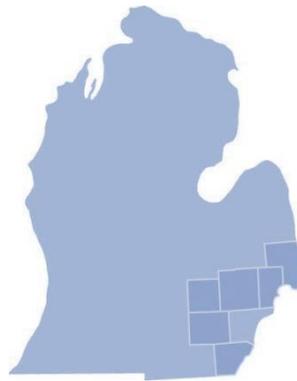


Area Agency on Aging 1-B



**AGEWAYS NONPROFIT SENIOR SERVICES AND
THE BUREAU OF AGING, COMMUNITY LIVING, AND SUPPORTS
OPERATING STANDARDS MANUAL FOR SOCIAL
AND NUTRITION SERVICES
FISCAL YEARS 2027, 2028, AND 2029
(October 1, 2026 – September 30, 2029)**



Mission

AgeWays Nonprofit Senior Services enhances the lives of older adults and adults with disabilities in the communities we serve

AgeWays Nonprofit Senior Services
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AgeWays Nonprofit Senior Services and Michigan Department of Health and Human Services Bureau of Aging, Community Living, and Supports

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.legislature.mi.gov
- Federal Laws and regulations can be viewed at www.first.gov
- Policy Statement

Service programs for older persons and caregivers 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 AgeWays Nonprofit Senior Services (AgeWays) Annual Implementation Plan (AIP) through formal contractual agreements, including direct purchase agreements between AgeWays and service providers. Direct service provision by AgeWays 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 Michigan Department of Health and Human Services 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 AgeWays. Subcontractors shall be subject to all conditions and provisions of the contract. Contractors are responsible for ensuring that subcontractors meet and adhere to all AgeWays and ACLS Bureau Operating Standards for Service Programs, as well as the service specific standards. AgeWays 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 AgeWays. Each contract provider must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.

Eligibility

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

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 AgeWays 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. Providers 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 AgeWays service area. The agency that serves Native American individuals in Region 1-B is Southeastern 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 (In-Home & 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 services 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 AgeWays 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 considered to be 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. Use of program income will be approved by AgeWays as part of the budget review process.

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

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

- Donations/contributions are strictly voluntary. The amount of contribution received will not affect an individual's eligibility for the service.
- Participants should be informed about the suggested contribution levels (if applicable) and how contributions are used to support the program. Information should be provided in a clear and accessible manner (e.g., brochures, verbal explanations).
- Ensure the confidentiality of contribution records and avoid any public identification of participants who do not contribute.
- Establish secure procedures for collecting and handling cash contributions, if applicable. Encourage alternative methods of contribution (e.g., checks, online donations) where feasible.
- Daily counting and recording of all receipts by two unrelated individuals.
- Provisions for sealing, written acknowledgment and transporting of 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 AgeWays. AgeWays 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/Caregiver legal assistance

If approved by AgeWays 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 with 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 AgeWays for written approval. Approval from AgeWays 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. AgeWays will have available a policy for disclosure of the approved cost sharing policy that includes:

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

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

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

Confidentiality

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

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

Participant Files

Unless a participant assessment is conducted by AgeWays 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 (Congregate and 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, Caregiver Legal Assistance, 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 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, AgeWays and funding through state appropriations or the Older Americans Act (OAA).

AgeWays, 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 AgeWays the 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 AgeWays 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 AgeWays providers are required to notify AgeWays if services are unable to be delivered due to emergency conditions such as an official disaster, weather-related crisis or hazardous environmental conditions, outbreaks, lack of staff or any other reason where service delivery is interrupted.

Nutrition providers must complete and submit the electronic Meal Cancellation Report found at: www.osapartner.net. Closures affecting nutrition services must be reported to the AgeWays Program Manager no later than 9:30 a.m. on the day of the closure.

Required Insurance

Each program must adhere to the following ACLS Bureau and AgeWays insurance requirements.

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

Contractors shall indemnify, save, and hold harmless the Michigan Department of Health and Human Services (MDHHS), AgeWays, and the ACLS Bureau against all expenses and liabilities, of any kind, which AgeWays or the ACLS Bureau may sustain, incur, or be required to pay arising out of the implementation of the contract. However, these provisions shall not apply to liabilities or expenses caused by or resulting from the willful or negligent acts of omissions of AgeWays, ACLS Bureau, or any of its officers or employees. In the event the contractor becomes involved or is threatened with litigation the contractor shall immediately notify AgeWays who in turn will notify the ACLS Bureau.

Contractors are required to maintain insurance in amounts necessary to cover claims specific to the services provided in addition to required insurance listed below. A copy of the insurance certificate must be submitted to AgeWays.

Insurance policies must be issued by companies licensed to do business in Michigan, or approved to do business in Michigan, and such companies must be well rated and acceptable to AgeWays.

AgeWays must be a certificate holder on all policies. On general liability insurance policies AgeWays must also be included as an additional insured.

AgeWays requires a ten (10) day written notice of changes or cancellation in insurance coverage.

Certificates of insurance must contain the following cancellation notice language:

- Should any of the policies described herein be cancelled before the expiration date thereof the insurer affording coverage will mail ten (10) days written notice to the certificate holder named herein.

Insurance Binders will NOT be accepted as proof of insurance.

The following insurance is required for all AgeWays contractors and their sub-contractors

- Worker's compensation
- Unemployment
- Property and Theft (including employee theft)
- Fidelity bonding (for persons handling cash)
- No-fault vehicle insurance (for agency owned vehicles)
- General liability and hazard insurance (including facilities coverage)
- Privacy & Security Liability (Cyber Liability)

The following insurances are recommended for additional agency protection:

- Insurance to protect the program from claims against program drivers and/or passengers
- Professional liability (both individual and corporate)
- Umbrella liability
- Errors and Omission Insurance for Board members
- Special multi-peril

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

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, 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 new hires must be completed prior to the individual working directly with participants or having access to a participant's personal property or confidential participant information.

All providers are required to update criminal background checks for all employees and volunteers every three (3) years to identify convictions in the event they occur while an individual is employed or providing volunteer service:

- Criminal background checks for employees and volunteers must be completed no later than 30 days after every third anniversary from the date of their last background check.

The use of information obtained from a criminal background check shall be restricted to determining suitability for employment and/or volunteer opportunities. All providers are required to maintain a copy of the results of each criminal background check for paid and volunteer staff in a confidential and controlled access file. The information should not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

Exclusions: No employee or volunteer shall be permitted to work directly with participants or have access to a participant's personal property or confidential participant information if:

- Mandatory Exclusions: The results of the criminal background check show that the person has a federal or state felony conviction related to one or more of the following crimes:
 - Crimes against a “vulnerable adult” as set forth in MCL 750. 145n *et seq*;
 - Violent crimes including, but not limited to, murder, manslaughter, kidnapping, arson, assault, 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 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 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;
 - 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.

Arrest records, by themselves, do not disqualify an individual.

- All contractors are required to 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.
- The ACLS Bureau does not consider Senior Community Service Employment Program (SCSEP) enrollees to be employees or volunteers for the purposes of this policy. Rather, SCSEP enrollees are participants in a federal employment and training program funded by the U.S. Department of Labor (USDOL). As such, contractors that serve as a host agency for SCSEP participants are advised to comply with the USDOL policy described below:

“Grantees may take the responsibility of providing background checks before placing participants in community service assignments, provided that the background check is conducted because of the requirements of a specific community service assignment, rather than based on a particular participant, and is consistently applied to all applicants considered for that position. We stress that background checks are relevant to the assignment of participants to particular host agency positions only and cannot be used as a basis for denying eligibility. In addition, grantees should be careful to comply with EEOC and any state or local rules regarding the use of

background checks.”

Debarment, Suspension, Exclusion, or Disqualification

Prior to hire and annually 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>

Staff Identification

Every program staff 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 AgeWays 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 an AgeWays 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 AgeWays 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 AgeWays. 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 AgeWays 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

- AgeWays 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 AgeWays a written request for a grievance hearing before the AgeWays Board of Directors. The reasons for the grievance must be included in this request.

Step Two: Hearing Before the AgeWays Board of Directors:

- Within five (5) calendar days of receipt of the written request for a grievance hearing, AgeWays 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 AgeWays 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.

Probation – Provider

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

Suspension – Provider

When a provider fails to comply with the terms of the contract AgeWays may suspend support for contractor operations in whole or in part. Support for any part shall automatically be terminated when it has been suspended for more than 90 days. AgeWays will notify the provider in writing of the action being taken, the reason(s) for such action, the effective date, and the conditions of the suspension. The notice of suspension will be given at least ten (10) days prior to the effective date and will note the right to appeal the decision. Under extreme circumstances (gross negligence, placing program participants at risk, cessation of the program operations without notice, failure to maintain insurance coverage, etc.) immediate notice of suspension may be given.

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

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

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

at the previously established matching ratio unless AgeWays reduces the amount of the contract.

Termination – Provider

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

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

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

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

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

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

Closeout

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

Disputes

Providers shall submit formal written notification to AgeWays when there is intent to pursue a

claim against AgeWays for breach of any terms of the contract and that no suit may be commenced by the provider for breach of the contract prior to 60 days from the date of such notification. Within the 60-day period, the provider, at the request of AgeWays must meet with the Executive Director for attempting resolution of the dispute.

Opportunity for Hearings

AgeWays will provide an opportunity for a hearing in the event of probation, suspension, or termination of the contract. The hearing procedures will conform with the ACLS Bureau Appeals Procedure.

Reprogramming and Redistribution of Funds

All contracts are awarded for a three-year period, with first-year funding determined at the start of a contract, and subsequent funding determined if federal/state funding levels change. Availability of funds may increase or decrease during a contract period or within the three-year contract award cycle. AgeWays reserves the right to adjust funds awarded and to reprogram or redistribute them based on, but not limited to: if projections show under spending of at least ten (10) percent of award; inadequate contractor performance; amendments to AgeWays multi-year plan or annual implementation plan; and/or significant changes in the scope or nature of the service to be provided as related to state and federal requirements.

Civil Rights Compliance

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

Equal Employment

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

Universal Precautions

Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act (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 (MOISHA). Information regarding compliance can be found at: www.michigan.gov/lara.

Debarment and Suspension

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

Fiscal Responsibilities

Financial records, supporting documents, statistical records, and other records pertinent to a contract shall be retained by the provider for a period of three (3) years from the date of submission of the final expenditure report or until any pending litigation or audit findings have been resolved and final action is taken (U.S. Code of Federal Regulations (CFR) – 45 CFR § 74.53).

Providers must follow the General Accepted Accounting Principles (GAAP) and meet any other fiscal requirements established in 45 CFR § 74.53, by ACLS Bureau or AgeWays. Non-profit providers must adhere to Office of Management and Budget (OMB) circular A-122 “Cost Principles for Non- Profit Agencies”.

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

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

Contract Revisions or Amendments

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

- Substantive amendment – any alteration in the contract that substantially affects the character of the contract such that it is essentially different from what was approved by

AgeWays. Amendments covering substantive changes shall be subject to the same process of approval that governs the original approval of the contract. Substantive amendments shall include the following:

- a. Significant changes in the project objectives
 - b. An addition of a new service category or deletion of an existing service category
 - c. A budget transfer of more than 15% or \$5,000, whichever is greater, from any single approved service category
 - d. A change in the minimum local match requirement
 - e. A change in the project period and/or budget duration dates
 - f. Supplemental awards
 - g. Other changes specified by AgeWays
- Administrative revisions – changes in the contract which are made for facilitating implementation of the project but are minor in nature and do not change the essence of the project. Administrative changes should not require approval from AgeWays, however, AgeWays shall be notified of changes together with necessary documentation and justification. AgeWays shall review and respond in writing to the changes within a specific timeframe.

Requests for budget line-item transfers within a service category or a budget transfer of less than 15% or \$5,000, whichever is greater, in a service category should be viewed as an administrative revision and AgeWays should be notified.

