



AGEWAYS NONPROFIT SENIOR SERVICES
REQUEST FOR PROPOSALS AND OPERATING STANDARDS MANUAL
FOR CAREGIVER SERVICES MINI GRANTS
FISCAL YEAR 2027
(November 16, 2026 – September 30, 2027)



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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Introduction

AgeWays Nonprofit Senior Services (AgeWays) is a nonprofit agency that is responsible for services to more than 750,000 people aged 60 and older, in addition to adults with disabilities, and caregivers residing in Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw counties. AgeWays is dedicated to: 1) allocating federal and state funds for social and nutrition services through contracts awarded to local agencies on a competitive basis; 2) advocating key issues; 3) developing new programs; 4) coordinating activities with public and private agencies; and 5) assessing the needs of people with disabilities and older adults and linking them with needed community-based long-term care services. AgeWays prioritizes activities that allow older adults and adults with disabilities to maintain their independence with dignity and places an emphasis on assistance to frail, low-income, disadvantaged, minority individuals.

AgeWays is part of a federal aging network for the Administration on Community Living (ACL) within the Department of Health and Human Services, as established by congressional action through the Older Americans Act of 1965, as amended.

The Older American Act (OAA) provides that each state is to be divided into planning and service areas (PSAs) and that an Area Agency on Aging is to be designated within each PSA. Area Agencies are a major component of the network of agencies intended to implement the provisions of Title III of the Older Americans Act, Grants for State and Community Programs on Aging. The general purpose is to concentrate resources to develop greater capacity and foster the development and implementation of comprehensive and coordinated service systems to serve older individuals.

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

Title III of Older Americans Act

Part A. General Provisions

Part B. Supportive Service and Senior Centers

Part C. Nutrition Services

 C-1. Congregate Meal Services

 C-2. Home Delivered Meal Services

Part D. Disease Prevention and Health Promotion

Part E. National Family Caregiver Support Program

Overview

This Request for Proposals (RFP) for Caregiver Services Mini Grants FY2027 contains a tentative schedule of RFP activities, application information and instructions, application review, award, denial process, pre-contract materials, reporting requirements, and annual assessment information. Contracts for caregiver services mini grants will be awarded through September 30, 2027, and are based on available funding.

All applicants should review this manual in its entirety as it included information on the Request for Proposals process and AgeWays Nonprofit Senior Services and the Bureau of Aging, Community Living, and Supports Operating Standards guidelines to be followed by organizations if a contract is awarded by AgeWays. This manual will be used to guide contract performance for contact fiscal year 2027 and may be subject to change (i.e., receipt of transmittal letters from the Bureau of Aging, Community Living, and Supports (ACLS Bureau) indicating a policy or standards change). Potential applicants should not apply for services if the organization is unable to comply with the requirements in all sections of the Operating Standards Manual.

Public, private non-profits, private for-profits, and political subdivisions of the State Of Michigan are eligible applicants for contracts. Contracts with private for-profit agencies require prior approval from ACLS Bureau via AgeWays. Such agencies are advised to contact AgeWays for more information.

There is a separate application process for agencies interested in applying for the Direct Service Purchase (DSP) vendor pool. Information on how to apply for the DSP vendor pool can be found on the website at www.ageways.org.

TENTATIVE SCHEDULE

FY2027 – REQUEST FOR PROPOSALS AND CONTRACT AWARDING ACTIVITIES

RFP Materials Available September 29, 2026

Application Submission Deadline October 16, 2026

- Applications are due no later than 5:00 p.m. on October 16, 2026

FY2027 Award/Denial Notification Sent to Applicants October 29, 2026

Pre-Contract Materials for Successful Applicants Due November 6, 2026

- Signed Acknowledgement Letter
- Required Policies and Procedures
- Certificate of Insurance (if applicable)
- Revised Budget and Match Letter (if applicable)
- Business Associate Agreement (if applicable)
- Other Documents

Contacts Finalized and Issued November 11, 2026

Grant Period Begins November 16, 2026

APPLICATION INFORMATION AND INSTRUCTIONS

An organization submitting an application for multiple caregiver services mini grants funded through AgeWays Title III/State Funds must submit a separate application, budget, and required documents for each service. Please follow the instructions below to complete the application. Applications and required documents must be submitted electronically via email caregiverservices@ageways.org.

