



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

July 15, 2014

To: Area Agencies on Aging
Pima County One-Stop Career Center
Achieve Human Services

From: Melanie K. Starns, M.A.G.
DES Assistant Director
Division of Aging and Adult Services

Subject: State Fiscal Year (SFY) 2015 Allocations, Revised Policy and Procedures
and Scopes of Work

The following ALERTS are attached:

ALERTS

FUND SOURCE/TYPE

ALERT-15-1B	Older Americans Act Title III and VII – Senior Community Service Employment Program Administrative Allocation
ALERT-15-3A	State General Funds – Long-Term Care Assisted Living Allocations
ALERT-15-5B	Senior Community Service Employment Program – Revised Allocation
ALERT SFY-15-10B	Policy and Procedures – Revised Long-Term Care Ombudsman
ALERT SFY-15-12A	Technical Assistance – Scopes of Work

The ALERTS are subject to change as additional information is received by the Division of Aging and Adult Services (DAAS) pertaining to the funding sources identified.

ALERTS are available on the DAAS website using the link:

<https://www.azdes.gov/daas/alerts>

A SFY 2015 contract operating budget is due to your assigned Contract Specialist by close of business Friday, July 29, 2014. When developing your contracting budgets please round up to whole numbers. Once budgets have been submitted to DAAS, amendments will be prepared.

Should you have any questions regarding the attached ALERTS, please contact your assigned Contract Specialist.

cc: Lynn Larson, Nina Sutton, Bridget Casey, Cam Kowal, Matt LeCrone, Cindy Saverino, Darrell Reagan, David Besst, Mark Radan, Patricia Gonzales-Emblem, Teresa Teeple, Scott Geiger, Tammy Frazee, Roberta Blyth, Rebecca Clayton, Toi La'shawn Ramey, Matthew Lumpkin, DAAS file

Division of Aging and Adult Services
ALERT

SFY-15-1B

**Older Americans Act Title III and VII
for SFY-2015**

This ALERT applies to the Area Agency on Aging, Region One, Inc. and Achieve Human Services.

This ALERT is being provided to non-participating regions as information only.

Area Agency On Aging, Region One, Inc. and Achieve Human Services

The Area Agency on Aging, Region One, Inc. (AAA, R-One) concluded their oversight of the SCSEP in Mohave County on June 30, 2014. On July 1, 2014 Achieve Human Services became the new, permanent sub-grantee. With the transition, unanticipated delays with payroll processing as it relates to program participants were encountered.

In an effort to create a seamless transition, and to ensure Achieve Human Services experiences minimal fiscal disturbances as they acclimate themselves with SCSEP, AAA, R-One has agreed to process payroll for Mohave County SCSEP participants for the first month of the new contract period (July 2014). This will result in additional funds being allocated to AAA, R-One for their efforts.

The following allocation is provided to AAA, R-One to cover administrative costs related to the transitional role described above:

Area Agency on Aging	Allocation
AAA, R-One	\$ 304
Total	\$ 304

The following billing code is to be used in the Aging Information Management System for use with this funding:

TVM - Administration

Should you have questions regarding the allocations, please contact your assigned Contract Specialist.

Division of Aging and Adult Services
ALERT

SFY- 15-3A

**State General Fund
for SFY-2015**

The Division of Aging and Adult Services (DAAS) received the following appropriation through House Bill 2703, Chapter 18, Section 126, "The sum of \$300,000 is appropriated from the state general fund in fiscal year 2014-2015 to the department of economic security for long-term care assisted living. The department shall provide the services in a county with a population of less than five hundred thousand persons according to the 2010 decennial census." The effective date for the appropriation is July 24, 2014.

Thirteen of Arizona's 15 counties have populations of less than 500,000 persons according to the 2010 census. The six Area Agencies on Aging that serve the 13 counties will receive an allocation of \$50,000 each.

The three areas of support for long-term care assisted living that can be funded with this allocation include: 1) Emergency placement (maximum of 60 days) for clients identified through Adult Protective Services; 2) Temporary placement (maximum of one week) in an Assisted Living Facility to provide respite to family caregiver; and 3) Transportation for families to travel to an Assisted Living Facility to visit loved ones.

Area Agency on Aging	Allocation
Area Agency on Agency, Region One, Inc.	\$ 0
Pima Council on Aging	\$ 0
Northern Arizona Council of Governments	\$ 50,000
Western Arizona Council of Governments	\$ 50,000
Pinal/Gila Council for Senior Citizens	\$ 50,000
SouthEastern Arizona Governments Organization	\$ 50,000
Navajo Nation	\$ 50,000
Inter-Tribal Council of Arizona	\$ 50,000
Total	\$ 300,000

Funds must be expended by no later than June 30, 2015.

The DAAS staff met with Area Agencies on Aging Directors on June 24, 2014 to review the areas of support. The following service codes are to be used in the Aging Information Management System (AIMS) for budgeting and reporting purposes associated with this funding:

EHL – Emergency Human Services/Home and Community Based/Long-Term Care Assisted Living
RSA – Respite Care/Home and Community Based/Long-Term Care Assisted Living
TSL – Transportation/Home and Community Based/Long-Term Care Assisted Living

Division of Aging and Adult Services
ALERT

SFY- 15-3A

**State General Fund
for SFY-2015**

The following parameters will be used in the Division of Aging and Adult Reporting System for budgeting and reporting purposes associated with this funding:

SOW Service Code	Program Code	Service Detail Code
EHS	HCB	LCA
RSP	HCB	LCA
TSP	HCB	LCA

Please contact Cindy Saverino, Independent Living Support Administrator, at 602-542-6446 or csaverino@azdes.gov for requests to fund additions or upgrades to an existing assisted living facility, as prior written approval must be received from DAAS.

Should you have any questions regarding the allocations, please contact your assigned Contract Specialist.

Division of Aging and Adult Services
ALERT (Draft)

SFY-15-5B

**Senior Community Service Employment Program (SCSEP)
for SFY-2015**

This ALERT applies to the Area Agency on Aging, Region One, Inc. and Achieve Human Services
This ALERT is being provided to non-participating regions as information only.

Area Agency On Aging, Region One, Inc. and Achieve Human Services

The Area Agency on Aging, Region One, Inc. (AAA, R-One) concluded their oversight of the SCSEP in Mohave County on June 30, 2014. On July 1, 2014 Achieve Human Services became the new, permanent sub-grantee. With the transition, unanticipated delays with payroll processing as it relates to program participants were encountered.

In an effort to create a seamless transition, and to ensure Achieve Human Services experiences minimal fiscal disturbances as they acclimate themselves with SCSEP, AAA, R-One has agreed to process payroll for Mohave County SCSEP participants for the first month of the new contract period (July 2014). This will result in additional funds being allocated to AAA, R-One for their efforts.

The table below reflects the re-allocated funding for the contract period mentioned above in this ALERT.

Sub-Grantee	Increase / (Decrease)	Total Allocation
AAA, R-One	\$ 3,476	\$ 390,622
Achieve Human Services	(\$ 3,476)	\$ 73,954
Total	\$ 0	\$ 464,576

The revised funding allocations for AAA, R-One and Achieve Human Services are included in Attachment A of the ALERT.

Title III C-1 funds in the amount of \$304.00 will be used to cover the administrative costs for AAA, R-One.

The following billing codes are to be used in the Aging Information Management System (AIMS) for SCSEP activities related to this specific transaction:

EWM - Enrollee Wages/Fringe Benefits

Should you have any questions regarding the allocations, please contact your assigned Contract Specialist.

STATE GRANTEE: ARIZONA - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
 TRAINING POSITIONS AND FUNDING

SFY-15-5B Attachment A

July 1, 2014 - June 30, 2015

PY 14 SCSEP (SFY15)	COUNTY	# POSITIONS	TOTALS
REGION 1	Maricopa	42	42
REGION 2	Pima	8	8
REGION 3	Apache	12	44
	Coconino	10	
	Navajo	14	
	Yavapai	8	
ACHIEVE HUMAN SVC.	Mohave	8	8
REGION 5	Gila	8	16
	Pinal	8	
		118	118

PY 14 SCSEP (SFY15)	% OF STATE	CONTRACTED WAGES/FRINGE	SUPPORTIVE SERVICES	ADMINISTRATION	CONTRACT SUB-TOTAL	10% IN-KIND	CONTRACT TOTAL
REGION 1	35%	\$ 325,065.00	\$ 25,359.00	\$ 40,198.00	\$ 390,622.00	\$ 43,017.00	\$ 433,639.00
PIMA COUNTY	7%	\$ 64,318.00	\$ 5,072.00	\$ 8,040.00	\$ 77,430.00	\$ 8,603.00	\$ 86,033.00
REGION 3	37%	\$ 339,966.00	\$ 26,808.00	\$ 42,496.00	\$ 409,270.00	\$ 45,475.00	\$ 454,745.00
ACHIEVE HUMAN SVC.	7%	\$ 60,842.00	\$ 5,072.00	\$ 8,040.00	\$ 73,954.00	\$ 8,603.00	\$ 82,557.00
REGION 5	14%	\$ 128,636.00	\$ 10,144.00	\$ 16,079.00	\$ 154,859.00	\$ 17,207.00	\$ 172,066.00
TOTALS	100%	\$ 918,827.00	\$ 72,455.00	\$ 114,853.00	\$ 1,106,135.00	\$ 122,905.00	\$ 1,229,040.00

Policy and Procedures for SFY-2015

Policy and Procedures ALERTS are intended to notify Area Agencies on Aging (AAAs) and other contract partners of newly developed or revised Division of Aging and Adult Services (DAAS) Policies and Procedures. This revision to existing Long Term Care Ombudsman policy can be found in Chapter 3000, Section 3700. Revisions and inclusion of new definitions related to the Long-Term Care Ombudsman Program have been added to Chapter 6000. Please ensure that the appropriate AAA personnel are aware of these revisions.

Background

The DAAS Policy and Procedures, Chapter 3000, Section 3700, and Chapter 6000, have been updated. The primary reason for this update has been to ensure that the processes in place for designation, re-designation and de-designation of ombudsmen are clear and consistent. A uniform exam, to be proctored prior to designation of all new ombudsmen, has been created. Also, changes to current policy related to TB testing requirements have been made. Other changes have been made with the purpose of clarifying intent but not changing the basic content of the existing policy. Those changes made to Chapter 6000 have been made to reflect updates in statute, allow for consistency of term usage within Chapter 3700, and include necessary definitions for program purposes. Please see a full summary of the drafted changes for both Chapters 3700 and 6000 attached.

Summary of Revisions

Please find a detailed summary of revisions including drafted forms in the following attachments:

- SFY-15-10B Attachment A: Chapter 3000, Section 3700 and Summary of Revisions
- SFY-15-10B Attachment B: Chapter 6000 and Summary of Revisions
- SFY-15-10B Attachment C: Ombudsman Designation Checklist
- SFY-15-10B Attachment D: Ombudsman Re-designation Checklist
- SFY-15-10B Attachment E: Ombudsman De-designation Recommendation
- SFY-15-10B Attachment F: Ombudsman Designation Examination

Implementation

The DRAFT of the DAAS Policy and Procedure Manual, Chapter 3000, Section 3700, and Chapter 6000, along with related forms, will be posted on the DAAS website for review and feedback. AAAs may provide response of feedback/comments. Please submit comments in writing to tteeple@azdes.gov no later than August 1, 2014. Comments received by DAAS will be addressed and revised drafts will be posted. A conference call with AAAs will be scheduled August 13, 2014 to allow for discussion of changes. The final revisions to Chapter 3000, Section 3700, and Chapter 6000 will go into effect on August 15, 2014. The AAAs will need to be in compliance with the changes by December 1, 2014.

The Policies and Procedures can be accessed at:

<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>



Division of Aging and Adult Services
ALERT

SFY-15-10B

**Policy and Procedures
for SFY-2015**

Key Dates

July 15, 2014	DRAFT Chapter 3000 Section 3700 and Chapter 6000 available for review
August 1, 2014	Last day for AAAs to submit comments to DAAS on the drafts
August 8, 2014	Revised DRAFT Chapter 3000 Section 3700 and Chapter 6000 posted on DAAS website
August 13, 2014	Conference call to discuss changes
August 15, 2014	Finalized revised DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs Section 3700 and Chapter 6000 posted on DAAS website
December 1, 2014	Effective date for revised DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs Section 3700 and Chapter 6000

Summary of Additions and Changes to Ch. 3700: Long-Term Care Ombudsman Program

3701-Overview

- Name change to Long-Term Care Ombudsman Program to be consistent with the Older Americans Act
- Addition of ACL
- Wording change to 3701.3 for clarification purposes, but intent remains the same

3702-Authority and Statutory Requirement

- 3702.1 C&D- Updated to reflect current versions of program training manuals

3703-Operational Procedures for Ombudsman Services

- 3703.2- eliminates provisions related to complaint acceptance for “immediate crises” within 24 working hours and clarifies that initial contact must be made, and with whom it must be made, within 2 business days
- 3703.3- added to ensure urgent requests and referrals made from OSLTCO are prioritized, when appropriate
- 3703.4- added “or as established by contract” to allow for flexibility within regions
- 3703.5- changed to mirror language in the OAA
- 3703.13 has been eliminated as it is not necessary in policy

For sections 3703.6-12, wording has been changed to either reflect language in the OAA or to make the intent of the provisions easier to understand. While the language and placement has changed, the basic content has not.

3704-Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator

Roles

- 3704.3H- has been added to accommodate LTCOPs that utilize regional ombudsmen to carry out volunteer management functions

There are very few changes that have been made to the rest of this section. Those that have been made were for the purposes of clarifying intent and making the provisions easier to understand.

3705-Operational Procedures for Screening of Conflict of Interest

- 3705.1- has been changed to increase the frequency of which Conflict of Interest Statement form must be reviewed, signed, and sent to the OSLTCO from 3 years to 1 year. This practice will now coincide with the annual re-designation process.
- 3705.3- adds language to ensure that an ROPC will submit to the OSLTCO any COI immediately upon identification of the COI.

No other substantial changes have been made to this section.

3706-Operational Procedures for the Maintenance of Ombudsman Information

- 3706.5 and 3706.6- language changed in both provisions from 24 hours to 1 business day

No other substantial changes have been made to this section.

3707-Operational Procedures for Ombudsman Legal Representation and Liability

In this section, “designated LTC Ombudsmen” has been changed to “representative of the OSLTCO” for the purposes of consistency. No other changes have been made in this section.

3708-Operational Procedures for Ombudsman Designation

Significant changes have been made to this section. The intent of the changes is to streamline and clarify the process of designation of an applicant. Certification has been eliminated from the process of designation, as it was an unnecessary and confusing distinction. Language in this section has been clarified to ensure that ROPC may easily understand what is expected of them in relation to the process of recommending the designation of an applicant.

Section 3708.1 requires the performance of at least three reference checks with use of the Volunteer Reference Check form. This mirrors what has been required by the current Volunteer Application form.

The “Ombudsman Certification Checklist” has been altered to reflect these changes. The form is now called the “Ombudsman Designation Checklist” and requires the ROPC and applicant to not only certify that prescribed training topics have been covered, but also that other program requirements are met.

The program requirement for TB testing has also changed. Current policy requires TB testing for all ombudsmen prior to designation, and on an annual basis for re-designation. The drafted policy requires annual TB testing for all staff ombudsmen, but only requires annual TB testing for volunteer ombudsmen who expect to have direct interaction with a resident for more than 8 hours per week. This change was made to mirror current state rule in place for employees and volunteers of health care institutions (including nursing care institutions), which can be found in Arizona Administrative Code, Title 9, Chapter 10 (R9-10-113 “Tuberculosis Screening”). It is also based on “Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis”. <http://www.cdc.gov/mmwr/pdf/rr/rr5415.pdf>

3709-Operational Procedures for Initial Ombudsman Training and Testing

Significant changes have been made to this section. Because the OAA requires testing of designated ombudsmen, and because the current policy established that the OSLTCO would “develop and keep current a uniform core training curriculum and testing” which had not yet been created, a uniform test, so called the “Ombudsman Examination”, has been created. The test will be used to ensure that all applicants have a basic level of knowledge and will improve consistency of service provision state wide. Provisions related to expectations of the OSLTCO in relation to testing have been included within this section.

- 3709.8- this has been added to formally allow the use of NORCs online training curriculum during initial training.

Other changes within this section have been made to clarify intent, but basic content has not been changed.

3710-Operational Procedures for Ombudsman Re-Designation

Significant changes have been made to this section. This section now focuses solely on re-designation and makes it clear that this is an annual process.

The form “Re-designation Checklist” has been created to allow ease of submission of a recommendation for re-designation for ROPCs. The new checklist requires the ROPC and applicant to certify that all program requirements have been met for re-designation. This section makes it clear that an ROPC must submit completed Ombudsman Re-designation Checklists and Conflict of Interest Statements to the OSLTCO during the month of re-designation for each representative of the OSLTCO.

- 3710.5 allows flexibility for ROPCs who may wish to utilize volunteers who are seasonal residents of the state
- 3710.6 establishes new procedures for use of the Volunteer Performance Evaluation form
- 3710.7 establishes a consistent process and timeframe in which re-designation must occur. This includes a 2 month grace period during which an ombudsman can work to meet re-designation requirements that have not yet been met, and a 1 month probationary period during which an ombudsman may not provide services. The intent of the inclusion of the grace and probationary periods is to allow ROPCs a consistent mechanism with which to “persuade” ROs and VOs to complete re-designation requirements and to diminish loss to their volunteer bases. This section outlines the expectations of the OSLTCO for ROPCs who supervise ombudsmen that do not meet these requirements during the allotted timeframes.
- 3710.8 ensures the OSLTCO will contact an ROPC and/or AAA in the event that an ROPC does not meet program requirements for re-designation in order to remedy the situation.

3711-Operational Procedures for Ombudsman De-designation

Changes have been made to this section but the intent has not changed and the causes for de-designation have not changed.

The form “De-designation Recommendation” has been created for use by ROPCs and/or AAAs to recommend to the OSLTCO de-designation. The form includes an area in which the ROPC and/or AAA may list any remedial actions they have attempted before recommending de-designation. Procedures related to the use of this form have been established.

3712-Operational Procedures for Ombudsman Reporting Requirements

No substantial changes have been made to this section and the intent has not changed. Provisions have been reworded and separated for purposes of clarification.

3700		Long-Term Care Ombudsman Program
3101		Overview
3701	3701.1	This section provides an outline of the Division of Aging and Adult Services operational policies and procedures for the Long-Term Care Ombudsman Program (LTCOP). This policy section is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration for Community Living/Administration on Aging (ACL/AoA) .
	3701.2	The Division of Aging and Adult Services, through its contracts with the Area Agencies on Aging (AAA) shall develop, monitor and enforce policies and procedures governing the LTCOP. LTCOP services may be provided by contract with a regional public agency or a nonprofit organization.
	3701.3	The LTCOP exists to protect the human and civil rights of residents of long-term care (LTC) facilities, and to promote autonomy through individual and collective advocacy efforts to enhance quality of life and care in LTC facilities. The LTCOP is a resident centered advocacy program.

3700		Long-Term Care Ombudsman Program
3702		Authority and Statutory Requirement
3702	3702.1	The LTCOP is authorized and governed by the following statutes and regulations:
		A Older Americans Act of 1965 (as amended in 2006) P.L. 106-501, §307(9), §711-13 http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
		B A.R.S. §46-452.01 and A.R.S. §46-452.02 http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46
		C Division of Aging and Adult Services Long Term Care Ombudsman Manual 2011 https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1188AMANNA.pdf
		D Division of Aging and Adult Services Long Term Ombudsman Volunteer Manual 2011 https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1189AMANNA.pdf
	3702.2	The AAA must ensure that providers comply with the following:
A	A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. §46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services/ Optional Auto /Children-Vulnerable Adult/Bonding AAA, section 5.	

