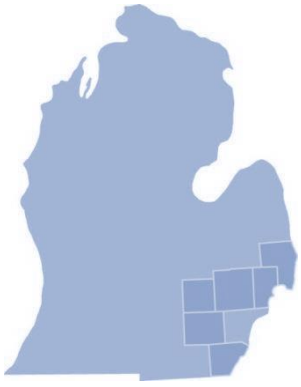
AREA AGENCY ON AGING 1-B AND THE BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS OPERATING STANDARDS MANUAL FOR SOCIAL AND NUTRITION SERVICES
FISCAL YEARS 2023, 2024, AND 2025
(October 1, 2022 – September 30, 2025)



Mission

The Area Agency on Aging 1-B enhances the lives of older adults and adults with disabilities in the communities we serve

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800-852-7795
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Area Agency on Aging 1-B (AAA 1-B) and The Bureau of Aging, Community Living, and Supports (ACLS BUREAU)

OPERATING STANDARDS FOR ALL PROGRAMS

Authority Reference

- Michigan Commission on Services to the Aging (MCSA)
- Michigan Public Act referred to in the standards can be viewed at www.legislture.mi.gov
- Federal Laws and regulations can be viewed at www.first.gov
- 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 (AIP) 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 there to; 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 Bureau of Aging, Community Living, and Supports (ACLS Bureau) 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 ACLS Bureau 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.

The Bureau of Aging, Community Living, and Supports (ACLS Bureau) Operating Standards for Service Programs and Online Transmittal Letters can be found at: https://www.osapartner.net/osaforms/content.aspx?sn=8&cn=Home+Transmittal+Letters.

Contractors will be bound to adhere to any changes and/or new program requirements throughout the contract period.

Eligibility

Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program.

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

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

Targeting of Participants

Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. "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.

Providers shall have the ability and be encouraged to assist participants from different cultural, language, and religious backgrounds to access and provide services in a way that respects these diverse backgrounds.

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.

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.

Wait List/Prioritization Criteria

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].

Written wait list procedures must include a process for updating the wait list at least annually to ensure that individuals placed on the wait list are still in need of and requesting services. It is also strongly recommended, that referrals made to a program by someone other than the participant or a family member, that the information and need for service is verified with the participant or family member prior to placing an individual on the wait list.

Each provider must maintain a written wait list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Wait list must include:

- the date of service is first sought,
- the service being sought,
- length of stay on wait list 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 wait list. Individuals on a wait list for services for which cost sharing is allowable, may be afforded the opportunity to acquire series on a 100% cost share basis until they can be served by a funded program.

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

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

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

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

Cost Sharing Policy

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.

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 with 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 a service in an amount above that required by the approved sliding scale established for that service.

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

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

- A statement of confidentiality regarding income information that may be provided

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

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

Reference TL #2002-393

Confidentiality

Each provider must have written procedures to protect the confidentiality of information about participants collected in the conduct of its responsibilities that meet the Health Insurance Portability Accountability Act (HIPAA) regulations and applicable federal and state requirements. 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), Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH), HIPAA Omnibus Final Rule of 2013 guidelines may also apply. It is the responsibility of each provider to determine if they are a covered entity about HIPAA regulations. Providers that are also a governmental entity must comply with the Privacy Act of 1974. All participant information must be maintained in controlled access files, such aslocked file cabinets or password protected computer files.

All providers must immediately report to AAA 1-B any suspected or confirmed unauthorized use or disclosure of protected health information that falls under the HIPAA requirements of which the provider becomes aware.

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:

- Name
- Address

- Telephone Number(s)
- Age/Date of Birth
- Gender Identity
- Referral Source to the program
- Living alone status/number in household
- Condition of residential environment
- Race and ethnicity
- Sexual Orientation
- Income status (above/below 100% of federal 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 (all services, if applicable) – name, address, and telephone number

Additional caregiver information (Adult Day Services, Dementia Adult Day Care, Grandparents Raising Grandchildren, and Volunteer Caregiver services only) – age/date of birth, gender identity, sexual orientation, income status, referral source, support services, and condition of residential environment 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 National Aging Program Information System (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

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 the ACLS Bureau, AAA 1-B and funding through state appropriations or the Older Americans Act (OAA).

AAA 1-B, the ACLS Bureau, 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, the ACLS Bureau, 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, outbreaks, lack of staff or any other reason where service delivery is interrupted.

Nutrition providers must complete and submit the electronic Meal Cancelation Report found at: www.osapartner.net. Closures affecting nutrition services must be reported to the AAA 1-B program manager no later than 9:00 a.m. on the day of the closure.

Required Insurance Coverage

Insurance Requirements:
Contractors must maintain at least a minimum of the insurances or governmental self-insurances listed below and be responsible for all deductibles. All required insurance and self-insurance must:

- Maintain and provide evidence satisfactory to the AAA 1-B of liability insurance provided by a company with an A.M. Best rating of "A-" or better and a financial size of VII or better, in amounts necessary to cover claims specific to the Services that may arise out of the Contractor's operations under the terms of the Agreement.
- Protect contractor, AAA 1-B, the ACLS Bureau, and their respective directors, officers, agents, and employees with respect to potential liability relating to providing services (or otherwise), including any and all claims for damage to property or for personal injury, including death, which may arise or are alleged to arise out or result from contractor's performance or by anyone directly or indirectly employed or engaged by contractor.
- Be primary and non-contributing to any comparable liability insurance (including self-insurance) carried by AAA 1-B or the state of Michigan.

Insurance Types:

- Except for Governmental Self-Insurance, commercial general liability policies must be endorsed to add contractor, AAA 1-B as insured parties, and the State of Michigan, it's departments, divisions, agencies, offices, commissions, officers, employees, and agents as additional insured using endorsement CG 20 10 11 85, or both CG 20 10 12 19 and CG 20 37 12 19.
- The contractor will maintain adequate workers' compensation or governmental self-insurance coverage in such amounts and coverages and with such deductibles as are consistent with applicable laws governing work activities, and standard industry practice. Policies must include waiver of subrogation except where waiver is prohibited by law. Contractor shall withhold and pay on the employees' behalf such additional taxes as may be required under federal, state, or local law.
- Employers Liability Insurance or Governmental Self-Insurance.
- Contractor shall maintain privacy and cyber security liability insurance to cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.

Additional Information: 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

The contractor will notify AAA 1-B, and vice-versa, of any knowledge regarding an occurrence which the notifying entity reasonably believes may result in a claim against either entity. Both AAA 1-B and the contractor will cooperate with each other regarding such claim.

All insurance provided will require thirty (30) days written notice to the AAA 1-B by the insurance carrier before any cancellation or material change in coverage.

A copy of the insurance certificate must be submitted to AAA 1-B. Insurance Binders will NOT be accepted as proof of insurance. Failure to maintain continual insurance coverage for the term of the contract may be grounds for immediate termination of the contract.

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/Background Checks

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. Each contracting organization must conduct or cause to be conducted a criminal background check that reveals information similar or substantially similar to information found on an internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, owner, board member, and volunteer who has in-person participant contact, in-home participant contact, access to a participant's personal property, or access to confidential participant information:

- ICHAT: http://apps.michigan.gov/ichat

- Michigan Public Sex Offender Registry: http://www.mipsor.state.mi.us
- National Sex Offender Registry: http://www.nsopw.gov

Criminal background checks for employees, new employees, subcontractors, subcontractor employees, and volunteers must be completed prior to the individual working directly with participants or having access to a participant's personal property or participant protected health information or personally identifiable information.

Providers must conduct or cause to be conducted criminal background checks that must be completed no later than thirty (30) days after every third anniversary of the date of hire/volunteer.

All providers are required to conduct or cause to be conducted a Central Registry (CR) check for new employee, employee, subcontractor, subcontractor employee or volunteer who works directly with participants or who has access to participant information to notify the subcontractor in writing of criminal convictions (felony or misdemeanor), pending felony charges, or placement on the CR as a perpetrator, at hire or ten (10) days of the event after hiring. Upon receipt of such information, the contractor shall provide notification to AAA 1-B.

All providers shall require any employee, subcontractor, subcontractor employee or volunteer who may have access to any databases of information maintained by the federal government that contain confidential or personal information, including but not limited to federal tax information, to have a fingerprint background check performed by the Michigan State Police.

Excluding Conviction: No contractor employee or volunteer shall be permitted to have in-person participant contact, in-home participant contact, access to a participant's personal property, or access to confidential participant information if the background check identifies an excludable conviction. The contractor is required to disclose excludable convictions ("Mandatory Exclusion Categories") that result from the criminal background check the individuals, as set forth below.

For the purposes of this provision, the following definitions will apply:

Mandatory Exclusions: Federal or state felony conviction related to one or more of the following crimes:

- Crimes against a "vulnerable adult" as set forth in chapter XXA of the Michigan penal code, 1947 P.A. 382, MCL 750.145n *et seq*;
- Violent crimes including, but not limited to, murder, manslaughter, kidnapping, arson, assault (or threat thereof), battery and domestic violence;
- Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion;
- Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct,

and prostitution;

- Cruelty or torture;
- Abuse or neglect; or
- Felony involving the use of a firearm or dangerous weapon.

Felony Convictions: The results of the criminal background check show that the person has a federal or state felony conviction within the preceding ten (10) years from the date of the background check, including but not limited to:

- Crimes involving state, federal, or local government assistance programs.
- Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion; or
- Drug crimes including, but not limited to, possession, delivery, and manufacturing.

Misdemeanor Convictions: The results of the criminal background check show that the person has a federal or state misdemeanor conviction within the preceding five (5) years from the date of the background check, including but not limited to:

- Crimes involving state, federal, or local government assistance programs;
- Crimes against a "vulnerable adult" as set forth in chapter XXA of the Michigan penal code, 1931>A. 328, MCL 750.145n *et seq*;
- Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement and tax evasion;
- Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion;
- Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution;
- Drug crimes including, but not limited to, possession, deliver, and manufacturing;
- Cruelty or torture;
- Abuse or neglect;
- Home invasion;
- Assault or battery; or
- Misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

For purposes of the excluded offenses identified above, an individual is considered to have been convicted of a criminal offense when:

- A judgment of conviction has been entered against the individual or entity by a

federal, state, tribal or local court regardless of whether there is an appeal pending or whether the judgment of conviction or other record relating to criminal conduct has been expunged;

- There has been a finding of guilt against the individual by a federal, state, tribal or local court; or
- A plea of guilty or nolo contendere by the individual has been accepted by a federal, state, tribal or local court.
- An individual or entity that has entered into participation in a first offender, deferred adjunction, or other arrangement or program where judgment of conviction has been withheld.

All contractors, including its employees, subcontractors, and subcontractor employees is indicted or otherwise criminally charged by a government entity (federal, state, or local) with commission of any Excludable Conviction, the contractor shall promptly notify AAA 1-B, and AAA 1-B shall have the right to immediately terminate the contract.

All contractors and any subcontractors must maintain documentation of all criminal background checks, including a list of all paid and volunteer staff that are subject to this policy, the date of the most recently completed criminal background check, and the source of the background check. Employees hired prior to the effective date of this policy are not exempt from this requirement.

Reference TL #2020 - 427

Debarment, Suspension, Exclusion, or Disqualification

Prior to hire and monthly thereafter, contractors must conduct a review and maintain documentation of debarment status for employees and subcontractors in the following databases:

- Office of Inspector General (OIG) List of Excluded Individuals: https://exclusions.oig.hhs.gov/
- System for Award Management (SAM): https://sam.gov/content/home
- MDHHS Sanctioned Provider List: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42551-16459--,00.html

Contractors cannot employ any individuals on any of the Exclusion Lists to provide any of the services. Additionally, prior to the execution of a subcontractor agreement, as required under Article II Section A (6), the contractor will be responsible for pre-screening any proposed subcontractors, including the subcontractor's owners, persons with a controlling interest, officers, managers, supervisors, and employees against the Exclusion Lists, as well as on a

monthly basis thereafter throughout the duration of the subcontractor providing the service(s). If the subcontractor is an individual, that individual is subject to these screening requirements as well.

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 ACLS Bureau, 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 and adequate amount to address its respective training needs.

Quality Assurance

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.

Programs must evaluate program participants about the quality of services received on an annual basis. Programs shall use quality assurance data to enhance or improve service delivery.