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

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

Private Pay

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

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

- How participants will be prioritized on a waitlist for federal/state funded and private pay services

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

Examination and Maintenance of Records

The ACL, ACLS Bureau, and AgeWays, 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. Access shall also be granted to the facilities being utilized at any reasonable time to observe the operation of the program. The provider shall retain all books, records, or other documents relevant to the contract for three (3) years after final payment, at the provider's expense. Federal auditors and any persons duly authorized by AgeWays 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 three-year period, and extends past that period, all documents shall be maintained until the audit is closed.

Reporting

Providers awarded funding from AgeWays must comply with all programmatic and fiscal reporting procedures required:

- Submit statistical, required reports, and data within timeframes specified by AgeWays
- 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 AgeWays as appropriate. The Administration for Community Living (ACL) requires missing participant demographic information to remain below 10%.
- Final year-end expenditures will be distributed after the deadline of submission (fifth (5th) 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 15th indicating that there will be an anticipated change. Year-end modifications submitted after the deadline of the fifth business day of November will not be accepted and paid.

Providers of the following programs must electronically transmit to NAPIS contract related registration and unit data per the ACLS Bureau specifications: Adult Day Services, Chore, Congregate Meals (registration file only), Grandparents Raising Grandchildren (Respite Care, Caregiver Supplemental Services, Caregiver Counseling Services, Caregiver Case Management),

Holiday Meals on Wheels, Home Delivered Meals, and Volunteer Caregiver.

Quarterly programmatic reports are due by the 10th of the month following the end of each quarter. Due dates are January 10th, April 10th, July 10th, and October 10th. Note: When the 10th of the month falls on a weekend and/or holiday, programmatic reports are due the following business day.

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 programmatic and/or fiscal assessments 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 AgeWays Program or Finance Manager as appropriate. If it is warranted, contractors may be asked to submit a Corrective Action Plan (CAP) to address compliance issues.

SERVICE SPECIFIC OPERATING STANDARDS

This section contains the minimum standards and requirements for nutrition and social services for the period between October 1, 2026 and September 30, 2029. In addition to these service specific standards, applicants must also comply with the AgeWays 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
- Caregiver Legal Assistance
- 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	Unbiased assistance in accessing resources to older adults including, but not limited to, 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); referral (making contact with a particular provider on behalf of an individual); person-centered advocacy (efforts that seek to meet individual needs); and follow-up contacts with participants to ensure services have been provided and have met the respective service need.
Unit of Service	Provision of direct contacts per day (1 unit equals 1 contact with a participant). *Newsletters and media spots are encouraged but are not to be counted as information-giving units of service.

MINIMUM STANDARDS

1. Each program shall have a resource file, which is current and includes a listing of human service agencies, services available, pertinent information as to resources and ability to accept new participants and eligibility requirements. The program shall be able to provide adequate information about community resources and agencies to all callers so they may make their own contact directly.
2. Programs shall have the ability to provide a warm handoff referral/person-centered advocacy. The term "warm handoff" describes the process of an individual being connected to someone who can provide the information and/or services needed. This can occur either in person or via phone, between the service provider and the participant, or in front of the older adult or caregiver (and family if present).
3. Follow-up is encouraged for warm handoff referrals/person-centered advocacy, whether services are negotiated or not, within ten working days, to determine whether services were received, the identified need met, and client satisfaction. Follow-up should be documented and is not required for information giving only contacts.
4. At least once per year, each program must determine the quality of services provided through a sampling of no less than 10% of clients. Programs are required to have policies

and procedures that address how the provider will evaluate the quality service data, identify processes for quality improvement, and the method utilized to share results with AgeWays.

5. Each program shall have bilingual personnel available and/or have the capacity to acquire interpretation services as necessary. Each program is strongly encouraged to have materials available in the most commonly spoken languages within the planning and service area. In addition, each program must have the capacity to serve deaf, hearing-impaired persons, and visually impaired persons in a manner appropriate to their needs, such as through the Michigan Relay center.
6. All providers are required to offer services in the home, community, by phone and online (via secure platform). Where walk-in service is available, there shall be adequate space to ensure comfort and confidentiality to clientele during intake and interviewing.
7. Written policies and procedures are required for the program that addresses follow-up for potential vulnerable adults, including mandated reporting of suspected abuse, neglect, or exploitation of an older adult as required by law.
8. Each program shall demonstrate effective linkages with agencies providing long-term care support services within the program area (e.g., case coordination and support, care management, long-term care facilities, AgeWays contracted services providers, veteran services, and community-based Medicaid programs).
9. At least one (1) Community Liaison from each contracted organization shall be trained and certified as a Michigan State Health Insurance Assistance Program (SHIP) Counselor.
 - Certified SHIP Counselors must meet reporting requirements developed by the state office.
 - Certified SHIP Counselors must participate in relevant SHIP training to maintain certification as required by the state office and AgeWays.
10. Community Liaisons shall assist older adults with immediate and emergency needs for food, shelter, and other basic needs.
11. Community Liaisons should have knowledge and be able to assist with prescription assistance (including but not limited to Medicare Part D), and Tax Assistance Programs (Home Heating Credit and Homestead Property Tax Credit).
12. Programs are encouraged to seek Certified Information and Referral Specialist (CIRS) certificates from the Alliance for Information and Referral Systems (AIRS) for individual Information & Assistance (I&A) employees and volunteers.
13. Community Liaisons may receive Gatekeeper referrals or general referrals from AgeWays staff. Follow up and feedback is required and must be provided to AgeWays within ten

(10) business days. Referrals received from AgeWays may require a home visit to be made. In these instances, AgeWays staff will note in 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 AgeWays.

IN-HOME SERVICE STANDARDS

In addition to the AgeWays 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 provider, 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 conduct an assessment of individual need for each participant. Each program with required assessments shall avoid duplicating assessments of individual participants to the maximum extent possible. In-home service providers may accept assessments and reassessments, from 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:

- **Basic Information**
 - Individual’s name, address, and phone number
 - Source of referral
 - The name, address, and phone number of a person to contact in case of an emergency
 - The name, address, and phone number of caregiver(s)

- Gender
- Age, date of birth
- Race and/or ethnicity
- Living arrangements
- Condition of residential environment
- Whether or not the individual's income is below the poverty level and/or sources of income (particularly SSI)
- Functional Status
 - Vision
 - Hearing
 - Speech
 - Oral status (condition of teeth, gums, mouth, and tongue)
 - 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 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	<p>Non-continuous household maintenance tasks intended to increase the safety of the individual(s) living at the residence. Allowable tasks are limited to the following:</p> <ul style="list-style-type: none"> • Replacing fuses, light bulbs, electrical plugs, and frayed cords • Replacing door locks and window catches • Replacing/repairing pipes • Replacing faucet washers or faucets • Installing safety equipment (e.g., handheld shower heads, bedrails) • Installing screens and storm windows • Installing weather stripping around doors • Caulking/winterizing windows • Repairing furniture • Installing window shades and curtain rods • Cleaning appliances • Cleaning and securing carpets and rugs • Washing walls and windows, scrubbing floors • Cleaning residence to remove fire and health hazards • Pest control • Grass cutting and leaf raking • Clearing walkways of ice, snow, and leaves • Trimming impeding vegetation • Gutter Cleaning/repair • Replace toilet parts (wax ring, chain, flapper, etc) • Cleaning of furnaces and replacement of furnace filters • Installation and the removal of portable AC units • Repair/replacement of mailboxes • Installation of outside markers on the home
Unit of Service	One hour spent performing allowable chore tasks.

MINIMUM STANDARDS

2. Funds awarded for chore service programs may be used to purchase materials and disposable supplies used to complete chore tasks to increase the safety of the individual. No more than \$400 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.

3. Pest control services may be provided only by appropriately licensed suppliers.
4. Each program must develop working relationships with the Home Repair, Home Injury Control, 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 to prevent or minimize the occurrence of injuries to older adults. Home Injury Control does not include any structural or restorative home repair, chore, or homemaker activities.
Unit of Service	Individuals served

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 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.
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 is encouraged to utilize evidence-based toolkits and/or resources (i.e. Safe AT HOME Checklist) for fall prevention for older adults.
4. Each program may track key data for home injury control including:
 - a. Number and type of device(s) placed and/or installed in the home.
 - b. Total Time (in hours) of completing the safety assessment and installing the device(s).
5. Each program must utilize a home environment assessment tool to formally evaluate the circumstances and needs of each participant.
6. Allowable home injury control tasks may include any of the following:
 - a. Completion of a home safety assessment by a licensed professional (e.g., Registered Nurse, Physical Therapist, and/or Occupational Therapist)
 - b. Minor home safety modifications including the installation or maintenance of the following:
 - Enhanced lighting including night lights
 - Ramps for improved and/or barrier-free access
 - Surge protectors

- Shower chair
 - Transfer bench
 - Raised toilet seat
 - Grab bars (including versa frames)
 - Handheld shower
 - Non-slip treatments
 - Vision or hearing adaptive devices
 - Stairway and/or hallway handrails
 - Smoke, carbon monoxide, and/or gas alarms
 - Devices or bars that help with transfer safety to and from bed, chairs, and/or toilet
7. Each program must maintain a record of safety improvements made at each residence including dates, tasks performed, materials used, and cost.
 8. All safety devices installed must conform to local building codes and meet respective UL safety standards.
 9. Funds awarded for home injury control may be used for labor costs, allowable tasks, 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 should seek contributions of labor and supplies from the private sector and volunteer organizations, 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	<p>Adult Day Services provides respite to caregivers.</p> <p>Daytime care of any part of a day, but less than twenty-four-hour care for adults with functional and/or cognitive impairment, including dementia provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant's and/or caregiver's home.</p> <p>Adult Day Services (ADS) provide meaningful activity, socialization, and enrichment opportunities for eligible participants to help; maximize optimal functioning, promote community living for as long as possible and delay placement into a nursing home or other institutional settings.</p>
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, that participants:

- a. May require ongoing supervision to live in their own homes or the home of a primary caregiver.
- b. May require a substitute caregiver while their primary caregiver is at work, in need of relief or otherwise unavailable.
- c. May have difficulty or be unable to perform activities of daily living (ADL) without assistance.
- d. May be socially isolated, lonely, and/or distressed as the result of declining social activity.
- e. May have frequent hospitalizations or emergency room visits.
- f. May be risk of placement into an institutional setting due to functional level and/or caregiver stress/burnout.
- g. May have a dementia related diagnosis, display symptoms of dementia, or are living with a chronic health condition. A physician's diagnosis is recommended.
- h. Must be capable of leaving their residence, with assistance, to receive service.
- i. May 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. The name, address, and telephone number of the person to contact in case of emergency
- d. Disabilities, or other diagnosed medical conditions
- e. Perceived supportive service needs as expressed by the participant and/or caregiver
- f. Race, gender identity (optional at preliminary screen)

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 acquire each item of information listed below, but must also recognize, and accept the participant's right to refuse to provide requested items.

Basic Information

- a. Individual's name, address, and telephone number
- b. Date of birth
- c. Sexual orientation, gender identity
- d. Marital status
- e. Race and/or ethnicity
- f. Living arrangements
- g. Condition of environment, if known
- h. Income and expenses, by source
- i. Previous occupation(s), special interests, and hobbies
- j. Emergency contact(s)
- k. Medical/health insurance and long-term care insurance information
- l. Guardianship documents, if applicable

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) and instrumental activities of daily

- living (IADLs)
- 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. Preferred pharmacy 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. Preferred hospital
- g. Faith-based support contact name and telephone number

Needs Identification

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

Caregiver Information and Assessment

Caregiver information, such as the NAPIS data set, must be updated on a yearly basis.