3700	Long-Term Care Ombudsman Program	
3703	Operational Procedures for Ombudsman Services	
3703	3703.1	The LTCOP offers the following services:
		A Information and referral
		B Community education
		C In-Service education to facility staff
		D Issues advocacy
	3703.2	Provide a complaint resolution process which assures date of initial contact with a resident, their legal representative, and/or the complainant, as appropriate, within 2 business days of receipt for all complaints received.
	3703.3	Provide a complaint resolution process which assures the prioritization of handling urgent requests from complainants and the OSLTCO.
	3703.4	Follow established quarterly visitation schedules to include all LTC facilities within the AAA region or as established by contract.
	3703.5	Provide technical support for the development of resident and family councils.
	3703.6	Make referrals to other governmental and/or community agencies, as appropriate.
	3703.7	Identify, investigate, and resolve complaints made by, or on behalf of, residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents.
	3703.8	Assist residents in identifying their rights under state and federal law and obtaining the rights and services to which they are entitled.
	3703.9	Identify appropriate contractors of services and existing resources, and refer residents, complainants, and others to appropriate resources.
	3703.10	Monitor referrals that are made to ensure service delivery.
	3703.11	Assist residents and other individuals in removing barriers, including language and cultural barriers, which prevent them from meeting identified needs.
3703.12	Provide follow-up and coordination procedures that are standardized to ensure quality service delivery that is timely.	
3703.13	Follow established procedures for recording client contacts and accepting individual complaints, concerns, and requests for assistance.	
3703.14	Maintain and advertise a phone number for use by complainants.	

3700	Long-Term Care Ombudsman Program	
3703	Operational Procedures for Ombudsman Services (continued)	
3703 (CONTINUED)	3703.15	Promote the Regional LTCOP by providing information, technical assistance, and education in all LTC facilities and communities throughout the region to increase visibility of the program.
	3703.16	Provide education, training, and technical assistance to citizen's groups, the general public, local volunteer groups, human services workers, LTC facility staff, and others involved in the LTC industry, concerning residents' rights and related issues.

3700	Long-Term Care Ombudsman Program		
3704	Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator Roles		
3704	3704.1	The Regional Ombudsman Program Coordinator (ROPC) will be limited in geographic scope to the area specified in the approved plan for the contracted service provider.	
	3704.2	In administering the Regional LTCOP, the ROPC is responsible for the following activities within a region:	
		A	Recruiting, screening, interviewing, selecting, training, testing, managing and providing technical support to each Regional Ombudsman (RO) and Volunteer Ombudsman (VO) in the region.
		B	Ensuring that each RO and VO follows related policies and procedures, rules, and laws of the program.
		C	Ensuring that each RO and VO remains eligible for re-designation, and that all related documentation is sent to the OSLTCO and/or maintained within their file, as required in this chapter.
		D	Ensuring that each RO and VO receives refresher training at least annually on the Older Americans Act, to include updates on changes in the law.
		E	Receiving, investigating, and resolving complaints.
		F	Representing the interests of residents before government agencies.
		G	Seeking legal, administrative and other remedies on behalf of residents.
		H	Analyzing, commenting on and monitoring the development of laws, regulations, policy and actions pertaining to LTC residents.
		I	Supporting the development of resident and family councils.
		J	Providing information, consultation, and education to residents, families, LTC facility staff, and to the greater community.
		K	Making referrals to other governmental and/or community agencies, as appropriate.
		L	Reporting program issues directly to the OSLTCO.
		M	Submitting monthly NORS database reports prior to or by the due date of the 20th of the following month, and ensuring the accuracy of the contents of these reports.
N	Responding to request for information made by the OSLTCO in a timely fashion.		
O	Participating in scheduled conference calls and tri-annual meetings hosted by the OSLTCO.		

3700		Long-Term Care Ombudsman Program	
3704		Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator Roles (continued)	
3704 (CONTINUED)	3704.3	The ROPC may delegate the following responsibilities to a representative of the OSLTCO within the region:	
		A	Receiving, investigating and resolving complaints.
		B	Representing the interests of residents before government agencies.
		C	Seeking legal, administrative and other remedies on behalf of residents.
		D	Analyzing, commenting on and monitoring the development of laws, regulations, policy and actions pertaining to LTC residents.
		E	Supporting the development of resident and family councils.
		F	Providing information, consultation, and education to residents, families, LTC facility staff, and to the greater community.
		G	Making referrals to other governmental and/or community agencies, as appropriate.
H	Recruiting, screening, interviewing, selecting, training, testing, managing, and providing technical support to each RO and VO.		

3700		Long-Term Care Ombudsman Program	
3705		Operational Procedures for Screening for Conflict of Interest	
3705	3705.1	Each ROPC, RO and VO shall sign a Conflict of Interest Statement form (Exhibit 3000D) prior to designation, and then again every twelve consecutive months, or when any change in status occurs. Copies of this form must be sent to the OSLTCO prior to designation and every twelve consecutive months thereafter, and at any time there is a change in status.	

3700	Long-Term Care Ombudsman Program	
3705	Operational Procedures for Screening for Conflict of Interest	
		Conflict of interest occurs when an individual or a member of the individual's immediate family:
	A	Has direct involvement in licensing and/or certifying LTC facilities
	B	Is a provider of LTC services
	C	Has ownership or investment interest in a LTC facility
	D	Has ownership or investment interest in a LTC service
	E	Is employed by and/or manages a LTC facility
3705.2	F	Receives or has the right to receive, either directly or indirectly, remuneration with an owner or operator of a LTC facility
	G	Has a designation/responsibility within the AAA to other programs which limits their ability to discharge their duties, services and provisions of the LTCOP to the residents of LTC settings.
	H	Is employed at the same time by another employer in a position which conflicts with the duties, services and provisions of the LTCOP.
	I	Has the potential to undermine the impartiality of the LTC Ombudsman because of the possibility of a clash between the Ombudsman's self-interest, professional interest or public interest while providing services to residents of LTC settings.
3705.3		The ROPC will report in writing any identified conflict of interest of a representative of the OSLTCO within the region to the OSLTCO immediately after identification of the conflict.
		The OSLTCO will review the conflict of interest to determine if a waiver can be given.
3705.4	A	Waivers will be determined on a case-by-case basis.
	B	Written responses will be provided to the ROPC within 30 days of receipt of the request.

3700	Long-Term Care Ombudsman Program		
3706	Operational Procedures for the Maintenance of Ombudsman Information		
3706	3706.1	Representatives of the OSLTCO shall not disclose any information with respect to whom the program maintains files/records on. This includes:	
		A Information pertaining to a resident, complainant, and ombudsman intervention	
		B Information pertaining to deposition of staff and volunteers by the representative of the OSLTCO	
	3706.2	Persons requesting information are to be informed that the name of a resident or a complainant with whom the program has had intervention is confidential information and may be revealed only under the following circumstances:	
		A	The complainant, resident, and/or legal representative gives consent to the disclosure in writing;
		B	The complainant, resident, and/or legal representative gives oral consent and the consent is documented in writing on the Division of Aging and Adult Services Case Notes form (see Exhibit 3700B); or
		C	The disclosure is required by court order.
	3706.3	Residents, complainants, and/or legal representatives may be asked to complete the Division of Aging and Adult Services Authorization for Release of Confidential Information and Representation form prior to disclosure of information (Exhibit 3700A).	
	3706.4	Representatives of the OSLTCO will document the resident's, complainant's, and/or legal representative's oral consent on the Division of Aging and Adult Services Case Notes form (Exhibit 3700B).	
	3706.5	Subpoenas received by a Regional LTCOP shall be faxed to the OSLTCO within 1 business day of receipt by the ROPC. The original document shall be sent to the OSLTCO thereafter.	
		A	Representatives of the OSLTCO shall not discuss with the requesting attorney, his/her staff, or any other inquirer, any information requested in the subpoena or any information related to the case, including the extent of the LTCOP's involvement in the case.
		B	The OSLTCO will, upon receipt of the subpoena, forward it to the Office of the Attorney General State of Arizona, Child & Family Protection Unit within 1 business day for processing.
3706.6	Court orders received a ROPC Coordinator, RO, or VO shall be faxed to the OSLTCO within 1 business day of receipt. The original document shall be sent to the OSLTCO thereafter. The OSLTCO will contact the Office of the Attorney General State of Arizona, Child & Family Protection Unit regarding the processing of the court order.		

3700	Long-Term Care Ombudsman Program	
3707	Operational Procedures for Ombudsman Legal Representation & Liability	
3707	3707.1	The official duties as specified in the Arizona Revised Statute and the Older Americans Act of 1965, when performed in good faith , are considered State conduct or action. Official duties are as defined in the Older Americans Act of 1965, as amended in 2000, §712 (a) (5) (A) and (B). Official duties are also those as defined in A.R.S. §46-452.02.B.
	3707.2	Representatives of the OSLTCO performing actions of official duties of their position are provided State legal representation.
	3707.3	Representatives of the OSLTCO performing action outside of the official duties specified will be interpreted as performing unauthorized action.
	3707.4	Representatives of the OSLTCO performing unauthorized action are not provided State legal representation and may be open to personal liability.
	3707.5	Representatives of the OSLTCO performing unauthorized action may be subject to de-designation, as described in Section 3711.

3700	Long-Term Care Ombudsman Program	
3708	Operational Procedures for Ombudsman Designation	
3708	3708.1	During the application process and before beginning training, the ROPC shall conduct an interview with each applicant during which the applicant will be informed of the long-term care ombudsman role and responsibilities and the following will be reviewed: the Conflict of Interest Statement, all requirements for designation and re-designation, program policies regarding de-designation, and all other expectations of the program. For an applicant applying to be a VO, the ROPC must ensure that at least three reference checks have been performed with use of the Volunteer Reference Check form and that the applicant has completed the Volunteer Application form (Exhibits 3700I and 3700G). These files are to be maintained by the Regional LTCOP.

3700	Long-Term Care Ombudsman Program	
3708	Operational Procedures for Ombudsman Designation	
3708.2	The following are program requirements for designation:	
	A	Satisfactory completion of all training and testing requirements as described in Section 3709.
	B	Freedom from conflict of interest as demonstrated by signing the Conflict of Interest Statement form (Exhibit 3700D).
	C	Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services that includes the date and the type of tuberculosis screening test; or, if the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services. This documentation or statement shall be maintained by the Regional LTCOP. This applies to each ROPC and RO, and each VO that expects to have direct interaction with a resident for more than 8 hours per week.
	D	Completion of a fingerprint criminal history background check as defined by A.R.S. §46-141.
	E	Completion of all required State and AAA paperwork, including completion of the Volunteer Commitment form (Exhibit 3700J).
3708.3	The ROPC shall submit the completed Ombudsman Designation Checklist (Exhibit __) and the Conflict of Interest Statement (Exhibit 3700D) to the OSLTCO certifying that all program requirements have been met by the applicant.	
3708.4	When all requirements have been met and the necessary documents have been received, the OSLTCO may designate the applicant as a representative of the OSLTCO.	
3708.5	The OSLTCO will issue by mail a State of Arizona photo identification badge to the ROPC which is to be carried at all times while acting as a representative of the OSLTCO.	

3700	Long-Term Care Ombudsman Program	
3709	Operational Procedures for Initial Ombudsman Training and Testing	
3709	3709.1	The OSLTCO will develop and keep current a uniform core training curriculum based on model standards as established by the National Ombudsman Resource Center and as supported by the Administration on Aging. The minimum 16-hour core curriculum shall consist of the following content:

3700	Long-Term Care Ombudsman Program	
3709	Operational Procedures for Initial Ombudsman Training and Testing	
	A	LTC Ombudsman Program Responsibility
	B	History and Roles of the Program
	C	Ethics
	D	Gerontology/Aging Process and Common Illnesses and Conditions
	E	Mental Illness, Dementia, and Substance Abuse Problems
	F	Developmental and Physical Disabilities
	G	LTC System
	H	Legal Systems
	I	Regulatory Requirements of LTC Settings
	J	Resident Rights
	K	Communication
	L	Techniques of Complaint Process/Investigation
	M	Federal and State applicable Laws and Regulations
	N	Problem Solving and Resolution
	O	Medicare and Medicaid
	P	Confidentiality of Records
	Q	Resident Records
	R	Community Resources
	D	Documentation
	T	NORS Data Reporting / DES LTC Ombudsman Database
	U	Volunteerism (applies only to ROPCs)
	V	Maintaining Ombudsman Records (applies only to ROPCs)
3709.2	The OSLTCO will develop and keep current a uniform examination, the Ombudsman Designation Examination (Exhibit ___), based on model standards as established by the National Ombudsman Resource Center and as supported by the Administration on Aging (Exhibit___).	
3709.3	For the purposes of designation, initial training and testing of ROPCs will be provided by the OSLTCO.	
3709.4	For the purposes of designation, initial training and testing of ROs and VOs will be provided by ROPCs.	
3709.5	Applicants must pass the Ombudsman Designation Examination with a score of at least 70 points. The Ombudsman Designation Examination must be passed within 3 months of completion of the initial 16 hours of core curriculum training (Exhibit___). Applicants may take the test no more than two times during this period to achieve the required minimum score.	
3709.6	ROPCs will provide a minimum of four hours of in-the-field training to the applicant.	

3700	Long-Term Care Ombudsman Program	
3709	Operational Procedures for Initial Ombudsman Training and Testing	
	3709.7	The ROPC will use the Ombudsman Designation Checklist (Exhibit____) and Training Record (see Exhibit 3700H) for each individual. This original record is to be placed in the individual's personnel file along with graded Ombudsman Designation Examination(s) (see Exhibit____). Copies of the completed Ombudsman Designation Checklist and the Conflict of Interest Statement are to be sent to the OSLTCO for designation consideration.
	3709.8	Use of the National Ombudsman Resource Center Online Curriculum during the initial training process is left the discretion of each Regional LTCOP. If utilized, this training may be counted as 5 of the 16 hours of core curriculum training, and should be documented in each applicant's Training Record (Exhibit 3700H). Use of this training does it diminish a ROPCs responsibility to ensure that all core curriculum training has satisfactorily provided.

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3700	Long-Term Care Ombudsman Program	
3710	Operational Procedures for Ombudsman Re-Designation	
3710	3710.1	The following are program requirements for re-designation, which shall occur during the twelfth month after initial designation and then again during every twelve consecutive months:

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3700	Long-Term Care Ombudsman Program	
3710	Operational Procedures for Ombudsman Re-Designation	
	A	Remain free of conflict of interest as evidenced by reviewing and signing the Conflict of Interest Statement (Exhibit 3700D) if a change in status occurs or at least once every twelve consecutive months.
	B	Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or, if the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement. This documentation or statement shall be maintained by the Regional LTCOP. This applies to each ROPC and RO, and each VO that expects to have direct interaction with a resident for more than 8 hours per week.
	C	Each RO and VO shall complete at least 8 hours of annual continued education training each year. This training will be provided and/or approved in advance by the ROPC for each region.
	D	Each ROPC shall complete at least twelve hours of continued education training annually.
	E	Each ROPC and RO shall attend at least 1 outside training each year to increase knowledge and networking capabilities. Proof of outside training completion must be maintained by the Regional LTCOP.
	F	Continue to demonstrate the ability to carry out the duties of the office.
	G	All representatives of the OSLTCO must remain in compliance with federal and state law, local policies and procedures and LTCOP Policies and Procedures.
3710.2	The ROPC and the OSLTCO shall work together to provide opportunities to meet the required 8 hours of annual continued education training for each RO and VO.	
3710.3	The ROPC shall submit to the OSLTCO a completed Ombudsman Re-designation Checklist (Exhibit ___) which certifies that all re-designation requirements have been met by the representative of the OSLTCO within that region, along with a copy of the completed Conflict of Interest Statement form (Exhibit___), no later than twelve consecutive months following designation or re-designation.	
3710.4	All training, including any outside training, is to be outlined on a Training Record form (Exhibit ___) for each representative of the OSLTCO, and is to be maintained by the Regional LTCOP.	
3710.5	The ROPC may elect to allow a VO flexibility in role performance to accommodate seasonal residency in Arizona (ie. Snow birds) and, if so, shall document the terms of this flexibility and shall attach the documentation to the Volunteer Commitment form (Exhibit 3700J).	
3710.6	The ROPC shall utilize the Volunteer Performance Evaluation form with each VO no later than 6 months after designation, and again upon annual re-designation (Exhibit___). These completed forms are to be maintained by the Regional LTCOP.	

3700	Long-Term Care Ombudsman Program	
3710	Operational Procedures for Ombudsman Re-Designation	
	3710.7	In the event that a RO or VO does not meet all requirements for re-designation as listed in this chapter within 2 months following the month of re-designation, the ROPC shall place the RO or VO on probation until all requirements are met. During this probationary period, which may last no more than 1 month, the RO or VO may not represent the LTCOP in any way or perform actions of official duties of the position. If, at the end of the probationary period, program requirements for re-designation are still not met, the ROPC must complete the Ombudsman De-designation Recommendation form and send it to the OSLTCO immediately.
	3710.8	In the event that a ROPC does not meet all requirements for re-designation, the OSLTCO will contact the ROPC and/or the AAA to remedy the situation.

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3700	Long-Term Care Ombudsman Program		
3711	Operational Procedures for Ombudsman De-designation		
3711	3711.1	The ROPC and/or the AAA may recommend de-designation of a RO or VO to the OSLTCO. Any representative of the OSLTCO may voluntarily resign from the LTCOP.	
	3711.2	No representative of the OSLTCO shall be de-designated without cause. Actions that may result in de-designation include the following, but are not limited to:	
		A	Failure of the individual to meet and/or maintain the criteria for certification
		B	Deliberate failure of the individual to disclose any conflict of interest or the existence of an un-remedied conflict of interest
		C	Violation of confidentiality requirements
		D	Failure to provide adequate and appropriate services to LTC residents
		E	Falsification of records
	F	Failure to act in accordance with applicable federal and state laws, rules, regulations and policies	
	3711.3	The ROPC or AAA will submit a written recommendation utilizing the Ombudsman De-designation Recommendation form (Exhibit_), that includes any and all remedial actions that have been implemented and the results from such attempted actions, with any relevant documentation, to the OSLTCO.	
	3711.4	When the Ombudsman De-designation Recommendation form and any related documentation is received, the OSLTCO will consult with the ROPC and/or the AAA to discuss the recommendation, and may request that other remedial actions be put in place to prevent de-certification.	
	3711.5	If an attempt at remedial action is unsuccessful and cause still exists, the OSLTCO may de-designate, as appropriate, and will inform the ROPC and/or the AAA of this action in writing. The OSLTCO will provide written notice to inform the de-designated representatives of the OSLTCO that cause has been established and set forth the effective date of the de-designation.	
3711.6	If the de-designation results in the absence of LTCOP services in a service area, the OSLTCO and ROPC and/or the AAA shall arrange for the provision of LTCOP services until the absence is filled.		
3711.7	The ROPC and/or AAA must ensure that a de-designated representative abides by the following:		
	A	Surrender the State of Arizona Ombudsman photo identification badge immediately to the ROPC and/or the AAA. The ROPC and/or the AAA shall return the surrendered badge to the OSLTCO;	
	B	Cease to identify himself/herself as representative of the OSLTCO; and	
C	Maintain confidentiality regarding events witnessed and/or experienced while performing duties as a representative of the OSLTCO.		
3711.8	The OSLTCO will have the authority to de-designate a ROPC, RO, or VO when cause has been determined and the AAA has been unable to remedy the situation.		

3700	Long-Term Care Ombudsman Program	
3700	Operational Procedures for Ombudsman Reporting Requirements	
3712	3712.1	The AAA shall collect program data and ensure the maintenance of records as defined in the Aging and Adult Administration Policy Section 1600.
	3712.2	All representatives of the OSLTCO shall utilize all program forms appropriately as specified within this chapter, and/or by the OSLTCO, and any other form as requested by the OSLTCO.
	3712.3	Collect accurate data for needs assessments, program evaluation, and reporting.
	3712.4	Input information from each Ombudsman Case form (Exhibit 3700F) into the web-based DES LTC Ombudsman Database no later than the end of the month in which the case was closed.
	3712.5	Complete Monthly Data Collection Reports (Exhibit 3700E) and input information from this report into the web-based DES LTC Ombudsman Database no later than the 20 th of the following month.
	3712.6	Maintain compliance with the National Ombudsman Reporting System and Arizona State reporting requirements to collect and analyze data relating to complaints and conditions in LTC facilities.
	3712.7	Provide other reports to the OSLTCO, as requested.