Complaint Resolution and Appeals - Participant

Complaints – Each program must have a written policy in place to address complaints from individual participant 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 Procedures – 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 from other sources
- An increase in the availability of support from friends and/or family
- Permanent institutionalization of the participant in either an acute care or long-term care facility. If institutionalization is temporary, services need not be terminated.
- The program becomes unable to continue to serve the participant and referral to another provider is not possible. This may include an unsafe work situation for program staff or a loss of funding.

Grievance Procedures

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

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

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

A grievance filed against a contract service provider of Legal Services while the complainant's legal case is still open, will be held until the legal case is closed by entry of a final judgement or dismissal with prejudice and the expiration of all appeal periods. In this case, the contract

service provider must inform AAA 1-B immediately upon the closure of the case. Step one of the grievance process will commence within ten (10) calendar days of the case closure.

Grievance Process

Step One: Informal Inquiry

- AAA 1-B staff will meet with the participant and/or his/her representative and a representative of the contract service provider agency involved, within ten (10) calendar days of receipt of the written grievance statement to discuss the issues involved in the complaint. Information and/or criteria on which the grieved action was based will be reviewed at this time to resolve the complaint.

- Should the complaint be unresolved through the informal inquiry, within five (5) calendar days of the inquiry, the complainant must submit to AAA 1-B a written request for a grievance hearing before the AAA 1-B Board of Directors. The reasons for the grievance must be included in this request.

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

- Within five (5) calendar days of receipt of the written request for a grievance hearing, AAA 1-B will schedule a hearing before the Board of Directors or a sub-group of the Board to take place at the end of the next regularly scheduled meeting of the AAA 1-B Board of Directors. If the next regularly scheduled Board meeting is scheduled to occur within three (3) weeks of receipt of the written request, the hearing will be scheduled for the next subsequent Board meeting and the complainant and service provider will be so informed.

- A complainant shall be given a maximum of fifteen (15) minutes to present his/her complaint and the contract service provider agency shall be given a maximum of fifteen (15) minutes to present its explanation of the grieved action. This will be followed by a fifteen (15) minute questions and answer period.
- The Board of Directors or sub-group of the Board shall reach a final determination by majority vote of the Directors present and shall render this determination to the complainant when the vote is taken. The complainant and contracted service provider will also be sent the determination in writing within five (5) calendar days of the grievance hearing.

AAA 1-B Board Approved – 3/31/06

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 identification or expression, a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position, partisan considerations, height, weight,

marital status. Each program must sign an Assurance of Compliance with Service Standards form assuring compliance with the Civil Rights Act of 1964 and comply with all federal and state statutes relating to nondiscrimination. 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 principals. Additionally, providers must proactively seek to identify and encourage the participation of minority-owned, women-owned, and businesses owned by persons with disabilities in contract solicitations. Providers cannot discriminate against minority-owned, women-owned, and businesses owned by persons with disabilities.

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 (OSHA).

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 (MIOSHA). Information regarding compliance can be found at: www.michigan.gov/lara.

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 thought 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, ACLS Bureau, and AAA 1-B, or any of their authorized agents, shall have access to any books, documents papers or other records of the contractor that are pertinent to the contract. The provider shall retain all books, records, or other documents relevant to the contract for four (4) years after final payment, at the provider's expense. Authorized Officials 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 four-year period, and extends past that period, all documents shall be maintained until the audit is closed and all findings are resolved.

Reporting

Providers awarded funding from AAA 1-B must comply with all programmatic and fiscal reporting procedures required:

- Submit statistical, required reports, and data within timeframes specified by AAA 1-B
- Keep monthly records of contract related expenses and income, including program income/voluntary cost share collected, cash match and in-kind
- 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 the ACLS Bureau and AAA 1-B as appropriate
- Final year-end expenditures will be distributed after the deadline of submission (fifth (5^{th}) business day of November). If any adjustments are needed prior to year-end reporting, an email notification to the Finance Manager will be required by October 15^{th} indicating that there will be an anticipated change. Year-end modifications submitted after the deadline of the fifth business day of November will not be accepted and paid.

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

Specific reporting requirements can be found in the Reporting section of this manual. Additional instructions and information will be provided at the Reporting Workshop.

Contract Assessments

To ensure that contractors are operating in accordance with service contracts and operating standards, programmatic and fiscal assessments will be conducted annually, beginning in the second quarter of each fiscal year. Assessments also provide an opportunity for collaborative efforts to improve the quality of and to expand the capacity of service programs.

Any items identified during the assessment 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 (CAP) 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.

SERVICE SPECIFIC OPERATING STANDARDS

This section contains the minimum standards and requirements for nutrition and social services for the period between October 1, 2022 and September 30, 2025. In addition to these service specific standards, applicants must also comply with the AAA 1-B and ACLS Bureau Operating Standards for all services. Fundable services, grouped according to category, are as follows:

ACCESS

- Community Liaison

IN-HOME

- Chore
- Home Injury Control
- Home Delivered Meals

COMMUNITY

- Adult Day Services
- Assistance to the Hearing Impaired and Deaf
- Dementia Adult Day Care
- Congregate Meals
- Disease Prevention and Health Promotion Services
- Grandparents Raising Grandchildren/Kinship Support Services
- Legal Assistance
- Prevention of Elder Abuse, Neglect, and Exploitation
- Volunteer Caregiver

Service Name	Community Liaison
Service Category	Access
Service Definition	Assistance to individuals in finding and working with appropriate 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 an individual); and follow-up contacts with participants to ensure services have been provided and have met the respective service need.
Unit of Service	One hour of service that includes assisting older adults in-person, over the phone, or online to meet the individual's need(s), within the parameters set in the minimum operating standards.

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 participants and eligibility requirements.

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 or community, by phone and online. Where walk-in service is available, there shall be adequate space to ensure comfort and confidentiality to clientele during intake and interviewing.

4. Each program must determine the quality of services provided, through a sampling of no less than 10% of clients, at least annually.

5. 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).

6. 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.

7. Community Liaisons shall assist older adults with immediate and emergency needs for food, shelter, and other basic needs.

8. Community Liaisons should have knowledge and be able to assist with prescription assistance (including but not limited to Medicare Part D), Tax Assistance Programs (Home Heating Credit and Homestead Property Tax Credit).

9. Programs are encouraged to seek Certified Information and Referral Specialist (CIRS) certificates from the Alliance for Information and Referral Systems (AIRS) for individual I&A employees and volunteers.

10. Community Liaisons may receive Gatekeeper referrals or general referrals from AAA 1-B staff. Follow up and feedback is required and must be provided to AAA 1-B within ten (10) business days. Referrals received from AAA 1-B may require a home visit to be made. In these instances, AAA 1-B staff will note on the referral the request for a home visit by a Community Liaison. It is the expectation that the Community Liaison will go to the participant's home unless the individual declines the visit. In which case, this should be noted in the participant file and reported back to AAA 1-B.

IN-HOME SERVICE STANDARDS

In addition to the AAA 1-B and ACLS Bureau Operating Standards for all services, the following standards apply to all in-home service programs unless otherwise specified.

Service from Other Resources

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

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

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

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

Individual Assessment of Need

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

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

The assessments are to be used to verify need, eligibility, and the extent to which services are to be provided. The assessment should verify an individual to be served has functional, physical,

or mental characteristics that prevent them from providing the service for themselves and that an informal support network is unavailable or insufficient to meet their needs.

Eligibility is to be verified against established criteria for each respective service category. If an individual is found to be ineligible, the reason(s) are to be clearly stated. Each assessment shall be conducted face-to-face and provide as much of the information specified below as it is possible to determine. Programs must refer individuals through to be eligible for Medicaid to DHS.

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

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

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

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

Minimum information to be gathered by assessments:

- <u>Basic Information</u>
    - Individual's name, address, and phone number
    - Source of referral
    - The name, address, and phone number of a person to contact in case of an emergency
    - The name, address, and phone number of caregiver(s)

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

Service Plan

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

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

- A statement of the participant's problems, needs, strengths, and resources
- Statement of the goals and objectives for meeting identified needs
- Description of methods and/or approaches to be used in addressing needs

- Identification of services and the frequency with which they are to be provided
- Treatment orders of qualified health professionals, when applicable
- Documentation of referrals and follow-up actions

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

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

In-Home Supervision

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

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

Participant Records

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

- Details of referral to program
- Assessment of individual need or copy of assessment (and reassessment) from referring program
- Service plan (with notation of any revisions)
- Programs (except home delivered meals) with multiple sources of funding must specifically identify participants served with funds from the ACLS Bureau; records must contain a listing of all contacts (dates) paid for with funds from the ACLS Bureau, with participants and the extent of services provided (units per participant)
- Notes in response to participant, family, and agency contacts (including notation of all referrals made)
- Records of release of any personal information about the participant or copy of signed release of information form
- Service state and stop dates
- Service termination documentation, if applicable
- Signatures and dates on participant documents, as appropriate

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

In-Service Training

Staff of each in-home service program shall receive in-service training at least twice each fiscal year which is specifically designed to increase knowledge and understanding of the program, the aging process, and to improve skills at tasks performed in the provision of service.

Volunteers of each program shall receive in-service training at least once each fiscal year on training topics per guidance provided by the ACLS Bureau. Issues addressed under the aging process may include, though are not limited
to, cultural diversity, dementia, cognitive impairment, mental illness, abuse, and exploitation.

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

Service Name	Chore
Service Category	In-Home
Service Definition	Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence. Allowable tasks are limited to the following: • Replacing fuses, light bulbs, electrical plugs, and frayed cords • Replacing door locks and window catches • Replacing/repairing pipes • Replacing faucet washers or faucets • Installing safety equipment (e.g., handheld shower heads, bedrails) • Installing screens and storm windows • Installing weather stripping around doors • Caulking windows • Repairing furniture • Installing window shades and curtain rods • Cleaning appliances • Cleaning and securing carpets and rugs • Washing walls and windows, scrubbing floors • Cleaning attics and basements to remove fire and health hazards • Pest control • Grass cutting and leaf raking • Clearing walkways of ice, snow, leaves • Trimming overhanging tree branches
Unit of Service	One hour spent performing allowable chore tasks.

MINIMUM STANDARDS

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

2. Pest control services may be provided only by appropriately licensed suppliers.

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

Service Name	Home Injury Control
Service Category	In-Home
Service Definition	Providing adaptations to the home environment of an older adult to prevent or minimize the occurrence of injuries. Home Injury Control does not include any structural or restorative home repair, chore, or homemaker activities. Allowable tasks include installation or maintenance of: • Enhanced lighting • Ramps for improved and/or barrier-free access • Bathroom chairs and grab bars • Non-slip treatments • Vision or hearing adaptive devices • Stairway and/or hallway handrails • Smoke and/or gas alarms
Unit of Service	Installation or maintenance of one safety device in an older adult's residence.

MINIMUM STANDARDS

1. Prior to initiating service, each program must determine whether a potential participant is eligible to receive services available through a program supported by other funding source, particularly programs funded through the Social Security Act. If it appears that an individual can be served through other resources, an appropriate referral should be made.

2. Each program must develop working relationships with chore, homemaker, home care assistance, and home repair service providers, as available within the program area, to ensure effective coordination of efforts.

3. Each program must utilize a home environment assessment tool to formally evaluate the circumstances and needs of each participant. The program may utilize the MI Choice assessment for initiating service if the participant is referred by either a care management or HCBS/ED program.

4. Each program must maintain a record of safety improvements made at each residence including dates, tasks performed, materials used and cost.

5. All safety devices installed must conform to local building codes and meet respective UL® safety standards.

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

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

MINIMUM STANDARDS

1. **Eligibility Criteria**
   Each Adult Day Service program shall establish written eligibility criteria that will include, at a minimum the following items:
   a. That participants must require continual supervision to live in their own homes or thehome of a primary caregiver.
   b. Participants must require a substitute caregiver while their primary caregiver is at work, in need of relief or otherwise unavailable.
   c. That participants must have difficulty or be unable to perform activities of daily living (ADL) without assistance.
   d. That participants must be capable of leaving their residence, with assistance, to receive service.
   e. That participants would benefit from intervention in the form of enrichment and opportunities for social activities to prevent and/or postpone deterioration that would likely lead to institutionalization.