Organization Information

The organization profile information will include the official name of the organization, the address, telephone number, website address, employer identification number, executive director/CEO information, corporate status, and contact information. Each applicant must specify the service that is being applied for, the proposed service area (e.g., county(ies)), and the requested funding amount. Applicants must indicate the proposed number of unduplicated participants (caregivers) to be served. Indicate the proposed units to be served. Refer to the service program operating standard to review the definition of a unit of service.

Applicants will be required to submit a copy of the Articles of Incorporation with their application, if not already on file. For organizations applying for multiple services, the Articles of Incorporation will need to be submitted only once.

Narrative: Briefly describe the following:

Organization History and Experience

Describe the organization's history and how it has evolved to meet the needs of the population to be served. Describe the organization's successful experiences, and qualifications for supporting the proposed service for older adults and/ or caregivers.

Program Need

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

Program Description

Identify how the program/service will uniquely benefit caregivers. State the main goal or program purpose. Describe how the organization plans to target services to persons in greatest social or economic need with preference given to low-income minority elderly.

Program Implementation

Briefly identify the core tasks and timeline to execute the program. Describe outreach efforts and how the program will be marketed to the target population to be served including low-income minority elderly.

Program Evaluation and Impact

Describe the criteria and expected process for evaluating service quality, and caregiver satisfaction.

Staffing and Volunteers

Describe the staff and volunteers that would be used to support the program. Include the staff roles/responsibilities and any credentials or certifications relevant to the proposed project.

Technology

Describe how technology (e.g., systems, platforms) will be used to further support and/or enhance the service delivery operations. Describe how the use of technology has or will be used to enhance program performance and create efficiencies for service delivery. If applicable, describe how technology will be used to interact with participants. Identify any processes that will be used to ensure that the use of technology is user friendly and person-centered.

Proposed Funding Rationale

All applicants must provide rationale to support the proposed funding amount, participants, and units. In addition, describe any additional resources or alternative funding that will be used to further support or enhance the program.

Budget Instructions

Applying for federal funds comes with many requirements. Applicants should review the code of federal regulations at <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1>

Applicants must complete the Budget Summary Form indicating the costs associated with the proposed program. If applying for multiple services a separate application and budget must be completed.

Budget Narrative: Provide a description of expenses anticipated to be covered by this grant request.

Salaries and wages: Salary cost for program staff. List percentages of full-time equivalents (FTE), position title, and a brief description of their role.

Fringe: Cost of benefits relative to employee(s) charged to this grant. List benefits included; i.e., health insurance, workers comp, payroll taxes.

Travel: Costs associated with travel/mileage in support of the program.

Supplies: Supplies needed to support or implement the program. Supplies may include costs to develop or print marketing materials, purchase of program materials (books/manuals), snacks for program participants, etc.

Service Contracts: Direct costs for project partners, consultants or subcontractors to support the program.

Other: Any program expenses not included in previous categories.

Indirect Costs: Costs not directly associated with the program — ex. administrative staff, rent, utilities, phone, etc.

Total budget will automatically calculate when program costs are entered.

AgeWays Fund Request: The amount of funding requested to support the program.

Match will automatically calculate using the equation $\text{Amount of funding} \div .85 \times .15$. Cash or In-Kind match is required for Older Americans Act (federal or state) funding.

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

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

Additional resources: Indicate any additional resources that will be used to support the program. Include the total amount of additional resources and indicate the funding source(s).

Program Income/Voluntary Contributions: List any program income/voluntary contributions that is expected to be generated during the grant period. Program income/voluntary contributions includes, but is not limited to, donations received by program participants (or family members) for services performed.

APPLICATION REVIEW, AWARD, AND DENIAL PROCESS

Application Review Criteria

Applications must include all required documents, as applicable, it must be submitted to Ageways via e-mail at caregiverservices@ageways.org no later than 5:00 PM on the application due date of October 16, 2026. Late applications will not be accepted.