EXHIBITS

3700A	Authorization for Release of Confidential Information and Representation https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1054AFORNA.pdf
3700B	Case Notes https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1064AFORFF.DOC
3700C	Ombudsman Certification Checklist https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1184AFORFF.doc
3700D	Conflict of Interest Statement https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1059AFORNA.pdf
3700E	Monthly Data Collection Report https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1048AFORFF.doc
3700F	Ombudsman Case https://www.azdes.gov/InternetFiles/IntranetProgrammaticForms/doc/AAA-1163AFORFF.doc
3700G	Volunteer Reference Check https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1179AFORNA.doc
3700H	Training Record https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1178AFORFF.DOC
3700I	Volunteer Application https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1180AFORFF.doc
3700J	Volunteer Commitment https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1050AFORNA.pdf
3700K	Volunteer Performance Evaluation https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/doc/AAA-1204AFORFF.doc

Summary of Additions and Changes to LTCOP related Definitions in Ch. 6000

Nursing Care Institution

A health care institution, that is licensed by the Department of Health Services, Bureau of Long Term Care Licensing, that provides inpatient beds or resident beds and nursing services to person who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician. *[Arizona Revised Statute 36-401]*

Office of the State Long-Term Care Ombudsman

As used in section 712 of the Older Americans Act, the Office of the State Long-Term Care Ombudsman means the organizational unit headed by the State Long-Term Care Ombudsman, including the representatives of the Office. *[Older Americans Act § 711]*

Representative of the Office of the State-Long Term Care Ombudsman

As used in section 712 of the Older Americans Act, means the employees or volunteers designated by the State Long-Term Care Ombudsman to fulfill the duties set forth in § 1327.17(a). *[Older Americans Act § 711]*

Changes to existing definitions:

Assisted Living Facility –updates from statute

A residential care institution, including adult foster care, that is licensed by the Department of Health Services, Bureau of Residential Facilities Licensing, that provides or contracts to provide supervisory care services, personal care services, or directed care services on a continuing basis. *[ARS 36-401]*

Long-term care facility –clarifies facilities LTCO have authority in

Any nursing care institution or assisted living facility, as defined by ARS 36-401, or any other facility as defined in section 102 of the Older Americans Act. *[Older Americans Act § 102]*

Regional Ombudsman Program Coordinator-minor change from “certification” to “designation”

A person who has met designation standards established by the Office of the State Long-Term Care Ombudsman and is hired to manage the Regional Long-Term Care Ombudsman Program, recruit, train, supervise, and coordinate the activities of Volunteer Ombudsmen. *[Older Americans Act §711]*

6000 **Glossary**

- A-133 Audit** An audit conducted according to the requirements specified on OMB Circular A-133. This circular is to be used for audit requirements by all entities – States, local governments, Indian Tribes, educational institutions, and Non-Profit organizations. [*Office of Management and Budget Circular A-13*]
- Abuse** The willful—
(A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or
(B) deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness. [*Older Americans Act §701*]
- Access Services** Services associated with access to services (transportation, outreach, information and assistance, and case management services). [*Older Americans Act §306*]
- Acquisition Cost** Of an item of purchased equipment means the net invoice price of the equipment, including the cost of modifications, attachments accessories, or auxiliary apparatus necessary to make the equipment usable for the purpose for which it was acquired. Other charges such as the cost of installation, transportation, taxes, duty or protective in-transit insurance shall be included in or excluded from the unit acquisition cost in accordance with the regular accounting practices of the organization purchasing the equipment. If the item is acquired by trading in another item and paying an additional amount, “acquisition cost” means the amount received for trade-in plus the additional outlay. [*Office of Management and Budget Circular A-110 Revised 11-19-93, Amended 9-30-99*]
- Acquisition of Property** Purchase, construction, or fabrication of property, but does not include rental of property or alterations and renovations of real property. [*Office of Management and Budget Circular A-110 Revised 1-19-93, Amended 9-3-99*]
- Activities of Daily Living (ADLs)** Activities such as toileting, bathing, dressing, grooming, eating, mobility, and transferring (excluding transfer to toilet, bath or shower). [*Arizona Standardized Client Assessment Plan Manual 2002*]
- Adequate Proportion** Each Area Agency on Aging, through their Area Plan, shall provide assurances that an adequate proportion, as required under Sec 307 of the OAA of the amount allotted for Title III, Part B to the planning and service area will be expended for the delivery of priority services. [*Older Americans Act §306*]

- Administrative Capacity** Persons who in the administration of the project, sub-project or training site agency have responsibility for or authority over those responsible for the selection of participants from among eligible participants. *[20 Code of Federal Regulations Part 641].*
- Adult Day Care/Adult Day Health**
A service that provides supervised planned care and health-related services to adults in a group setting during a portion of a 24-hour day. *[Arizona Taxonomy 2003]*
- Adult Protective Services** A program of identifiable and specialized social services that may offer social services appropriate to resolve problems of abuse, exploitation or neglect of an incapacitated or vulnerable adult. *[Arizona Revised Statutes §46-451]*
- Advisory Council** The Council shall carry out advisory functions which further the area agencies mission of developing and coordinating community based systems of services for all older persons in the planning and service area. *[45 Code of Federal Regulations §1321.57]*
- Advocacy** Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels. *[Arizona Taxonomy 2003]*
- Aging and Adult Administration**
Arizona's designated State Unit on Aging. *[Older Americans Act §305.A.1]*
- Allowable Cost** To be allowable under an award, cost must be necessary and reasonable for the performance of the contract services. *[Office of Management and Budget Circular A-110 Revised 11-19-93, Amended 9-30-99]*
- Alteration/Renovation** With respect to multipurpose senior centers, means making modifications to or in connection with an existing facility that are necessary for its effective use as a center. These may include renovation, repair, or expansion that is not in excess of double the square footage of the original facility and all physical improvements. *[Older Americans Act §307]*
- Amount Received for Trade-In**
Of an item of equipment traded in for replacement equipment means the amount that would have been paid for the replacement equipment without a trade-in minus the amount paid with the trade-in. The term refers to the actual difference, not necessarily the trade-in value shown on an invoice.
- Applicant** An individual who applies for services.

Area Agency on Aging (AAA)

An agency designated by the Aging and Adult Administration who is responsible for developing and administering an approved Area Plan which offers a comprehensive and coordinated system of aging services within their Planning and Service Area. [*Older Americans Act §307*]

Area Plan on Aging

A document submitted by an Area Agency on Aging to the Aging and Adult Administration in order to receive sub-grants or contracts from the Aging and Adult Administration grant provided under the Older Americans Act. [*Older Americans Act §306(a)*]

Arizona Standardized Client Assessment Plan (ASCAP)

An assessment instrument designed to identify ADLs and IADLs for which an individual has some dependence on assistance and the degree of need for assistance. The ASCAP captures demographic, social, mental and other health related information on the individual and becomes the primary planning document for the client and the case manager. [*Arizona Standard Client Assessment Plan Manual 2002*]

Assisted Living Facility

A residential care institution, including adult foster care, that is licensed by the Department of Health Services, Bureau of Residential Facilities Licensing, that provides or contracts to provide supervisory care services, personal care services, or directed care services on a continuing basis. [*Arizona Revised Statute 36-401*]

Attendant Care

A service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities. [*Arizona Taxonomy 2003*]

Authorized Position Level

The number of SCSEP enrollment opportunities that can be supported for a 12-month period based on the average national unit cost. The authorized position level is derived by dividing the total amount of funds appropriated for a Program Year by the national average unit cost per participant for that Program Year as determined by the Department of Labor. The national average unit cost includes all costs of administration, other participant costs, and participant wage and fringe benefit costs. A grantee's total award is divided by the national unit cost to determine the authorized position level for each grant agreement. [*20 Code of Federal Regulations Part 641.140*].

Award

Financial assistance, and Federal cost type contracts used to buy services or goods for the use of the Federal Governments. [*Office of Management and Budget Circular A-110 Revised 11-19-93, Amended 9-30-99*]

Capitol Equipment

Purchased equipment with a total acquisition cost of \$5,000 or more and a useful life of more than one year. The acquisition cost for an item is the total price paid for the item including taxes, charges for installation, transportation and/or modifications necessary to make the item usable for the purpose for which it was acquired.

[Department of Economic Security Contractor Equipment Policy, March 2001]

Carryover

The process of moving an estimated or actual unobligated balance of funds from the previous budget period to the current or next period. (An unobligated balance from a prior period does not authorize the obligation of funds in excess of the total approved budget reflected on the budget award notice for the current budget period.) *[Administration on Aging Discretionary Grants Administration Manual]*

Case Management

A service that determines the needs and eligibility of an individual applying for/receiving services to enhance effectiveness. For those individuals eligible, the appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated. This includes assistance in finding necessary resources in addition to covered services to meet basic needs; communication and coordination of care, engagement, and follow-up of crisis contacts or missed appointments. *[Arizona Taxonomy 2003]*

Cause

May include, but is not limited to: refusal to cooperate in recertifying eligibility; inability and/or unwillingness to perform assigned duties; unreasonable refusal to accept a different community service assignment; unreasonable refusal to accept job referrals or cooperate with the IEP; frequent tardiness; falsification by the participant of time sheets or other official records; insubordination; obscene/abusive language or behavior; non-compliance with substance abuse policy; and failure to cooperate with grantee and/or host agency staff. *[SCSEP Data Collection Handbook Rev.3 (6/23/05) www.charteroakgroup.com]*

Case

For the purpose of the Long-Term Care Ombudsman Program, a case includes one or more complaints brought to, or initiated by, the ombudsman which the ombudsman actively investigates and works to resolve. The number of cases is equivalent to the number of complainants. (One or more people jointly filing a complaint count as one complainant.) *[National Ombudsman Reporting System]*

Client

A person who applies for or receives services from the Department or from a service provider under the Older Americans Act, 42 U.S.C. 3001 et seq. or the Arizona Older Americans Act – non-medical Home and Community Based Care Services. *[Arizona Administration Code R6-8-101]*

Client-Centered Approach

Where the individual and case manager focus on the individual's needs and draw from the various social, nutritional, medical and non-medical resources available within the community.

Client-Supported Data

Service data that is collected in the Aging Information Management System (AIMS) connected to a particular client.

Code of Federal Regulations

The codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government. [www.gpoaccess.gov]

Co-Enrollment

Applies to any individual who meets the qualifications for SCSEP participation as well as the qualifications for any other relevant program as defined in the Individual Employment Plan. [20 Code of Federal Regulations Part 641.140].

Combined Allotment

Total Title III funds allocated to the Area Agencies on Aging for the administration of the Area Plan on Aging. This is in reference to Program Development. [45 Code of Federal Regulations §1321.17 (14)]

Complainant

For the purpose of the Long-Term Care Ombudsman Program: An individual or a party (i.e., husband and wife, siblings) who files one or more complaints made by, or on behalf of, residents with the ombudsman program. [Instructions for Completing the State Long Term Care Ombudsman Program Reporting Form for the National Ombudsman Reporting System]

Complaint

For the purpose of the Long-Term Care Ombudsman Program, a concern brought to, or initiated by, the ombudsman for investigation and action a) on behalf of one or more residents and b) relating to the health, safety, welfare or rights of a resident. One or more complaints constitute a case. You cannot have a case without a complaint. [National Ombudsman Reporting System]

Comprehensive and Coordinated Service System

A system for providing all necessary supportive services, including nutrition services within a Planning and Service Area. [Older Americans Act §302]

Community Service

Includes, but is not limited to, social, health, welfare, and educational services (including literacy tutoring); legal assistance, and other counseling services, including tax counseling and assistance and financial counseling; library, recreational, and other similar services; conservation, maintenance, or restoration of natural resources; community betterment or beautification; anti-pollution and environmental quality efforts; weather-ization activities; and economic development. [20 Code of Federal Regulations Part 641.140]

Conflict of Interest

Any public officer or employee of a public agency who has, or whose relative has, a substantial interest in 1) any contract, sale, purchase or service to such public agency shall make known that interest in the official records of such public agency and shall refrain from voting upon or otherwise participating in any manner as an officer or employee in such contract, sale or purchase; and 2) any decision of a public agency shall make known such interest in the official records of such public agency and shall refrain from participating in any manner as an officer or employee in such decision. C.

Notwithstanding the provisions of subsections A and B of this

section, no public officer or employee of a public agency shall supply to such public agency any equipment, material, supplies or services, unless pursuant to an award or contract let after public competitive bidding, except that: 1. A school district governing board may purchase, as provided in sections §15-213 and §15-323, supplies, materials and equipment from a school board member. 2. Political subdivisions other than school districts may purchase through their governing bodies, without using public competitive bidding procedures, supplies, materials and equipment not exceeding three hundred dollars in cost in any single transaction, not to exceed a total of one thousand dollars annually, from a member of the governing body if the policy for such purchases is approved annually. *[Arizona Revised Statutes §38-503]*

Congregate Meals	A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual in a congregate setting. <i>[Arizona Taxonomy 2003]</i>
Contract Modification	Any written alteration in the terms and conditions of any contract accomplished by mutual action of the parties to the contract. <i>[Department of Economic Security Special Terms and Conditions 2003]</i>
Contractor	Any person or agency who has a contract with the State of Arizona and/or Department or Agency of the State. <i>[State of Arizona Uniform Terms and Conditions 2003]</i>
Consultation	For the purposes of the Ombudsman Program: a consultation is providing information and assistance to an individual or a facility. It does not involve investigating and working to resolve complaints (i.e. a consultation is not a case) If the ombudsman refers someone with a concern to another agency and is not actively involved in investigating and working to resolve the problem, it is not an ombudsman case or complaint. However, it can be counted as a consultation. <i>[National Ombudsman Reporting System]</i>
Coordination	A service that promotes efficiency through the cooperation and collaboration of multiple entities concerned with the same issue or need. <i>[Arizona Taxonomy 2003]</i>
Cost Allocation Plan	Refers to a document that identifies, accumulates and distributes allowable costs to grants and contracts and identifies the procedures used in making such distribution. <i>[Office of Management and Budget Circular A-87]</i>
Cost	Cost is determined on a cash, accrual, or other basis acceptable to the Federal government as an amount paid or required in payment for a purchase. <i>[Office of Management and Budget Circular A-87]</i>
Cost Principles	Principles for determining the allowable costs of programs administered by the state and for establishing a uniform approach to determining costs. <i>[Office of Management and Budget Circular A-87]</i>
Cost Sharing	A portion of the cost for services rendered is provided by the service recipient. <i>[Older Americans Act §315]</i>

Department of Labor

The United States Department of Labor, including its agencies and organizational units [20 Code of Federal Regulations Part 641.140].

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Direct Cost	Costs that can be identified specifically with a particular cost or award objective. However, a cost may not be assigned to a contract as a direct cost if it has been allocated or will be treated as an indirect cost. [<i>Office of Management and Budget Circular A-87</i>]
Disabled Individual	Any individual who has a physical or mental impairment that substantially limits one or more of such person's major life activities, has a record of such an impairment, and is regarded as having such an impairment. [<i>20 Code of Federal Regulations Part 641.140</i>].
Disability	A disability attributable to mental or physical impairment or a combination of mental and physical impairments, that results in substantial functional limitations in one or more areas of the following major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment. [<i>Older Americans Act §102</i>]
Disclosure	The availability or release of information to anyone other than the subject individual.
Disposition	For the purposes of the Long-Term Care Ombudsman Program, the outcome of a complaint.
Equipment	Tangible nonexpendable personal property including exempt property charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. however, consistent with recipient policy, lower limits may be established. [<i>Office of Management and Budget Circular A-110</i>]
Equitable Distribution Report	A report based on the latest available U.S. Census data, which lists the optimum number of participant positions in each designated area in the State, and the number of authorized participant positions each grantee serves in that area, taking the needs of underserved counties into account. This report provides a basis for improving the distribution of SCSEP positions. [<i>20 Code of Federal Regulations Part 641.140</i>].
Exploitation	The illegal or improper act of an individual, including a caregiver, who uses the resources of an older individual for monetary or personal benefit, profit or gain. [<i>Older Americans Act §102</i>]
Family	One or more persons living in a single residence who are related by blood, marriage or adoption. A step-child, or a step-parent shall be considered related by marriage. Anyone claimed as a dependent on the applicant's or participant's Federal Income Tax return for the previous year or any member who receives more than 50% of his/her support shall be presumed, unless otherwise demonstrated, to be part of the family for the current year. An individual 18 years or older (except as provided above) who receives less than 50% of his/her support from the family and who is not the principal earner of the spouse of the principal earner shall NOT be considered a member of the family. Such individual shall be considered a family of one living in group quarters. [<i>U.S. Department of Labor Employment and</i>

Training Administration Training and Guidance Letter No.13-04 (Attachment II)].

Family Caregiver Support Program

A Federal program enacted through the Older Americans Act Amendments of 2000, that provides supportive services to families, including older persons raising children, such as: information, assistance, individual counseling, organization of support groups, caregiver training, respite care, and supplementary services. [*Older Americans Act § 371-374*]

Federal Financial Assistance

Assistance provided by a Federal agency in the form of grants, contracts, cooperative agreements, loans, loan guarantees, property, interest subsidies, insurance, or direct appropriations, but does not include direct Federal cash assistance to individuals. It includes awards received directly from agencies, or indirectly through other units of state or local governments. [*Office of Management and Budget Circular A-133 Revised 6-24-97*]

Financial Status Reports (269Form)

A document used to report the status of Federal funds for all non-construction projects or programs by a grantee to the Federal government.

Firm-Fixed Unit Rate Contract

An agreement whereby a fixed rate will be paid for a specified unit of service. The rate is fixed regardless of the provider's actual cost experience in the provision of service unit.

Focal Point

A facility established to encourage the maximum co-allocation and coordination of services for older individuals. [*Older Americans Act §102*]

Frail

With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual (A) (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or (B) due to a cognitive or other mental impairment, 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. [*Older Americans Act §102*]

Fraud

An intentional act of deception or misrepresentation in order to gain something of value.

Functionally Disabled

An individual who has a functional impairment that substantially limits one or more major life activities and who has a diagnosis of such impairment. [*Older Americans Act §102*]

Grant

The furnishing by the state of assistance, whether financial or otherwise, to any person to support a program authorized by the law. Grant does not include an agreement whose primary purpose is to

procure a specific end product, whether in the form of materials,

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services or construction. A contract resulting from such an agreement is not a grant but a procurement contract. [20 Code of Federal Regulations Part 64.140].

Grantee See State Grantee and/or National Grantee.

Greatest Economic Need The need resulting from an income level at or below poverty levels. [Older Americans Act §102]

Greatest Social Need The need caused by non-economic factors, which include-- (A) physical and mental disabilities; (B) language barriers; (C) cultural, social or geographical isolation, including isolation caused by racial or ethnic status, that—(i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. [Older Americans Act §102]

Health Care Practitioner A Physician, a Physician's Assistant, Nurse Practitioner, or other individual licensed and authorized by law to use and prescribe medications and devices, as defined in A.R.S. §32-1901. [Arizona Administrative Code R9-22-112]

Hearing Officer Person designated by the agency to conduct the hearing and set forth a subsequent decision. The impartial decision-maker appointed by the State Agency.

Hearing A session for listening to arguments or testimony.

Homebound Someone who is chronically disabled, not necessarily bedridden but generally confined to their home. A Physician must certify that the patient could not leave their home without considerable and taxing effort. This usually means they would need supportive devices and/or other people to help. This includes psychiatric problems. The clinician must look at the disability over time. [Medicare Coverage of Services Manual (July 2000) Section 204.1]

Home Delivered Meal A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual, delivered to his/her place of residence. [Arizona Taxonomy 2003]

Home Health Aid A service that provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living within the individual's place of residence. [Arizona Taxonomy 2003]

Home Nursing See definition for "Nursing".