2. **Participant Screening Procedures**
   Each Adult Day Service program shall have uniform preliminary participant screening procedures and maintain consistent records. Such screening may be conducted over the telephone. Records for each potential participant shall include, at a minimum:
   a. The individual's name, address, and telephone number
   b. The individual's age or birth date
   c. Physician's name, address, and telephone number
   d. The name, address, and telephone number of the person to contact in case of emergency
   e. Disabilities, as defined by Section 504 of the Rehabilitation Act of 1973, or other diagnosed medical problems
   f. Perceived supportive service needs as expressed by the individual
   g. Race and Gender (optional)
   h. An estimate of whether or not the individual has an income at or below the poverty level

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

3. Assessment Procedures

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

Basic Information

a. Individual's name, address, and telephone number
b. Age, date, and place of birth
c. Gender
d. Marital status
e. Race and/or ethnicity
f. Living arrangements
g. Condition of environment
h. Income and other financial resources, by source
i. Expenses
j. Previous occupation(s), special interests, and hobbies
k. Religious affiliation

Functional Status

a. Vision
b. Hearing
c. Speech
d. Oral status (condition of teeth, gums, mouth, and tongue)
e. Prostheses
f. Psychosocial functioning
g. Cognitive functioning
h. Difficulties in activities of daily living (ADL)
i. History of chronic and acute illnesses
j. Medication regimen (RX, OTC, supplements, herbal remedies) and other physician orders
k. Eating patterns (diet history) and special dietary needs

Supporting Resources

a. Physician's name, address, and telephone number
b. Pharmacist's name, address, and telephone number
c. Services currently receiving or received in the past
d. Extent of family and/or informal support network

e. Hospitalization history
f. Medical/health insurance information
g. Long-term care insurance
h. Clergy name, address, and telephone number
i. Emergency contact information (Do Not Resuscitate (DNR), if applicable)

Needs Identification

a. Participant perceived needs
b. Caregiver perceived needs, if available
c. Assessor perceived needs

Determination of Whether Individual is Eligible for Program

An initial assessment is not required for individuals referred by case coordination and support or care management. Admission to the program may be based on the referral. Upon conclusion of the comprehensive assessment, a determination of whether individual is eligible for the program will be made. Staff shall establish a service plan objective to work with families to obtain a current medical evaluation.

4. Service Plan

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

a. A statement of the participant's problems, needs, strengths, and resources
b. A statement of the objectives for meeting identified needs
c. A description of methods and/or approaches to be used in addressing needs
d. Identification of basic and optional program services to be provided
e. Treatment orders of qualified health professionals, when applicable
f. A statement of medications being taken while in the program

Each Adult Day Service program shall have a written policy/procedure to govern the development, implementation, and management of service plans. Each participant is to be reassessed every three (3) months to determine the results of implementation of the service plan if observation indicates a change in participant's status, a reassessment may be necessary before three (3) months have passed.

a. The physician's written authorization and recommendations for activity participation, medication, and diet shall be obtained within one (1) month of entering an ADS program.
b. Written service plans for each Adult Day Service participant must be in place within ten (10) working days after the participant's admission.
c. Three (3) month reassessments must be documented with a date and signature of reviewer on the service plan.

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

g. The physician's written authorization and recommendations for activity participation, medication, and diet shall be obtained within one (1) month of entering an ADS program.
h. Written service plans for each Adult Day Service participant must be in place within ten (10) working days after the participant's admission.
i. Three (3) month reassessments must be documented with a date and signature of reviewer on the service plan.
j. The participant, families/caregivers, and other service providers shall have the opportunity to contribute to the development and implementation of the service plan.
k. The service plan shall be signed and dated by all staff/health care contributors (a care conference sign-in sheet will suffice for other contributors).
l. The service plan shall reference the needs of the caregiver as appropriate.

5. Participant Files

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

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

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

i. Notation of all medications taken on premises including:
    i. The medication
    ii. The dosage
    iii. The date and time of administration
    iv. Initials of staff person who assisted with administration
    v. Comments
j. Notation of basic and optional services provided to the participant
k. Notation of any and all release of information about the participant and signed release of information form. Each program shall use a standard release of information form which is time limited and specific as to the information being released.

Note: Participant records must contain documentation of personal care (PC) work performed by each worker. The worker or the supervisor must sign this documentation.

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

6. Basic Program Services

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

a. Transportation (Specialized Transportation: minimally a.m./p.m. service within a 15-mile geographic radius of the center. Transportation outside of the geographic radius shall be reimbursed separately.)
b. Personal Care

    i. Personal Care (PC) services are limited to the provision of or assistance with ADLs and IADLs. ADLs for an individual with a demonstrated need include: eating/feeding; toileting; bathing; grooming; dressing; transferring; and ambulation. Personal Care (on-site or off-site assistance with toileting required/showers optional); may be subcontracted.
    ii. PC services do not include medical services, services provided to persons other than the participant, or money management.
    iii. Personal Care Supervision (PCS) includes cueing, reminding, prompting, or directing with the following participant activities of eating, bathing, dressing, caring for personal hygiene, routine exercise, or other ADLs. Staff shall report any change in a participant's condition to their supervisor promptly.

c. Nutrition - One hot meal per eight-hour day which provides one-third (1/3) of recommended daily allowances and follows the meal pattern of the General Requirements for Nutrition Programs. Participants in attendance from eight to fourteen hours shall receive an additional meal in order to meet a combined

two-thirds (2/3) of the recommended daily allowances. Modified diet menus should be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences. Meals shall be acquired from a congregate meal provider where possible and feasible.

i. The Adult Day Service provider is required to assess and document the nutritional needs of the participant quarterly or more frequently as changes occur and provide this information to the nutrition contractor as requested.
ii. Each participant receiving a modified diet should have a written physician's order.
iii. Refer to Provision of Meals section for further guidelines.

d. Recreation – Consisting of planned activities suited to the needs of the participant and designed to encourage physical exercise to maintain or restore abilities and skill to prevent deterioration and to stimulate social interaction.

7. Optional Services

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

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

8. Medications

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

a. Written consent from the participant, or participant's representative, to assist in taking medications.
b. Training and authority of staff to assist participants in taking their own prescribed or non-prescription medications and under what conditions such assistance may take place. All training and competency documentation should be kept within the employee's personnel file.

c. Verification of medication regimen including prescriptions and dosages.

   i. Medications must be maintained in their original pharmacy labeled containers (bubble packs are acceptable).
   ii. Provision to maintain a written prescription in the resident's record signed by an authorized prescriber (i.e., physician, nurse practitioner).
   iii. Shall allow verbal or telephonic orders to be taken by a pharmacist or registered nurse but must be countersigned by the ordering authorized prescriber within 48 to 72 hours.

d. Medication set up

   i. Procedures for medications shall include the eight (8) "Rs": right person, right medications, right dose, right time, right route, right documentation, right reason, and right response.
      - Cueing with maintenance of appropriate documentation
      - Medication set up, instructions, and passing and/or assistance with medications (e.g., putting in eye drops, giving pills, and injections)

e. Medication reminders

   i. Program staff providing medication reminders should be trained by a RN and demonstrates competency before given authority to provide medication reminders to participants.

f. Medication administration

   i. The RN and LPN must have an active and valid license in the state of Michigan. License must be in good standing with LARA with no complaints or restrictions.
   ii. LPN may administer medication under the supervision of a RN.
   iii. Program staff performing medication services (i.e., eye drops, pill form, injections, etc.) must be delegated by the supervising nurse.
   iv. Aides or other unlicensed staff performing medication reminders cannot perform such activities as eye drops, injections, or any medication decision/action.

g. Secure storage of medications belonging to and brought in by participants
h. Disposal of unused medications for participants that no longer participate in the program.
i. Instructions for entering medication information in participant files, including medication, does, date, and times of administration or reminder, initials of staff person, and comments.

<u>Distinctions between Medication Reminders vs. Medication Administration:</u>

- Reminders do <u>*not*</u> allow for touching of the medication.
- Example: Medication Reminders include verbal cueing, prompting, reminding, and/or putting the container near the client so they can take the medication.
- Example: Medication administration can be removing medications from the bottle, medication set-up, and giving it to the participant.

9. Discharge Procedures

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

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

10. Personnel

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

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

The program shall continually provide support staff at a ratio of no less than one (1) staff person for each ten (10) participants. At least one (1) staff shall always be on-site when participants are in attendance.

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

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

11. Personnel Orientation

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

a. Basic first aid and emergency response procedures
b. Assessment and observation skills
c. Aging Network requirements

d. Aging process
e. Maintaining participant and program records and files (as
f. appropriate)
g. An introduction to the program
h. Working with disabled individuals
i. Ethics, specifically acceptable work ethics, honoring the participant's dignity; respect of the participant and their property; and prevention of theft of the participant's belongings.

12. Personnel Training

Program staff shall be provided, at a minimum, two in-service training programs per year after completing the initial orientation program above, which is specifically designed to increase theirknowledge and understanding of the program, participants, and aging process issues; and to improve their skills at tasks performed in the provision of service. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse, and exploitation. For personal care staff, additional training topics include safety, sanitation, body mechanics, universal precautions, and food preparation, including safe/sanitary food handling procedures. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

A qualified professional must supervise all staff performing personal care activities and conduct at least two (2) supervisory reviews per year with each worker. Documentation of supervisory reviews must include:

a. Date of supervisory review
b. Place of supervision
c. Name of worker
d. Skills/tasks observed and level of competence
e. Signature of supervisor

13. Training Requirements for Students and Volunteers

Programs shall have specific training for volunteers and students, based on the job description being assigned to the student and/or volunteer. The following orientation should include training on:

a. Intro to the service
b. Aging process
c. Working with disabled persons
d. Emergency response procedures
e. Ethics and recipient rights
f. Normal aging vs. dementia and/or related conditions
g. Communication enhancement techniques
h. Assessment and management of difficult behaviors
i. Physical care techniques related to activities of daily living

j. Assessment, caregiver information and education
k. Information and referral to other community services
l. Signs of elder abuse

14. Transportation

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

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

15. Emergency Procedures

Each program shall have first aid supplies available at the adult day center. Procedures to be followed in emergency situations (fire, sever weather, etc.) shall be posted in each room of the adult day center. Practice drills of emergency procedures shall be conducted every six (6) months. The program shall maintain a record of all practice drills.

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

16. Code Compliance

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

17. Facility Furnishings

Each Adult Day Service program shall have the following furnishings:

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

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

18. Provision of Contracted Meals

The following policy shall be used for Adult Day Service (ADS) and Dementia Adult Day Care programs (DADC) who receive meals from an AAA 1-B contracted nutrition provider.

a. Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADS and DADC programs.
b. Eligible persons are defined as any person age 60 or older and not receiving AAA 1-B Direct Service Purchase (DSP) or MI Choice funded ADS services. Persons under the age of 60, and persons 18 years of age and older who are disabled, may be considered a volunteer if they offer their assistance during mealtime.
c. The meals are to be classified as congregate meals. Documentation for meals provided to eligible persons and volunteers must follow congregate meal documentation requirements.
d. When second meals are offered, participant documentation for the additional congregate meal must be recorded and labeled as a second congregate meal. Note: ACLS Bureau funds may not be used to purchase carryout containers.
e. All donations received by the ADS/DADC for meals shall be submitted regularly to the nutrition provider per the agreement between the nutrition provider and the adult day programs.
f. The ADS/DADC program shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and

volunteers.

g. ADS/DADC participants who are not eligible for congregate meal service may receive meals from an AAA 1-B funded nutrition provider at a rate negotiated between the ADS/DADC program and nutrition provider. All negotiations must be documented in the agreement between the ADS/DADC program and the contracted nutrition provider.
h. If an ADS/DADC program receives meals from a non-AAA 1-B contract nutrition provider, then the ADS/DADC program must:
    i. Submit a written request to the AAA 1-B program manager for review and approval, prior to meals being serve.
    ii. Menus must be submitted and approved by the AAA 1-B registered dietitian prior to serving.

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

MINIMUM STANDARDS

1. Each program shall have staff who are fluent in American Sign language and other communication modes suitable to the deaf and hearing impaired.

2. Each program shall establish linkages with other local and state-wide programs offering services to the hearing impaired and have knowledge of the deaf community culture.

3. Each program shall make services available throughout the geographic target area. Service providers must identify sites where services will be delivered and develop a schedule for site-specific service delivery.

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

MINIMUM STANDARDS

The Dementia Adult Day Care (DADC) program shall be accessible. This means the center is to be located within a convenient distance of participant's homes. The DADC should provide or arrange for transportation, if possible. All drivers and vehicles shall be appropriately licensed and insured.