4. Service Plan

A service plan 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 needs, strengths, and resources
- b. A statement of the goals and objectives for meeting identified needs
- c. A description of methods and/or approaches to be used in addressing needs
- d. Identification of standard and optional program services to be provided
- e. Treatment orders of qualified health professionals, when applicable
- f. A statement of medications being administered to participant or that the participant is reminded to take while in the program
- g. Person demonstrating significant daily living may require one or more of the following:
 - Modifications in environmental cues, communication approach, and task breakdown to enhance comprehension and participation in identified activities
 - Supervision to maintain personal safety
 - Hands on assistance to perform activities of toileting, grooming, and hygiene

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 six 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 six 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. Six-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).

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. Emergency contract
- c. Recent photograph of participant
- d. Information gathered from preliminary screening
- e. Assessment of participant's need or copy of assessment (and reassessments) from the referring program, if applicable
- f. Service Plan (with notation and date of any revisions)
- g. Record of participant attendance
- h. Monthly progress notes of participant status indicating maintenance, decline, or improvement
- i. Documentation of all medications taken on premises, including:
 - i. The name of each medication
 - ii. The dosage, frequency, and time each medication is to be taken
 - iii. Actual time each medication dosage is taken and initials of staff person administering or reminding
 - iv. Reason given by the participant if refused
 - v. Reason for each administration of prescribed PRN medication
 - vi. Medications must be administered from original pharmacy labeled package

- j. Documentation of standard and optional services provided to the participant
- k. Each program shall have a signed release of information form that is time-limited and specific to the information being released

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
- b. Personal Care: Consisting of assistance with ADL's as specified in the participant service plan

- 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. Program activities: An array of planned activities suited to the needs and preferences of the participants designed to encourage physical exercise, maintain, or restore abilities, prevent deterioration, and offer social interaction. Activity choices should be person-centered and allow for each individual to decide whether or not to participate. If a participant declines an activity, an alternative should be offered.
- d. 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. Snacks will be made available. 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.
 - a. For meal provision within the Adult Day Services setting, Title III-C-1) OAA congregate meal funding) and state congregate meal funding may only be used as specified in the ACLS Bureau Operating Standards for Service Programs General Requirements for Nutrition Service Programs and C-3 Congregate Meal Service Standard

- e. The program shall demonstrate awareness of and offer referrals to other caregiver supports and services as needed.

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 licensed professional
- c. Nursing services: provided by a licensed RN or by a licensed LPN under RN supervision, or by another staff person under RN direction and supervision
- 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

8. Medications

Each Adult Day Service program shall establish a written policy for medication management and must designate which staff are trained and authorized to administer medications. The medication policy, which must include a medication training program, must be approved by a registered nurse, physician, or pharmacist. Licensed nurses are required to oversee medication administration but administering medications can be a delegated task performed by trained staff. The policies and procedures must address:

- a. Written consent from the participant, or participant's representative, to assist in taking medications
- b. Verification of medication regimen including prescriptions and dosages
- c. Training and authority of staff to assist participants in taking medications

- 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. Procedures for 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. Proper disposal of unused medications
- i. Instructions for entering medication information in participant files, including times and frequency of assistance

Distinctions between Medication Reminders vs. Medication Administration:

- Reminders do not 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.

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.

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

At least two staff members must be present on the premises whenever two or more participants are in the ADS facility. Volunteers may be counted towards the staffing minimums if they have received the same level of training as paid staff. The program shall continually provide support staff at a minimum of one staff person for each five participants.

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. Introduction to the program
- b. The Aging Network
- c. Maintenance of records and files (as appropriate)
- d. The aging process
- e. Ethics
- f. Emergency procedures
- g. Diversity, equity, and inclusion
- h. Normal aging vs disease symptoms
- i. Techniques for effective communication with program participants
- j. Adult Protective Services law and mandated employee reporting requirements
- k. Participant rights and responsibilities
- l. Assessment and management of responsive behavior
- m. Blood borne pathogens and Universal Precautions
- n. Confidentiality and HIPAA

- o. First Aid and CPR/AED
- p. Training to understand, respond to, and address the needs of participants with Alzheimer's disease and other dementias including but not limited to:
 - Explanation of Alzheimer's disease and other dementias and their progression
 - Assessing and managing responsive behavior
 - Communication approaches and techniques
 - Effect of environmental factors on the participant
 - Impact of the disease on family caregivers

12. Personnel Training

Program staff shall be provided in service training at least twice each year. One training per year shall be focused on caregiving for persons with dementia. Additional trainings may include updates, and refresher trainings on any of the above listed orientation topics, or other pertinent topics related to Adult Day Services which increase staff knowledge and understanding while incorporating new developments and advancements in geriatric and dementia care. 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 all vehicles used shall be appropriately insured.
- b. Each program shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation.
- c. The program will ensure there is a written plan for safe transport that is part of the participant's service plan. This may include any level of assistance: on and off the vehicle, curb to curb, door to door, or door in to in home.
- 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 AgeWays Supports Coordinator (for AgeWays 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 written policies and procedures that address medical emergencies. Each program shall have first aid supplies available at the service center. A staff person certified in first aid procedures, including COP, shall be present at all times participants are in the service center.

Each program shall have written policies and procedures that address emergency situations. Procedures for evacuation shall be posted in each room of the service center. Practice evacuation and tornado drills shall be conducted at least once every six 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. Locked storage space is to be made available at the request of a participant of the participant's guardian or designated representative
- e. Tables for both ambulatory and non-ambulatory participants
- f. A telephone which is accessible to all participants
- g. Special equipment as needed to assist persons with disabilities
- h. Bathroom facilities to accommodate persons with disabilities.
- i. Adequate space available for safe arrival and departure
- j. A monthly calendar of activities must be prepared and posted in a visible space

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

18. Hybrid Services/Activities

Participants receiving approved days of Adult Day Services are at times unable to attend in person due to various uncontrollable reasons. These reasons may include closure of the service provider, medical, personal, weather, or family related. The provider and/or the agency authorizing services will assess and document the need for provision of short-term intermittent hybrid Adult Day Services to ensure continuity of care. Offering hybrid Adult Day Services is optional.

Hybrid Services/Activities may include, but are not limited to:

- a. Phone calls with family caregivers and participants
- b. Weekly "support group" phone calls with family caregivers and participants
- c. Activity packet development and dissemination to participants
- d. Use of Adult Day services staff to deliver participants food and other essential items
- e. Monthly participant assessments

- f. Any other creative activity that helps to engage the participant and relieve the caregiver in a safe and effective manner

19. Provision of Contracted Meals

The following process shall be used for AgeWays contracted Adult Day Service (ADS) Programs who receive meals from an AgeWays contract nutrition provider.

- a. Contracted meals shall be provided to eligible persons and volunteers when requested by AgeWays contracted ADS programs.
- b. Eligible persons are defined as any person aged 60 or older and not receiving AgeWays Direct Service Purchase (DSP) or MI Choice funded ADS. 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.
- e. All donations received by the ADS for meals shall be submitted regularly to the nutrition provider per the agreement between the nutrition provider and adult day programs.
- f. The ADS program shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and volunteers. Meals that are not served will not be reimbursed under the congregate meals contract.
- g. ADS participants who are not eligible for congregate meals may receive meals from a contracted nutrition provider at a rate negotiated between the ADS 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. AgeWays requires all negotiations for such meals to be documented in the agreement between the ADS program and the nutrition provider.

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 service area. Service providers must identify sites where services will be delivered and develop a schedule for site-specific service delivery.

Service Name	Caregiver 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 caregiver or group of caregivers. 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).
Eligibility Criteria	<p>Caregivers of Older Adults</p> <ul style="list-style-type: none"> • Adult family members or other informal caregivers (18+ years of age) providing care to individuals 60 years of age and older • Adult family members or other informal caregivers (18+ years of age) providing care to individuals of any age with Alzheimer’s disease and related disorders <p>Kinship Caregivers</p> <ul style="list-style-type: none"> • Older relatives (not parents) age 55 and older providing care to children under the age of 18 • Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities
Allowable Service Components	<p>Intake. The initial interview to collect demographic data and identification of the care recipients’ legal difficulties and questions.</p> <p>Advice and Counsel. Where the caregiver is offered an informed opinion, possible course of action, and clarifications of his/her rights under the law.</p> <p>Referral. If a legal assistance program is unable to assist a caregiver 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 caregiver/care recipients need is outside of program priorities or can be more appropriately addressed by another legal entity.</p> <p>Representation. If the 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</p>

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

MINIMUM STANDARDS

Providers must refer to and adhere to the Operating Standards for Legal Assistance within this manual (pg. 53 – 56) and/or as updated by the Bureau of Aging, Community Living, and Supports (ACLS Bureau).

Providers must ensure that caregivers served within the Caregiver Legal Assistance program meet the eligibility requirements as indicated above.

Providers should also familiarize themselves with the regulatory provisions relevant to Older Americans Act-funded legal assistance at 45 CFR 1321.93.

Service Name	Disease Prevention and Health Promotion
Service Category	Community
Service Definition	<p>A service program that provides information and support to older individuals with the intent to assist them in avoiding illness and improving health status.</p> <p>Allowable programs include:</p> <ul style="list-style-type: none"> • 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	Each evidence-based program, time-limited or ongoing class series completed.

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 SHIP providers.

4. Disease prevention and health promotion services should be provided at locations and in facilities convenient to older participants.
5. Only Health Promotion/Disease Prevention Programs approved for OAA Title III-D Funding in Michigan will be considered for funding. An approved program list can be found at ageways.org or contact the AgeWays Program Manager.
6. Workshop data for programs with start/end dates are to be reported to AgeWays within required timeframes.

Service Name	Grandparents Raising Grandchildren (Kinship Support Services)
Service Category	Community
Service Definition	Provision of any caregiver service(s) for Kinship Caregivers as described in #2 below.
Unit of Service	Determined by Service Delivered

MINIMUM STANDARDS

1. Kinship Caregivers must meet one of the following criteria (as defined in the Older Americans Act Section 372 (a) (4)):
 - a. Individuals age 55 and older who live with and are the primary caregiver for children not more than 18 years of age
 - b. Relatives, including parents, age 55 and older who live with and are the primary caregiver for adults ages 18-59 with disabilities

2. The following services may be provided:
 - a. Caregiver Information and Assistance
 - b. Caregiver Support Groups
 - c. Caregiver Training
 - d. Caregiver Education
 - e. Respite Care
 - f. Caregiver Supplemental Services
 - g. Caregiver Counseling Services
 - h. Caregiver Case Management

Refer to the Michigan Department of Health and Human Services Bureau of Aging, Community Living, and Supports Operating Standards for Service Programs for specific service definitions, units of service, and other standards, for each of the specific Kinship Caregiver services listed above.

<https://www.osapartner.net/pubsitedocs/OPERATING-STANDARDS-SERVICE-PROGRAMS%2010.12.2025.pdf>

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

	<p>prepared and executed by legal assistance programs.</p> <p>Negotiation. Within the rules of professional responsibility, program staff may contact other persons concerned with the participant’s legal program to clarify factual or legal contentions and possibly reach an agreement to settle legal claims or obtain services and supports.</p> <p>Legal Education. Legal assistance program staff may prepare and present programs to inform older adults of their rights, the legal system, and possible courses of legal action.</p> <p>Community Collaboration and Planning. Legal assistance programs should participate in activities that impact elder rights, advocacy efforts for older adults, such as policy development, program development, planning and integration activities, targeting and prioritizing activities, and community collaborative efforts.</p>
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

1. 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 AgeWays and The Bureau of Aging, Community Living, and Supports (ACLS Bureau).
2. 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.