Host Agency A public agency or a private nonprofit Organization exempt from taxation under the provisions of section 501(c) (3) of the Internal Revenue Code of 1986, other than a political party, which provides a work site and supervision for one or more participants. A host agency may be a religious organization as long as the projects do not involve the construction, operation, or maintenance of any facility used or to be used as a place for religious instruction or worship. [20 Code of Federal Regulations Part 641.140.]

Housekeeping/Homemaker

A service that provides assistance in the performance of routine household activities at an individual's place of residence. [*Arizona Taxonomy 2003*]

Identification of Needs

A process that enumerates and describes the needs of people living in the community.

Indian

A person who is a member of an Indian Tribe. [*Older Americans Act §101(5)*].

Indian Tribe

Any Tribe, band, nation, or other organized Group or community of Indians (including Alaska Native Village or Regional or Village Corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act) which: Is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or Is located on, or in proximity to, a Federal or State reservation or ranch. [*Older Americans Act §101(6)*].

Indirect Cost

Indirect costs are those incurred for a common or joining purpose benefiting more than one cost objective or activity and not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. Consequently, some allocation technique must be used to distribute these indirect costs to the several direct functions benefited. To facilitate equitable distribution of indirect expenses to the cost objectives served, it may be necessary to establish a number of pools on indirect cost within the agency's accounting records. Indirect cost pools should be distributed to benefiting cost objectives on basis which will produce an equitable distribution in consideration of relative benefits derived. [*Office of Management and Budget Circular A-87*]

Individual Employment Plan

A plan for a participant that includes an employment goal, achievement of objectives, and appropriate sequence of services for the participant based on an assessment conducted by the grantee or sub-grantee and jointly agreed upon by the participant. [*20 Code of Federal Regulations Part 641.140*].

In-Home Services

Includes – (A) services of homemakers and home health aides; (B) visiting and telephone reassurance; (C) chore maintenance; (D) in-home respite care for families, and adult day care as a respite service for families; (E) minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under the OAA); (F) personal care services; and (G) other in-home services as defined – (i) by the Aging and Adult Administration in the State Plan submitted in accordance with the OAA; and (ii) by the Area Agency on Aging in the Area Plan submitted in accordance with the OAA. [*Older Americans Act §102*]

Instrumental Activities of Daily Living (IADL)

Activities such as laundry, shopping, housework, telephone, financial management, transportation, and meal preparation. [*Arizona Standardized Client Assessment Plan Manual 2002*]

Jobs for Veterans Act

Priority for veterans and the spouse of a veteran who died in a service-connected disability, the spouse of a member of the Armed forces on active duty who has been listed for a total of more than 90 days as missing in action, captured in the line of duty by a hostile force, or forcibly detained by a foreign government or power, the spouse of any veteran who has a total disability resulting from a service-connected disability, and the spouse of any veteran who died while a disability so evaluated was in existence, who meet program eligibility requirements to receive services in any Department of Labor-funded Workforce development program. [*Public Law 107-288 § 2*].

Legal Assistance

A service that provides consultation and representation of civil and legal matters. [*Arizona Taxonomy 2003*]

Limited Basis

For purposes of the Family Caregiver Support Program the following dollar thresholds apply: a \$1,500 cap per client/home for the Home Repair/Renovation and a \$1,000 cap per client for Adaptive Aids and Devices. For other supplemental services, limited basis means a maximum of \$2,000 per family per year.

Local Workforce Investment Area or Local Area

An area established by the Governor of a State under section 116 of the Workforce Investment Act. [*20 Code of Federal Regulations Part 641.140*].

Local Workforce Investment Board

A Local Workforce Board established under section 117 of the Workforce Investment Act. [*20 Code of Federal Regulations Part 641.140*].

Local Governments

A local unit of government, including specifically a county, municipality, city, town, township, local public authority, school district, special district, intra-state district, council of governments, any other regional or interstate entity, or any agency or instrumentality of local government. [*45 Code of Federal Regulations §74.2*]

Long-Term Care Facility Any nursing care institution or assisted living facility, as defined by ARS 36-401, or any other facility as defined in section 102 of the Older Americans Act. [*Older Americans Act § 102*]

Long-Term Care Ombudsman Program

A program that advocates for the resolution of complaints made by or on behalf of older individuals who are residents of long-term care facilities. [*Older Americans Act §711*]

Materials	All property, including equipment, supplies, printing, insurance and leases of property but does not include land, a permanent interest in land or real property, or leasing space.
Means Test	The use of an older person's income or resource to deny or limit that person's receipt of services under an approved area plan. [45 Code of Federal Regulations § 1321.3]
Medically Related Service	See "Home Health Aid" and "Home Nursing" services.
Minorities	<p><u>Black or African American</u> – A person having origins in any of the black racial groups of Africa.</p> <p><u>Hispanic or Latino</u> – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.</p> <p><u>American Indian or Alaskan Native</u> – A person having origins in any of the original people of North America, and who maintain cultural identification through tribal affiliation or community attachment.</p> <p><u>Asian American/Pacific Islander</u> – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent.</p> <p><u>Native Hawaiian or other Pacific Islander</u> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.</p> <p><u>White</u> – A person having origins in any of the peoples of Europe, the Middle East, or North Africa.</p> <p><u>Alone</u> – When appended to a racial category means that the individual only designated one race category. [Administration on Aging-National Aging Programs Information System]</p>
Multipurpose Senior Center	A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. [Older Americans Act §102]
National Grantee	Federal public agencies and organizations, private nonprofit agencies and organizations, or tribal organizations that operate under Title V of the OAA that are capable of administering multi-State projects under a national grant from the Department of Labor. [20 Code of Federal Regulations Part 641.140].
Neglect	The failure to provide for one self the goods or services which are necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services. [Older Americans Act §102]
Networking Orientation	The resources would be available to the community in a unified fashion, addressing the needs uniformly, instead of creating separate and competing situations.

Non-Client Supported Data

Service data that is not collected in the Aging Information Management System (AIMS) and is not connected to a particular client.

Non-Medical Home and Community Based Services (NMHCBS)

Non-medical home and community based care including case management, assessment of functional impairment and needed community services, home care, housekeeping chore services, home health aid, personal care, visiting nurse services, adult day care or adult day health, respite care, attendant care and home delivered meals. *[Arizona Revised Statutes. §46-192]*

Non-Profit Agency

A free standing entity with its own Board of Directors that operates as an incorporated not-for-profit entity. It can be a single purpose or multipurpose agency. *[Office of Management and Budget Circular A-110 Revised 11-19-93, Amended 9-3-99]*

Nursing

A service that provides nursing intervention that may include patient care, coordination, facilitation and education. *[Arizona Taxonomy 2003]*

Nursing Care Institution

A health care institution, that is licensed by the Department of Health Services, Bureau of Long Term Care Licensing, that provides inpatient beds or resident beds and nursing services to persons who need nursing services on a continuing basis but who do not require hospital care or direct daily care from a physician. *[Arizona Revised Statute 36-401]*

Nutrition Project

The recipient of a sub-grant or contract to provide nutrition services, other than the Area Agency on Aging, which meets applicable requirements. *[Older Americans Act §321]*

Nutrition Provider

An agency or organization that provides nutrition services as defined by the Older Americans Act. *[Older Americans Act §311]*

Nutrition Screening

The act of completing a nutrition screening checklist to determine if a nutrition program participant is at nutrition risk. *[Older Americans Act § 339.2.J]*

Obligations

The amounts of orders placed, contracts and grants awarded, services received and similar transactions during a given period, which will require payments during the same or a future period. *[45 Code of Federal Regulations § 74.2]*

Office of the State Long-Term Care Ombudsman

As used in section 712 of the Older Americans Act, the Office of the State Long-Term Care Ombudsman means the organizational unit headed by the State Long-Term Care Ombudsman, including the representatives of the Office. *[Older Americans Act § 711]*

- Older Americans Act** Federal legislation that is directed to improving the lives of America's elderly, particularly in relation to income, health, housing, employment, long-term care, retirement and community services. The Act was most recently amended in 2000 and may also be referred to as Public Law 106-501.
- One-Stop Center** The One-Stop Center System in a WIA Local Area which must include a comprehensive One-Stop Center through which One-Stop partners provide applicable core services and which provides access to other programs and services carried out by the One-Stop partners. [20 Code of Federal Regulations Part 641.140].
- One-Stop Delivery System** A system under which employment, training programs, services, and activities are available through a network of eligible One-Stop partners, which assures that information about and access to core services is available regardless of where the individuals initially enter

the statewide workforce investment system. [20 Code of Federal Regulations Part 641.140].

One-Stop Partner

An entity described in section 121 (b) (1) of the Workforce Investment Act; i.e. required partners: Programs under Title I of the W.I.A., Job Corps, Native American Programs, Job Service, Unemployment Insurance, Trade Adjustment Assistance, NAFTA Transitional Adjustment Assistance, Welfare to Work, Senior Community Service Employment Program, Veterans Employment and Training, Vocational Rehabilitation, Adult Education, Post-secondary Vocational Education, Community Services Block Grant Employment and Training, and Housing and Urban Development Employment and Training, and an entity described in section 121 (b) (2) of the Workforce Investment Act, i.e., additional partners. [20 Code of Federal Regulations Part 641.140].

One-Third (1/3) Recommended Dietary Allowance

Meals which fall into this classification contain portions from the following food groups: a) meats or alternates, b) vegetables and fruits, c) enriched or whole grain bread or alternate, d) milk, e) butter/margarine, f) desserts. [Older Americans Act § 339]

Other Participant Cost

The cost of participant training, including the payment of reasonable costs to instructors, classroom rental, training supplies, materials, equipment, and tuition, and which may be provided on the job or in conjunction with a community service assignment, in a classroom setting, or under other appropriate arrangements; job placement assistance, including job development and job search assistance; participant supportive services to assist a participant to successfully participate in a project, including the payment of reasonable costs of transportation, health care and medical services, special job-related or personal counseling, incidentals (such as work shoes, badges, uniforms, eyeglasses, and tools), child and adult care, temporary shelter, and follow-up services; and outreach, recruitment and selection, intake orientation, and assessments. [20 Code of Federal Regulations Part 641.140].

Outlays

Charges made to the grant project or program. Outlays may be reported on a cash or accrual basis.

Outreach

A service that provides a systematic method to identify and directly contact persons in need of services. [Arizona Taxonomy 2003]

Participant

An individual who is eligible for the SCSEP, has been enrolled and is receiving services. Participants shall have a Community Service Assignment before receiving services. [20 Code of Federal Regulations Part 641.140 and Part 641.540].

Periodic Review

At a minimum, once each fiscal year.

Personal Care

A service that provides assistance with personal physical needs. [Arizona Taxonomy 2003]

Personal Property

Property of any kind except real property. It may be tangible; having

physical existence, or intangible; having no physical existence, such

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as patents, inventions, and copyrights. [45 Code of Federal Regulations §74.2]

Placement into Public or Private Unsubsidized Employment

Full- or part-time paid employment in the public or private sector by a participant for 30 days within a 90-day period without the use of funds under Title V or any other Federal or State employment subsidy program, or the equivalent of such employment as measured by the earnings of a participant through the use of wage records or other appropriate methods. [20 Code of Federal Regulations Part 641.140].

Planning and Service Area (PSA)

A geographical area in the state or state jurisdiction that is designated by the Aging and Adult Administration for the purposes of planning, development, and overall administration of services under an approved Area Plan on Aging. [Older Americans Act §102]

Poor Employment Prospects

The likelihood that an individual will not obtain employment without the assistance of the SCESP or any other workforce development program. Persons with poor employment prospects include, but are not limited to, those without a substantial employment history, basic skills, and/or English-Language proficiency; displaced homemakers, school dropouts, persons with disabilities, including disabled veterans, homeless individuals, and individuals residing in socially and economical isolated rural or urban areas where employment opportunities are limited. [20 Code Federal Regulations Part 641.140].

Poverty

Income at or below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary of the Department of Health and Human Services). [Federal Register/Volume 69, Number 30]

Priority Services

Services designated by the Older Americans Act “to better the most crucial needs of the elderly”. Categories include a) access, b) in-home and c) legal assistance. [Older Americans Act §306]

Problem Solving Orientation

Using a holistic assessment of the client’s situation, and a mechanism for addressing the problems contributing to the client’s situation.

Procurement

The buying, purchasing, renting, leasing or otherwise acquiring any materials, services or construction. Procurement also includes all functions that pertain to the obtaining of any material, service or construction, including description of requirements, selection and solicitation, preparation and award of contract, and all phases of contract administration. [State of Arizona Uniform Terms and Conditions 2003]

Program Development

A service that researches and/or establishes a new service(s), improves, expands or integrates an existing service(s). [Arizona

Taxonomy 2003]

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Program Income	Gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the award. Program income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under Federally-funded projects, the sale of commodities or items fabricated under and award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in the terms and conditions of the award, program income does not include the receipt of principal on loans, rebates, credits, discounts, etc., or interest earned on any of them. Furthermore, program income does not include taxes, special assessments, levies, and fines raised by governmental recipients. [45 Code of Federal Regulation §74.2]
Program Reports	Reporting documents developed by the Aging and Adult Administration for the purpose of reporting program activities i.e., unduplicated count of people, demographic data, and units of services for social services and nutrition services.
Program Year	The one-year period beginning July 1 and ending on June 30. [Older Americans Act §515(b)].
Provisional Approval	The status given to an Area Plan on Aging for a limited period of time during which the Area Agency on Aging must correct the sections of the plan that do not meet Federal or state requirements, or the criteria for approval. This status is given for a period <u>not to exceed 9 months</u> .
Public Agency	An entity located within county governments, towns, tribes, reservations, Native American communities, or city governments for the purpose of servicing its populace (interchangeable with unit of general purpose government).
Public Hearing	A process whereby input is given by the public relative to issues, concerns, and courses of action that should be undertaken by an Area Agency on Aging regarding programs for Older Arizonans. [Older Americans Act §306]
Qualifiers	Eligibility measurement on the ASCAP form, which may increase the level of assistance provided to a client. Qualifiers are not required for each area of an ADL or IDAL, but are used only when appropriate. Qualifier areas of eligibility measurement include: Safety, Cognitive, and Isolation. [Arizona Standardized Client Assessment Plan Manual 2002]
Record	Any time, collection or grouping of information about an individual that is maintained by the agency including, but not limited to the individual's education, financial transactions, medical, social and psychological histories, criminal or employment history that contains his/her name, or any number, symbol and other identifying particular used and assigned in the past to the individual such as finger or voice print or a photograph.

Regional Ombudsman Program Coordinator

A person who has met designation standards established by the Office of the State Long-Term Care Ombudsman and is hired to manage the Regional Long-Term Care Ombudsman Program, recruit, train, supervise, and coordinate the activities of Certified Volunteer Ombudsmen. *[Older Americans Act §711]*

Replacement Equipment Property acquired to take the place of other equipment. To qualify as replacement equipment, it must serve the same function as the equipment replaced and must be of the same nature or character, although not necessarily the same model, grade, or quality

Representative of the Office of the State-Long Term Care Ombudsman

As used in section 712 of the Older Americans Act, means the employees or volunteers designated by the State Long-Term Care Ombudsman to fulfill the duties set forth in § 1327.17(a). *[Older Americans Act § 711]*

Residence An individual's declared dwelling place or address as demonstrated by appropriate documentation.

Resident An older individual who resides in a long-term care facility. *[Older Americans Act §711]*

Respite Services Short-term care and supervision that may be required to be available on a twenty-four hour basis. *[Arizona Taxonomy 2003]*

Retention in Public or Private Unsubsidized Employment

Full-or part-time paid employment in the public or private sector by a participant for 6 months after the starting date of placement into unsubsidized employment without the use of funds under Title V or any other Federal or State employment subsidy program. *[20 Code of Federal Regulations Part 641.140].*

Rural All territory, population, and housing units located outside of urbanized areas and urban clusters. *[www.census.gov/geo.html]*

SCSEP The Senior Community Service Employment Program is a program administered by the Department of Labor that serves persons who are 55 years of age or older and who have poor employment prospects by placing them in part-time community service positions and by assisting them to transition to unsubsidized employment. The SCSEP is authorized under Title V (Community Service Employment for Older Americans) of the Older Americans Act. *[20 Code of Federal Regulations §641.110]*

Service Area The geographic area served by a local SCSEP project. *[20 Code of Federal Regulations Part 641.140.140].*

Service Contribution See "Voluntarily Contribution" and "Cost Sharing".

Service Provider A person or organization that is awarded a sub-grant or contract from an Area Agency on Aging to provide services under the Area Plan on

Aging. [*45 Code of Federal Regulations §1321.3*]

Services

The furnishing of labor, time or effort by a contractor that does not involve the delivery of a specific end product other than required reports and performance. Services do not include employment agreements or collective bargaining agreements.

Severe Disability

A severe chronic disability attributable to mental and/or physical impairment of an individual. [*Older Americans Act §102*]

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State Health Insurance Assistance Program (SHIP)

Under a Congressional mandate, the Centers for Medicare & Medicaid Services (CMS) funds a program in each state to provide education, outreach, counseling and information to Medicare beneficiaries, their families and caregivers. In Arizona, the program is under the Aging and Adult Administration and services are provided at the local level through a partnership with the Area Agencies on Aging. *[Omnibus Budget Reconciliation Act 90 §4360 and Omnibus Budget Reconciliation Act 99]*

Short Form Intake Document (SFID)

Formerly known as the Short Term Form, an assessment instrument designed as an intake document used to capture relevant information on individuals determined eligible and authorized to receive the following services: One-time case management, Short Term Home Delivered Meals, Short Term In-Home Respite and Group Respite. The SFID is used for clients requiring services for 90 days or less, for care givers service authorizations and single service authorizations for the services cited above. The SFID may not be used to authorize services if the individual is already receiving another NMHCBS authorized service via the ASCAP. *[Arizona Standardized Client Assessment Plan Manual 2002]*

Single Audit Act

The purposes of this Act are: (1) to promote sound financial management, including effective internal controls, with respect to Federal awards administered by non-Federal entities; (2) establish uniform requirements for audits of Federal awards administered by non-Federal entities; (3) promote the efficient and effective use of audit resources; (4) reduce burdens on State and local governments, Indian tribes, and non-profit organizations; and (5) ensure that Federal departments and agencies, to the maximum extent practicable, rely upon and use audit work done pursuant to chapter 75 of title 31, United States Code (as amended by this Act.). *[Single Audit Act as Amended in 1996]*

Single Point of Entry

Entry into the NMHCBS system through the Area Agencies on Aging

Social Services Block Grant (SSBG)

A Federal program that allocates funds to states for the support of social services programs for adults and children. SSBG funds must be directed at one or more of five broad statutory goals: achieving economic self-support or self sufficiency, preventing or remedying economic exploitation of children and adults, preventing or reducing inappropriate institutionalization, and securing referral for institutional care, where appropriate. *[Administration for Children and Families website www.acf.hhs.gov]*

State Agency on Aging

An agency in state government designated by the Governor and State Legislature as the focal point for all matters related to older persons. In Arizona, the state agency is located within the Department of Economic Security (DES) and is called the Aging and Adult Administration (A&AA).