Each program shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation. Drivers shall make every effort to provide physical assistance to persons requiring help in and out of vehicles and buildings and be trained to respond to medical emergencies.

All DADC participants shall have a physical exam within six (6) months of program admission. Staff shall establish a care plan objective to work with families to obtain a current medical evaluation. The physician's written authorization and recommendations for activity participation, medication, and diet shall be obtained within one (1) month of entering DADC.

1. **Information, Outreach, and Referrals**
    a. The program shall demonstrate evidence of outreach services to non-enrolled families through home visits, follow-up phone calls and dissemination of printed materials that clearly describe services provided by the program.
    b. The program shall demonstrate evidence of providing opportunities for caregivers to discuss concerns, feelings, physical care, and stress management techniques via case consultation, care conferences, or supportive counseling.
    c. The program shall demonstrate evidence of providing caregiver information and education about dementia or to assist caregivers in obtaining it though referral to local self-help agencies, or dementia resource libraries regarding:
        i. Diagnosis, stages/progression of dementia conditions, aspects of Alzheimer's disease that lead to forgetfulness, misperceptions, or misidentification of objects or people.
        ii. Task breakdown, verbal/nonverbal communication approaches and emphasis upon areas of strength, and remaining capacity.
        iii. Financial, legal, and placement planning considerations.

d. The program shall demonstrate awareness of and referral to other support services as needed, such as family support groups of the Alzheimer's Association, Parkinson's, and Huntington's Disease Foundations; in-home, congregate, and overnight respite; home- based nursing and personal care services; benefit entitlement programs; and brain autopsy services.

2. Crisis Response

a. The program shall have clear provisions for ensuring the availability of crisis response services for persons with dementia and their families. If this service is not provided directly by the host agency, there is evidence of a formal arrangement with the local community mental health board or center to provide the services.
b. Availability of crisis services includes the capacity for the program to address situations such as:
    i. Illness or death of the primary caregiver.
    ii. Suicidal ideation of the caregiver or person with dementia.
    iii. Abusive behavior of the person with dementia or caregiver; neglect or exploitation as defined by the Michigan Department of Human Services.
    iv. Adverse incident during the delivery of service.
c. DADC program staff shall be trained in crisis procedures.
    i. Staff shall notify the program supervisor of any physical or behavioral changes in a program participant or caregiver that may warrant further evaluation or medical attention. Staff shall advise the caregiver to seek professional consultation or medical attention for the identified concern.

3. Wait List

The DADC program shall have a policy to address potential wait lists. The program supervisor is responsible for monitoring service usage on a weekly basis and contacting families bi-monthly that may be on a wait list, to apprise them of their status. The program shall demonstrate efforts to provide case consultation to such families to assist caregivers in developing a provisional plan of care and refer them to other appropriate services, as available. Note: Participant and family preferences shall be given consideration in scheduling respite services.

4. Eligibility Criteria

a. The DADC program should have established admission criteria, which includes the following:
    i. Person with a diagnosis of Alzheimer's disease or other type of dementia. Other persons who display symptoms of dementia yet have not undergone a diagnostic evaluation may be considered for admission with the provision that written confirmation of diagnosis by a physician shall be obtained within 90 days of admission. Persons with dementia shall constitute the majority of participants.

ii. Persons demonstrating significant impairments in cognition, communication, and personal care activities of daily living that may require one or more of the following:
    1. Modifications in environmental cues, communication approach and task breakdown to enhance comprehension and participation in identified activities.
    2. Supervision to maintain personal safety.
    3. Hands on assistance to perform activities of toileting, grooming, hygiene, and bathing.
iii. Person with dementia is responsive to redirection and other supportive verbal interventions when angry, anxious, lost, or upset.
iv. Person with dementia does not have acute medical illness.
v. Person with dementia is free of communicable respiratory disease and hepatitis.
vi. Person's family understands and is willing to comply with program policies related to participation in service planning, communication of status changes, or planned absences, and payment of fees.

5. Personnel

The DADC program coordinator shall meet certain staffing requirements:

a. Each dementia respite program shall have a coordinator who possesses both formal education and prior work experience commensurate with the responsibilities of program development and operation; supervision and training of staff; inter-agency relations; coordination and maintenance of all appropriate administrative, program and participant records. He or she shall be responsible for assuring that full-time coverage is provided during hours of program operation.
b. The program coordinator shall ensure that individual and group supervision is provided at regularly scheduled intervals.
c. A person who has a minimum, a bachelor's degree in health or human services, gerontology, or related field, shall supervise all dementia program personnel.
d. Inexperience personnel shall complete dementia care training prior to being scheduled to work with participants
e. All program personnel shall be knowledgeable about Alzheimer's disease and other related dementias and demonstrate the ability to communicate effectively with people who have dementia.

6. Basic Program Requirements

The DADC program shall meet the following requirements:

a. Use a mixture of both structured and unstructured 1:1 and small group activities that stimulate multiple senses, reminisce, and draw upon remaining capacities.
b. Tailor activities to the functional and cognitive level of individuals participants.
c. Provide a supportive environment which reduces the level of participant anxiety,

inactivity, and promotes a sense of personhood and identity.

d. The program shall arrange to use program consultants, as necessary, such as medical and mental health professionals, environmental specialists, and other therapists. DADC programs shall work toward developing the following as necessary:
    i. RN (or LPN under RN supervision) to provide physical health and support services for a minimum of four (4) hours/month.
    ii. Social worker or certified counselor to coordinate and provide counseling and linkage for a minimum of four (4) hours/month.
    iii. Arrangements to access cognitive and psychiatric specialists to evaluate difficult behaviors and to help develop alternative interventions for caregivers to try.
    iv. Arrangements to access physical, speech, and occupational therapies.
e. The DADC programs shall have a minimum staff/volunteer/student participant ratio of 1:3. At least one (1) staff shall always be on site when participants are in attendance.

7. Transportation Personnel

All persons responsible for transporting participants shall have a valid driver's license or chauffeur's license, as required by the Michigan Secretary of State; a safe driving record with not more than three (3) points; and training with valid certification in first aid and CPR.

8. Training for Personnel

All DADC programs shall have a formal staff development program.

a. All staff shall complete an initial training program (orientation) that includes content in the following areas:
    i. Normal aging vs. Alzheimer's disease and related conditions
    ii. Impact of Alzheimer's disease and related disorders upon the person with dementia and family caregivers
    iii. Communication enhancement techniques
    iv. Assessment and management of difficult behaviors
    v. Physical care techniques related to activities of daily living
    vi. Emergency response procedures
    vii. Access to assessment, caregiver information and education
    viii. Access to information and referral to other community services
    ix. Therapeutic 1:1 and small group activities
    x. Environmental modification and home safety
    xi. Adult protective services law
    xii. Recipient rights
b. All personnel shall attend, at a minimum, two (2) in-service training programs per year after completing the initial training program above.
c. All personnel shall be required to participate in staff meetings, individual and group supervisory conferences, as scheduled, to develop their knowledge and

expertise.

9. Training Requirements for Students and Volunteers

All DADC programs shall have specific training for volunteers and students.

a. This training should include:
    i. Introduction to the service
    ii. Aging process
    iii. Normal aging vs. Alzheimer's disease and related conditions
    iv. Impact of Alzheimer's disease and related disorders upon the person with dementia and family caregivers
    v. Communication enhancement techniques
    vi. Assessment and management of difficult behaviors
    vii. Physical care techniques related to activities of daily living
    viii. Emergency response procedures (e.g., first aid, arranging for EMS)
    ix. Assessment, caregiver information and education
    x. Information and referral to other community services
    xi. Therapeutic 1:1 and small group activities
    xii. Environmental modification and home safety
    xiii. Adult protective services law
    xiv. Ethics and recipient rights

Service Name	Disease Prevention and Health Promotion
Service Category	Community
Service Definition	A service program that provides information and support to older individuals with the intent to assist them in avoiding illness and improving health status. Allowable programs include: • Caregiver Education • Health Risk Assessments • Health Promotion Programs • Physical fitness, group exercise, music, art, dance movement therapy; programs for multi-generational participation • Medication management, screening, and education to prevent incorrect medication and adverse drug reactions • Mental Health Screening Programs • Education programs pertaining to the use of Preventive Health Services covered under Title XVIII of the Social Security Act • Information programs concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions
Unit of Service	One activity session or hour of related service provision, as appropriate.

MINIMUM STANDARDS

1. Each program shall utilize staff with specific training and/or experience in the particular service area(s) being provided. Continuing education of staff in specific service areas is encouraged.

2. Each program, in targeting services, shall give priority to geographic areas which are medically underserved and in which there are a significant number of older individuals who have the greatest economic need for such services.

3. Each program is encouraged to facilitate and utilize a regional health coalition to plan for and implement services. Members of the regional health coalition should include one or more members of the Michigan Primary Care Association and other agencies

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

4. Disease prevention and health promotion services should be provided at locations and in facilities convenient to older participants.

5. Only evidence-based programs meeting the highest criteria (tier 3 as defined by the Administration on Aging) will be considered for funding. An approved program list can be found at www.aaa1b.org or contact the AAA 1-B program manager.

6. Workshop data for programs with start/end dates are to be reported to the ACLS Bureau within required timeframes.

Service Name	Grandparents Raising Grandchildren (Kinship Support Services)
Service Category	Community
Service Definition	Provision of support services (which include respite care, supplemental and education support, and training services) in kinship care situations where an individual aged 55 or over is the primary caregiver for a child no more than 18 years old. Kinship support services may be provided at locations other than the client's residence.
Unit of Service	Each hour of support services provided, or each activity session, as appropriate.

MINIMUM STANDARDS

1. Each program must establish written criteria which include at a minimum:
    a. That the child must require support services as a result of the kinship care relationship
    b. That the kinship caregiver must be a grandparent or relative caregiver who has a legal relationship to the child or is raising the child informally.

2. If providing respite services, each program shall conduct an evaluation of the caregiving situation to ensure that the skills and training of the respite care worker to be assigned coincides with the situation. The program may utilize volunteer care workers.

3. Each program must develop and maintain procedures to protect the safety and wellbeing of the children being served by the program.

4. Supervision must always be available to program staff at all times.

5. An emergency notification plan shall be developed for each care recipient and respective caregiver.

6. Programs must coordinate with legal services, probate courts, school districts, the Michigan Department of Health and Human Services (MDHHS) and other relevant community agencies, as appropriate.

7. Development of counseling services or support groups must not duplicate existing community programs.

8. Informational materials must be available for duplication and distribution throughout Region 1-B when appropriate and at the discretion of the Area Agency on Aging 1-B (AAA 1-B). Any materials may be reproduced by the AAA 1-B at any time.

Service Name	Legal Assistance
Service Category	Community
Service Definition	Provision of legal assistance through cases, projects, community collaborations and other services that provide the most impact whether for an individual participant or group of older adults. Such assistance may be provided by an attorney, paralegal, or student under the supervision of an attorney. Legal Services is priority service under the Older Americans Act (OAA).
Allowable Service Components	**Intake.** The initial interview to collect demographic data and identification of the participant's legal difficulties and questions. **Advice and Counsel.** Where the participant is offered an informed opinion, possible course of action, and clarifications of his/her rights under the law. **Referral.** If a legal assistance program is unable to assist a participant with the course of action that he/she wishes to take, an appropriate referral should be made as available. Referral may also be necessary when the individual's need is outside of program priorities or can be more appropriately addressed by another legal entity. **Representation.** If the participant's problem requires more than advice and counsel and the case is not referred to another entity, the legal assistance program may represent the person to achieve a solution to the legal problem. Representation may include legal research, negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or courts of law, and legal appeals where appropriate. **Legal Research.** The gathering of information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve an individual's legal problems. This information is used to assist legal assistance programs in case work, participant impact work, and program and policy development. **Preparation of Legal Documents.** Documents such as contracts, wills, powers of attorney, leases, or other documents may be

	prepared and executed by legal assistance programs. **Negotiation.** Within the rules of professional responsibility, program staff may contact other persons concerned with the participant's legal program to clarify factual or legal contentions andpossibly reach an agreement to settle legal claims or obtain servicesand supports. **Legal Education.** Legal assistance program staff may prepare and present programs to inform older adults of their rights, the legal system, and possible courses of legal action. **Community Collaboration and Planning.** Legal assistance programs should participate in activities that impact elder rights, advocacy efforts for older adults, such as policy development, program development, planning and integration activities, targeting and prioritizing activities, and community collaborative efforts.
Unit of Service	Provision of one hour of an allowable service component.