3. 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.
4. 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).
5. 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.
6. 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 AgeWays, ACLS Bureau, MPLP and other programs offering technical assistance to legal providers.
7. Each legal assistance program shall provide assurance that it operates in compliance with the OAA, as set forth in 45 CFR Section 1321.71.
8. 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.
9. 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.
10. 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.
11. 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 AgeWays to perform monitoring of the provider's performance, under contract, regarding these operating standards.

12. 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.
13. Each legal assistance program should participate in elder law training and technical assistance activities.
14. Legal Assistance contractors shall report program data to the ACLS Bureau via the AIS Secure Report – File Drop.
15. Legal Assistance programs must have the capacity to serve older adults in their homes, if necessary. Note: Some in-home service standards may apply.
16. 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.
17. Programs are prohibited from use of AgeWays funds to provide legal service to an agency.
18. Providers should also familiarize themselves with the regulatory provisions relevant to Older Americans Act-funded legal assistance at 45 CFR 1321.93.

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 affiliations, 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.
4. Programs must employ a professionally qualified individual who directly supervises volunteers providing respite. Supervision must always be available to program volunteers (via phone or pager) while in participant's home.

Note: The AgeWays 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.

5. All programs must place a high priority on the provision and expansion of in-home volunteer respite services.
6. Programs must have a written plan that guides the ongoing recruitment of volunteers from religious congregations and the general community.
7. Staff of Volunteer Caregiver 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. Volunteers of each program shall receive in-service training at least once each fiscal year to enhance current level of knowledge and skills to improve effectiveness. Documentation of training shall include the following:
 - a. The date and duration of each in-service training provided
 - b. The topics covered during each in-service training
 - c. The staff/volunteers in attendance at each in-service training
8. 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. Reassessments of participants need must be conducted at minimum every 6 months.

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.

9. Programs must establish a written service plan for each participant based on the assessment of need. The service plan must be developed in cooperation with the participant, and their primary caregiver, as appropriate. The service plan must include at minimum:
 - a. Statement of the participants' needs, strengths, and resources
 - b. Goals and objectives for meeting identified needs
 - c. Services to be received in the program and the frequency which they are to be provided
 - d. Documentation of referrals
10. Programs must have a written procedure for requesting, encouraging, and accepting donations from participants.

11. Programs must plan to serve a broad geographic area.
12. 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.
13. Programs including transportation services for participants must ensure the following:
 - a. All drivers shall be appropriately licensed
 - b. All vehicles shall be appropriately insured and registered with the State of Michigan.
 - c. A plan for safe transport is included in the participant's service plan including their level of assistance getting in and out of vehicle and to and from their home.
 - d. Each program shall operate in compliance with state seat belt law P.A. 1 of 1985 regarding seatbelt usage. The Volunteer Caregiver 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.
14. 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 the hospital of choice.
15. Programs shall not assist participants, in any way, in preparing, reminding, or taking prescription or non-prescription medications.

NUTRITION SERVICE STANDARDS

AgeWays Approved Allocation Funding Formula

This current formula uses the 2023 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
Population of individuals age 85+	.50
Population of individuals who have limited English proficiency	.50

Using population factors and weight of each factor, nutrition funding allocated to each of the six (6) counties served by AgeWays is as follows. For example, Livingston County is allocated 6.32% of nutrition services funding.

County	Funding Allocation
Livingston	6.32%
Macomb	29.62%
Monroe	5.28%
Oakland	42.94%
St. Clair	5.59%
Washtenaw	10.26%
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 AgeWays, 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 AgeWays' fiscal policy for reprogramming. This shall only be done in cases where under serving of the nutrition program contract has been determined through programmatic review and/or the contract negotiation process or from reprogrammed/additional funds approved to assist with a reduction in the waitlist for nutrition services.

Nutrition Formula Computations

<u>Factor</u>	<u>Weight</u>	<u>X</u>	<u>Region 1-B Population</u>	<u>=</u>	<u>Weighted Population</u>	<u>Region 1-B Weighted Percentages</u>
60+	1.00	X	753,834	=	753,834	78.40%
150% of Poverty	1.00	X	95,095	=	95,095	9.89%
Minority Group	.50	X	128,310	=	64,155	6.67%
85+	.50	X	60,077	=	30,039	3.12%
Limited English Proficiency (LEP)	.50	X	36,754	=	18,377	1.19%
					961,500	100.00%

Percent of Region 1-B Population by County

<u>County</u>	<u>60+ (1)</u>	<u>150% Poverty (1)</u>	<u>Minority (0.5)</u>	<u>85+ (0.5)</u>	<u>LEP (0.5)</u>
Livingston	53,024	4,670	412	1,246	186
	7.03%	4.91%	0.93%	1.94%	1.01%
Macomb	219,624	32,770	10,256	15,594	7,686
	29.13%	34.46%	23.07%	24.31%	41.82%
Monroe	42,132	5,560	614	1,475	190
	5.59%	5.85%	1.38%	2.30%	1.03%
Oakland	317,446	37,600	26,705	36,189	8,571
	42.11%	39.54%	60.08%	56.41%	46.64%
St. Clair	44,009	6,335	696	1,233	154
	5.84%	6.66%	1.57%	1.92%	0.84%
Washtenaw	77,599	8,160	5,765	8,420	1,591
	10.29%	8.58%	12.97%	13.12%	8.66%
Total	753,834	95,095	44,448	30,039	18,377

Region 1-B Weighted Percentages x County Percentages

County	60+	150% Poverty	Minority	85+	LEP	Weighted %
Livingston	78.40% <u>x 7.03%</u> 5.514719	9.89% <u>x 4.91%</u> .485700	6.67% <u>x 1.94%</u> .129589	3.12% <u>x .93%</u> .05011318	1.91% <u>x 1.01%</u> .019293	6.32%
Macomb	78.40% <u>x 29.13%</u> 22.841822	9.89% <u>x 34.46%</u> 3.408218	6.67% <u>x 24.31%</u> 1.621790	3.12% <u>x .93%</u> .05011318	1.91% <u>x 41.82%</u> .799376	29.62%
Monroe	78.40% <u>x 5.59%</u> 4.381906	9.89% <u>x 5.85%</u> .578263	6.67% <u>x 2.30%</u> .153354	3.12% <u>x .93%</u> .05011318	1.91% <u>x 1.03%</u> .019709	5.28%
Oakland ¹	78.40% <u>x 42.11%</u> 33.015722	9.89% <u>x 39.54%</u> 3.910558	6.67% <u>x 56.41%</u> 3.763809	3.12% <u>x .93%</u> .05011318	1.91% <u>x 46.64%</u> .891420	42.94%
St. Clair	78.40% <u>x 5.84%</u> 4.577121	9.89% <u>x 6.66%</u> .658867	6.67% <u>x 1.92%</u> .128185	3.12% <u>x .93%</u> .05011318	1.91% <u>x .84%</u> .016017	5.59%
Washtenaw	78.40% <u>x 10.29%</u> 8.070623	9.89% <u>x 8.58%</u> .848674	6.67% <u>x 13.12%</u> .875663	3.12% <u>x .93%</u> .05011318	1.91% <u>x 8.66%</u> .165471	10.26%

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

GENERAL REQUIREMENTS FOR NUTRITION PROGRAMS

This section contains the minimum standards and requirements for nutrition programs for the FY 2027 – 2029 contract cycle, representing the period between October 1, 2026, and September 30, 2029.

Overview

The Aging Nutrition Program was established by the Older Americans Act [42 U.S. Code Chapter 35, Subchapter 3, Part C – Nutrition Services] to:

- Reduce hunger, food insecurity, and malnutrition;
- Promote socialization of older individuals; and
- Promote the health and well-being of older individuals and delay the onset or progression of adverse health conditions through access to nutrition and other disease prevention and health promotion services.

Congregate Nutrition Services [Title III-C1], established in 1972, and Home Delivered Nutrition Services [Title III-C2], established in 1978, provide meals and related nutrition services to older individuals in a variety of settings, including congregate facilities such as senior centers, or by home-delivery to prioritized older individuals who are at greatest nutrition risk due to illness, disability, or geographic isolation.

Services are targeted to those in greatest social and economic need with particular attention to low-income individuals, minority individuals, those in rural communities, those with limited English proficiency, and those at risk of institutional care. Older American Act (OAA) nutrition services programs help older individuals remain independent and in their communities.

The 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 increasing food security, lessening chronic disease risk, and improving the overall health of older Michiganders.

Research indicates that in developed countries, the most cited cause for malnutrition is both acute and chronic diseases. Because disease risk typically increases with age, older adults are at the highest risk for malnutrition. Diabetes, hypertension, and obesity are three of the most prevalent chronic conditions among all adults in Michigan. Special attention should be paid to nutritional factors that can help prevent and manage these and other chronic conditions.

Business Practices

1. Requests for Proposals

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 shall be incorporated into all requests for proposals/bids, contracts, and open solicitations for meals.

2. Inventory Management

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, HDM, carryout meals, 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.

3. Nutrition Education

Monthly nutrition education opportunities shall be made available at each meal site and to HDM participants per program requirements. The emphasis should focus on providing participants with the information and tools they need to make healthy food choices that will help prevent and manage chronic disease. Educational sessions should be informative and encourage participants to take responsibility for the food choices they make throughout the day, whether eating at home or eating out. Educational sessions may be provided as presentations, videos, handouts, newsletters, or other person-centered approach.

Topics shall include, but not be limited to, food, nutrition, and wellness. Nutrition education materials must come from reputable sources. Questions pertaining to the appropriateness of materials and presenters are to be directed to the staff Registered Dietitian

(RD)/Registered Dietitian Nutritionist (RDN), an individual who registration is eligible, or a Registered Nutrition and Dietetic Technician (NDTR). Program materials must consider the literacy level, household status, and caregiver support of the participant. Translation materials of participants with limited English proficiency should be available. 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. Healthy eating at home
- d. Emergency preparedness - what to have on hand

4. Assessment of Providers

Compliance with these standards will be part of the nutrition assessment completed by AgeWays.

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 be trained as appropriate for their volunteer role. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

6. Background Checks

All staff and volunteers, regardless of age, group affiliation, or volunteer frequency, must undergo a background check, in accordance with all ACLS Bureau background check policies outlined in the Operating Standards for All Service Programs.

7. Michigan Food Code

The nutrition program must operate according to current provisions of the Michigan Food Code.

- a. A copy of the most recent Michigan Food Code, including updates, should be available for reference.
- b. Minimum food safety standards are established by the respective local Health Department.
- c. Programs are encouraged to monitor food safety alerts pertaining to older adults.

8. Food Protection Manager Certification Training:

Each program that operates a food production kitchen shall have at least one manager, cook, or lead food handler complete a Food Protection Manager Certification Training Program that has been approved by the Michigan Department of Agriculture and Rural Development (MDARD). A trained and certified staff member may be required at satellite serving and packing sites. Refer to your local Health Department for local regulations.

9. Food Safety

Food shall be prepared, held, and served at safe temperatures in accordance with the Michigan Food Code.

- a. Documentation requirements for food safety procedures shall be developed in conjunction with, and be acceptable to, the respective local Health Department.
- b. The safety of food after it has been served to a participant, removed from the meal site, or left in the control of a HDM participant, is the responsibility of that participant.

10. Purchased Foodstuffs

The program must purchase foodstuff from commercial sources that comply with the Michigan Food Code.

- a. Unacceptable items include:
 - i. Home canned or preserved foods
 - ii. Foods cooked or prepared in an individual's home kitchen, including those covered under the Cottage Food Law
 - iii. Meat or wild game that is NOT processed by a licensed facility
 - iv. Fresh or frozen fish donated by sport fishers
 - v. Raw seafood or eggs
 - vi. Any unpasteurized products including dairy, juice and honey

11. Contributed Foodstuffs

Fresh fruits, vegetables, and wild game from a licensed processor are acceptable contributions.