State Workforce Board	A State Workforce Investment Board established under section 111 of the Workforce Investment Act. <i>[20 Code of Federal Regulations Part 641.140].</i>
State Grantee	The entity designated by the Governor to enter into a grant with the Department to administer a State or territory SCSEP project under the OAA. Except as applied to funding distributions under section 506 of the OAA, this definition applies to 50 States, Puerto Rico, the District of Columbia and the following territories: Guam, American Samoa, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands. <i>[Older Americans Act §506].</i>
Sub-Grantee	The legal entity to which a sub-award of financial assistance, which may include a subcontract, is made by the grantee (or by a higher tier sub-grantee or recipient), and that is accountable to the grantee for the use of the funds provided. As used here, sub-grantee” includes “sub-grantees” as defined in 29 CFR 97.3 and “sub-recipients” as defined in 29 CFR 95.2 (KK). <i>[20 Code of Federal Regulations Part 641.140].</i>
State Unit on Aging	An agency of state government designated by the governor and state legislature as the focal point for all matters related to the needs of older persons within the state. The Arizona state unit on aging refers to the Department of Economic Security, Aging and Adult Administration. <i>[Older Americans Act §305, Arizona Revised Statutes §41-1954]</i>
State Plan on Aging	A document submitted as required under Title III of the Older Americans Act, which encompasses all the specific programmatic and financial commitments that the Aging and Adult Administration will administer, coordinate or supervise over a multi-year period. <i>[Older Americans Act §307]</i>
Stewardship Equipment	Purchased equipment with a total acquisition cost of \$1,000 or more, but less than \$5,000 and a useful life of more than one year. The acquisition cost for an item is the total price paid for the item including taxes, charges for installation, transportation and/or modifications necessary to make the item usable for the purpose for which it was acquired. <i>[Department of Economic Security Contractor Equipment Policy, March 2001]</i>
Sub-Recipient	Any person or government department, agency, or establishment that receives Federal assistance to carry out a program through a state or local government, but does not include an individual that is a beneficiary of such a program. A sub-recipient may also be a direct recipient of Federal financial assistance. <i>[Office of Management and Budget Circular A-133]</i>
Supplemental Foods	Food supplements that are less than a single meal. Each meal served by the nutrition services must contain one-third (1/3) of the current Recommended Dietary Allowances. <i>[Older Americans Act §339(2)(A)]</i>
Supplemental Payments Program	A non-entitlement discretionary program that provides Housekeeping

or monthly payments in lieu of housekeeping, visiting nurse and

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	home health aid services to Aging and Adult Administration clients. <i>[Arizona Revised Statutes §46-252 (Repealed 2005)]</i>
Supplies	All tangible personal property other than equipment.
Surplus	The determination that an item of equipment exceeds the needs of the contractor and/or department program, making the item available for use by another department program. <i>[Department of Economic Security Contractor Equipment Policy, March 2001]</i>
Targeting	The concentration of programs and the distribution of funds provided under the Older Americans Act should be directed to assisting older individuals who are in greatest economic or social need, including frail and disabled individuals, and older individuals living in rural areas. <i>[Older Americans Act §306]</i>
Temporarily	Services provided for not more than an average of eight hours per week. For emergency respite services, temporarily means not more than three days. Case Management documentation must be provided to justify situations for services in excess of the aforementioned hour and/or day limitations.
Term Approval	The status given to an Area Plan on Aging for the established full term (tenure). The Plan meets the criteria for approval and is in compliance with all Federal and state requirements. Plans are either two, three, or four years in duration.
Title III Funds	The largest of the seven titles of the Older Americans Act which establish the authority to award grants to States, who in turn award funds to Area Agencies on Aging for community planning, advocacy, service development and coordination.
Title V of the OAA	The Older Americans Community Service Employment Act of Public Law 106-501 authorizes the SCSEP. <i>[42 U.S.C.3056 et seq.]</i>
Training Services	SCSEP training consists of Community Service Assignments, General Training, and Specialized Training. Additional training may be obtained with the services authorized by section 123 (d) (4) of the Workforce Investment Act. <i>[20 Code of Federal Regulations Part 641].</i>
Transportation (General)	A service that provides or assists in obtaining various types of transportation for specific needs. <i>[Arizona Taxonomy 2003]</i>
Tribal Organization	The recognized governing body of any Indian Tribe or any legally established organization of Indians that is controlled, sanctioned or chartered by such body. <i>[Older Americans Act §102]</i>
Unliquidated Obligations	For reports prepared on a cash basis, are the amount of obligations incurred by the grantee that has not been paid. For the reports prepared on an accrued expenditure basis, these are the amounts of obligations incurred by the grantee for which an outlay has not been recorded. <i>[Office of Management and Budget. Circular A-110 Revised 11-19-93, Amended 9-30-99]</i>

Unobligated Balance	Is the portion of the Federal funds authorized, which has not been obligated by the grantee and is determined by deducting the grantee's cumulative obligations from the cumulative Federal funds authorized. <i>[Office of Management and Budget Circular A-110 Revised 11-19-93, Amended 9-30-99]</i>
Unusual Incident	An incident that involves death, severe personal injury, or property damage that will impact upon clients, their relatives, staff and Administration of contractors/subcontractor including volunteers, or the public in general, and may be considered newsworthy by the media and/or incur liability to the State of Arizona. <i>[Department of Economic Security Policy 1-07-02- Unusual Incident Reporting]</i>
Voluntary Contribution	Monetary contributions made voluntarily by a service recipient for services rendered. <i>[Older Americans Act §315]</i>
Waiver	The act of waiving requirements of the Area Plan on Aging. <i>[Older Americans Act §306]</i>
Workforce Investment Act (WIA) Regulations	The Workforce Investment Act Of 1998 (Public Law 105-220—Aug. 7, 1998; 112 Stat. 936); 29 U.S.C. 2801 et seq. Regulations at 20 CFR Part 652 and parts 660-671. <i>[20 Code of Federal Regulations Part 641.141].</i>

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services
Long Term Care Ombudsman Program

OMBUDSMAN DESIGNATION CHECKLIST

I certify that _____ has met program requirements in the following areas and should become a designated Ombudsman.

Training received on the following topics:

- Ombudsman program responsibility
History/role of the program
Ethics
Resident rights
Aging process
Techniques of complaint investigation
Problem solving and resolution
An overview of LTC facilities
Regulatory requirements of LTC facilities
Other applicable laws and regulations
Medicare and Medicaid
Confidentiality of records
Review of resident records
Community agencies and resources
Documentation
NORS Data Reporting/DES Long Term Care Ombudsman Database

Other program requirements:

- Background check requirements (ARS 46-141)
Demonstration of freedom from infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility (if applicable)
16 hours of core curriculum training
4 hours of in-the-field training
Freedom from conflicts of interest as demonstrated in signing the Conflict of Interest Statement (AAA-1059A) (send a copy to the OSLTCO)
Completion of the Volunteer Commitment form (AAA-1050A) (if applicable)

NAME OF REGIONAL OMBUDSMAN COORDINATOR (Please type or print)

Table with 2 columns: SIGNATURE - REGIONAL OMBUDSMAN COORDINATOR, DATE; SIGNATURE - REGIONAL OMBUDSMAN OR VOLUNTEER, DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Aging and Adult Services
 Long Term Care Ombudsman Program

OMBUDSMAN RE-DESIGNATION CHECKLIST

I certify that _____ has met the following program requirements for re-designation.

- Completion of at least 8 hours of continuing education in the last 12 months (*12 hours required for Program Coordinators*)
- Demonstration of freedom from infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility. (*if applicable*)
- Freedom from conflicts of interest as demonstrated in signing the Conflict of Interest Statement (AAA-1059A)
Send a copy to OSLTCO)
- Continual demonstrated ability to carry out the duties of the office
- Attendance of at least one outside training in the last 12 consecutive months (*applies to staff ombudsmen only*)

 NAME OF REGIONAL OMBUDSMAN COORDINATOR (*Please type or print*)

SIGNATURE – REGIONAL OMBUDSMAN COORDINATOR	DATE
SIGNATURE – REGIONAL OMBUDSMAN OR VOLUNTEER	DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Aging and Adult Services
 Long Term Care Ombudsman Program

OMBUDSMAN DE-DESIGNATION RECOMMENDATION

I recommend that _____ be de-designated, based on the following cause(s).

Check the appropriate cause(s):

- Failure of the individual to meet and or maintain the criteria for designation
- Deliberate failure of the individual to disclose any conflict of interest or the existence of an unremedied conflict of interest
- Violation of confidentiality requirements
- Failure to provide adequate and appropriate services to long term care residents
- Falsification of records
- Failure to act in accordance with applicable federal and state laws, rules, regulations and policies
- Other: _____

I certify that the following remedial actions have been attempted and have proved unsuccessful.

NAME OF REGIONAL OMBUDSMAN COORDINATOR *(Please type or print)*

SIGNATURE – REGIONAL OMBUDSMAN COORDINATOR

DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type)

Regional Program No.

*Date***READ ALL DIRECTIONS BEFORE YOU BEGIN**

Directions:

1. Place your Name, Regional Program Number (*with which you are associated*), and the Date in the spaces provided above.
2. This exam has a True/False section, a multiple-choice section and a short-answer essay section. The True/False section has 30 questions and is worth 30 points. The multiple-choice section has 15 questions and is worth 30 points. The short-answer essay section is worth 40 points. The total number of points possible is 100. You must achieve a minimum total of 70 points to pass the exam. Your Regional Program Coordinator will notify you whether you passed or failed the exam.
3. Read the directions for each section before you begin.
4. Read each question carefully before answering the question and select the best answer.

Should you have any questions during the exam, someone will be available to assist you.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

OMBUDSMAN DESIGNATION EXAMINATION

 Name (Print or type)

 Regional Program No.

 Date

True and False Section (30 points):

Read each statement carefully and write either T (true) or F (false) in the space provided.

1. _____ A complaint is verified if a resident tells you that it happened.
2. _____ All employees of long term care facilities are considered “mandated reporters” and must report abuse or neglect.
3. _____ All people with dementia are unable to make any decisions about their care.
4. _____ An assisted living home is licensed to care for up to ten adults, and an assisted living center is licensed to care for more than ten adults.
5. _____ Before discharging a resident, a facility must try to avoid the discharge by providing reasonable accommodations for the resident’s needs.
6. _____ Communications with Long Term Care Ombudsmen are privileged and confidential.
7. _____ Long-term care facility staff can choose whether or not they want an Ombudsman to come into their facility.
8. _____ Residents have the right to decline needed medical services and treatment.
9. _____ Residents should never attend their own care plan meetings because it may be too confusing or upsetting for them.
10. _____ The Long Term Care Ombudsman Program was initially created to respond to concerns about the care in nursing homes.
11. _____ Ombudsmen are neutral and impartial.
12. _____ The Long Term Care Ombudsman Program is established in federal and Arizona law.
13. _____ Ombudsmen are “mandated reporters” and must always report abuse or neglect, even if they cannot get consent from a resident to do so.
14. _____ All residents of long term care facilities MUST have advance directives in place.
15. _____ If a family member asks you to investigate a complaint, you must do so even if the resident asks you not to proceed.
16. _____ A resident must specifically request that his or her identity be kept confidential in order for an ombudsman to keep it confidential.
17. _____ Ombudsmen should keep residents informed of their actions during the complaint investigation process.

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type)

Regional Program No.

Date

18. _____ An absence of complains means that all residents are receiving quality care and experiencing an acceptable quality of life in a facility.
19. _____ If a complaint is not verified there is nothing more than an ombudsman can do but close the case.
20. _____ In general, a reportable ombudsman complaint is one where the ombudsman invested more time and effort than simply relaying a resident's need or request to a facility staff person with no follow-up.
21. _____ If a resident has a legal representative in place, the ombudsman should defer to that person in all cases.
22. _____ Facility staff members have the right to attend resident council meetings without being invited by the residents.
23. _____ If a resident wanders in the facility and is at risk of falling, the best course of action is to give him/her medication to stop wandering.
24. _____ Depression is a natural part of getting old and nothing can be done to help older adults who are depressed.
25. _____ Once a discharge notice is issued, there is nothing that an ombudsman can do to assist a resident whose goal is to stay at the facility.
26. _____ A Power of Attorney (POA) has the right to override the wishes of a resident in all cases.
27. _____ If an ombudsman becomes subject to a conflict of interest, they may wait until annual re-designation to make the conflict known to their Regional Program Coordinator.
28. _____ Ombudsmen have ten (10) business days to respond to a request for assistance.
29. _____ It is not necessary for an ombudsman to knock on a resident's door before entering their room.
30. _____ Residents in assisted living facilities have all of the same rights as residents in nursing homes.

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type)

Regional Program No.

Date

Multiple Choice Section (30 points):

Read each question very carefully and check the best answer. Check only one answer for each question.

1. The Office of the State Long Term Care Ombudsman Program includes:

- a. Staff and volunteers of the regional programs and state staff
- b. State Ombudsman staff only
- c. Regional programs and Area Agencies on Aging
- d. None of the above

2. The Office is given authority by both federal and state law. Which agency administers the federal requirements?

- a. CMS – Center for Medicare and Medicaid Services
- b. Office of Criminal Justice
- c. OMB – Office of Management and Budget
- d. ACL/AoA – Administration for Community Living/Administration on Aging

3. Of the following, which is the best way to protect the identity of an individual requesting confidentiality?

- a. Visit several residents, including your client
- b. Ask the assisted living manager for an office to meet with your client privately
- c. Ask the state ombudsman for consent to review a resident's record
- d. Proceed straight to your client's room and close the door

4. If someone requests a copy of an ombudsman case file, what should you do?

- a. Explain the law and regulation about confidentiality
- b. Require the request in writing
- c. Notify the State Ombudsman
- d. All of the above

5. Which of the following is true about continuing education requirements?

- a. Only State Ombudsman sponsored events can be counted toward the requirement
- b. Continuing education is optional for ombudsmen
- c. At least 8 hours of continuing education is required for all ombudsmen per year
- d. None of the above

6. In the following list, which does not fit the actions of an advocate?

- a. Make an attempt to understand the total situation by seeking out as many sources of information as possible
- b. Be objective in an investigation
- c. Be a good listener
- d. Promise the client you will achieve the outcome he/she is seeking

7. Acting on behalf of another, pleading another's cause, assisting another to represent themselves, and representing less powerful interests in legislative arenas all describe what important ombudsman skill?

- a. Negotiation
- b. Brokering
- c. Education
- d. Advocacy

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type) _____

Regional Program No. _____

Date _____

8. When your personal ethical principles are in conflict with a resident's wishes, which of the following should guide you?
- a. What does the resident want?
 - b. What does the resident's family want?
 - c. Resident's best interest
 - d. None of the above
9. Generally, the preferred way for an ombudsman to handle a complaint is which of the following?
- a. Educate and empower the resident or family to resolve the problem themselves, then follow up
 - b. Negotiate with the provider to achieve the resident's desired outcome
 - c. Approach the regulatory agencies about enforcing the standards
 - d. Make a referral to legal services
10. When an ombudsman is told by an alert and oriented resident that she thinks her daughter may be stealing her money, the most appropriate initial response would be to:
- a. Talk with the resident about her concerns and ask for consent to investigate or refer the case, as appropriate
 - b. Excuse yourself from the discussion and talk with facility staff about what the resident has shared
 - c. Excuse yourself from the discussion and call Adult Protective Services immediately
 - d. Force the resident to call local law enforcement before you leave the facility
11. Which of the following is a good practice when visiting a resident?
- a. Ask if the resident remembers you
 - b. Reduce or move away from extraneous noise
 - c. Think of the resident's room as THEIR space
 - d. b and c
12. When speaking with a resident who is hard of hearing, an ombudsman should:
- a. Keep your visit short so as not to disrupt the resident
 - b. Raise your voice and exaggerate each word
 - c. Position yourself directly in front of the resident when you converse
 - d. Ask a staff member to speak to the client for you
13. When a resident you are meeting with shifts in her chair, watches television, or otherwise avoids eye contact with you, it could mean:
- a. She is afraid of others seeing her talk to the ombudsman
 - b. She is tired
 - c. She is comfortable with you
 - d. a and b
14. Which of the following is the most appropriate first step to take in investigating a general complaint about call lights not being answered?
- a. Review facility policy about call lights
 - b. Ignore the issue. There is nothing that can be done about call lights not being answered
 - c. Talk to the resident council president about whether call lights have been discussed
 - d. Ask residents if their expectations are reasonable
15. A _____ is the process of legally taking away rights from a person who is unable to make decisions for him/herself. It can be full or limited.
- a. Guardianship
 - b. Fiduciary
 - c. Power of Attorney
 - d. Living Will

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type)

Regional Program No.

Date

Short Essay Section (30 points):

Read each scenario or question very carefully before answering. The point value after each question indicates the number of answers expected. For example, a two-point question should have two responses. Short answers are best and complete sentences are not necessary. **Whether specifically requested or not, your answers should reflect knowledge of and advocacy for person-centered practices emphasizing self-determination and choice.**

1. Federal regulations for nursing facilities protect and promote residents rights related to privacy. List three (3) examples of privacy rights for residents of these facilities. (6 pts)

1. _____
2. _____
3. _____

2. While one of the primary responsibilities of the Long Term Care Ombudsman Program is to resolve complaints made by or on behalf of residents, there are many others. List 2 other responsibilities of an ombudsman. (4 pts)

1. _____
2. _____

3. List two (2) common sources of information for investigations. (2 pts)

1. _____
2. _____

4. Sometimes agencies, organizations and others must be involved in complaint resolution. List one (1). (2 pts)

5. Ms. Douglas's daughter, Karen, calls you to complain that the nursing home is refusing to take her mother to the dining room for the noon meal. She tells you that she has talked to the facility several times, but when she calls at noon her mother is always in her room eating her lunch. You visit Ms. Douglas, she tells you that she likes to eat lunch in her room because it is so nice and quiet. It is the only time she gets to be alone. The aides always want to take her to the dining room at noon, but she refuses. She eats her evening meal in the dining room.

- a. Is the complaint verified? (2 pts) _____
b. Should the case be closed? (2 pts) _____

6. Ms. Miller, a resident of Sunny Valley Assisted Living Facility, stops you in the hall and tells you she has a problem: her son, who lives at home, has just been terminated from the Medicaid program and she is concerned he will not be able to pay for his medication. As she wheels off in her wheelchair, you notice that the wheelchair keeps veering to the left and hitting the wall. You ask if she would like your assistance in getting it fixed, or getting a new chair. She replies, "yes".

- a. What is the complaint? (2 pts) _____
b. Who is the complainant? (2 pts) _____

OMBUDSMAN DESIGNATION EXAMINATION

Name (Print or type)

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Date

7. A woman calls asking for information on care planning and how to select a nursing home for her mother. (2 pts)

Would this be coded as a case or consultation? _____

8. During your visit to an assisted living center, the resident in room 110 said his clothes were missing, his hearing aid was not working, and the facility staff was not helping. The ombudsman offered to help but the resident declined.

Script what you will say to the resident, questions you will ask to understand his resistance to help, options to alleviate his concerns, and options for handling the problems. (6 pts)

-
9. When you arrive at the nursing home, you sign in and walk down the hall toward a resident's room. There are five call lights flashing above the room doors. You see Mary, a nurse aide you have known for a year and she stops to chat with you about her recent wedding. A few minutes later, you arrive at Mrs. Jones' room but she is in the bathroom; her call light is one of the lights flashing. Since you are also scheduled to see Mr. Leader, the resident council president, you decide to visit him while you wait for Mrs. Jones.

You spend about 30 minutes with Mr. Leader while he tells you what was discussed at the last resident council meeting. It seems that the residents are still complaining about cold coffee in the morning and that the suppers rarely match the menus hanging on the bulletin board. These are the same complaints that you heard after last month's resident council meeting.

When you are finished with Mr. Leader, you go back to Mrs. Jones' room. She is still in the bathroom but her call light is not flashing any longer. Mrs. Jones tells you that she has been waiting for "a very long time" to go back to her chair and "this happens every time." All she needs is for someone to bring a walker to her. She does not have her own walker but borrows one from the therapy department for short trips. She was told to turn her light on when she needed a walker and a nurse aide would get her one from the therapy department.

List three observations that indicate something is wrong. (6 pts)

1. _____
2. _____
3. _____

Mr. Leader asks for your help with the problems you have identified. Who would you tell to in order to determine whether these problems occur on a regular basis or if this was just a bad day? (2 pts)

What would you do to verify for yourself that the meals served to the residents do not match the menus? (2 pts)

Division of Aging and Adult Services
ALERT

SFY-15-12A

**Technical Assistance
for SFY-2015**

Technical Assistance ALERTS are generated periodically to update contractual and/or programmatic requirements and/or clarifications. Please ensure that appropriate Area Agency on Aging personnel are aware of this technical assistance.