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

MINIMUM STANDARDS

Each legal assistance program shall have an established system for targeting and serving older adults in greatest social and economic need within the Older Americans Act (OAA) defined program target areas of income, health care, long term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and discrimination. Each program shall complete and re-evaluate annually a program priority report and plan for targeting services to the most socially and economically vulnerable. This report shall be provided to AAA 1-B and The Bureau of Aging, Community Living, and Supports (ACLS Bureau).

1. Each legal assistance program shall work to develop outcome measures to reflect the impact of legal services intervention on individual participants and older adults in the greatest social and economic need in the service area. These outcomes shall be used for program development.

2. Services may be provided by an attorney licensed to practice law in the State of Michigan or a paralegal or student under the supervision and guidance of an attorney licensed to practice law in the State of Michigan.

3. Legal assistance programs may engage in and support participant impact work, including but not limited to class action suits where a large group of older adults are affected by a legal inequity. For participant impact work, programs are encouraged to utilize technical assistance resources such as the Michigan Poverty Law Program (MPLP).

4. Each legal assistance program shall demonstrate coordination with local long-term care advocacy programs, aging services programs, Aging and Disability Resource Centers (ADRCs), elder abuse prevention programs and service planning efforts operating within the project area.

5. When a legal assistance program identifies issues affecting participants that may be remedied by legislative action, such issues shall be brought to the attention of AAA 1-B, ACLS Bureau, MPLP and other programs offering technical assistance to legal providers.

6. Each legal assistance program shall provide assurance that it operates in compliance with the OAA, as set forth in 45 CFR Section 1321.71.

7. As part of an integrated legal services delivery system, each legal assistance program that is not part of a Legal Services Corporation (LSC) project grantee shall have a system to coordinate its services with the existing LSC projects in the planning and service to concentrate the use of funds provided under this definition to individuals with the greatest social and economic need.

8. Each program shall also coordinate with the Legal Hotline for Michigan Seniors (LHMS) and the Counsel and Advocacy Law Line (CALL). Where feasible, each program should also coordinate with other low-cost legal service delivery mechanisms, the private bar, law schools, and community programs in the service area to develop the targeting and program priority plan.

9. Each program shall make reasonable efforts to maintain existing levels of legal assistance for older individuals being furnished with funds from sources other than Title III-B of the OAA.

10. A legal assistance program may not be required to reveal any information that is protected by attorney/participant privilege. Each program shall make available non-privileged, non-confidential, and unprotected information which will enable the AAA 1-B

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

11. Each legal assistance program should participate in statewide and local legal service planning groups including MPLP's Elder Law Task Force. Each legal assistance program is expected to participate in at least two (2) Task Force meetings per year. Participation by conference call/webinar is acceptable.

12. Each legal assistance program should participate in elder law training and technical assistance activities.

13. Each legal assistance program shall report program data through the Legal Services Information System (LSI) application of the ACLS Bureau's Aging Information System (AIS). Legal assistance programs will submit/post data in the LSI quarterly. Data shall be submitted no later than 30 days after the end of the quarter. The AAA 1-B will utilize the LSI to retrieve needed legal services program data and will consult with the ACLS Bureau prior to requiring additional reports or data from the legal program. The requirement for legal assistance programs to report data through the LSI shall be included in the AAA 1-B legal assistance program contracts.

14. Legal Assistance programs must have the capacity to serve older adults in their homes, if necessary. Note: Some in-home service standards may apply.

15. Legal Assistance programs are required to document efforts to create cooperative working relationships with the local bar association and other professional attorney groups, to maximize coordination and use of resources.

16. Programs are prohibited from use of AAA 1-B funds to provide legal service to an agency.

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

MINIMUM STANDARDS

1. Professional/paraprofessional training, community outreach, public education, case consultation, and/or interdisciplinary teams shall be implemented through a coordinated, interagency approach.

2. The coordinated, comprehensive approaches to prevent elder abuse, neglect, and exploitation shall include the participation of, at a minimum, adult protective services staff of local Department of Human Services, long term care ombudsman/advocacy programs, and legal assistance programs operating in the service area.

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

MINIMUM STANDARDS

The Volunteer Caregiver program is intended to provide respite to caregivers of older adults. All older adults enrolled in this service must also have a caregiver (i.e., family member, friend, neighbor, etc.) who is aware of and benefiting from the Volunteer Caregiver service.

1. Programs must maintain a policy which assures that individuals of all religious denominations or affiliation, and those without religious affiliations, can be served.

2. Programs must maintain a policy which requires volunteers to agree, in writing, not to solicit or accept monetary contributions from program participants and/or caregivers for their own use; nor attempt the sale of any type of merchandise or service to program participants and/or caregivers; and agree not to seek or encourage the acceptance on the part of the participant and/or caregiver of any particular belief or philosophy.

3. Programs must employ a paid coordinator with the overall responsibility for program management, volunteer recruitment, screening, orientation, training, and matching volunteers with older persons and/or older caregivers in need. See below for additional staffing requirements for volunteer respite.

4. All programs must place a high priority on the provision and expansion of in-home volunteer respite services.

5. Programs must have a written plan that guides the ongoing recruitment of volunteers from religious congregations and the general community.

6. Programs must develop and document a volunteer orientation that includes at a minimum:
    a. A review of interpersonal communication skills and techniques.
    b. Accessing community-based resources
    c. Universal precautions
    d. Emergency procedures

7. Programs must conduct an on-site evaluation (assessment for volunteer respite) of the participant's situation (and screening of prospective volunteers) to ensure that the skills and training of the volunteer are appropriate for the participant's needs. The plan must include:
    a. A record of the individuals requesting service
    b. Volunteers recruited to assist
    c. Placements made
    d. Hours and type of volunteer service provided

    See below for additional assessment requirements for volunteer respite participants. Exceptions are allowed in situations of immediate need, such as for transportation assistance.

8. Programs must have a written procedure for requesting, encouraging, and accepting donations from participants.

9. Programs must plan to serve a broad geographic area.

10. Programs shall participate in a region-wide coalition of volunteer programs assisting older adults and caregivers, to avoid duplication, maximize the potential for coordinated program development, expansion, volunteer recruitment, training, and appropriate referrals of both participants and volunteers.

In-Home Volunteer Respite Service

In addition to the above requirements, the provision of In-home volunteer respite service shall include the following:

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

social work, public health, or a related field.

2. Supervision must always be available to program volunteers (via phone or pager) while in the participant's home.

3. Supervision shall not be used as a replacement for emergency procedures that must be in place and used by all volunteers if necessary.

4. Programs must use the AAA 1-B specialized training program for training respite volunteers which minimally includes:
    a. CPR/choking (optional)
    b. Empathy training
    c. Understanding caregiver stress
    d. Dealing with dementia
    e. Operation of wheelchairs

5. Programs must use the approved AAA 1-B caregiver and care receiver assessment tool to determine if participants are appropriate for volunteer respite.

6. An initial assessment is not required for individuals referred by a personal care, home health aide, care management or in-home respite basic care agency provided the assessment was conducted within the past 90 days. A copy of the assessment must be provided to the volunteer respite program as well as a recommendation of the volunteer respite caregiver services needed by the participant.

7. A re-assessment (in-person or via telephone) shall be conducted minimally every 180 days or if the volunteer caregiver reports significant changes in a participant's condition.

8. Programs shall not assist participants, in any way, in preparing, reminding, or taking prescription or non-prescription medications.

9. Programs must develop an emergency plan for each participant, in conjunction with the primary caregiver, which must always be available to the volunteer respite caregiver. The plan shall include at least one (1) emergency contact name, phone number, and information on hospital of choice.

NUTRITION SERVICE STANDARDS

AAA 1-B Board Approved Nutrition Allocation Formula

This current formula uses the 2019 American Community Survey census data, and is based on the following factors and weights:

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

Using population factors and weight of each factor, nutrition funding allocated to each of the six (6) counties served by AAA 1-B is as follows. For example, Livingston County is allocated 6.16% of nutrition services funding.

County	Funding Allocation
Livingston	6.16%
Macomb	29.60%
Monroe	5.22%
Oakland	42.95%
St. Clair	5.84%
Washtenaw	10.23%
Total	**100.00%**

Explanation of formula computations

The formula provides for a 15% base to be applied against the total available funds and divided equally between the six (6) counties in the Region. The balance of the total available funds is then allocated to each county, according to its formula-weighted percent. Should multiple contractors within a county be funded by the AAA 1-B, the county allocation will be distributed to those contractors based on the formula weights and factors, using census data for the geographic areas served or under separate contract by funding that is reprogrammed to meet the needs of targeted populations as approved in the Annual Implementation Plan (AIP) in conjunction with community focal points. When a separate contract is awarded, these funds shall be allocated in proportion to the number of participants and meals in the defined service area by adjusting or reallocating funds within the same geographic serving area for the targeted population; and may not exceed the negotiated unit rate for the serving area reduced. Funds awarded by formula may be reprogrammed where there is not an agreement in place to serve a targeted population as determined during the contract negotiation.

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

Nutrition Formula Computations

Factor	Weight	X	Region 1-B Population	=	Weighted Population	Region 1-B Weighted Percentages
60+	1.00	X	687,177	=	687,177	83.59%
150% of Poverty	1.00	X	90,479	=	90,479	11.01%
Minority Group	.50	X	88,893	=	44,446	5.41%
					822,102	100.00%

Percent of Region 1-B Population by County

County	60+	150% Poverty	Minority
Livingston	45,777	4,486	412
	6.66%	4.96%	0.93%
Macomb	203,094	29,957	10,256
	29.55%	33.11%	23.07%
Monroe	37,211	5,092	614
	5.42%	5.63%	1.38%
Oakland	290,274	36,077	26,705
	42.24%	39.87%	60.08%
St. Clair	40,946	6,397	696
	5.96%	7.07%	1.57%
Washtenaw	69,875	8,470	5,765
	10.17%	9.36%	12.97%
Total	687,177	90,479	44,448

Region 1-B Weighted Percentages x County Percentages

County	60+	150% Poverty	Minority	Weighted %
Livingston	83.59% x 6.66% 5.56828715	11.01% x 5.00% .545674	5.41% x .93% .05011318	6.16%
Macomb	83.59% x 29.55% 24.70423378	11.01% x 33.11% 3.64395172	5.41% x 23.07% 1.24747763	29.60%
Monroe	83.59% x 5.42% 4.52632398	11.01% x 5.63% .61938786	5.41% x 1.38% .07468324	5.22%
Oakland[1]	83.59% x 42.24% 35.30875731	11.01% x 39.87% 4.3883849	5.41% x 60.08% 3.24823421	42.95%
St. Clair	83.59% x 5.96% 4.980647	11.01% x 7.07% .77812729	5.41% x 1.57% .08465722	5.84%
Washtenaw	83.59% x 10.17% 8.49955358	11.01% x 9.36% 1.03028578	5.41% x 12.97% .70121963	10.23%
				100%

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

GENERAL REQUIREMENTS FOR NUTRTION PROGRAMS

This section contains the minimum standards and requirements for nutrition programs for the FY 2023 – 2025 contract cycle, representing the period between October 1, 2022 and September 30, 2025.

Overview

The Michigan Department of Health and Human Services, Aging, Community Living and Supports (ACLS Bureau) encourages nutrition providers to operate nutrition programs for older adults that allow for choice and flexibility, while maintaining federal and state standards and requirements. The meals should include key nutrients and follow dietary recommendations that relate to lessening chronic disease and improving the health of older Michiganders. Diabetes, hypertension, and obesity are three (3) of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutrition factors that can help prevent and manage these and other chronic conditions.

Business Practices

1. **Nutrition Analysis**
   Nutrition providers must be able to produce a nutrient analysis for a meal when requested by the ACLS Bureau, the Area Agency on Aging (AAA), a participant, or a participant's family member, or medical provider. Nutrition analysis does not have to be listed on the menu. All nutrition providers should purchase, or have access to, an electronic nutritional analysis program. Providers may use up to $1,000 in state or federal nutrition funds to purchase or maintain such a program. Local funds may be used if the costs exceed $1,000.