- a. A list of licensed processors can be found on the MDARD's website:
<http://www.michigan.gov/MDARDacceptable>
- b. Acceptable donated products must be handled and prepared in the same manner as products that are purchased from commercial sources.

12. Standardized Portions

Each program shall use standardized portions control procedures to ensure that each meal served is uniform. At the request of a participant, standard portions may be altered to serve less than the standard serving size. A participant may refuse one or more of the food items. At the discretion of the meal site, portions may be increased if supply and budget allow for this consideration.

13. Food Waste

Each program shall implement procedures designed to minimize food waste, including leftovers and uneaten meals.

14. Nutrition Services Contractors

AgeWays may adjust the number of nutrition contractors to meet the needs of the region.

15. Volunteers

Each meal program may use volunteers, as feasible, in program operations.

16. Nutrition Services Registration

Each program shall implement a registration process for each program participant that collects required National Aging Program Information System (NAPIS) data as defined by the ACLS Bureau for the purposes of OAA and Nutrition Services Incentive Program (NSIP) data reporting to the specified federal agency.

- a. The initial registration process shall be completed within ten working days after an individual becomes active in the program and reviewed and updated each fiscal year thereafter.
- b. Participant information may be collected in a variety of ways that includes but is not limited to in-person, by phone, online, paper, electronic means, via kiosk, scan systems, or by proxy. *Written procedures must be in place for consistency, confidentiality, and accuracy of data collection.* Methods of documenting meals could be:
 - i. Obtaining daily signatures from participants receiving meals. A separate sign-in sheet and/or column should be used for each meal served
 - ii. Scanning key cards or other electronic bar codes
 - iii. Daily or weekly route sheets signed by drivers via paper or electronic means
- c. Nutrition services for which individual participant information is not collected, as defined by the ACLS Bureau, will require reporting of aggregate counts of unduplicated participants by service type.
- d. The completion of a NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement. However, programs should inform participants: that the collected information is voluntary and confidential, of the purpose and value of collecting enrollment information, how the information will be transmitted and stored, and who will have access to the information.

17. Nutrition Service Unit Documentation

Each program shall develop a process for documenting participant nutrition service provision that includes, at a minimum, standardized service types and unit measurements, and whether reporting of service units is to be maintained at the individual participant level and/or aggregate service level, as defined by the ACLS Bureau.

- a. Meals eligible to be included in NAPIS meal counts reported to AgeWays are those served to eligible individuals, as described under respective congregate and HDM program eligibility criteria, and which meet the specified OAA meal and NSIP eligibility requirements.

- b. Mechanisms for tracking nutrition service provision includes but is not limited to, paper, electronic means, via kiosk, scan systems, and by proxy. *Written procedures should be in place for consistency, confidentiality, and accuracy of data collection*
- c. For reporting meals in NAPIS categories, include the type of meal provided: hot, cold, shelf stable, or holiday meal.

18. Nutrition Services Incentive Program (NSIP)

The NSIP is authorized by Section 311 of the OAA. The purpose of the NSIP is to provide incentives that encourage and reward effective performance in the efficient delivery of nutritious meals that meet OAA requirements to older individuals.

- a. AgeWays and Nutrition program service providers are eligible to participate in NSIP. 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 in the prior federal fiscal year, as reported in NAPIS. The State of Michigan has elected to receive cash in lieu of commodities. NSIP cash is allocated to AAAs based on the number of NSIP-eligible meals served by all AAAs as reported through NAPIS.
- b. NSIP allocations may only be used to purchase domestically produced food that is used in a meal.
- c. Meals counted for purposes of NSIP reporting are those served that meet the Title III-C requirements, including congregate, home-delivered, carry-out meals (COM), restaurant meal voucher meals, and other innovative delivery models.
- d. NSIP funds should not be used to pay for administration indirect costs, other nutrition services such as education, counseling, oral nutrition supplements, groceries, or food boxes as these do not constitute a meal.
- e. Meals that do not count toward NSIP funding include:
 - i. Medicaid (MI-CHOICE Waiver) adult day care meals,
 - ii. Adult Day Care meals for which Child and Adult Care Food Program (7CFR Part 226) funds have been claimed,
 - iii. Meals funded by Title III-E served to caregivers under the age of 60, and
 - iv. Meals served to individuals under age 60 who pay full price for the meals.
 - v. Any meal that does not meet OAA nutritional requirements, including but not limited to special or holiday meals.

19. 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 AgeWays.

20. Voluntary Contributions

Each program shall be allowed to accept donations for the program per the Code of Federal Regulations (CFR) 45 CFR Part 1321.

- a. Each program, with input from program participants, shall establish a suggested donation amount that is to be posted at each congregate meal site and provided to COM and HDM participants. The program may establish a suggested donation scale based on income ranges, if approved by AgeWays. Means testing may not be included as an eligibility criterion.
- b. Eligible participants and volunteers under the age of 60 who receive meals shall be afforded the opportunity to donate toward the costs of the meal received.
- c. The method of solicitation for the donations is non-coercive,
- d. No eligible person is denied services for not contributing,
- e. The privacy of each person, with respect to donations, is protected,
- f. There are written procedures in place for handling all donations which include the following at a minimum,
 - i. Daily counting and recording of all receipts by two individuals,
 - ii. Provisions for sealing, written acknowledgement, and transporting daily receipts to either deposit in a financial institution or secure storage until a deposit can be arranged, and
 - iii. Reconciliation of deposit receipts and daily collection records by someone other than the depositor or counter.

21. Program Income

Program income from participant donations must be used in accordance with the additive alternative, as described in the 45 CFR Part 1321. 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 AgeWays as part of the budget process.

22. Adult Foster Care (AFC), Residential Care, and Adult Day Services (ADS) Programs and Providers

Programs may serve Title III-C funded meals if they align with OAA and ACLS Bureau program requirements. OAA funds cannot be used to pay for meals that are paid for with other funding streams or when the participant's meal cost is included in the daily rate for service charged by the AFC, Residential Care or ADS program or provider.

23. Referrals

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

24. Supplements

Programs shall not use federal or state funds from the ACLS Bureau to purchase vitamins, herbal supplements, or other dietary supplements excluding oral nutrition supplements. The purchase of oral nutrition supplements is allowed under specified program requirements.

25. Oral Nutrition Supplements (ONS)

ONS are high calorie, liquid dietary oral supplements that some participants may need to enhance their nutrient intake, including but not limited to, Ensure, Glucerna, and Boost.

- a. The program RD/RDN or NDTR must approve all ONS products to be used by the program.
- b. There are multiple ways ONS may be served:
 - i. ONS may be served within the meal, as an optional part of the meal that replaces another meal component and meets the OAA requirements of 1/3 of the DRI.
 - ii. ONS may be served *outside* of a meal, including ONS being served *in addition* to or *separately* from a meal.
- c. ONS Reporting:
 - i. ONS may only be counted as a meal in NAPIS and as an NSIP-eligible meal if it is served *within* a meal that meets OAA nutrition requirements and follows the ACLS Bureau's policy regarding declining meals for no more than five consecutive days.
 - ii. Refer to the program requirements outlined in the Supplemental Nutrition Services Operating Standard for guidance on ONS offered *outside* of a meal.
- d. The following is required when serving an ONS to any participant:
 - i. A physician order is required annually. The RD/RDN will review the participant medical record every six months for medical necessity and verification that the ONS nutrition prescription remains appropriate.
 - ii. A person-centered care plan that is developed, monitored, and updated in coordination with the physician, the appropriate nutrition staff, and the participant.
 - iii. Care plans that are kept in the participant's file. The care plans must document, at a minimum, nutritional status; dietary considerations; food preferences and preferred substitutions; requested changes to food preferences and/or dates of change in service; and a signed participant acknowledgement of the requested changes and that the full meal service can resume at any time.

26. Participant Feedback Process

Each provider must employ a mechanism for obtaining and evaluating the views of service recipients to inform program development and provide feedback about the quality of

services received. The mechanism may include but not be limited to feedback from a project council, program assessments, client surveys, satisfaction surveys, comment cards, etc. The Participant Feedback Process is encouraged to be ongoing and must be offered at least annually.

AgeWays recommends that each program develop a Project Council, comprised of program participants, to advise and provide feedback to nutrition contractors about the services being rendered. Nutrition contractors should document responses from Project Council program participants as it pertains to the operations of the program to enhance the quality of service and document issues or changes that are impacting the program. The Project Council should meet at least once annually.

27. Complaints

Complaints from participants should be referred to the nutrition provider that manages the congregate or HDM program. Each nutrition provider shall have a written procedure for handling complaints. The nutrition provider and AgeWays nutrition staff shall develop a plan for what type of complaints should be referred to AgeWays.

28. Emergency Preparedness

Nutrition providers shall work with AgeWays to develop a written emergency plan that addresses nutrition preparedness. The plan shall be reviewed and approved at the beginning of each multi-year cycle by AgeWays and then submitted electronically to the ACLS Bureau for review. If nutrition emergency management plans are updated between the multi-year cycle period, they shall be reviewed and approved by AgeWays and submitted to ACLS for review prior to the Annual Implementation Plan approval.

The emergency plan shall address, but not be limited to:

- a. Uninterrupted delivery of meals to HDM participants, including, but not limited to the involvement of families and friends, volunteers, informal support systems, and the use of shelf-stable meals.
- b. A back-up plan for food preparation if the usual kitchen facility is unavailable.
- 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 HDM participants of changes in meal site/delivery.
- e. The plan shall cover all the sites and HDM participants for each nutrition provider, including sub-contractors of the nutrition provider.
- f. Appropriate infection control measures, including contactless delivery, social distancing practices and use of personal protective equipment as necessary.
- g. Every effort should be made to ensure that the emergency shelf-stable meals meet the

nutrition guidelines. If it is not possible, shelf-stable meals will not be required to adhere to the guidelines. However, meals that do not meet the DRI requirements do not qualify as NSIP-eligible meals. Shelf-stable meals must be individually packaged meals.

h. AgeWays requires HDM providers to distribute a minimum of five (5) shelf-stable meals to program participants.

29. Coordination of Meal Services

Person-centered planning involves participant choice. Eligible participants are allowed to participate in HDM and Congregate services interchangeably. Coordination of services is required. An agreement between programs is strongly recommended to ensure policies and procedures are in place to ensure proper documentation, including but not limited to, participant registration, reporting of meal units, separation of funding streams, HDM meal cancellation policies, and meal service schedules of participants.

30. Staff, Volunteer, and Participant Safety

Nutrition program staff, volunteers, and participants are not expected to be placed in situations where they feel unsafe or threatened. Each program has a responsibility to report any such instances. Nutrition providers shall create a “Safety Policy” that addresses verbal and physical threats, including but not limited to bullying, discrimination, aggressive behaviors, abuse, and neglect directed toward any individual from program persons, participants, family members, or pets in a home or congregate setting.

This policy should include, but is not limited to:

- a. Definition of a verbal or physical threat,
- b. Situations requiring the intervention of multiple staff or volunteers,
- c. Who investigates the report,
- d. What actions should be taken by the individual if they are threatened,
- e. What warnings should be given to the offender,
- f. What actions should be taken for repeated behaviors, up to and including being removed from the program,
- g. How to complete a report and what information should be documented,
- h. When and how to elevate the incident to local authorities.

Menu Planning and Menu Development + 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 AgeWays) at least 1 meal per day, may consist of hot, cold, frozen, or shelf-stable; and any additional meals as approved by AgeWays based on the needs of meal participants. *When meal services are provided for less than five (5) days per week, the program must identify and document the usual source of all meals for the participants not provided by the program and include the reason.* Meals shall conform to the

most current edition of the USDA Dietary Guidelines for Americans and the ACLS Bureau Nutrition Standards.