The purpose of this ALERT is to update Area Agencies on Aging (AAAs) on revisions being made to various Scopes of Work (SOWs) that are included their contracts. This review of the SOWs is part of the preparation for the new five-year contract cycle that will begin in SFY-16. A matrix is included as Attachment A that indicates which SOWs were changed and what changes were made to each SOW. Also, a draft of each revised SOW is included for AAA review as Attachment B. AAAs are encouraged to review these important contractual documents and provide any comments or concerns to the Division of Aging and Adult Services by no later than August 15, 2014.

Key Dates

July 15, 2014	DRAFT Scopes of Work available for review
August 15, 2014	Last day for AAAs to submit comments in a single response document to DAAS on the drafts
August 20, 2014	Conference call to discuss changes
August 27, 2014	Revised DRAFT Scopes of Work posted on DAAS website

If you have any questions, please contact your assigned Contract Specialist.

SFY-15-12A Attachment A

#	Scope of Work	Modifications	Comments
	Global changes	Changed "ensure" and "assure" to alternative language.	Compliance with OP format
	Global changes	Changed "clients" to "individuals".	Consistency purposes
	Global changes	Changed citations to DAAS policy and procedures manual to include Chapter and Section information.	Consistency purposes
1	Admin SOW	Added Purpose Statement in 2.1 and added ILS information under Program Description in 3.0. Updated website links; updated website links	Purpose statement missing in prior version; ILS information added for clarity
9	Adaptive Aids and Devices	See Global changes	
10	Adult Day Care	See Global changes	
11	Advocacy	See Global changes; verbiage change in 11.4.6	For clarity
12	Attendant Care	See Global changes	
13	Caregiver Training- DCW	See Global changes	
14	Caregiver Training- FCG	See Global changes	
15	Case Management	See Global changes	
16	Community Education and Information	See Global changes	
17	Congregate Meals	17.3.1.3 Corrected reference 17.3.1.4 "Write" changed to "Compose" 17.3.3.4 added "certification" 17.3.5.2 added "to provide input on activities"	To point to correct reference Edit recommended by Contracts Unit For clarity For clarity
18	Consultation	18.3.1 added "the"	To complete sentence
19	Coordination - Elder Refugees	19.2.1 Changed base taxonomy from Program Development to Coordination, and edited the taxonomy description. 19.2.4 Spelled out Refugee Resettlement Program	On-going service - no longer Program Development For clarity
20	Emergency Human Services	20.4 Deleted "ensure"	Compliance with OP format
21	General Transportation	See Global changes	

SFY-15-12A Attachment A

22	Health Education -Disease Prevention and Health Promotion	<p>Changed SOW name to reflect the taxonomy the SOW is based on.</p> <p>22.1.1 "information and services" to "evidence - based interventions"</p> <p>22.2.10 Corrected acronym CDSME</p> <p>22.3.2 Added language to reflect new program requirements</p> <p>22.3.5 Corrected acronym CDSME</p> <p>22.3.5.1 Corrected acronym CDSME</p>	<p>New program language</p> <p>New program language</p>
23	Home Delivered Meals	23.3.3.5 added "certification and"	Add clarity
24	Home Health Aid	24.3.1.3, 24.3.2, 24.3.2.5, 24.4.1, 24.5.7 - Added "or registered physical therapist"	Consistency purposes
25	Home Repair and Renovations	See Global changes	
26	Housekeeping	See Global changes	
27	Information and Referral	See Global changes	
28	Job Development and Placement	See Global changes	
29	Legal Assistance	29.1.1 and 29.2.4; Background section removed and added to purpose statement.	Compliance with OP format
30	Long-Term Care Advocacy	Edits throughout to reflect policy and procedure changes. See track change document.	Policy and procedure changes
31	Nursing - Community Nursing	31.4.7 Deleted language regarding provision of references and combined "Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid".	Compliance with OP format and consistency purposes
32	Nursing- Home Nursing	32.4.6 Deleted language regarding provision of references and combined "Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid" .	Compliance with OP format and consistency purposes
33	Outreach	See Global changes	
34	Peer Counseling	34.3.5 changed "Account for" to "Consider"	Clarity purposes

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35	Personal Care	35.4 Moved language from "Staffing Requirements" to "Licensure/Certification Requirements"	Compliance with OP format and consistency purposes
36	Program Development	36.2.2 moved language to 36.2.3 36.2.5 replaced "DAAS" with "Division of Aging and Adult Services"	Compliance with OP format Consistency
37	Protective Services	See Global changes	
38	Reassurance	See Global changes	
39	Respite Care	39.1 Replaced "as not more than 8 hours per week" with updated language 39.2.3 Added "except when offered as a self-directed voucher."	To align with current policy To address voucher program component
40	Socialization and Recreation	See Global changes	
41	State Health Insurance Assistance Program	41.2.4 removed background language 41.3.1.7 removed "and SMP" 41.3.4.3 removed language 41.3.5.5 replaced Administration on Aging with Administration for Community Living 41.3.6.5 Added "Develop and" 41.3.6.11 removed "and SMP" 41.4.1 replaced "Center for Medicare and Medicaid Services and Administration on Aging" with "Administration for Community Living"	OP compliance and new SMP SOW Created separate SMP SOW
42	State Health Insurance Information Education - SMP	New SOW	Broke out SMP from SHIP
43	Supplemental Provisions	No change	
44	Supported Employment- SCSEP	See Global changes	
45	Supportive Intervention and Guidance	See Global changes	
46	Volunteer Services- Management	No change	
47	Volunteer Services- Personal Budget	See Global changes	

SFY-15-12A - Attachment B

Draft Scopes of Work

SFY-15-12A - Attachment B

Draft Scopes of Work

Scope of Work
Area Agencies on Aging

1.0 DES Vision and Mission Statement

- 1.1 DES Vision - Every child, adult, and family in the state of Arizona will be safe and economically secure.
- 1.2 DES Mission - The Arizona Department of Economic Security promotes the safety, well-being, and self sufficiency of children, adults, and families.

2.0 Purpose

- 2.1 **Purpose Statement** – This contract provides programs and services through contracts with Agencies that include non-medical home and community-based programs, disease prevention and health promotion, legal assistance, long-term care ombudsman, family caregiver supports, mature workers, state health insurance assistance program, senior Medicare patrol, and elder refugee services.
- 2.2 **Legal Authority** – Arizona Revised Statute (A.R.S.) §41-1954 (A)(6) provides DES the authority to enter into contracts and incur obligations within the general scope of its activities and operations subject to the availability of funds.
 - 2.2.1 The Older Americans Act of 1965, as amended, created the National Aging Network comprising the Administration on Aging on the federal level, State Units on Aging, and Area Agencies on Aging at the local level. Through this federal legislation, DES provides services to vulnerable and older individuals living in Arizona.
- 2.3 **Funding** – Services may be funded through various sources including, but not limited to, the U.S. Department of Health and Human Services, Administration for Community Living (ACL) and the Office of Refugee Resettlement, U.S. Department of Labor, and Arizona State General Funds.
 - 2.3.1 **Exhibit A – Funding by Service** identifies funding which supports each service as of July 1, 2015. The chart is located in the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.
 - 2.3.2 **Non-Federal In-kind/Cash Match Requirement**
 - 2.3.2.1 In accordance with the Older Americans Act regulations, Title 45 Part 74 of the Code for Federal Regulations as may be amended, and the DAAS policy as may be amended, agencies are required to provide ten (10) percent non-federal match for all services funded under an approved Area Plan on Aging for the cost of carrying out Older Americans Act programs. The match shall consist of non-federal cash and in-kind contributions and shall be expended for goods and services necessary for and specifically identifiable to the contract. Program income cannot be utilized to meet the match requirements. Program income is defined as “gross income earned by a recipient from activities part or all the cost of which is either borne as a direct cost by the grant or counted as a direct cost toward meeting a cost sharing or matching requirement of a grant”.
 - 2.3.2.2 Agencies are required to provide ten (10) percent of the non-federal share of the cost of carrying out a program under Family Caregiver Support Program (FCSP). The non-federal share shall be provided from local sources and may be met with cash or in-kind expenditures. Expenditures used to satisfy the non-federal share requirement must be related to the purpose of FCSP and may not be used to meet maintenance of effort or non-federal share requirements in other federal programs, including other sections of the Older Americans Act, Title III. Expenditures previously used to “over match” other programs may be used to satisfy the non-federal share requirement in the FCSP provided that those expenditures no longer are counted toward meeting the non-federal share requirement of such other programs and those expenditures are related to the purpose of the FCSP.
 - 2.3.2.3 Non-federal in-kind/cash match requirement for Older Americans Act funding is based on the following formula:

$$\frac{(\text{funds allocated}) \times (.10)}{(.90)}$$

- 2.4 **Definitions** – See the DAAS Policy and Procedure Manual, Chapter 6000 at the following link:
https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/Policy/polpro_ch6000_glossary.pdf

3.0 Program Description

- 3.1 **The DAAS is the designated State Unit on Aging for Arizona. The DAAS’ mission is to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice, and benefit. The Independent Living Supports (ILS) Unit within DAAS houses a variety of programs and services to enable older persons and vulnerable adults to remain independent in their communities.** Programs and services are provided through contracts with Area Agencies on Aging (AAA) that play a pivotal role in assessing community needs and developing programs that respond to those needs.

Scope of Work
Area Agencies on Aging

Additionally, the AAAs act as advocates for improved services for older persons and their families. They often serve as portals to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost-effectiveness of services.

3.2 Programs and services provided through contracts with Agencies include non-medical home and community-based programs, disease prevention and health promotion, legal assistance, long-term care ombudsman, family caregiver supports, mature workers, state health insurance assistance program, senior Medicare patrol, and elder refugee services.

4.0 Contract Term

4.1 The contract term shall have an effective date of July 1, 2015 and shall end on June 30, 2020.

5.0 Administrative Requirements – The Contractor shall:

5.1 Provide services that are culturally relevant and linguistically appropriate to the population to be served.

5.2 Comply with the DAAS Policy and Procedure Manual, as may be amended, located at:

<https://www.azdes.gov/daas/policy/>

5.2.1 Comply with Discretionary Grants approved by the U.S. Department of Health and Human Services Administration on Aging, as described in the DAAS Policy and Procedure Manual.

5.3 Area Plan on Aging

5.3.1 Comply with all aspects of the Area Plan on Aging requirements as outlined in DAAS Policy and Procedure Manual as may be amended, located at <https://www.azdes.gov/daas/policy/>

5.3.2 Implement the Area Plan on Aging, as approved by the DAAS.

5.4 Comply with the following as may be amended:

5.4.1 Medicare Prescription Drug, Improvement and Modernization Act of 2003. (PL-180-179);

5.4.2 Consolidated Appropriations Act, 2001 (PL-106-554);

5.4.3 45 CFR Part 74, Administration of Grants; and Office of Management and Budget (OMB) circular A-110 or Circular A-127, as appropriate;

5.4.4 Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) including Section 2352 “Title XX Block Grants”, 42 U.S. C. 1397 and 42 U.S.C. 1297A, D, and e; 45 CFR, Part 96; and the Arizona Title XX Social Services Plan;

5.4.5 The Older American’s Act, 42 U.S.C., Chapter 35, Sub-chapter I, Section 3002, paragraph 33;

5.4.6 The Older Americans Act of 1965, as amended 42 U.S.C. 3001 through 3035;

5.4.7 45 CFR Parts 1321 and 1326; and

5.4.8 A.R.S. §46-452-01, §46-452-01, §46-251-253, and §46-191-193.

5.5 Staffing and Security

5.5.1 Prevent conflicts of interest of staff members and volunteers in the provision of services and management of the programs.

5.5.2 Provide to all staff and volunteers timely and accurate information and appropriate training relevant to the services they provide.

5.5.3 Maintain documentation that key staff has received appropriate training or hold appropriate certification/licensure in accordance with their job descriptions.

5.5.4 Train appropriate personnel in the use and preparation of client assessment and reporting forms.

5.5.5 It is best practice that until an employee receives their clearance card, the employee provides services under direct visual supervision and oversight of an employee who possess a Level One Fingerprint Clearance Card until they are issued a valid fingerprint clearance card that meets the Level One requirements.

5.5.6 Maintain client/recipient confidential information in a secure location.

5.6 Equipment

5.6.1 Communicate with DAAS electronically through email to convey Microsoft-based text and spreadsheet documentation, and access information from the DAAS, and other web sites.

5.6.2 Utilize computer backup/recovery systems and procedures to ensure no loss of data required for DAAS reports, and to ensure that there is no disruption or degradation of services provided.

5.6.3 Utilize a computer-based tracking system for which monthly, quarterly, and other reports may be generated.

5.6.3 Comply with DAAS data sharing/security requirements to include at a minimum, but not limited to staff certification and annual re-certification training.

5.6.4 Directly input client and financial data into the DAAS reporting system (DAARS) in accordance with system Guides, as may be amended.

5.6.5 Directly extract programmatic and financial reports from DAARS to monitor service delivery and financial expenditures.

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Area Agencies on Aging

- 5.7 Service Provision
- 5.7.1 Provide services directly, as allowed, or through qualified subcontractors.
- 5.7.2 Document/report all costs associated with the provision of contract services.
- 5.7.3 Maintain documentation that key staff has received appropriate training or hold appropriate certification/licensure in accordance with their job descriptions.
- 5.7.4 Collect and report required client data per DAAS Policy and Procedure Manual, as may be amended.
- 5.7.5 Maintain and utilize a policy and procedure manual that includes, at a minimum, detailed intake procedures, program description and eligibility requirements, client grievance procedures, non-discrimination policy, and confidentiality requirements.
- 5.7.6 Maintain client-focused facility locations which offer sufficient client waiting space or waiting rooms, adequate seating, and restrooms for program applicants at all permanent facility locations indicated on the Facility Location Chart.
- 5.7.7 Utilize client grievance procedures which respond timely and effectively to client complaints.
- 5.7.8 Impose no fees upon recipients for service unless the fund source permits a fee to be charged for the service. A fee policy shall have written approval by the DAAS prior to implementation. The Contractor shall comply with any restriction or stipulation set by the DAAS. Income generated from client fees shall be used exclusively to expand existing program services.
- 5.7.9 Exhibit B - Service Detail summarizes a number of key service attributes. The chart is located in the DAAS Policy and Procedure Manual, as may be amended.
- 5.8 Subcontract Related Service Provisions
- 5.8.1 Document/report all costs associated with the provision of subcontracted services.
- 5.8.2 Provide administrative assistance, training and technical assistance to subcontractors in support of administrative, financial and programmatic functions as needed or requested by subcontractors.
- 5.8.3 Require subcontractors to comply with administrative and emergency preparedness requirements as well as requirements specified in service scopes of work.
- 5.8.4 Provide technical assistance to subcontractors through procedural interpretation and/or by additional research upon request.
- 5.8.5 Develop and present initial and refresher training to subcontractor staff as deemed necessary by the Contractor, subcontractor, or DAAS.
- 5.8.6 Implement a coordinated service delivery system that establishes standards for service delivery and operations across the designated service area.
- 5.8.7 Hold periodic meetings with subcontractors to communicate new developments, discuss problems, share ideas for improvements, or address other identified topic areas.
- 5.8.8 Utilize client grievance procedures that respond timely and effectively to customer complaints.
- 5.8.9 Train appropriate personnel in the use and preparation of client assessment and other forms.
- 5.9 Monitoring and Evaluation
- 5.9.1 Conduct at a minimum, on-site contract compliance monitoring of subcontractors at least annually, to include but not limited to facilities, administrative and financial operations, and programmatic service delivery.
- 5.9.2 Participate in DES/DAAS evaluation studies, when required.
- 5.10 Networking
- 5.10.1 Develop partnerships and network with related programs to provide timely resolution to issues and expand resources.
- 5.10.2 Form local partnerships with social service professionals and community agencies to enhance program service information sharing and delivery.
- 5.10.3 Collaborate to hold and participate in education, training, and information seminars, workshops, and conferences.
- 5.10.4 Participate in conference calls and attend meetings initiated by DAAS to receive training, share best practices and/or obtain information.
- 6.0 **Emergency Preparedness Requirements – The Contractor shall:**
- 6.1 Coordinate activities and develop long-range disaster/emergency preparedness plans with local and state disaster/emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery.
- 6.2 Establish and implement, as necessary, a Disaster/Emergency Management Plan that includes components of disaster/emergency preparedness, disaster/emergency response, and disaster/emergency recovery as described in the DAAS Policy and Procedure Manual, as may be amended.

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7.0 Notices

7.1 The Contractor shall address all correspondence regarding this contract to:
Arizona Department of Economic Security
DAAS Contracts Management Unit
P. O. Box 6123 - Site Code 950A
Phoenix, AZ 85005-6123

7.2 The Department will address all correspondence regarding this contract to the individual(s) identified in **Attachment X**.

8.0 Reporting Requirements – The Contractor shall:

8.1 Submit the following items to:

Arizona Department of Economic Security
DAAS Contracts Management Unit
P. O. Box 6123 - Site Code 950A
Phoenix, AZ 85005-6123

- 8.1.1 Programmatic and financial reports as identified in the DAAS Policy and Procedure Manual, as may be amended.
- 8.1.2 Contractor's Insurance Certificate(s) as required in the DES Special Terms and Conditions, Insurance Requirements section
- 8.1.3 Subcontractors' Insurance Certificates as required in the DES Special Terms and Conditions, Insurance Requirements section.
- 8.1.4 Contractor's Equipment List form (FES1000AFORFF) for all equipment costing \$5,000 or more purchased by Contractor or Subcontractor, in whole or in part with DES/DAAS funds **(Exhibit X)**.
- 8.1.5 By June 30th annually, a 12-month monitoring plan that includes at a minimum: which direct service subcontractors are to be monitored during the twelve (12) month period beginning July 1st (of the same year), and for each: the type (desk or on-site) and scope (administrative, fiscal, and/or programmatic) of the monitoring for each, the specific service(s) to be monitored, and the target monitoring start and completion dates for each.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

9.0 ADAPTIVE AIDS AND DEVICES/ASSISTIVE TECHNOLOGY

9.1 Purpose Statement

9.1.1 The service provides medically necessary adaptive aids, devices and assistive technology to individuals in their residence which allows them to perform normal living skills and remain independent in their homes and communities.

9.1.2 For the Family Caregiver Support Program, this service is provided on a limited basis, to complement the care provided by the caregiver.

9.2 Service Description

9.2.1 Taxonomy Definition – A service that provides or fabricates specialized equipment that will assist persons in performing normal living skills, and any necessary installation, fitting, adjustment and training.

9.2.2 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis. The adaptive aid, device, or assistive technology must be shown to complement the care provided by the caregiver.

9.2.3 Assisted technology (AT) includes thousands of devices and products that enable people to be more independent in activities such as communication, self-care, mobility, education, and employment.

9.2.4 AT devices can offer an alternative way to accomplish a task, and work by enhancing existing abilities or by compensating for absent or non-functional skills.

9.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapters 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

9.3 Service Requirements – The Contractor shall:

9.3.1 Provide service on a temporary and limited basis as defined in the DAAS Policy and Procedure Manual, as may be amended, Chapter 3000, Section 3600-Family Caregiver Support Program.

9.3.2 Review the individual's medical conditions and the results of specialist evaluations or examinations.

9.3.3 Determine the aid and/or device best suited to meet those needs in consultation with the referral source or in accordance with professionally identified needs.

9.3.4 Provide, construct, or adapt the appropriate aid or device (including augmentative and/or alternative communication devices).

9.3.5 Assure Provide aids or devices that meet all generally accepted standards for those products and for product performance, as well as any applicable safety and health standards set by law or generally accepted in the industry.

9.3.6 Install/or fit the aid and/or device, as necessary.

9.3.7 Train the individual, his/her family and/or the care contractor in the proper use and maintenance of the aid or device, including but not limited to provision of maintenance and operation manuals.