2. **Meals Served**
   A record of the menu actually served each day shall be maintained for each fiscal year's operation. Production sheets will be reviewed annually during the programmatic assessment.

3. **Food Cost and Inventory Control**
   Each program shall use an adequate food cost and inventory system at each food preparation site facility. The inventory control shall be based on the first-in/first-out method and conform to generally accepted accounting principles. The system shall be able to provide food costs, inventory control records, and other cumulative reports on food and meal costs as requested.

   For programs operating under annual cost-reimbursement contracts, the value of the inventory on hand at the end of the fiscal year shall be deducted from the total amount expended during that year. For programs operating under a unit-rate reimbursement contract, the value of the inventory on hand at the end of the fiscal year does not have

to be considered. Each program shall be able to calculate the component cost of each meal provided according to the following categories:

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

4. Nutrition Education

Each program shall provide or arrange for monthly nutrition education sessions at each meal site and as appropriate to HDM participants. Emphasis should focus on giving the participant the information and tools to make food choices in relation to health and wellness, and to any chronic diseases they may have, including making choices at the meal site, at home, and when they eat out. Educational sessions should be encouraging and informative, as well as encouraging participants to take responsibility for the food choices they make throughout the day.

Topics shall include, but not be limited to, food, nutrition, and wellness issues. Nutrition education materials must come from reputable sources. Questions pertaining to appropriateness of materials and presenters are to be directed to the staff dietitian, regional dietitian, or Dietetic Technician, Registered (DTR). Program materials distributed must take into consideration the level of literacy, living alone status, caregiver support and translation of materials as appropriate for older adults with limited English proficiency. At least once per year, the following topics must be covered.

a. How food choices affect chronic illnesses.
b. Food safety at home and when dining out
c. Food choices at home
d. Emergency preparedness - what to have on hand

Compliance with these standards will be part of the nutrition assessment completed by AAA 1-B.

5. **In-Service Training**
   Staff of each program shall receive in-service training at least twice each fiscal year, which is specifically designed to increase their knowledge and understanding of the program, and to improve their skills at tasks performed in the provision of service. Volunteers of each program shall receive in-service training at least once each fiscal year. Records shall be maintained which identify the dates of training, topics covered, and persons attending.
   a. A minimum of two in-service training courses each fiscal year are provided for care managers, case coordinators, and nutrition program staff, which includes direct nutrition program staff. That total in-service training time per annual year must be no less than two (2) hours.
   b. Volunteer in-service training time per annual year must total no less than one hour each fiscal year.

6. **Background Checks**
   All staff and volunteers must undergo a background check. This includes people who will be delivering meals at a special event, fundraiser, or any other occasion whereas they would only be delivering a few times. If a group of volunteers from a business or agency participates in the meal delivery representing that business or agency, arrangements may be made for the business or agency to certify that background checks have been completed for their employees, and only no/low-risk employees have been cleared to participate. Nutrition providers may waive the background check requirement for volunteers who are under the age of 18 and/or those who are packing meals or doing other activities that do not involve direct contact with a meal program participant and are under the supervision of nutrition provider staff and/or adult leaders.

Menu Development and Nutrient Analysis Guidelines

1. **Meals**
   On 5 or more days a week (except in a rural area where such frequency is not feasible and as approved by the ACLS Bureau and AAA 1-B) at least 1 meal per day, may consist of hot, cold, frozen, fresh, shelf stable foods; and any additional meals as approved by the Area Agency on Aging 1-B (AAA 1-B) based on the needs of meal participants. Meals must conform to the most current edition of the USDA Dietary Guidelines for Americans (DGA) and the ACLS Bureau Nutrition Standards. A minimum of 3 meals per week delivered is required to participate in the program unless prior authorization is received. Where meal services are provided less than five (5) days per week, the program shall identify and document the usual source of all meals for the participant not provided by the program and include the reason.

2. Menu Development and Approval Process

Each program must utilize a menu development process which places priority on health choices and creativity, and includes, at a minimum:

a. Use of electronic standardized recipes;

b. Provision for review and approval of all menus by AAA 1-B Registered Dietitian or an individual who is dietitian registration eligible, or a DTR;

c. A variety of foods shall be included in a minimum 20-day (4-week) cycle menu. Menus with portion sizes for each meal served (i.e., breakfast, lunch, and/or dinner, shelf-stable, frozen) must be submitted annually, seasonally, or whenever changes are made, and the menus will be reviewed by AAA 1-B during the annual assessment. Only menus submitted on the AAA 1-B cycle menu template will be accepted unless prior authorization is received. Any amendments to a previously approved cycle menu must be submitted and approved by AAA 1-B prior to implementation. Seasonal menu changes and special event meals must also be submitted for approval.

d. If the program utilizes a subcontractor for meal production, the subcontractor must follow the same menu as the contractor. If the subcontractor chooses to utilize their own menu, then the menu must be approved by a contractual Registered Dietitian prior to submitting to AAA 1-B for final approval.

e. The menu to be served must be posted in a conspicuous place at each meal site and at each place food is prepared. The program must be able to provide information on the nutrition content of the menu upon request

f. Modified diet menus may be provided, where feasible and appropriate, which take into consideration, participant choice, health, and religious and ethnic diet preferences.

3. Michigan Food Code

The nutrition program must operate according to current provisions of the Michigan Food Code. Minimum food safety standards are established by the respective local Health Department. Programs are encouraged to monitor food safety alerts pertaining to older adults. Each program must have a copy of the Michigan Food Code available for reference. https://www.michigan.gov/documents/mdard/MI_Modified_2009_Food_Code_396675_7.pdf

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

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

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

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

Purchased Foodstuffs

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

Contributed Foodstuffs

Acceptable contributed foodstuffs include fresh fruits and vegetables and wild game from a licensed processor. A list of licensed processors can be found on the Michigan Department of Agriculture and Rural Development website (http://www.michigan.gov/MDARD).

4. **Standard Portions**
   Each program shall use standardized portion control procedures to ensure that each meal served is uniform. At the request of a participant, standard portions may be altered or less may be served than the standard serving size. A participant may refuse one or more items. Less than standard portions shall not be served to "stretch" available food to serve additional persons.

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

6. **Nutrition Services Contractors**
   AAA 1-B may adjust the number of nutrition contractors to meet the needs of the AAA 1-B Region.

7. **Volunteers**
   Each meal program is encouraged to use volunteers, as feasible, in program operations.

8. **National Aging Program Information System**
   Each program shall develop and utilize a system for documenting meals served for purposes of NAPIS. Meals eligible to be included in NAPIS meal counts reported to the

AAA 1-B are those served to eligible individuals, as described under respective program eligibility criteria, and which meet the specified nutritional requirements per meal.

The most acceptable method of documenting meals is by obtaining signatures daily from participants receiving meals. Other acceptable methods may include, but not limited to, home delivered meals maintaining a daily or weekly route sheet signed by the driver which identifies the participant's name, address, and number of meals served to them each day. A separate sign-in sheet and/or column shall be used for each meal served with signatures required daily.

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

9. Intake Process

Each program shall use a uniform intake process and maintain a NAPIS registration for each program participant. The intake process shall be initiated within one week after an individual becomes active in the program. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.

10. Nutrition Services Incentive Program (NSIP)

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

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

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

Meals counted for purposes of NSIP reporting are those served that meet the Title III-C requirements and are served at a congregate or home delivered meal setting.

Meals that do not count toward NSIP funding include:

a. Medicaid (MI-CHOICE Waiver) adult day care meals;
b. Adult day care meals for which Child and Adult Care Food Program funds have been claimed;
c. Meals funded by Title IIIE served to caregivers under the age of 60; and meals

served to individuals under age 60 who pay the full price for the meal.

11. Product Liability Insurance

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

12. Participant Donations

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

13. Program Income

Program income from participant donations must be used in accordance with the additive alternative, as described in the Code of Federal Regulations (CFR). Under this alternative, the income is used in addition to the grant funds awarded to the provider and used for the purposes and under the conditions of the contract. Use of program income is approved by AAA1-B as a part of the budget process.

14. Recording and Depositing Donations

Each program shall be allowed to accept donations for the program as long as the following apply:

a. The method of solicitation for the donation is non-coercive
b. No qualified person is turned away for not contributing
c. The privacy of each person with respect to donations is protected
d. There are written procedures in place for handling all donations which includes the following at a minimum:
    i. Daily counting and recording of all receipts by two (2) individuals
    ii. Provisions for sealing, written acknowledgment, and transporting of daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged
    iii. Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter

15. Food Assistance Programs

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

16. Vitamins and Dietary Supplements

Programs shall not use funds from the ACLS Bureau (federal and state) to purchase vitamins or other dietary supplements.

17. Participant Complaints

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

18. Emergency Plan and Emergency Meals

a. Nutrition providers shall work with AAA 1-B to develop a written emergency plan. The emergency plan shall include, but not be limited to: Uninterrupted delivery of meals to home delivered meals participants, including, but not limited to use of families and friends, volunteers, shelf-stable meals, and informal support systems.
b. A back-up plan for food preparation if the usual kitchen facility is unavailable. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors for the AAA 1-B nutrition provider.
c. Agreements in place with volunteer agencies, individual volunteers, hospitals, long-term care facilities, other nutrition providers, or other agencies/groups that could be on standby to assist with food acquisition, meal preparation, and delivery.
d. Communications system to alert congregate and home delivered meals participants of changes in meal site/delivery.
e. The emergency plan shall be reviewed and approved by AAA 1-B and then be submitted to the ACLS Bureau for review.

A minimum of six (6) shelf-stable meals and instructions on how to use such meals must be part of the emergency plan for home delivered meals participants. Emergency shelf stable menus are approved through the AAA 1-B review process. Emergency shelf-stable meals are distributed to each new participant and are replaced as used within a reasonable time period. These meals must be documented on route sheets as a SHELF-STABLE meal when delivered and reported in NAPIS as the same. If a participant is placed on a home delivered meal program wait list, or assessed for food insecurity, an assessment must be done for to determine additional emergency meals needs. Every effort should be made to assure that emergency, shelf stable meals meet the nutritional guidelines. Shelf stable meals must be individually packaged meals.

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

must be submitted to AAA 1-B program manager by 9:00 am on or before the date of the actual closure.

ACLS BUREAU MEAL PLANNING GUIDELINES

Menu Requirements and Meal Planning

1. Menu standards are developed to sustain and improve a participant's health through the provision of safe and nutritious meals using specific guidelines. These guidelines should be incorporated into all requests for proposals/bids, contracts and open solicitations for meals.

2. The Older Americans Act requires that meal components meeting the 33 1/3 percent of the DRI must be offered if one meal is served per day. If two meals are served, meal components with 66 2/3 percent of the DRI must be offered.

3. Nutrition providers must use person-centered planning principles when doing menu planning. Food should be offered, not served. Choices should be offered as often as possible. This is for both congregate and home delivered meal participants. If possible, this should include offering alternatives for food allergies, digestive issues, and chewing issues.

4. Menus should follow the five guidelines from the most current edition of the USDA Dietary Guidelines for Americans.
    a. Follow a healthy eating pattern across the lifespan. All food and beverage choices matter. Choose a healthy eating pattern at an appropriate calorie to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
    b. Focus on variety, nutrient density, and amount. To meet nutrient needs with calorie limits, choose a variety of nutrient-dense foods across and within all food groups in recommended amounts.
    c. Limit calories from added sugars and saturated fats and reduce sodium intake. Consume an eating pattern low in added sugars, saturated fats, and sodium. Cut back on foods and beverages higher in these components to amounts that fit within healthy eating patterns.
    d. Shift to healthier food and beverage choices. Choose nutrient-dense foods and beverages across and within all food groups in place of less healthy choices. Consider cultural and personal preferences to make these shifts easier to accomplish and maintain.
    e. Support healthy eating patterns for all. Everyone has a role in helping to create and support healthy eating patterns in multiple settings nationwide from home to school to work to communities.