Any organization applying for more than one service funded through AgeWays Title III/ State Funds must submit a separate application, budget, and require documents for each service.

Applications are reviewed based on completing the application in its entirety, demonstration and understanding of the service operations standards, program budget, proposed number of caregivers to be served, and impact to caregivers within the proposed service area. Contracts will be awarded to organizations whose applications best meet the stated criteria, demonstrate cost effective delivery of quality services, show collaboration and coordination with partner agencies, and are responsive to caregivers most in need.

Application Review Tool

Application review tools are used to identify how well an application meets the criteria stated above. In cases where no application best meets the criteria, AgeWays has the right to deny all applications and issue a second RFP for the desired service.

Notice of Award

Applicants awarded funding will receive written notification of approval of their application to contract with AgeWays.

All contracts will be awarded November 16, 2026—September 30, 2027. Funding will be made available to successful applicants at the start of the contract and must be expensed by September 30, 2027. Award letters will include the awarded funding amount, number of participants and units of service expected to be delivered during the contract year.

AgeWays reserve the right to adjust a contract based on, but not limited to:

- 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 or federal requirements.

Acceptance of Award

Successful applicants are required to:

1. Complete the Acknowledgement Letter. Contracts for funding will be issued based on the information contained in the Award Letter. Any negotiations in participants or

units should be discussed with the program manager at this time.

2. If applicable, submit a new budget reflecting AgeWays approved funding.

Applicants that do not submit the requested information by the due date may jeopardize their funding award. Negotiations must be completed, and signed contracts must be returned to AgeWays prior to November 16, 2026.

Denial of Award

Applicants not awarded funding will receive a denial letter. Applicants not awarded funding may contact AgeWays to receive specific information about the denial including any opportunity to appeal the decision.

PRE-CONTRACT MATERIALS

Upon notification of contract award, all AgeWays awarded applicants are required to submit the following documentation to AgeWays. All documentation must meet the requirements of the age ways and Bureau of community living and supports operating standards is indicated within this manual.

1. Signed Acknowledgement Letter
2. Revised Budget and Match Letter, if applicable
3. Policies and Procedures
4. Certificate of Insurance, *if not already on file*
5. Business Associate Agreement, *if not already on file*
6. Provider Disclosure Form, *if not already on file*

AgeWays must receive all requested documents prior to releasing the contract and may request additional documentation to ensure contract compliance. Submit only the requested documents clearly labeled. Unrequested documents will not be reviewed and may be returned for proper resubmission. All documentation should be submitted via e-mail at caregiverservices@ageways.org (unless noted otherwise) by November 6, 2026.

REPORTING REQUIREMENTS

Successful applicants who are awarded funding (Contractors) are required to submit fiscal and programmatic reports to AgeWays and/or the National Aging Program Information System (NAPIS). All reports are to be submitted electronically, unless otherwise directed by AgeWays. Reports are used by AgeWays to monitor contract performance, participant and unit serving levels and monitor contract spending. AgeWays staff will be available throughout the grant period to provide technical assistance and training to ensure accurate reporting.

Programmatic Reporting Requirements

1. Quarterly Programmatic Reporting – Nutrition Education Only

2. NAPIS Electronic Submission Process

Contractors of the following are required to submit electronic data into NAPIS each quarter. Electronic submissions are due the 10th of the month following the end of each quarter.

- a. Caregiver Training
- b. Respite Services

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.

Contact the AgeWays Program Manager if, for any reason, the programmatic reports will be submitted late. Late reports can affect the status of the contract and are a compliance issue.

OPERATING STANDARDS FOR CAREGIVER SERVICES

These standards are required for organizations approved to provide caregiver services FY2027, specific to the caregiver mini-grants that were awarded from November 16, 2026—September 30, 2027.

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 Annual Implementation Plan (AIP) through a formal contractual agreement, 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) 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 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.

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.

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

Each provider must maintain a written wait list of persons who seek service 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 serviced area is less than a county, or residence of the person seeking service.

The provider must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a wait list. Individuals on a wait list for services for which cost sharing is allowable may be afforded the opportunity to acquire series on a 100% cost share basis until they can be served by a funded program.