9.3.8 Provide follow-up evaluations and make any adjustments as necessary.

9.3.9 Assure Require that offered adaptive aids, devices and assistive technology include access to maintenance and repair services.

9.4 Licensure/Certification Requirements – The Contractor shall:

9.4.1 Provide services in accordance with:

1. A.R.S. §31-1681, et. seq. for dispensing opticians, as may be amended.
2. A.R.S. §32-1684.01 for optical establishments, as may be amended.
3. A.R.S. §32-1293, et. seq. for dentist, dental technologist and dental lab technician, as may be amended.
4. A.R.S. §36-1921, et. seq. for dispenser of hearing aids, as may be amended.

9.5 Performance Measure

9.5.1 The number of clients individuals receiving adaptive aids/devices and/or assistive technology who were able to remain in their homes.

9.6 Reporting Unit

9.6.1 One unit of service equals one adaptive aid or device provided to eligible individuals.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

10.0 ADULT DAY CARE/ADULT DAY HEALTH CARE

10.1 Purpose Statement

10.1.1 The service improves the emotional and mental well-being of eligible individuals, enabling eligible individuals to interact socially, receive health monitoring, and to acquire knowledge and skills, and provides respite for the caregivers of eligible individuals. Services provide respite for family caregivers from the demanding responsibilities of their role, helping to avoid costly and unwanted placement of the care recipient in a full-time care facility.

10.2 Service Description

10.2.1 Taxonomy Definition – A service that provides supervised planned care and health-related services to adults in a group setting during a portion of a 24-hour day.

10.2.2 In general, there are three types of adult day centers: social (which provides meals, recreation and some health-related services), medical/health (which provides social activities as well as more intensive health and therapeutic services) and specialized (which provide services only to specific care recipients, such as those with diagnosed dementias or developmental disabilities). Caregivers typically select the type of center a care recipient attends based on the care needed.

10.2.3 Adult Day Care is a component of community-based long-term care systems and a service that supports the caregiver. As a supportive caregiver service, adult day care can diminish caregiver burden and stress, and can prevent or delay more costly unwanted out-of-home placement for care recipients.

10.2.4 Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day.

10.2.5 Adult Day Care is a caregiver-focused service, but can be provided to individuals living at home alone as an opportunity for socialization and health care supervision.

10.2.6 Adult Day Care is a case-managed service.

10.2.7 Adult Day Care is short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need.

10.2.8 Adult Day Care is normally planned in advance as part of a care plan, but can also be provided on an emergency basis.

10.2.9 For the purpose of the Family Caregiver Support Program, this service is to be provided to the caregiver as a form of respite care service and is considered to be a temporary substitute supportive service that provides a brief period of relief or rest for caregivers. Temporary is defined as not more than 8 hours per week.

10.2.10 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

10.3 Service Requirements – The Contractor shall:

10.3.1 Provide supervision and monitoring.

1. Review case manager authorization for duration of service and any special service requirements.
2. Develop a written care plan for each individual upon entry. The care plan shall utilize the individual's family and/or friends when applicable/possible. The care plan shall include a plan of action to be followed in the event of an emergency.
3. Maintain monthly progress notes for each individual. Reassess at least every six months, in writing, the adequacy of the individual's care plan. Reassessments are to be completed more frequently than six months if the individual's medical condition changes.
4. Refer individuals/caregiver to and coordinate with the appropriate agencies and resources when additional social, emotional or physical needs are present.

10.3.2 ~~Ensure~~ **Require that** services provided to the care recipient include, but are not limited, to:

1. Provide short-term personal care and supervision.
2. Provide supervision of the individual to protect the individual's welfare and safety.
3. An initial visit may be conducted to set up a care plan that addresses the individual's interests, e.g., cards, sports.
4. ~~Ensure~~ **Require** that the individual receives medication as prescribed.
5. Provide first aid and appropriate attention to injury and illness.
6. ~~Ensure provision of~~ **Provide** food to meet daily dietary needs, including a therapeutic diet if prescribed.
7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.

8. Provide individual or family psycho-social intervention when applicable.
9. ~~Ensure~~ **Require** that for individuals living in nursing homes, services shall only be provided when there is a discharge plan which indicates a definite time-line for transitioning back into the community.

10.4 Licensure/Certification Requirements – The Contractor shall:

- 10.4.1 ~~Ensure~~ **Require** that the facility where Adult Day Care/Adult Day Health Care is provided is licensed by the Department of Health Services according to the Arizona Administrative Code (A.A.C.) R9-10-501 through R9-10-514, as may be amended. Tribal providers need approval from the tribal government or the Bureau of Indian Affairs in operating an Adult Day Care/Adult Day Health Care facility.
- 10.4.2 ~~Ensure~~ **Require** that programs that provide meals comply with the nutrition requirements as specified in the A.A.C. R9-10-509, as may be amended.
- 10.4.3 Service providers shall meet the requirements according to A.A.C. R9-10-501 through R9-10-514, as may be amended.

10.5 Performance Measures

- 10.5.1 The number of caregivers who were provided respite through the provision of Adult Day Care services.
- 10.5.2 The ability to care for the individual was enhanced as measured by the pre and post service delivery evaluation (Caregiver Assessment Tool).

10.6 Reporting Unit

- 10.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) - Area Agencies on Aging

11.0 ADVOCACY

11.1 Purpose Statement

11.1.1 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

11.2 Service Description

11.2.1 A service that is to investigate and resolve complaints relating to administrative action that may adversely affect the health, safety, welfare and rights of individuals who are residents of long term care facilities.

11.2.2 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

1. Advocacy ensures the availability of information about and access to human services and community resources and enhances and/or supports the provision of direct services to eligible individuals and families. Area Agencies on Aging provide information to agencies, organizations, legislators, and the general public about issues affecting older individuals, planning to meet current needs, and formulating policy that will address the future needs of older individuals. Continued advocacy efforts are necessary to reduce barriers and to improve responsiveness to the needs and concerns of older and vulnerable adults.

11.3 Service Requirements - The Contractor shall:

11.3.1 Identify the individual's legal and social problems, and needs for services.

11.3.2 Identify appropriate providers to provide needed services.

11.3.3 Identify barriers to an individual's access to needed services and assist individuals to remove barriers which prevent them from meeting identified needs.

11.3.4 Assist in training community groups and individuals in advocacy techniques, community organizations, and the legislative process.

11.3.5 Provide technical assistance and support to individuals and groups involved in advocacy actions to remove barriers impeding individuals.

11.3.6 Identify changes in procedures, laws, regulations, or appropriations which would increase an individual's access to necessary services or increase or clarify legal protections for them.

11.3.7 Identify gaps in necessary services.

11.3.8 Disseminate information or provide education to appropriate agencies or groups to assist in effecting necessary changes in laws, regulations, or appropriations.

11.3.9 Provide advocacy to assist in modifying, changing, or adding to procedures, laws, regulations, or appropriations, as necessary.

11.4 Optional Tasks/Activities - The Contractor may:

11.4.1 Assess the nature and level of counseling and/or representation necessary to assist an individual to realize his/her rights and/or entitlements under the law.

11.4.2 Provide counseling or representation for the individual as appropriate to the level of expertise of the advocate and the individual's needs. Where legal representation or counseling is required, it shall be provided by licensed attorneys or by paralegals or lay advocates under the supervision and direction of a licensed attorney as is consistent with or required by the ethical requirements of the Arizona Bar Association or existing laws.

11.4.3 Identify appropriate existing resources.

11.4.4 Refer individuals to appropriate resources.

11.4.5 Assist individuals in completion of application for service.

11.4.6 Follow-up referrals to verify service delivery.

11.4.7 Initiate and enforce standardized follow-up procedures.

11.4.8 Institute a regular assessment procedure, which shall include individual or consumer participation.

11.4.9 Establish an individual grievance or appeals procedure.

11.4.10 Inform individuals of grievance and appeals procedures.

11.4.11 Establish standardized assessment methods for analysis of the service delivery system.

11.4.12 Analyze and assess the problems in the delivery system.

11.4.13 Make recommendations with individual input as necessary to improve the service system.

11.4.14 Make assessment of existing attitudes and policies.

- 11.4.15 Identify problem(s) and/or need(s).
- 11.4.16 Develop a plan of action to be taken within a specified time frame.
- 11.4.17 Implement the plan of action.
- 11.4.18 Evaluate the plan of action.
- 11.4.19 Modify as necessary.

11.5 Performance Measures

- 11.5.1 Using standardized evaluation tools, demonstrate an increase in client satisfaction annually.

11.6 Reporting Unit

- 11.6.1 One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

12.0 ATTENDANT CARE

12.1 Purpose Statement

12.1.1 The service provides assistance with routine housekeeping tasks, personal physical needs, and related services at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

12.2 Service Description

12.2.1 Taxonomy Definition - A service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities.

12.2.2 Attendant care is a case managed service.

12.2.3 Attendant care provides assistance with homemaker services, personal care, coordination of services, general supervision and assistance, companionship, socialization and skills development at an individual's place of residence.

12.2.4 The Non-Medical Home and Community Based Services System is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. Attendant Care is a component of community-based long-term care systems.

12.2.5 Attendant care increases an individual's ability to live independently in the community.

12.2.6 The service may be used as part of the Home Care cluster.

12.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

12.3 Service Requirements – The Contractor shall:

12.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service provider to determine specific tasks to be performed is recommended. During this visit, a care plan is developed and specific tasks can be assigned to the attendant care worker for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each ~~client~~ individual at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

12.3.2 Provide attendant care services in accordance with the ~~client's~~ individual's care plan as authorized by the case manager. Services include but are not limited to:

1. Provide housekeeping/homemaker tasks to maintain safe and sanitary living conditions for individuals.
2. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances.
3. Wash, dry and fold laundry. Ironing to be included if clothes cannot be worn otherwise.
4. Provide Personal care services including
 1. Assist with showering, bathing, toileting, dressing, oral care and shampooing.
 2. Assist with transfer to and from wheelchair and/or bed.
 3. Assist with eating, where the assistance required may include: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; (assist with menus/food selection) and feeding the individual.
 4. Assist with routine ambulation activities.
 5. Assist with routine nail and skin care.
 6. Assist with tasks necessary for the comfort and safety of the movement-restricted (tasks that do not require medical or nursing supervision)
 7. Assist the individual with special appliances and/or prosthetic devices, if the procedure is routine and well established.
 8. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate.
5. Provide general supervision which includes:
 1. ~~Client~~ Individuals' self-administration of medications;
 2. Monitoring the Member's medical condition and functional level; and

3. Reporting findings to the Case Manager.
6. Provide assistance with recreational/socialization skill development.
7. Encourage the individual, family, caregiver or representative to provide input into and support the individual's service plan to ~~assure~~ **verify** that activities and services are provided to meet the objectives of the individual's service plan.
8. Other tasks such as documenting and communicating to the individual's case manager, any decline, improvement or continuing maintenance of the individual's condition.
9. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.
10. Staff may not handle client's cash or write checks for clients.

12.4 **Optional Tasks/Activities - The Contractor may:**

12.4.1 Provide or ~~ensure~~ **verify** nutritional maintenance for eligible individuals.

1. Plan and cook meals.
2. Shop for and store food.
3. Shop for and store household supplies and medicines.

12.4.2 Attain safe living conditions for individuals.

1. Provide heavy cleaning such as ceiling, walls or floors.
2. Provide yard work such as cleaning yard and hauling away debris.
3. Provide pest control services, when insect infestation presents a health concern for the client. Pest control services will be purchased from licensed agencies, if no other funding for this service is available.

12.4.3 Assist individuals in obtaining and/or caring for basic material needs for water, heating and food.

1. Haul water for household use.
2. Gather and haul firewood for household heating or cooking. This includes sawing logs and chopping wood into usable sizes.
3. Care for livestock used for consumption. This includes feeding, watering and milking.
4. Care for the garden used for food consumption.
5. Dig out dirt floors and replacing with fresh dirt.
6. Turn heating and/or cooling systems on or off. The person who performs the chore service of turning on/off utilities shall have instruction about heating and cooling systems from the local utility company or weatherization project.

12.5 **Licensure/Certification Requirements – The Contractor shall:**

12.5.1 ~~Ensure~~ **Require** that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

12.5.2 ~~Ensure~~ **Require** the following staffing standards:

1. Newly hired employees providing Attendant Care shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Attendant Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that want to become an approved testing site will be made available on the ADES website. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
3. The direct service staff supervisor shall have at least two (2) years full time employment experience in supervisory capacity; one (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience. Orientation to target population is also required, unless otherwise evident in background.
4. The direct service staff supervisors demonstrates knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

12.6 **Performance Measures**

12.6.1 Percentage of ~~clients~~ **individuals** 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Attendant Care services.

12.6.2 Percentage of ~~clients~~ **individuals** 60+ years of age living below the poverty level that receive Attendant Care services.

12.7

12.7.1

Reporting Unit

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

13.0 CAREGIVER TRAINING - DIRECT CARE WORKFORCE

13.1 Purpose Statement

13.1.1 The services helps to ensure facilitate the availability of a qualified Direct Care Workforce (DCW) that meets the needs of the population and the non-medical home and community based service system.

13.2 Service Description

- 13.2.1 Taxonomy Definition – A service that provides training to assist caregivers in performing care giving activities, decision making, and problem solving.
- 13.2.2 Service includes training for individuals in preparation for employment as direct care professionals and support staff in the community as well as continuing education.
- 13.2.3 Services are to be designed in accordance with the goals of the DCW Initiative, utilizing the *Principles of Caregiving* model curriculum and related materials.
- 13.2.4 Training may be offered to professional and informal caregivers and individuals desiring to become caregivers.
- 13.2.5 This service may also encompass the training of instructors or supervisors of direct care staff and related activities, such as curriculum development and outreach.
- 13.2.6 Target Population
1. Individuals seeking employment as direct care workers or desiring to improve their qualifications.
 2. Trainers and supervisors of direct care staff at provider agencies.
 3. Individuals providing support and development services for activities related to the training program.
 4. Informal caregivers and volunteers.
- 13.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.
- 13.2.8 Background - A training curriculum was developed for direct care professionals based upon the recommendation of the Citizens Workgroup on the Long-Term Care Workforce with the goal to establish standardized training for direct care workers in Arizona. The DCW Training Program promotes collaboration between training entities and employers to build support for the program. Common outreach materials will be developed to inform providers in Arizona about the curriculum and the objectives of the training. Based on recommendations submitted by the DCW Committee in 2008, a standardized test for direct care workers and a public awareness campaign to promote the value of qualified, trained direct care workers were developed. Workshops for trainers enable subcontractors to train direct care workers on the curriculum.

13.3 Service Requirements – The Contractor shall:

- 13.3.1 Provide professional development for trainers or supervisors of direct care staff
1. Provide workshops for trainers or supervisors in a classroom setting or alternate formats, to meet the needs of trainers in the respective region, including rural and underserved areas.
 2. Utilize materials and experiences from the direct care curriculum pilot project and previous workshops. New materials and findings shall be documented and made available to DES and/or other agencies providing training.
 3. Utilize an evaluation tool to allow participants to evaluate their training.
- 13.3.2 Provide training for the direct care workforce
1. Facilitate the training of direct care professionals through payment of tuition, instructional materials, instructors and facilities, and other approved means.
 2. Utilize the *Principles of Caregiving* model curriculum as appropriate and provide training that meets the standards determined by the DCW Initiative.
 3. Include direct care providers and professionals in rural and underserved areas and informal caregivers as appropriate.
 4. Utilize an evaluation tool to allow participants to evaluate their training and to collect data n participants and their needs.
- 13.3.3 Provide course development
1. Provide for development of curriculum revisions, supplemental materials, such as tests and materials in different languages, or alternative delivery methods, including electronic media, to ensure facilitate continuing compliance with standardized competency and testing requirements for direct care workers delivering services for public programs.
 2. Develop delivery methods appropriate to rural settings, where applicable.

- 13.3.4 3. Utilize existing course materials and competencies, building on the work of the DCW Initiative.
Provide Outreach
1. Coordinate or participate in statewide public awareness activities in collaboration with the DCW Initiative and related committees regarding career development, best practices in training and supervision, and related activities.
 2. Identify providers of non-medical home and community based services and engage them in the direct care workforce initiative through a variety of activities, including the dissemination of outreach materials, invitations to trainer workshops, and related activities.
 3. Provide planning, logistics, and program support for special events, such as conferences or professional development events.

13.3.5 Evaluate training materials, classes or workshops, or the effectiveness of other activities related to the direct care workforce initiative.

13.3.6 Ensure **Designate** that a staff person ~~shall be designated~~ who will be responsible for coordinating activities, submitting reports, and facilitating communication and collaboration among project participants including those in other regions.

13.3.7 Ensure **Require** that instructors/trainers have the educational qualifications and/or required certifications or related experience in the subject matter, through an industry-recognized standard or an educational institution.

13.3.8 Ensure that training is appropriate in design and implementation to account for different types of service delivery, employee profiles, and client demographics.

13.4 Performance Measures

13.4.1 Evaluation instruments used at workshops show that trainers/supervisors of direct care workers have increased their knowledge of relevant topics or skills.

13.4.2 Individuals participating in worker training are prepared to take the Arizona Standardized DCW tests.

13.4.3 Course materials address specific needs identified by the DCW Initiative, related committees, or providers of direct care.

13.5 Reporting Unit

13.5.1 One unit of service equals one completed activity or deliverable.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

14.0 CAREGIVER TRAINING – FAMILY CAREGIVER SUPPORT PROGRAM

14.1 Purpose Statement

14.1.1 The service helps to enhance the well-being and skill level of family caregivers, to allow them to provide safe, confident care to loved ones in a community setting, helping to avoid costly and unwanted placement of the care recipient in a care facility.

14.1.2 Caregiver Training can also provide skills-based training designed to mitigate the effects of stress and burden related to their caregiving roles.

14.2 Service Description

14.2.1 Taxonomy Definition – A service that provides training to assist caregivers in performing caregiving activities, decision making, and problem solving.

14.2.2 Caregiver Training is an educational service that focuses on improving informal caregivers' practice of providing care. Caregiver Training assists caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles. The service also provides information about and access to human services and community resources, to improve the physical, emotional, and mental well being of eligible individuals, and to meet the needs of diverse caregivers who have different preferences and schedules. Specific training designed to mitigate the effects of stress and burden related to care giving can also be included in this service.

14.2.3 This service provides training for family members and other home-based caregivers which focuses on caregiver related topics including:

1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
3. Making the home environment safe and barrier-free.
4. Stress management and other techniques to help the caregiver take care of him or herself.

14.2.4 Specific Caregiver Training for grandparents raising grandchildren is allowable, including skills training related to guardianship, school enrollment, and other child-related training.

14.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in Section 3602.3, as may be amended.

14.2.6 Background - Recognition of the need to support family caregivers culminated in the establishment of the National Family Caregiver Program as part of the re-authorization of the Older Americans Act in 2000. Caregiver Training was included as one of the core services of the program, and this services remains as crucial component to caregiver support. Studies have shown that training caregivers in basic skills of moving and handling, facilitation of activities of daily living, and simple care tasks reduces burden of care and improves quality of life in care recipients and caregivers.

14.3 Service Requirements – The Contractor shall:

14.3.1 Provide caregiver training on a one-on-one basis or in a classroom setting.

14.3.2 Provide training with cultural sensitivity and flexibility suitable to the caregiver's needs.

14.3.3 Provide training that at a minimum assists caregivers in the areas of health, nutrition, and financial literacy and in making decisions and solving problems relating to their caregiving roles. Topics may include: nutrition counseling or instruction; home injury control services (including screening of high-risk home environments); proper lifting techniques, bathing, and patient care skills; medical management and/or medication administration; money management; helping caregivers to care for themselves and how to obtain necessary information and resources; and other additional caregiver training, as needed.

14.3.4 Utilize a tool to allow participants to evaluate training.

14.4 Licensure/Certification Requirements – The Contractor shall:

14.4.1 ~~Ensure~~ **Require** that instructors/trainers have the educational qualifications and/or required certifications/related experience for the applicable subject matter to be trained.