5. Key recommendations from the DGA to consider when planning meals

a. Consume a healthy eating pattern that accounts for all foods and beverages within an appropriate calorie level.
    i. A variety of vegetables from all the sub-groups: dark green, red, and orange,legumes (beans and peas), and starchy
    ii. Fruits: fresh, whole, canned (light syrup), dried, 100% fruit juice
    iii. Grains, at least half of which are whole grains
    iv. Fat-free, or low-fat dairy, including milk yogurt, and cheese
    v. A variety of protein foods, including seafood, lean meats, and poultry, eggs, legumes nuts, and seeds
    vi. Oils
b. Nutrient-dense meals shall be planned using preparation and delivery methods that preserve the nutritional value of foods
    i. Consume less than 10% of calories per day from added sugars
    ii. Consume less than 10% of calories per day from saturated fats
    iii. Consume less than 2300 grams of sodium per day (this may be averaged in your meal plans)
c. The target for carbohydrates (CHO) per meal is 75 grams. If the nutrition provider isfollowing one of the suggested meal patterns from the Dietary Guidelines for Americans, listed below, the CHO grams should follow that pattern.
d. Increase the use of 'scratch' cooking and use fewer convenience foods when possible.

6. Other considerations:
    a. Desserts: Serving of dessert is optional. Suggested but not limited to, desserts are: fruit, fruit crisps with whole grain toppings, pudding with double milk, gelatin with fruit, low-fat frozen yogurt, Italian ices. Use of baked, commercial desserts should be limited to once per week.
    b. Beverages:
        i. Congregate Meals: Milk and water must be offered with every meal. Coffee and/or tea, or other beverages are optional.
        ii. Home Delivered Meals: Milk, or a milk substitute, must be offered with every meal. If requested, water shall be provided.
        iii. Milk may be skim, 1%, 2%, full-fat, or chocolate. It should be available to participants but is not required.

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

7. Special Occasion Meals: Special occasion or celebratory meals are allowed on a periodic basis. These meals do not have to follow the 1/3 DRI rule. The AAA 1-B Registered Dietitian must have knowledge of the meal and grant approval of it.

8. Breakfast Meals: Breakfast may include any combination of foods that meet the ACLS Bureau Meal Planning Guidelines
9. Special Menus: To the extent practicable, adjust meals to meet any special dietary needs of program participants for health reasons, ethnic and religious preference, and provide flexibility in designing meals that are appealing to program participants.

Suggested Meal Patterns

1. **The Plate Method** (http://www.choosemyplate.gov) is the preferred meal pattern.

2. **The Healthy U.S.-Style Eating pattern** (Dietary Guidelines for Americans, 2015-2020, Appendix 3, Table A3-1, page 80).

3. **The Healthy Mediterranean-Style eating pattern** (Dietary Guidelines for Americans, 2015-2020, Appendix 4, Table A4-1, page 84).

4. **Vegetarian meals** can be served as part of the menu cycle or as an optional meal choice based on participant choice, cultural and/or religious needs and should follow the Aging, Community Living and Supports Meal Planning Guidelines to include a variety of flavors, textures, seasonings, colors, and food groups at the same meal. (Dietary Guidelines for Americans, 2015-2020, Appendix 5, Table A5-1, page 87).
   Vegetarian meals are a good opportunity to provide variety to menus, feature Michigan produce and highlight the many ethnic, cultural, or religious food traditions that use vegetables and grains in greater amounts at the center of the plate and in different combinations with fruits, vegetables, grains, herbs, and spices for added flavor, calories, and key nutrients.

Menu Changes

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

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

1. Grain
2. Vegetable
3. Fruit
4. Dairy
5. Protein Foods

AAA 1-B meal requirements and serving sizes are listed below:

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

Serving Size – refer to https://www.choosemyplate.gov for serving sizes and examples of each meal component of the five (5) food groups.

HOLIDAY MEALS ON WHEELS STANDARDS AND PROCEDURES

Nutrition Services funding does not include provision of meal services on Thanksgiving, Christmas Day, and Easter. For this reason, the Area Agency on Aging 1-B (AAA 1-B) Home Delivered Meal (HDM) contracted nutrition provider is required to participate in the Holiday Meals on Wheels (HMOW) program. AAA 1-B solicits donations and raises private funds to provide holiday meals and will reimburse nutrition providers per meal based on the HMOW reporting procedures described below. Nutrition providers are required to complete the Holiday Meals on Wheels Form found at www.aaa1b.org. Nutrition providers must meet the HMOW standards and procedures listed below.

Participant Assessment

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

participants who reside where a meal site is located and have no other resources for a special meal on the holiday.

Menu

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

Holidays

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

Menu Changes

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

Holiday Serving Changes

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

Meal Delivery

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

Criminal background checks must be completed on HMOW volunteers prior to working directly with participants or having access to a participant's personal property, protected health information, or personally identifiable information.

Nutrition Providers must conduct criminal background checks in the following databases.

1. ICHAT: https://apps.michigan.gov/
2. Michigan Public Sex Offender Registry: https://mspsor.com/
3. National Sex Offender Registry: http://nsopw.gov

Fiscal Reporting Procedures

1. A unit-rate will be determined annually for meal reimbursement.
2. Providers will be reimbursed on a per unit basis by submitting an invoice that includes

the provider's name and address, the date of service, and the total number of meals served.

3. The invoice must be submitted electronically through Smartsheet, from the provider by the following dates:
    - Thanksgiving/Christmas/Chanukah/Another Holiday by January 10
    - New Year's Day by February 10
    - Easter/Passover/Another Holiday by June 10
4. AAA 1-B will not approve payment for HMOW until the units have been submitted to NAPIS.
5. Payment distribution will take place after the reconciliation process has been verified and finalized.
6. If the units reported in NAPIS do not match the units invoiced, AAA 1-B will request that the provider correct all errors prior to payment being made.
7. Units invoiced to AAA 1-B for HMOW may not be included on the Smartsheet monthly fiscal reporting.
8. Meals that are eligible for MI Choice reimbursement may not be submitted for HMOW reimbursement. This includes any MI Choice participant who receives HDM service for which the provider bills the MI Choice program. However, holiday meals served to MI Choice participants who receive meals service through the provider contract or agreement may be submitted for HMOW reimbursement.
9. Route sheets should be made available for review during your annual assessment and must include the full signature of the person delivering the meal.

Provider Assessment

The finance manager will complete a desk assessment for nutrition providers that submit HMOW reporting and that are following AAA 1-B standards. The finance manager will review HMOW route sheets for nutrition providers that submit through NAPIS electronically during the annual fiscal assessment.

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

MINIMUM STANDARDS

1. **Eligibility Criteria**

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

   a. Age 60 or older.
   b. A spouse or partner under the age of 60 who accompanies an eligible adult to the meal site.
   c. Family members of an eligible adult who are living with a disability and permanently live with the eligible adult in a non-institutional setting.
   d. An unpaid caregiver who is under the age of 60 and is registered in the National Aging Programs Information System (NAPIS) and accompanies person being cared for to meal site.
   e. To be eligible for a donation-based meal, persons described in items b.- d. must, on most days, accompany the eligible adult to the meal site and eat the meal at the meal site.
   f. A volunteer under the age of 60 who directly supports meal site and/or food service operations may be provided a meal:
      i. After all eligible participants have been served and meals are available; and
      ii. A fee is not required for volunteers under the age of 60, but contributions should be encouraged and accepted. These meals are to be included in the National Aging Programs Information System (NAPIS) meal counts.
   g. Individuals living with disabilities who have not attained 60 years of age but who reside in housing facilities occupied primarily by older adults, at which congregate nutrition services are provided, may receive such services.

2. **Non-Eligible Meals**

   At the provider's discretion, persons not otherwise eligible may be served, if meals are available, and they pay the full cost of the meal.

   The full cost includes raw food, preparation costs, and any administrative and/or supporting services costs. Documentation that full payment has been made shall be maintained; meals shall not be counted in NAPIS meal counts. Persons not eligible under item #1 who pay the full price for a meal, and are 18 and over, must wait until all eligible persons have been served, unless the meal has been reserved in advance.

Children (under the age of 18) who accompany a meal participant who is over the age of 60, must pay full price, but may go through the line with the adult they are with.

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

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

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

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

   a. Two facilities must be utilized to effectively serve a defined geographic area for three

days per week.

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

7. Site Establishment

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

8. Site Closure

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

a. The program shall notify AAA 1-B in writing of the intent to close a meal site on the electronic AAA 1-B Nutrition Site Change form available at www.aaa1b.org.
b. The program shall present a rationale for closing the meal site which is based on lack of attendance, inability to meet minimum standards and/or other requirements, loss of resources, or other justifiable reason.
c. AAA 1-B shall review the rationale and determine that all options for keeping the site open or being relocated have been exhausted. If there remains a need for service in the area that was served by the meal site, efforts should be made to develop a new meal site and/or assist participants to attend another existing meal site.
d. The program shall notify participants at a meal site to be closed of the intent to close the site at least 30 days prior to the last day of meal service.
e. AAA 1-B shall complete the steps for closure in the ACLS Bureau on-line database.
    i. Rationale for closing the site.
    ii. How participants will be notified.
    iii. Closest meal site to the closed site, and transportation options to get participants to the different sites.
f. The ACLS Bureau will review the documents and the request to close the site. If approved, the ACLS Bureau will notify the requestor, the AAA 1-B, and the field representative.
    The site can be found at: https://www.osapartner.net/congmeal/.

9. Emergency Preparedness Training

Each program shall document that appropriate preparation has taken place at each

meal site for procedures to be followed in case of an emergency including:

a. An annual fire drill
b. Staff and volunteers shall be trained on procedures to be followed in the event of a severe weather storm or natural disaster and the county emergency plan.
c. Posting and training of staff and regular volunteers on procedures to be followed in the event of a medical emergency

10. Site Access, Maintenance and Security

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

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

11. Posting Donation and Guest Fees

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

a. Name and phone number of the nutrition project director
b. Suggested donation for eligible participants
c. Guest fee to be charged non-eligible participants
d. A statement of non-discrimination identical to the language on the ACLS Bureau poster

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

12. Assistive Eating Devices

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

13. Non-Approved Meals

Congregate meal programs receiving funds through the ACLS Bureau may not contribute towards, provide staff time, or otherwise support potluck dining activities, or allow program foodstuff to be combined with foods brought in by participants.

14. Project Council

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

15. Temporary Meal Site Closing

If a meal site must be closed or moved temporarily, the nutrition provider must notify AAA 1-B, and the ACLS Bureau by using the on-line Temporary Meal Site Closure form. This form must be completed and submitted prior to the closing, or as soon as possible after the closing. A link to the form is located on the business partner site: https://www.osapartner.net.

16. Prayer

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

17. Food Taken out of Meal Site

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

a. The local health department has no restrictions against it.
b. A sign shall be posted near the congregate meal sign informing the meal participants that all food removed from the site becomes the responsibility of the individual that is removing the food.
c. All new congregate participants receive written material about food safety and preventing food-borne illness when they sign up.
d. All participants receive written material about food safety and preventing food borne illness annually.
e. The individual is required to sign a waiver statement that should be added to the NAPIS form that states the individual understands that they are responsible for food taken out of the site.
f. Containers may not be provided through federal or state funds by the nutrition provider for the leftovers.

18. Food Taken Out of Meal Site Due to Illness

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

19. Off Site Meals

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

a. The activity must be sponsored by an aging network agency/group. (For example,Council/Commission on Aging, senior center, etc.)
b. The sponsoring agency has worked with the nutrition provider to meet the nutrition standards
c. The activity, including the meal, must be open to all eligible participants
d. The takeaway meal must meet all the requirements of food safety and be foods thatare low risk for food borne illness
e. Local health department rules and regulations, if any, supersede this standard and must be followed
f. The meal site must provide written notification to the AAA 1-B program manager prior to the event for approval
g. AAA 1-B program manager must inform the ACLS Bureau field representative of the date, time, and sponsoring agency of the activity prior to the event via email.

20. Second Meal Option

Nutrition providers may elect to offer second meals at any dining site. A second meal is defined as a shelf-stable meal, a frozen meal, or a meal that is low risk for food borne illness. A congregate meal participant may qualify for a second meal if:

a. The participant eats the regularly scheduled meal at the meal site; and
b. The participant has requested a second meal following the nutrition provider's process (i.e., phone request).

The second meal must meet the ACLS Bureau nutrition standards. Donations may be accepted for second meals. The second meal is given to the participant when they leave the congregate site. It must be stored properly until the participant is ready to leave for the day. The second meal is to be counted as a congregate meal in all record keeping.

21. Weekend Meals

Nutrition providers may elect to offer weekend meals at any dining site. A weekend meal is defined as a shelf-stable meal, a frozen meal, or a meal that is low-risk for food borne illness. A congregate meal participant may qualify for a weekend meal if:

a. The participant is registered at the meal site and eats meals at the regularly

scheduled time during the week; and

b. The participant has requested weekend meal(s) following the nutrition provider's process. (i.e., phone request).