2. Menu Development and Approval Process

Nutrition providers must demonstrate compliance with the required United States Department of Agriculture's (USDA) Dietary Guidelines for Americans (DGA) and Dietary Reference Intakes (DRI) by using one of the following methods:

- a. Computer Nutrient Analysis Software - Computer Nutrient Analysis Software is the preferred menu approval method. This method provides a detailed nutrient profile and allows for increased menu planning flexibility. The nutrition analysis is not required to be listed on the menu but should be made available for reference. 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.
- b. ACLS Bureau Guide for Meal Patterns – Meals are designed to follow pattern guidelines by focusing on inclusion of nutrient dense food groups, number of servings, portion sizes, and choosing foods and beverages that limit sugar, fat, and sodium. A nutrient analysis is not required when following the approved ACLS Bureau Guide for Meal Patterns. However, nutrition providers are encouraged to provide a nutrient analysis for any meal if requested by the ACLS Bureau, AgeWays, a participant, or a participant's family member or medical provider. For nutrition providers that do not have access to a nutrition analysis program, the USDA Food Data Central is a free resource that can be accessed to determine the nutritional composition of food items.

3. OAA Meal Requirements (OAA 339(2)(A)(i)(ii))

Each Nutrition Services meal must provide meals that

- a. Comply with the most recent Dietary Guidelines for Americans (DGA) published by the Secretary and the Secretary of Agriculture, and
- b. Provide each participating older individual —minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the National Academies of Sciences, Engineering, and Medicine, if the project provides one meal per day
 - i. a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - ii. 100 percent of the allowances if the project provides three meals per day, and
 - iii. to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals.

4. Menu Development and Approval Process

Each program must utilize a menu development and approval process, which includes, but is not limited to:

- a. The use of written or electronic standardized recipes;
- b. The provision for review and approval of all menus by the AgeWays RD or an individual who is registration eligible, or a NDTR prior to implementation
- 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, dinner, shelf-stable, frozen, special events, etc.) must be submitted annually, seasonally, or whenever changes are made, when new guidance is issued by the ACLS Bureau, or when the USDA Dietary Guidelines for Americans is updated. Only menus submitted on the AgeWays 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 AgeWays prior to implementation. Approved menus will be reviewed by AgeWays during the annual assessment.
- d. If the nutrition provider utilizes a subcontractor to assist with meal production, then the subcontractor should follow the same menu as the nutrition provider. If the subcontractor chooses to follow a different menu, then the menu must be reviewed by a registered dietitian to ensure it meets the menu requirements prior to submitting the menu to AgeWays for final approval.
- e. Current menus must be posted in a conspicuous place at each meal site and at each location where food is prepared.
- f. The program must be able to provide information on the nutrition content of the menu upon request.
- g. The program shall maintain records of RD/RDN menu review and approval, and corresponding menus of the actual meal served for each fiscal year period.

5. Person-Centered Planning

Nutrition providers must consider person-centered principles when menu planning, including but not limited to:

Offer versus Serve: The Nutrition Program must offer participants all menu items and provide nutrition information about the menu/meal that meets their requirements and maximizes health. However, participants may decline to accept any element of the planned meal.

Choice Menus: Menu choice is encouraged to allow for consumer choice and increase participant satisfaction. Choice Menus will comply with menu planning requirements. If more than one menu item is offered, the food item that has lower nutrient value will be counted towards the weekly nutrient average in computer analysis. If using the ACLS Bureau Guide to Meal Patterns, then both meals must meet the guidelines.

Ethnic and Religious Preferences: Nutrition providers are encouraged to provide culturally appropriate meals for an ethnically diverse population. These meals must meet the most recent DGA's and provide a minimum of one third of the DRI's per meal.

Menu Substitutions: Any menu substitutions made to an approved menu must be

comparable in nutrient content and serving size to the original menu. All menu substitutions must be documented and reviewed by a dietitian with technical assistance provided as needed or selected from a pre-approved list of food substitutes made by the dietitian.

Alternative menu items: Where feasible and appropriate, tailored meals or alternatives should be offered for individuals with food allergies, digestive issues, chewing issues, and other known medical conditions. The meals offered must meet the minimum nutritional requirements.

6. The most current edition of the USDA Dietary Guidelines for Americans should be incorporated into menu development which emphasizes nutrition and health across the life span.

USDA Guidelines and Key Recommendations

- a. Follow a healthy eating pattern across the lifespan. Choose a healthy eating pattern at an appropriate calorie level to help achieve and maintain a healthy body weight, support nutrient adequacy, and reduce the risk of chronic disease.
- b. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preference, cultural traditions, and budgetary considerations.
- c. Focus on meeting food group needs with a variety of nutrient dense foods and beverages, within recommended amounts and calorie limits.
 - i. Use preparation and delivery methods that preserve the nutritional value of foods.
 - ii. Include a variety of vegetables from all the sub-groups: dark green, red and orange, legumes, beans, peas, starchy, and others.
 - iii. Include a variety of fruits, especially whole fruits.
 - iv. Consume a variety of grains, at least half of which are fiber-rich whole grains.
 - v. Choose fat-free, or low-fat dairy, including milk, yogurt, and cheese.
 - vi. Incorporate a variety of both animal and plant protein foods into meals, including seafood, lean meats and poultry, eggs, legumes, nuts, and seeds.
 - vii. Include healthy versions of oil in dietary patterns to provide essential fatty acids. Shift to incorporating unsaturated varieties of vegetable oils more often than varieties that are higher in saturated fat.
- d. Limit foods and beverages higher in added sugars, saturated fat, and sodium.
 - 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 milligrams of sodium per day. Additional sodium reduction may be beneficial for individuals with high blood pressure, kidney disease, and other chronic health conditions.

7. Target Nutrient Requirements

The target nutrient requirements are based on the characteristics of the predominant older adult population and the Dietary Components of Public Health concern from the most recent DGA's. The 2020- 2025 DGA's and DRI's weekly averages for menu planning are to meet the requirements of our target population, a 60+ year-old female (1600-2200 Calories) and 60+ year-old male (2000-2600 Calories).

- a. The most recent under-consumed nutrients of public health concern are calcium, potassium, fiber, and vitamin D.
- b. The over-consumed nutrients of public health concern are saturated fat, sodium, and added sugar and should be limited. Consider low or no sodium added processed foods when preparing meals.
- c. Protein, vitamin C, vitamin B6, and vitamin B12 are of concern for older adults due to decreased absorption and utilization rates among those 50 years and older.
- d. Vitamin D is unique in that it is harder to achieve through natural sources and through diet alone. It requires consuming foods and beverages fortified with vitamin D. Therefore, vitamin D will not be listed in the target nutrient requirements.
- e. Hydration status is also a concern for older adults. Increased fluids in the form of water, unsweetened beverages, 100% fruit or vegetable juice, and low-fat or fat-free milk or soy beverages are encouraged.
- f. Carbohydrate regulation is key to maintaining healthy blood sugar levels. Portion National Aging Program Information System sizes, carbohydrate content foods, and carbohydrate counting education should be available to all consumers.
- g. The chart below provides daily and weekly DGA/DRI requirements for nutrient analysis.

Nutrient	Dietary Guidelines & Dietary Reference Intakes Per Meal Nutrient Requirement	Target Goals for Weekly Averages
Calories	533-866	667
Protein	10-35%	10-35% of calories
Carbohydrate	45-65%	45-65% of calories
Fat	20-35%	20-35% of calories
Saturated Fat	≤10% of calories	≤10% of calories
Fiber	>7-9g	>7g
Sodium	≤767mg	≤1000mg
Potassium	>867-1133mg	>867mg
Calcium	≥400mg	≥400mg
Vitamin C	>25mg	>25mg
Vitamin B6	>0.50mg	>0.50mg
Vitamin B12	>0.8mcg	>0.8mcg

8. Other Considerations

Desserts: Serving dessert is optional. Fruit for dessert is recommended to decrease added sugar consumption. Nutrient-rich desserts that contain fruit, whole grains, and/or low-fat milk products are encouraged. The use of commercial desserts should be limited to once per week.

Salad and Soup Bar Option: Congregate meal sites may include a salad bar as part or all of their meal service. See chart below

Soup/Salar Bar	Nutrition Standard Requirements
As a main meal	Must meet all nutrition standard requirements
As a part of a meal, i.e., vegetable or carb (pasta choice)	Must meet the nutrition requirement for the specified meal component(s) included as part of the meal
As an addition to, or add on, to a regular meal	Does not have to meet the nutrition standard requirement

Beverages:

- a. Milk or milk substitutes must be offered with every meal. Low sugar and low-fat milk choices are recommended. Considerations for lactose intolerance, shelf life, meal pattern preference, and religious and ethnic preferences should be made, choosing alternatives that most closely align with the nutrient profile of milk. See subsection chart in the ACLS Bureau Guide to Meal Patterns.
- b. Water must be offered at congregate sites and made available to HDM participants as requested.
- c. Other beverages such as coffee and tea and option and can be made available as self-serve at congregate sites.
- d. Participants may bring beverages from home, if desired.
- e. State and federal funds can be used to purchase beverages and maintain equipment.

9. Special Meals

Special occasion, holiday, or celebratory meals are allowed on a periodic basis. The RD/RDN an individual who is registration eligible or a NDTR, must review and approve the meal. If these meals do not follow the 1/3 DRI rule, they are not NSIP eligible.

MEAL PATTERNS

1. Meal patterns are designed to meet nutrient needs while not exceeding calorie requirements and staying within limits of overconsumed dietary components such as added

sugars, saturated fat, and sodium. The USDA has used current food composition data to develop a methodology based on a mix and proportions of nutrient dense foods that will meet the nutrient needs based on age-sex groups.

2. The following meal patterns, as outlined in the most current version of the USDA Dietary Guidelines for Americans are acceptable meal patterns. Meal patterns offer the opportunity to emphasize unique combinations of food groups, a variety of color, textures, and flavors, and educate participants on the benefits of seasoning meals with herbs and spices to limit fat, sodium and calories that can negatively impact health. Meal pattern requirements for the following meal patterns will be met when following the ACLS Bureau Guide to Meal Patterns.

The USDA MyPlate Method (<http://www.choosemyplate.gov>) uses the Healthy U.S.-Style Dietary Pattern to provide a visual guide, referred to as MyPlate, that ensures all food groups are being served in appropriate portion sizes to meet the USDA dietary requirements.

The Healthy U.S.-Style Dietary Pattern is based on types and proportions of foods that Americans typically consume but in nutrient-dense forms and appropriate amounts.

The Healthy Mediterranean-Style Dietary Pattern is centered around cultural foods in regions that border the Mediterranean Sea and focuses on minimally processed plant-based foods. This dietary pattern is rich in fruits, vegetables, grains, potatoes, beans, legumes, nuts, seeds, olive oil, dairy products, eggs, fish, and some poultry.

The Healthy Vegetarian Dietary Pattern is a good opportunity to incorporate variety into menus, feature Michigan produce, and highlight the many ethnic, cultural, or religious food traditions that center meals around plant-based foods. Plant-based meal patterns can be served as part of the menu cycle or as an optional meal choice based on participant choice.