Contributions

All program participants shall be encouraged and offered a confidential and voluntary opportunity to contribute towards the cost 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 considering 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 the 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 acknowledgement 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).

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 individuals 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 the participant information.

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

Referral and Coordination

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 Community Based Medicaid Programs operating in their 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 of 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 camera conditions or circumstances which place the participant, or the household of the participant, and imminent danger (e.g., situations of abuse or neglect).

AgeWays require procedures to 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 Operations 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.

Required Insurance

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

Contactors 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 or 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 and 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 to 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>

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.

Compliant 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 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

Availability of funds may increase or decrease during a contract period. 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**Debarment and Suspension**

When an AgeWays provider 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
- Contractors providing Caregiver Training and Respite Services must 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%.
- Contractors providing Caregiver Education must complete the Quarterly Programmatic Report for Caregiver Education. Report includes information specific to educational sessions held within the quarter.

Quarterly programmatic and fiscal 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.

SERVICE SPECIFIC OPERATING STANDARDS

This section contains the minimum standards and requirements for Caregiver Education, Caregiver Training, and Respite.

CAREGIVER

- Respite Services

COMMUNITY

- Caregiver Education
- Caregiver Training

Service Name	Caregiver Respite (Day)
Service Category	Caregiver
Service Definition	A service that provides a break to an unpaid caregiver caring for an older adult or to a kinship caregiver. Respite offers temporary substitute supports and/or living arrangements for care recipients
Unit of Service	Hour

MINIMUM STANDARDS

1. That the care recipient is unable to perform at least two activities of daily living without substantial caregiver assistance, including verbal reminding, physical cueing, or supervision; or due to a cognitive or other mental impairment, the care recipient requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. *
2. Respite care includes - respite provided in a setting other than the care recipient's residence such as a "caregiver's day out", or after school programs (kinship) during daytime hours.
3. As applicable, program shall ensure that the skills and training of the respite care worker to be assigned coincides with the service plan of the caregiver. Service provided to the care recipient must be tailored to meet the specific needs of the care recipient. Services provided should consider the preferences of the care recipient and caregiver.
4. An emergency notification plan shall be developed for each care recipient, in conjunction with the care recipient's primary caregiver.
5. If applicable, each respite program shall establish a written policy for administering medications and must designate which staff are trained and authorized to administer medications. The medication administration policy, which must include a medication training program, must be approved by a registered nurse, physician, or pharmacist. Licensed nurses are required to oversee medications, but administering medications can be a delegated task performed by trained staff.
 - a. Written consent from the care recipient, or care recipient's guardian, or designated representative, for assistance when taking medications
 - b. Verification of medication regimen, including prescriptions and dosages
 - c. Training and authority of staff to assist care recipient in taking medications
 - d. Procedures for medication set up
 - e. Secure storage of medications belonging to and brought in by care recipient
 - f. Proper disposal of unused medications
 - g. Instructions for entering medication information in care recipient files, including times and frequency of assistance

Service Name	Caregiver Education
Service Category	Community
Service Definition	Contacts with a group of caregivers to inform them of caregiver services or resources available within their communities.
Unit of Service	Activity

MINIMUM STANDARDS

1. Each program must maintain linkage with community focal points, and respite care programs, as available, in the planning and service area to help facilitate opportunities for caregivers to participate in education programs.
2. Program leaders shall be educated in topics being presented.
3. Caregiver education activities may be provided in community settings, virtually, or on-line through self-guided programs.

Service Name	Caregiver Training
Service Category	Community
Service Definition	A service that provides introduction to improve knowledge and performance of specific skills relating to caregiving roles and responsibilities. Skills may include, but are not limited to activities related to health, nutrition, financial management, personal care, and/or communication.
Unit of Service	One hour of training

MINIMUM STANDARDS

1. Each program must maintain linkage with community focal points, and respite care programs, as available, in the planning and service area to help facilitate opportunities for caregivers to participate in training programs.
2. Program leaders shall be educated in topics being presented.
3. Caregiver Training activities may be provided in community settings, virtually, or on-line through self-guided programs.