Net Program Cost	<u><u>\$0</u></u>
Total Contract Cost	<u>\$0</u>
Additional Resources	_____
Total Service Cost	<u><u>\$0</u></u>

Completed by: _____

Title: _____

Date: _____ Phone #: _____

I certify that the information provided in this statement is accurate, that all resources received have been accounted for and that all costs reported herein have been incurred in accordance with the conditions of the contract.

Signature: _____

(Required for processing)

Title: _____

"By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)."

E-mail this report to FAReports@aaa1b.com on or before the 5th business day of: January, April, July and October
All reports must be signed by an Authorized Official and emailed to AAA 1-B.
A Year-end Final Report must be signed by an Authorized Official and mailed to the AAA 1-B.

**AREA AGENCY ON AGING 1-B
QUARTERLY FINANCIAL REPORT #006
UNDER/OVER SPENDING RECONCILIATION
SOCIAL SERVICES/NUTRITION**

Contractor Name: _____

Contract Number: _____

Service: _____

EXPLANATION OF DIFFERENCES

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

If under spending occurs in an indirect cost line item, explain why it is necessary to continue to receive payment.

If under spending occurs in a direct cost line item, explain why the contract amount shouldn't be reduced to reflect efficiencies.

Direct Cost Line Item: Explanation:

Indirect Cost Line Item: Explanation:

2. Do you presently have any unpaid obligations? ☐ Yes ☐ No

Please explain:

If yes, are these costs included in this month's report? * ☐ Yes ☐ No

** You must include these costs in your Year End 008 Form. If you were formerly reporting on a cash basis, you may want to identify these included accrued costs with an asterisk.*

Completed by:

Title:

Phone:

Signature (Required for processing):

Title:

Date: _____

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).”

E-mail this report to FAReports@aaa1.com on or before the 5th business day of: January, April, July, and October. Report must be signed by an Authorized Official and emailed to the Agency. A Final Year-end Report must be signed and mailed to the Area Agency on Aging 1-B at 29100 Northwestern Hwy., Suite 400, Southfield, MI 48034.

CONTRACTOR _____ PROGRAM _____

CONTRACT NO. _____ FISCAL YEAR _____

[illegible]

Authorized Signature _____

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.