ACLS Bureau Guide to Meal Patterns

Each meal should have the following food groups: Fruit, Vegetable, Protein, Grain, Dairy. AgeWays minimum requirements and serving sizes are listed below:

Food Group	Minimum Number of Servings	Minimum Requirements
Fruits and Vegetables	2-3 servings	<p>Provide food sources high in vitamin C and potassium daily. Limit juice to one serving per meal, if applicable. Encourage no- to low-sodium canned vegetables.</p> <p>1 serving is equivalent to:</p> <ul style="list-style-type: none"> • ½ cup cooked, canned, or chopped raw fruits or vegetables • 1 cup leafy raw vegetable (lettuce, spinach, etc.) • 1 medium whole fruit (apple, orange, banana, etc.) • ½ grapefruit • 1/8 melon • ¼ cup dried fruit • 6 oz 100% vitamin C fruit or vegetable juice • 1 small potato or ½ large potato • ½ cup sweet potatoes, yams, corn kernels, squash, peas, or lima beans
Lean Protein Source	2-3 oz equivalent of edible protein	<p>Meats should be baked, broiled, grilled, or roasted. Limit processed meats to one serving per week. Seafood is encouraged regularly for omega-3 fatty acids.</p> <p>One (1) ounce is equivalent to:</p> <ul style="list-style-type: none"> • 1 oz cooked lean beef, veal pork, lamb, chicken, turkey, or fish • 1 oz canned tuna or salmon packed in water • 1 oz low-fat cheese • 1 egg • ¼ cup cooked beans or legumes • ½ cup tofu • ¼ cup low-fat cottage cheese • ½ oz nuts or seeds • 1 Tablespoon nut butter
Grains	2 servings	<p>At least half of the grains should be whole grain. One (1) serving is equivalent to:</p> <ul style="list-style-type: none"> • 1 oz bread or grain product • ½ cup cooked cereal, pasta, or rice • ¾ cup dry cereal • 1 slice bread or small dinner roll • ½ English muffin, bun, small bagel, or pita bread • 1--6" tortilla • 1 ¼" square cornbread • 1--2" diameter biscuit or muffin • 4-6 crackers

Food Group	Minimum Number of Servings	Minimum Requirements
Milk or Milk Alternative	1 serving	<p>One (1) serving is equivalent to:</p> <ul style="list-style-type: none"> • 8 oz vitamin D fortified skim, 1%, or 2% milk • 8 oz dairy alternative milk fortified with calcium and vitamin D • 8 oz Kefir, plain, low-fat • 8 oz low-fat yogurt • 1 ½ oz cheese • 1 cup pudding made with low-fat milk • ½ cup ricotta cheese • 2 cups cottage cheese* (Two cups is not a realistic serving size but may be used in combination with another serving equivalent to count as an equivalent.)
Oils or Fats	No more than 1 serving	<p>One (1) serving is equivalent to:</p> <ul style="list-style-type: none"> • 1 Tablespoon vegetable oil or margarine • 1 Tablespoon mayonnaise • 2 Tablespoons low-sodium salad dressing • ½ medium avocado • 1 oz nuts or seeds • 2 Tablespoons nut butter
Condiments	Optional	<p>Encourage herbs, spices, lemon, and vinegar to provide flavor without sodium. Limit foods high in sodium.</p> <p>Condiments include items on the side, such as salad dressing, sugar/sugar substitutes, salt, pepper, butter, and trans-fat free non-dairy coffee creamer.</p>
Beverages	Optional	<p>No- to low-calorie beverages: water, water with lemon, unsweetened tea, coffee, etc.</p>
Desserts	Optional	<p>Recommend fruit for dessert to decrease added sugar consumption. Nutrient-rich desserts that contain fruit, whole grains, and low-fat milk products are encouraged. Commercial desserts should be limited to once per week.</p> <p>Nutrient-rich desserts that include fruit, whole grains, and low-fat milk can count towards meeting the appropriate food group required servings.</p>
Additional Instructions		<p>A food item in one or more food groups can only be classified once as meeting the requirement for a meal. For example: cottage cheese can be counted as a milk/milk alternative <i>or</i> a lean protein source, not both.</p> <p>Include a variety of flavors, textures, seasonings, colors, and food groups.</p>

Serving Size – refer to <https://www.choosemyplate.gov> for more information on serving sizes and examples of each 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 AgeWays Home Delivered Meal (HDM) contracted nutrition provider is required to participate in the Holiday Meals on Wheels (HMOW) program. AgeWays 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 annually. 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) of the older adult should be completed to determine if they are in need of 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 AgeWays 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 AgeWays 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 AgeWays as funding permits.

Menu Changes

Any changes to the approved menu must be submitted in writing and have prior approval from AgeWays.

Holiday Serving Changes

Any changes in projected holiday serving days must be submitted in writing and have prior written approval from AgeWays.

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, the date of service, and the total number of meals served.
3. The invoice must be submitted through SmartSimple as an attachment to a monthly report or within the post award tab in the additional documentation box, 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. AgeWays 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, AgeWays will request that the provider correct all errors prior to payment being made.
7. Units invoiced to AgeWays for HMOW may not be included on the SmartSimple 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 AgeWays Finance Manager will complete a desk or on-site assessment for nutrition providers that submit HMOW reporting and that are following AgeWays standards. The Finance Manager will review HMOW documentation or system reports 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 older individuals in greatest need and includes the following, at a minimum:

- a. An individual age 60 or older.
- b. A spouse of any age.
- 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. A volunteer under the age of 60 who directly supports meal site and/or food service operations may be provided a meal if all eligible participants can be served and meals are available.
 - i. 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.
- e. Individuals living with disabilities who are under the age of 60 and reside in housing facilities occupied primarily by older adults where congregate nutrition services are provided may participate in the meal.
- f. To be eligible for a donation-based meal, persons described in items b.- d. must accompany the eligible adult to the meal site and eat the meal at the meal site.

2. Ineligibility Considerations

At the provider's discretion, persons not otherwise eligible under item #1 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.

- a. Ineligible persons include adults, 18-59 years of age, and children under the age of 18.
 - i. Children must accompany a meal participant who is age 60 and older.
- b. The provider must document and maintain a record that the full cost of the ineligible meal has been paid.
- c. At the provider's discretion, reservations may be required.

3. Coordination of Meal Services

Each Congregate program shall be prepared to coordinate with Home-delivered Meal programs and shall maintain linkages with community resources, as available within the Planning and Service Area (PSA).

4. Meal Site Compliance:

Each congregate meal site shall be able to document the following:

- a. Accessibility is defined as a participant living with a disability being able to enter the facility, use the restroom, and receive service that is at least equal in quality to that received by a participant not living with a disability.
 - i. Documentation from a local building official or licensed architect is preferred.
 - ii. When a local official is unavailable after a formal written request, a program may conduct accessibility assessments of its meal sites using written guidelines that follow the ADA Standards for Accessible Design. Specific requirements are based on when the facility was constructed.
 - iii. Considerations must include accessible route, doors, entrances, parking, signage, assembly areas, dining spaces, and bathroom facilities.
 - iv. These requirements can be found at: <https://www.ada.gov/law-and-regs/designstandards/>.
 - v. The master checklist template outlining building accessibility requirements shall be reviewed and updated by AgeWays and approved by the ACLS Bureau no less than every three years.
 - vi. The Disability Network of Michigan is a valuable resource for addressing accessibility and inclusion within organizational settings, offering training, technical assistance, and Accessibility ADA Site Reviews.
- b. Compliance with local fire safety standards.
 - i. Each meal site must be inspected by a local fire official every three years, at a minimum. Inspection reports shall be uploaded into the Congregate Meal Site Database each time a new one is received.
 - ii. When a local fire official is unavailable after a formal written request, a program may conduct fire safety assessments of its meal sites using written guidelines developed from the National Fire Protection Association (NFPA) Life Safety Code, 2012 edition, or newer.
 - iii. The master checklist template shall be reviewed and updated by AgeWays and approved by the ACLS Bureau no less than every three years.
 - iv. These requirements can be found at: <https://www.nfpa.org/>.
- c. Compliance with Michigan Food Code and local public health codes regulating food service establishments.
 - i. Each meal site and kitchen operated by a congregate meal provider shall be licensed, as appropriate, by the local health department.
 - ii. 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.
 - iii. The local health department rulings supersede any state rules/mandates concerning licensing of food service establishments, including congregate meal sites and off-site meals.
 - iv. The program shall submit copies of inspection reports on all facilities to AgeWays within ten days of receipt. It is the responsibility of the program to

address noted violations promptly.

5. Minimum Service Requirements

- a. Each program, through a combination of meal sites, must provide meals at least five days per week.
- b. Each meal site must offer at least one meal per day.
- c. AgeWays, in coordination with the nutrition provider, may determine the minimum number of participants served.
- d. The integrity of OAA nutrition programming should be maintained and ensure the following:
 - i. Coordination with other meal sites.
 - ii. Individuals in greatest social or economic need, and minority and ethnically diverse populations are being served.
 - iii. Ensuring the quality of meal service is maintained.
 - iv. The cost efficiency of meal programming is considered.
 - v. And innovative practices are engaged to ensure congregate meal sites are attracting and retaining participants.

6. Waivers

Waivers to the requirements listed in #5 may be granted by AgeWays and the ACLS Bureau when a written request is submitted that includes the following rationale:

- a. The barriers to meeting the minimum requirements.
- b. The justification for the waiver request, including, but not limited to, high poverty regions, underserved populations, and rural or isolated regions.
- c. A plan for the coordination of meal sites or meal service types to effectively serve a defined area to the maximum extent possible to ensure food security.

7. Meal Site Requests

The ACLS Bureau must approve all meal site openings, relocations, and closure requests through the Congregate Meal Site Database, located at:

<https://www.osapartner.net/congmeal/>. Requests must be submitted and approved by AgeWays prior to any site change status.

8. Priority Regions

Congregate meal sites currently in operation by the program may continue to operate unless AgeWays determines relocation is necessary to serve socially or economically disadvantaged older persons more effectively. Locations of new and/or relocated meal sites should consider prioritizing areas with the following:

- a. High concentration of older adults
- b. High concentration of older adults in poverty
- c. High concentration of underserved populations

9. Opening/Relocation Procedures

When a meal site is to be opened/relocated, the following procedures shall be followed:

- a. The program shall notify AgeWays in writing of the desire to open/relocate a meal

- site.
- b. The program shall present a rationale for opening/relocating the meal site.
 - c. The AgeWays Nutrition Site Change Request Form must be completed and uploaded into smart simple to be considered. A link to the form can be found on the smart simple platform. Once all the required documents are received, AgeWays will review the documents and submit the opening/relocation request into the Congregate Meal Site Database for approval by the ACLS Bureau. Requests will not be submitted unless the following documents are received:
 - i. Fire Safety inspection within the last three years
 - ii. Accessibility documentation
 - iii. Local Health Department License
 - iv. Local Health Department Inspection report
 - v. Food Safety Certifications of employees, as appropriate
 - vi. Approved waivers
 - vii. Date of occupancy
 - viii. Proposed date of service
 - d. Meal sites must be approved by the ACLS Bureau prior to the provision of any meals at that site.
 - e. The ACLS Bureau will review the documents and the request to open/relocate the site. Once approved, AgeWays will notify the nutrition provider.

10. Permanent Closure Procedures

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

- a. The program shall notify AgeWays in writing of the intent to close a meal site on the Nutrition Site Change Request form available on the smart simple platform.
- 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. AgeWays 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 of the intent to close the site at least 30 days prior to the last day of meal service.
- e. AgeWays shall complete the steps for closure in the ACLS Bureau on-line database.
 - i. Location name and address
 - ii. Rationale for closing the site.
 - iii. How participants will be notified.
 - iv. Closest meal site to the closed site, and transportation options to get participants to the different sites.
 - v. Proposed date of closure
- f. The ACLS Bureau will review the documents and the request to close the site. Once approved, AgeWays will notify the nutrition provider.

11. Temporary Meal Site Closing

If a meal site must be closed or moved temporarily, the nutrition provider must notify AgeWays 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, depending on the circumstance. A link to the form is located on the business partner site: <https://www.osapartner.net>. Every attempt should be made to report closures by 9:30am the day of the closure.

12. Emergency Preparedness

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. Copies of emergency plans must be made available for reference.
- b. The training of staff and volunteers on policies and procedures to be followed in the event of a severe weather storm, natural disaster, medical emergency, or any other crisis.
- c. An annual fire drill.