The weekend meal must meet the ACLS Bureau nutrition standards. Donations may be accepted for weekend meals. Arrangements for weekend meal pick up should be made with the nutrition provider/site manager in advance. The weekend meal is to be counted as a congregate meal in all record keeping.

22. Participant Choice

Person-centered planning involves participant choice. Participants in this program are allowed to participate in both the HDM and congregate program at the same time. For example, an HDM participant may have a friend or family member that can take them to a congregate site one day per week, or on a random basis. Proper documentation must be kept as to the HDM schedule and the congregate meal schedule. An agreement between programs is encouraged. Participants using this option should be reminded to contact the HDM office to cancel their meal for the days they are at the congregate site.

23. Voucher Meals

Nutrition providers may develop a program using vouchers for meals to be eaten at a restaurant, café, or other food service establishment. The program must meet the following standards.

a. The restaurant, café, or other food service establishment must be licensed, and follow the Michigan Food Code, and is inspected regularly by the local health department.
b. The restaurant, café, or other food service establishment agrees to provide at least one meal that meets the ACLS Bureau nutrition standards for meals.
c. The restaurant, café, or other food service establishment must be barrier-free and Americans with Disabilities Act (ADA) compliant.
d. The nutrition provider and restaurant, café or other food service establishment must have a written agreement that includes:
    i. How food choices will be determined;
    ii. How food choices will be advertised/offered to voucher holder;
    iii. How billing will be handled (will a tip be included in the unit price, i.e., if the meal reimbursement is $6.25, will $.25 be used toward the tip?);
    iv. How reporting takes place (frequency and what is reported);
    v. Evaluation procedures;
    vi. A statement that voucher holders may take leftovers home; and that they may purchase additional beverages and food with their own money.
e. A copy of the written agreement shall be given to the AAA nutrition program manager.
f. A written plan must be developed and kept on file that includes consideration of the following items.

i. Location of the restaurant, café, or other food service establishment in relation to congregate meal site locations.
ii. Establishment of criteria for program participation- how restaurants, café, or other food service establishments are selected to participate and how new establishments can apply to participate.
iii. How older adults qualify for and obtain their vouchers, i.e., senior centers, nutrition provider office, nutrition program representative meets with older adults at the restaurant, café, or other food service establishment to issue vouchers and collect donations; and
iv. How frequently menu choices will be reviewed and revised by the AAA 1-B Dietitian or DTR.

g. Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably. If a nutrition provider chooses to do so, the plan described in item f. above must detail how this will be done.

24. Adult Foster Care (AFC) and other Residential Care Participants

AFC or other residential providers that bring their residents to congregate meal sites shall be requested to pay the suggested donation amount for meals provided to residents and staff 60 years of age or older. For those AFC residents and staff under the age of 60, the guest charge must be paid as posted at each meal site. The congregate meal provider may request the AFC program to provide staff to assist the residents they bring with meals and other activities that they wish to attend. AFCs, adult day programs, or other residential providers may enter into a contractual agreement regarding donations and payment for meals if the practice occurs regularly or is long-term.

25. Provision of Meals to Adult Day Service and Dementia Adult Day Care Programs

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

a. Contracted meals shall be provided to eligible persons and volunteers when requested by AAA 1-B contracted ADS and/or DADC programs.
b. Eligible persons are defined as any person aged 60 or older and not receiving AAA 1-B Direct Service Purchase (DSP) or MI Choice funded ADS or DADC services. Persons under the age of 60, and persons 18 years of age and older who are disabled, may be considered a volunteer if they offer their assistance during mealtime.
c. The meals are to be classified as congregate meals. Documentation for meals provided to eligible persons and volunteers must follow congregate meal documentation requirements.
d. All donations received by the ADS/DADC for meals shall be submitted regularly to the nutrition provider per the agreement between the nutrition provider and adult day programs.
e. The ADS/DADC program, shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and

volunteers. Meals that are not served will not be reimbursed under the congregate meals contract.

f. Second meals may be offered. Participant documentation for the additional congregate meal must be recorded and labeled as a second congregate meal. These meals are to be reported through NAPIS following standard procedures. Note: Congregate funds may not be used to purchase carryout containers.
g. ADS/DADC participants who are not eligible for congregate meals may receive meals from an AAA 1-B funded nutrition provider at a rate negotiated between the ADS/DADC program and the nutrition provider. The negotiated rate shall not exceed the total cost of the meal as indicated on the nutrition provider's approved budget and/or contract. These meals will not be reimbursed under the congregate meals contract and will not be considered for NSIP reimbursement. AAA 1-B requires all negotiations for such meals to be documented in the agreement between the ADS/DADC program and the nutrition provider.

26. Complimentary Programs/Demonstration Projects

AAA 1-B and nutrition providers are encouraged to work together to provide programming at the congregate meal sites that include activities and meals. Suggestions for demonstration projects include, but are not limited to:

a. Offering a take-out meal upon completion of an activity at the meal site that does not occur immediately before or after the meal.
b. Mobile congregate sites that move to various locations to serve, also known as 'pop-up' sites; and
c. New meal options such as smoothies, vegetarian choices, and other non-traditional foods.

All demonstration projects must be approved by the AAA and ACLS Bureau and must follow the nutrition standards.

27. Guidance on Soup and Salad Bars for Senior Meals Programs

Nutrition contractors are encouraged to provide salad bars, which provide an opportunity to reach a broader base ofparticipants. Congregate meal sites may include a salad bar as part or all of their meal service. (See chart for information as to how to add it in).

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

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

MINIMUM STANDARDS

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

   a. Participant must be 60 years of age or older. Participant must be homebound, i.e., normally is unable to leave the home unassisted, and for whom leaving takes considerable and taxing effort. A person may leave home for medical treatment or short, infrequent absences, such as a trip to the barber or to attend religious services.
   b. Participant must be unable to participate in the congregate meal nutrition program because of physical, mental, or emotional difficulties, such as:
      i. A disabling condition, such as limited physical mobility, cognitive or psychological impairment.
      ii. Lack of knowledge or skill to select and prepare nourishing and well-balanced meals.
      iii. Lack of means to obtain or prepare nourishing meals.
      iv. Lack of incentive to prepare and eat a meal alone; or
      v. Lack of an informal support system; has no family, friends, neighbors, or others who are both willing and able to perform the service(s) needed, or the informal support system needs to be supplemented.
   c. The person's special dietary needs can be appropriately met by the program, as defined by the most current edition of the USDA Dietary Guidelines for Americans.
   d. Participant must be able to feed him/herself.
   e. Participant must agree to be home when meals are delivered, to contact the program when absences are unavoidable, and to work with the program staff if participating in both HDM and congregate programs.

2. **Extended Eligibility**
   The nutrition provider and AAA 1-B should work together to determine if it would benefit the participant to provide a meal to another person in the home that does not meet the criteria in #1. These include the following:

   a. An individual, between the ages of 18-59, living with a disability who resides in a non-institutional household with a person who is an HDM participant may receive a meal.

b. A spouse, or other individual 18 or older, living full-time in the home may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person.
c. An unpaid caregiver 18 or older, may receive a meal if the HDM assessment finds that it is in the best interest of the HDM-eligible person.

3. Ineligible Meals

At the provider's discretion, persons not otherwise eligible may be provided meals if they pay the full cost of the meal. The full cost of the meal includes raw food, preparation costs, and any administrative and/or supportive services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or agencies and be available to the public upon request.

4. Assessment

Each program shall assess need for each participant within 14 days of initiating service. At a minimum, each participant shall receive two assessments per year, a yearly assessment, and a six-month (6) re-assessment, making the best effort possible to conduct them at 6 months and 12 months. The initial assessment and yearly assessment must be conducted in-person. The six-month re-assessment may be either in-person or a telephone assessment. A telephone re-assessment may be used if the participant meets the following criteria:

a. Participant can complete a telephone assessment by themselves, or with the assistance of a family member, caregiver, or friend.
b. Has no significant HDM delivery issues; and
c. The HDM driver, delivery person, and family and/or caregivers have no significant concerns for the participant's well-being.
d. The nutrition provider may deem a participant not eligible for the telephone re-assessment at any time during participation in the program. In-person assessments will then replace the telephone re-assessment. The program should avoid duplicating assessments of individual participants to the extent possible. HDM programs may accept assessments and re-assessments of the participant conducted by case coordination and support programs, care management programs, other in- home service providers, home and community-based Medicaid programs, other aging networkhome-care programs, and Medicare certified home health providers. Participants with multipleneeds should be referred to case management programs as may be appropriate.
e. If the HDM program is the only program the participant will be currently enrolled in, the assessment and re-assessments must, at a minimum, include:
    i. Basic Information
        1. Individual's name, address, and phone number
        2. Source of referral
        3. Name and phone number of emergency contact
        4. Name and phone number of caregiver(s)

5. Gender
6. Age, date of birth
7. Living arrangements
8. Whether or not the individual's income is below the poverty level and/or sources of income (particularly Supplemental Security Income (SSI)

ii. Functional Status
1. Vision
2. Hearing
3. Speech
4. Changes in oral health
5. Prostheses
6. Current chronic illness or recent (within past 6 months) hospitalizations

iii. Support Resources
1. Services currently receiving
2. Extent of family and/or informal support network

iv. Participant Satisfaction (re-assessment only)
1. Participant's satisfaction with services received
2. Participant's satisfaction with program staff performance

5. Effective Utilization of Site Resources

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

6. Meals per Day Determination

Each program may provide up to three (3) meals per day to an eligible participant based on need as determined by the assessment. Providers are expected to set the level of meal service for an individual with consideration given to the availability of support from family and friends, changes in the participant's status or condition. This process must include person-centered planning, which may include allowing the participant to attend congregate meals when they have transportation and/or assistance to attend.

7. Serving Days per Week

Each HDM provider shall have the capacity to provide meals which meet the nutrition guidelines in the most current edition of the USDA Dietary Guidelines for Americans, which calls for each meal to be 1/3 of the Dietary Reference Intakes (DRI). Meals shall be available at least five (5) days per week.

8. Frozen Meals

a. The program shall verify and maintain records that indicate each participant can provide safe conditions for the storage, thawing, and reheating of frozen foods, if applicable. Frozen foods should be kept frozen until such time as it is to be thawed for use. Frozen food storage should be maintained at 0 degrees Fahrenheit.

b. Each nutrition provider shall develop a system by which to verify and maintain these records. Frozen meals, with the approval of the AAA 1-B program manager may be provided by programs to participants based on individual need or where hot meal distribution is not logistically feasible or under emergency situations.
c. Frozen meals must meet the food safety criteria as specified under the Michigan food law.
d. Nutrition information for reading labels, reheating meals, and food safety shall be made available to those who receive frozen meals.

9. Emergency Meals

All nutrition providers shall provide to HDM program participants shelf-stable meals to be used in an emergency. Educational materials must be distributed along with the shelf-stable meals to instruct the participant when to use the meal, along with a list of recommended emergency food and equipment (i.e., manual can opener) that should be kept in the home. HDM volunteers, drivers, and staff should create a plan to regularly check with participants to assure they still have their shelf-stable meal. If the participant no longer has the shelf-stable meal, another must be delivered as soon as possible. Shelf-stable meals should be replaced at regular intervals. Each HDM participant shall have a minimum of six (6) shelf-stable meals. Meals should be counted as shelf-stable meals on all route sheets.

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

10. Waiting List

Each program must complete a prioritizing pre-screen for each individual placed on a waiting list for HDMs. Each program must be able to document their criteria for prioritizing individuals being placed on a waiting list.

11. Liquid Meals

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

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

a. A physician order, renewed every six (6) months, stating the need for the additional supplement.

b. A care plan for participants receiving liquid supplements with their meal should be developed in consultation with the participant's physician.
c. A signed form, kept in the participant's file, indicating what parts of the meal the participant chooses to receive: beverage, main entrée, fruit, dessert, liquid supplement. The form must also include a statement acknowledging that the participant can reinstate any part of the meal at any time, upon request.
d. AAA 1-B program manager must approve all liquid supplement products to be used by the program.

12. Person-Centered Planning and Choice

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

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

13. Home Visit Safety

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

This policy should include, but is not limited to:

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