13. Facility Agreements

Each program shall have written agreements with the owners of all leased facilities used as meal sites. Written agreements are strongly recommended for donated facilities. If agreements are not in place, the nutrition provider must provide documentation outlining who is responsible for the items below. The agreements shall address, at a minimum:

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

14. Congregate Posters

Each program shall display, at a prominent location in each meal site, the ACLS Bureau Community Nutrition Services poster. The program may create their own poster provided that all the required information is included and clearly presented. The poster shall contain the following information for each program:

- a. Name and contact information of the nutrition project director
- b. AgeWays' name and contact information
- c. Suggested donation for eligible participants
- d. The guest fee to be charged for non-eligible participants
- e. A non-discrimination statement identical to the language on the ACLS Bureau poster which is Health and Human Service language. No additional information should be included on the poster.

15. Assistive Eating Devices

Each program shall make available, upon request, specialized adaptive eating tableware (assistive plates, bowls, cups, and utensils) for participants.

16. Non-Approved Meals

Congregate meal programs receiving funds through AgeWays may not contribute towards, provide staff time, or otherwise support potluck activities, or allow program food stuff to be combined with foods brought in by participants.

17. Prayer

Older adults may pray before a meal that is at a site that is funded through ACL 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.

18. Leftovers

Leftovers are considered any residual food from a complete meal not eaten by the participant. Leftovers are not considered a carryout meal. Leftovers may be taken out of the meal site if the following conditions are met, and the local health department has no restrictions against it.

- a. A sign shall be posted informing the meal participants that all food removed from the site becomes the responsibility of the individual.
- b. All new congregate participants shall be informed that they are responsible for food taken out of the meal site and shall receive written participant instructions for safe storage and reheating of leftovers annually.
- c. Nutrition providers are not required to provide containers with federal or state funds.

19. Off Site Meals

Meals consumed off-site are considered congregate dining if:

- a. Participants engage in a social activity organized by the meal site, nutrition provider, AgeWays, or an aging network agency. Social activities may be conducted in person or virtually and must be open to all eligible participants.
 - i. In-person social activities may include, but are not limited to parks, festivals, events, picnics, and tailgates, and may occur indoors or outdoors.
 - ii. Virtual social activities may include one-to-one interaction with a program volunteer, or group interaction via a virtual web application such as Google Meet, Zoom, or FaceTime.
- b. Participant attendance for any virtual interaction should be documented by the nutrition provider.
- c. Only one meal is offered per person at an off-site social activity, and the meal is

consumed at the event.

- d. Meals meet ACLS Bureau and AgeWays nutrition standards. At a minimum, the preparation and service of offsite meals must follow the food safety requirements as outlined in the Michigan Food Code. In addition, local health department rules and regulations may offer more stringent guidance and must be followed.
- e. The meal site must provide written notification to AgeWays at least one week prior to the event for approval. Written notification should include:
 - i. How reporting information will be obtained
 - ii. The sponsoring agency,
 - iii. The date and type of event, and
 - iv. The number of participants in attendance.
- f. This information shall be made available to the ACLS Bureau, as requested.

20. Complimentary Programming and Demonstration Projects

AgeWays and nutrition providers are encouraged to work together to provide innovative and person-centered activities and programs at congregate meal sites during mealtimes.

Suggestions for special events include, but are not limited to:

- a. Entertainment, informational presentations, educational opportunities, and guest speakers,
- b. Mobile congregate sites or food trucks, and
- c. Cooking demonstrations could include smoothies, vegetarian cuisine, non-traditional food choices, and other trending food concepts.
- d. Refer to the process in 19 (e) and (f) for reporting meals with complementary programming or demonstration projects.

21. 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. Nutrition providers must allow older adults to use congregate meal sites and voucher programs interchangeably.
- b. The restaurant, café, or other food service establishment must be licensed, follow the Michigan Food Code, and be inspected regularly by the local health department.
- c. The restaurant, café, or other food service establishment agrees to provide at least one meal that meets the ACLS Bureau nutrition standards for meals.
- d. The restaurant, café, or other food service establishment must be barrier-free and Americans with Disabilities Act (ADA) compliant and meet local fire safety code requirements for restaurant establishments.
- e. 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, including whether a tip will be included in the unit

- price, for example, if the meal reimbursement is \$6.25, will \$.25 be used toward the tip?;
 - iv. How reporting takes place including the frequency and what is reported;
 - v. Evaluation procedures;
 - vi. A statement that meals must be consumed at the food establishment, leftovers may be taken home, and that the participant may purchase additional food and beverages with their own money.
- f. A copy of the written agreement shall be given to the AgeWays nutrition program manager for upload into the Congregate Meal Site Database, including recent health department inspections, the food service license, fire safety inspection, ADA inspection, and the food safety certification of at least one employee.
- g. 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 including 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 where to obtain their vouchers, i.e., senior centers, nutrition provider's office, or meeting with a nutrition program representative at the restaurant, café, or other food service establishment to obtain vouchers and collect donations,
 - iv. How frequently menu choices will be reviewed and revised by the AgeWays dietitian, an individual who is registration eligible, or a registered nutrition an dietetic technician (NDTR), and
 - v. The procedure for participants to dine at congregate meal sites and restaurant meal voucher programs interchangeably.

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

Congregate meal providers may request that an AFC home/Residential Care program provide staff to assist the residents they bring with meals and other activities in which they wish to participate. If residents and staff of AFC or other residential providers regularly attend a congregate meal site, the nutrition provider may request the facility enter into an agreement regarding donations and payments for meals.

23. Adult Day Services (ADS) The following process shall be used for AgeWays contracted nutrition programs that provide meals for Adult Day Service (ADS) Programs.

- a. Contracted meals shall be provided to eligible persons and volunteers when requested by AgeWays contracted ADS programs.
- b. Eligible persons are defined as any person aged 60 or older and not receiving AgeWays Direct Service Purchase (DSP) or MI Choice funded ADS. 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 for meals shall be submitted regularly to the nutrition provider per the agreement between the nutrition provider and adult day programs.
- e. The ADS program shall reimburse the nutrition provider for the total cost of the meal when meals are ordered but not served to eligible persons and volunteers. Meals that are not served will not be reimbursed under the congregate meals contract.
- f. ADS participants who are not eligible for congregate meals may receive meals from a contracted nutrition provider at a rate negotiated between the ADS 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. AgeWays requires all negotiations for such meals to be documented in the agreement between the ADS program and the nutrition provider.

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 unable to leave the home unassisted, and for whom leaving the home takes a considerable and taxing effort. These persons may leave home for medical treatment or for short, infrequent absences.
- b. Other prioritized older persons include those who may 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 consume meals independently or with the assistance of a caregiver.
- 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 AgeWays should work together to determine extended eligibility based on meal availability, funding, and if it would benefit the participant to provide a meal to another person in the home that does not meet the criteria in #1. Those determined to be eligible for HDMs must complete the necessary National Aging Program Information Systems (NAPIS) documentation. Extended eligibility may apply to the following persons:

- a. A spouse of any age, living full-time in the home, if the HDM assessment finds that it is in the best interest of the HDM-eligible person.
- b. Family members of an HDM-eligible adult who are living with a disability and permanently live with the eligible adult in a non-institutional setting.
- c. Extended eligibility is at the discretion of AgeWays and can be restricted based on the availability of funds.

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 support services costs. Documentation that full payment has been made shall be maintained. Eligibility criteria shall be distributed to all potential referring agencies or organizations and be available to the general public, upon request.

4. Assessment

Each program shall conduct an assessment of need for each participant, making the best effort to do so within ten working days of the participant entering the program. At a minimum, each participant shall receive two assessments per year, a yearly assessment and a six-month re-assessment, making the best effort possible to conduct them at 180 days and 365 days after entering the program. AgeWays requires the initial assessment to be conducted in person and strongly recommends yearly reassessments to be conducted in person. However, yearly reassessments, and the 180-day reassessment may be conducted in person, virtually, or via a telephone. A virtual or telephone re-assessment may be used if the participant meets the following criteria:

- a. The 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 a telephone re-assessment at any time during participation in the program. In-person assessments will then replace the telephone re-assessment. The program should avoid duplicating assessments of individual participants to the extent possible. HDM programs may accept assessments and re-assessments of the participant conducted by case coordination and support programs, care management programs, other in-home service providers, home and community-based Medicaid programs, other aging network home-care programs, and Medicare-certified home health providers, if external assessments/reassessments encompass the required components and appropriate data sharing agreements are in place. Participants with multiple needs should be referred to case management programs as appropriate.
- e. Multiple attempts to arrange reassessments should be made and documented, including those with approved family members or caregivers, when appropriate. If a participant refuses a reassessment, per the guidelines listed above, the program shall provide a written notification that meals may be discontinued until the

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

- 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 (per NAPIS criteria)
 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 the past six 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. Coordination of Meal Services:

Each home delivered meal program shall be prepared to coordinate with congregate meal programs and shall maintain linkages within community resources, as available, within the Planning and Service Area (PSA).

6. Person-Centered Meal Planning

Each program may provide up to three (3) meals per day to an eligible participant based on need as determined by the assessment and as funding allows. 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 and 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. It may also include meal choices that acknowledge the participant's cultural, religious, and medical needs when possible. All meals must meet the ACLS Bureau Nutrition Standards.

7. Serving Days per Week

Each HDM provider shall have the capacity to plan menus and provide meals which meet the ACLS Bureau nutrition requirements as outlined in the Meal Planning and Menu Development and Meal Patterns sections in the *General Requirements for Nutrition Service Programs*. Meals shall be available at least five (5) days per week.

8. Food Safety Verification

The program shall verify and maintain records that indicate each participant can provide safe conditions for the storage, thawing, and reheating of all meals, including frozen foods, if applicable. Each nutrition provider shall develop a system by which to verify and maintain these records. Specific food safety guidelines can be referenced in the current Michigan Food Code. At a minimum, safe food storage conditions in the home should be verified at the initial assessment, re-assessment, and when emergency meals are delivered. Frozen foods should be kept frozen until it is to be thawed for use.

9. Nutrition Education

Guidelines for nutrition education can be found in the Business Practice section of the *General Requirements for Nutrition Service Programs*. In addition, food safety education shall be provided to home-delivered meal participants biannually, at assessment and reassessment, that addresses participant instructions for safe storage and reheating of meals. Food safety education shall address hot, cold, frozen, and shelf-stable meals, as appropriate. Education may be provided in-person, virtually, or through written materials.

10. Emergency Meals

All nutrition providers shall provide HDM program participants shelf-stable meals to be used in an emergency.

- a. AgeWays requires that each HDM participant shall have a minimum of five (5) shelf stable meals.
- b. Providers shall replenish meals at regular intervals or directly following an emergency resulting in meal delivery cancellations.
- c. Instruction materials must be distributed along with the shelf-stable meals to inform participants when to consume the meals, 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 ensure they still have their shelf-stable meals. If the participant no longer has the shelf-stable meal, another must be delivered as soon as possible.
- d. Meals should be counted as shelf-stable meals on all route sheets and reported in NAPIS as shelf-stable meals.
- e. 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 as appropriate.
- f. This process should be documented in the annual Emergency Management Nutrition Plan. For more information on developing an Emergency Management Nutrition Plan, please review the Business Practices section of the *General Requirements for Nutrition Service Programs*.

11. Waiting List

The following shall be considered when an agency has a waiting list:

- a. Each program must develop a prioritization system which should include a screening tool and monitoring plan.
- b. The screening tool may include ADLs, IADLs, malnutrition, food security, chronic health conditions, transportation access, and existing support and services.
- c. All participants placed on a waitlist must be screened to assess waitlist prioritization.

12. Home Visit Safety

Refer to the Business Practice Section of *General Requirements for Nutrition Service Programs* for safety policies related to participants, staff, and volunteers.