14.4.2 ~~Ensure~~ **Require** that training is appropriate in design and implementation to account for different types of interventions caregivers will provide and to account for the cultural diversity of the caregivers being trained.

- 14.5 Performance Measures**
- 14.5.1 Evaluation instruments used at training sessions show that participants have increased their knowledge of the subject matter.
 - 14.5.2 Percentage of caregiver trainings targeted to grandparents raising grandchildren.
 - 14.5.3 Total number of caregivers attending caregiver training events.
 - 14.5.4 Provision of training opportunities throughout the Planning and Service Area by mapping locations of caregiver training events.
- 14.6 Reporting Unit**
- 14.6.1 One unit of service equals one training session.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

15.0 CASE MANAGEMENT

15.1 Purpose Statement

15.1.1 The service identifies, facilitates, and coordinates formal and informal services in order to assist clients to maintain independence and avoid institutional placement, while complementing caregiver support.

15.2 Service Description

15.2.1 Taxonomy Definition – A service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminate. This may include: assessment to determine their needs and eligibility when applying for/receiving services, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

15.2.2 Case management is a service or process that establishes a relationship through a strength-based collaboration with an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner.

15.2.3 Appropriate services and resources, including home and community-based services (HCBS), are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated.

15.2.4 Case management consists of intake and screening, assessment, service planning and implementation, follow-up and monitoring, and reassessment and termination of services.

15.2.5 Screening and/or intake may be provided before a referral to case management is made.

15.2.6 Specifically related to the Family Caregiver Support Program, case management for a caregiver is considered a counseling service focused on the needs of the caregiver and doesn't include client (care-recipient) assessment or authorization of client-supported services.

15.2.7 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the DAAS Policy and Procedure Manual, with priority given as indicated in chapter 3100, as may be amended.

15.3 Service Requirements – The Contractor shall:

15.3.1 Provide Intake

1. Provide intake of the client individual.
2. Identify and record name and contact information of the individual or caregiver who is seeking assistance.
3. Identify and record information regarding self-assessment of health and of Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs), assets and resources, and formal and informal support systems.
4. Identify and record the individual's wants, problems, strengths and needs, or caregiver's level of stress.
5. Provide the individual or caregiver with information about available services, eligibility, and conditions of acceptance for services.
6. Inform the individual or caregiver of his/her rights and responsibilities in relation to services.
7. Arrange for or facilitate access to one-time-only or emergency services needed by the individual or caregiver. Document the name of the individual or caregiver and the type of service for which arrangements were made.
8. Determine if the individual or caregiver is appropriate for case management or for an assessment.

15.3.2 Provide Assessment

1. Provide an in-home visit by a case manager to conduct an in-depth assessment using an ADES approved tool (see the DAAS Policy and Procedure Manual Chapter 3000, Section 3123 as may be amended).
2. Assess the client's individual's strengths based on daily living situation, health, finance/insurance, social supports, leisure/recreational activities, spirituality/religion and develop a service plan in collaboration with the individual or caregiver and other appropriate persons.
3. Establish and record the individual's or caregiver's goals.
4. Client-supported caregiver services require additional assessment using an ADES approved tool. (See the DAAS Policy and Procedure Manual, as may be amended).
5. Determine if the individual or caregiver is eligible to receive services.

15.3.3 Develop a Service Plan

1. Identify and record what services have been chosen to be provided to the individual or caregiver.

2. Identify and record how services will be provided.
3. Identify and record who will provide the service.
4. Identify and record, with input from the individual or caregiver, when the plan will begin, when it is to end, when specified milestones are to be accomplished and when progress is to be assessed.
5. Identify and record the criteria for measuring the results to be achieved by the plan.
6. Identify and record the process to be utilized for renegotiating the service plan.

15.3.4 Provide Service Plan Implementation

1. Authorize and record the covered services to be provided to the individual or caregiver.
2. Record referrals made for non-covered services (services other than those authorized).
3. Give each individual seeking services a list of agencies that provide similar services.
4. Coordinate and facilitate the access to and the delivery of services to the individual or caregiver and record this information.
5. Assist the individual or caregiver in obtaining needed services and resources through education and advocacy.
6. Provide direct intervention to assist with the individual or caregiver's overall goals.

15.3.5 Provide Service Plan Monitoring

1. Determine and record the type and quantity of services the individual or caregiver received.
2. Identify and record the individual or caregiver's progress toward established goals.
3. Identify and record the quality and appropriateness of the services provided.
4. Identify, record and reassess the service goals and resolve any problems related to the service assist the individual or caregiver with appeals, hearings and/or grievances.
5. Determine and record the individual or caregiver's continued eligibility and need for services.
6. Conduct a review of the entire service plan at least every six months.
7. Conduct a reassessment of the individual's needs and preferences annually or if changes have occurred since the last review.
8. Follow up to determine whether changes were implemented.

15.3.6 Provide Service Plan Closure

1. Identify, assess and record the individual or caregiver's progress toward his/her goals.
2. Identify and record the individual or caregiver's status at the close of the service plan.
3. Identify and record the reasons for closure of the plan.

15.4 Staffing Requirements – The Contractor shall:

- 15.4.1 ~~Ensure~~ **Require** that case managers have at a minimum a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have two years' experience in social or health services.
- 15.4.2 ~~Ensure~~ **Require** that the Case Management Supervisor has at least a Master's degree or at least four years experience in social or health services.
- 15.4.3 ~~Ensure~~ **Require** that case managers have a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.
- 15.4.4 ~~Ensure~~ **Require** that case managers have the knowledge, skills, and experience necessary to assess the client's strengths and need for services and perform the core functions of case management.
- 15.4.5 ~~Ensure~~ **Require** that case managers ~~ensure~~ **confirm** that appropriate assistance is given to each ~~client~~ **individual**, family member, caregiver, or ~~client's~~ **an individual's** legal representative, by providing accurate and complete information about available services allowing the individual self-directed care.
- 15.4.6 ~~Ensure~~ **Require** that case managers display effective communication skills and be able to work as part of a team of service providers on behalf of the ~~client~~ **individual**.
- 15.4.7 ~~Ensure~~ **Require** that case managers assume responsibility for their own professional growth and continuing education to enhance their case management skills, and keep up with the many changes of available resources in the health and social service fields.
- 15.4.8 ~~Ensure~~ **Require** that case managers do not engage in any personal relationships with the ~~client~~ **individual**, caregiver, or family members that may lead to any personal or professional gain or impair professional judgment.
- 15.4.9 ~~Ensure~~ **Require** that staff providing intake have the knowledge, skills, and experience necessary to ~~ensure~~ **refer that clients** ~~individuals are referred~~ to case management as **appropriately**.
- 15.4.10 ~~Ensure~~ **Require** that a newly hired employee providing case management services shall submit three references from persons other than family members in order for the Contractor to verify the employee's previous employment record. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

15.5 Performance Measures

- 15.5.1 Increase in the percentage of ~~clients~~ **individuals** 60+ years of age living below the poverty level who receive Case Management services.

- 15.5.2 Increase in the percentage of clients **individuals** 60+ years of age with severe disabilities (3+ ADL limitations) who receive Case Management services.
- 15.5.3 Informal supports and private pay options identified during assessment and monitoring are incorporated into the service plan.

15.6 Reporting Unit

- 15.6.1 One case management unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

16.0 COMMUNITY EDUCATION AND INFORMATION

16.1 Purpose Statement

16.1.1 The service helps to create awareness and provide information to the community related to services available to assist ~~clients~~ individuals in maintaining their independence and ability to remain in their home and community.

16.1.2 Specifically related to the Family Caregiver Support Program, the purpose is to create awareness and provide information to the community related to support services available to family caregivers.

16.2 Service Description

16.2.1 Taxonomy Definition – A service that provides information on, and/or instructions in, various subjects through public contact and/or meetings, printed materials and media presentations focused on a particular subject, field of interest, agency or service(s).

16.2.2 The service is designed to distribute information and educational resources related to aging issues, aging services, long-term care, long-term care planning, retirement planning, and other related topics.

16.2.3 The Older Americans Act indicates that Area Agencies on Aging are to include community education services in their area plans related to the need to plan for long-term care in advance and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

16.2.4 Specifically related to the Family Caregiver Support Program:

1. The service consists of the presentation of a spectrum of information activities, designed to ensure **guarantee** that members of local communities are aware of the availability and accessibility to human services and community resources related to informal caregiving.
2. The service provides awareness of training available for family members and other home-based caregivers which focuses on caregiver related topics including:
 1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
 2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
 3. Making the home environment safe and barrier-free.
 4. Stress management and other techniques to help the caregiver take care of him or herself.
3. The service may include a caregiver assessment, development of an individualized plan that focuses on the caregiver, setting goals and establishing a routine for ongoing support for the caregiver.

16.2.5 Target Population - This service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

16.3 Service Requirements – The Contractor shall:

16.3.1 Develop and distribute informational literature for the purpose of educating the general public on currently available resources.

16.3.2 Provide presentations, in person or through other media, to groups or individuals who are potentially in need of service throughout the Planning and Service area.

16.3.3 Provide presentations, in person and/or through other media, to groups or individuals who have knowledge of, or are in a position to refer, individuals who need or could benefit from services.

16.3.4 Ensure **Require** that the service is ~~provide~~ **provided** by persons who are knowledgeable of available human resources and sensitive to the needs of the community as the service is intended to meet the needs of diverse individuals or caregivers who have different preferences and schedules

16.4 Performance Measures

16.4.1 Evaluation instruments used at the events show that participants have increased their awareness of available programs and services.

16.4.2 Estimated audience size for all events within the Planning and Service Area.

16.5 Reporting Unit

16.5.1 One unit of service equals one event/activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

17.0 CONGREGATE MEALS

17.1 Purpose Statement

17.1.1 The service helps to increase the nutrient intake of participants to prevent or reduce the risk of chronic diseases, preserve and promote health, and improve nutritional status.

17.2 Service Description

17.2.1 Taxonomy Definition – A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual in a congregate setting.

17.2.3 Congregate nutrition services:

1. Provide for meal planning, preparation and service.
2. Provide staff training, nutrition education and social interaction.
3. Link older adults with community-based services and provide resources that give participants choices for physical and health interventions, where available.

17.2.4 The Older Americans Act as amended in 2006 adopted 1/3 of Dietary Reference Intakes as the meal standard.

17.2.5 Eligibility Requirements – The Contractor shall ensure provide services are provided to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the DAAS Policy and Procedure Manual, as may be amended.

17.3 Service Requirements – The Contractor shall provide:

17.3.1 Menu planning

1. Develop cycle menus to be used on a semi-annual basis (every 6 months). A cycle menu is a six or more week menu that will be rotated throughout the period.
 2. Keep menus, as served, available for audit inspection for at least one year after the meals have been served. Menus shall also be kept for at least one year at the meal preparation site and the location where the meal was served.
 3. Ensure Guarantee a mechanism is in place to solicit the advice and expertise of:
 - a. a dietitian or other individual described in paragraph in 17.3.1.14 17.4
 - b. meal participants, and
 - c. other individuals knowledgeable with regard to the needs of older individuals as stated in DAAS Policy and Procedure Manual, Chapter 3000, Section 3200
 4. Write Compose menus in the dominant language or languages of the participant group for each site.
 5. Incorporate ethnic and cultural preferences of participants when planning menus.
 6. Plan, prepare, provide and serve meals in accordance with the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual (2008)” and as amended.
 7. Ensure Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes for nutrients as may be amended, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
 - i. Each meal must contain a specified number of calories as defined in DAAS policies and procedures.
 - ii. Plan the menu with a majority as hot meals.
 - iii. A few cold meals may be planned, such as once a week during the summer, to add variety to the menu. Examples include chef salad, sub sandwich or deli plate.
 8. Submit menus per the DAAS Policy and Procedures Manual, as may be amended on a standardized menu form and secure the approval of a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to serving.
 - i. The R.D., Nutritionist, DTR, or CDM shall verify this by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual” and as may be amended. ~~from time to time.~~
 9. Plan menus to reduce the frequent use of foods high in sugar, salt, and saturated fats.
 10. Plan menus considering the availability of foods during seasons when they are most plentiful.
- 17.3.2 Provide meal preparation and service
1. Prepare or arrange for preparation and service of meals, and adhere to menus as written. Substitutions which shall be made because of a temporary inability to obtain certain foods shall

be selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans. Substitution menus for holidays and special occasions must meet menu requirements. All substitutions shall be documented on the menu for site review.

2. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
3. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual's physician, e.g., diet order. All special diet menus shall be approved by a Registered Dietitian or Nutritionist.
4. Maintain a distinct and physical separation of dining facilities from food preparation facilities.
5. Use facilities and equipment that are suitable and accessible for use by aged and disabled individuals when providing congregate meals.
6. Allow adequate aisle space between tables for the use of wheelchairs, or to allow persons with canes or other support devices to walk with ease.
7. Post menus at the site at least one week in advance, in a location at the site that is clearly accessible and visible to individuals attending the congregate meals site.
8. Obtain the individual's signature and date for each meal served and maintain the signatures in a central file, or contractor staff shall certify the individuals and dates for which each meal was served and maintain the certification in a central file.
9. Document the number of meals provided each month.
10. Review food service expenditures in order to further cost effective management.
11. Develop and implement an emergency plan to be used when a meal cannot be prepared or is unsuitable for consumption. This includes a one-day emergency menu with supplies on hand for implementation.
12. Give participants an opportunity to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual Chapter 3000, Section 3200, as may be amended.
13. Prepare and serve congregate meals in compliance with all municipal, county, state, and federal requirements related to the food service operation.

17.3.3

Staff Training

1. Provide food safety and sanitation training for all new food service personnel within the first month of employment to include at a minimum, but not limited to: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal and/or storage of left-overs.
2. ~~Ensure~~ **Require** that all food handlers pass a course in food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or other course approved by their County Health Department.
3. Provide training on a periodic basis to persons preparing and delivering meals. Training is encouraged in the areas of food safety and sanitation, storage, food preparation and service, cost effective management, purchasing, menu planning, equipment operation and safety.
4. Document staff **certification and** training in personnel files.

17.3.4

Nutrition Education

1. Plan, develop, and implement a written nutrition education program that includes at least two sessions/activities each quarter.
2. Nutrition education includes written materials, demonstrations, audio-visual presentations, lectures, and small group discussions.
3. Nutrition education pertains to nutritionally related topics that are culturally sensitive such as: dietary guidelines for older adults, modified meals and chronic disease, food and drug interaction, physical fitness health information as it relates to nutrition, meal planning and preparation, budgeting, shopping, and sanitation.
4. Nutrition information shall be backed by credible research. Only materials from reputable sources shall be used such as The American Dietetic Association, United State Department of Agriculture, United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration on Aging, and the National Institute on Aging.
5. Post and advertise nutrition education sessions/activities in advance.
6. ~~Ensure~~ **Require** that each center/site submits to the Contractor an outline of the proposed nutrition education program annually.
7. Document the date, topic covered, name of the presenter and the number of people who attended the nutrition education. Keep documentation available for audit inspection for at least one year at the center/site.

8. ~~Ensure~~ **Require** that every participant is given the Nutrition Screening Checklist initially, and annually thereafter. Those at high nutritional risk with a score of six or higher are referred to a healthcare professional for nutrition-related counseling.

17.3.5 Social Interaction

1. Provide activities that encourage social interaction, e.g., recreation and group activities.
2. Establish and maintain project/site councils **to provide input on activities.**

17.3.6 Site Monitoring

1. Monitor on an annual basis the centers/sites for compliance to the scope of work.
2. Establish timeframes (not to exceed 30 days) for centers/sites to respond to monitoring reports and to initiate corrective actions.

17.4 Licensure/Certification Requirements – The Contractor shall ensure **require that:**

17.4.1 Registered Dietitians and Registered Dietetic Technicians meet the requirements for membership in the American Dietetic Association, have successfully completed the examination for registration, and meet continuing education requirements.

17.4.2 Nutritionists hold a Bachelor's or Master's degree in food and nutrition.

17.4.3 Certified Dietary Managers meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association, in good standing with the Board, and meet continuing education requirements.

17.4.4 Staffing Standards

1. Newly hired employees providing congregate meals shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

17.5 Performance Measures

17.5.1 Number of congregate meals served annually.

17.5.2 Site Council minutes indicate participant input into menu planning.

17.6 Reporting Unit

17.6.1 One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

18.0 CONSULTATION

18.1 Purpose Statement

18.1.1 The service assists with effective program development and implementation in order to use resources efficiently and enhance the ability to achieve desired goals.

18.2 Service Description

18.2.1 Taxonomy Definition – A service that provides professional information and advice to assist in planning, developing, implementing and evaluating individual and service programs and in providing coordination with the professional community.

18.2.2 The service is provided to assist DES and Area Agencies on Aging in developing new programs or expanding existing programs.

18.2.3 The service provides professional information and advice to assist in planning, developing, implementing and evaluating individuals and service programs and in providing coordination with the professional community.

18.2.4 This service provides support and/or enhancements to the provision of direct services to individuals and families and to provide assistance in program development and implementation as applicable.

18.3 Service Requirements – The Contractor shall:

18.3.1 Receive approval from the DES/Division of Aging and Adult Services for specific of a summary that includes the following at a minimum: project description, methodology, and budget prior to initiating services.

17.2.2 Provide Research

1. Review literature related to the specified subject
2. Review relevant activities in other States or regions and report findings
3. Prepare summaries of key findings and information
4. Prepare bibliography and provide suggestions for readings

18.3.3 Provide Assistance with ongoing projects

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff or other appropriate individuals.
3. Evaluate implementation of plan, expansion, improvement, and/or integration and develop recommendations for appropriate modifications.

18.3.4 Prepare and provide reports as requested by ADES.

18.3.5 Provide related services as described in the project description/methodology/budget as pre-approved.

18.4 Licensure/Certification Requirements – The Contractor shall:

18.4.1 Comply with applicable licensure requirements when consultation is provided in areas for which there exists licensing or certification requirements.

18.5 Performance Measure

18.5.1 Consultant satisfactorily meets the conditions of their contract.

18.6 Reporting Unit

18.6.1 One unit of service equals one completed activity or deliverable.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

19.0 COORDINATION – ELDER REFUGEES

19.1 Purpose Statement

19.1.1 The service include special services geared toward elder clients (age 60 years and older) which are faced with many issues that make them uniquely vulnerable in their effort to transition to life in the United States. Services include addressing: chronic health and emotional problems stemming from the conditions of client flight, family loss and separation, an inability to advocate for themselves because of cultural, linguistic or educational barriers, limited access to appropriate health and social service providers, limited incomes due to work histories, and barriers to meeting the requirement for United States naturalization. Specifically, many clients are in jeopardy of losing public benefits because they have not acquired United States citizenship.

19.1.2 “Refugees” include:

1. Refugees*, admitted under INA §2034, as may be amended
2. Asylees*, granted asylum under INA §208, as may be amended
3. Cuban and Haitian entrants as defined under 45 CFR §401.2, as may be amended
4. Certain Amerasians
5. Victims of Trafficking certified by DHHS:
 1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
 2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
6. Permanent Residents who had held one of the above statuses (19.1.2.1-5) in the past
7. Others as indicated by RRP

*Note: Individuals who are paroled into the United States as **refugees or asylees** under INA § 212(d)(5) are also eligible for ORR assistance and services, NOT to be confused with general parolees under § 212(d)(5), such as "Lautenberg" parolees, other "public interest parolees" and "humanitarian interest parolees”.

19.2 Service Description

19.2.1 Taxonomy Definition - A service that **promotes efficiency through the cooperation and collaboration of multiple entities concerned with the same issue or need.** ~~researches and/or establishes a new service(s), improves, expands, or integrates an existing service(s).~~

19.2.2 Actual Service Definition - This service includes:

1. Outreach initiatives for services related to United States citizenship acquisition to guarantee the preservation of benefits and other necessary assistance in collaboration with other community organizations, such as, citizenship classes;
2. Assistance with medical waivers and interviews with the U. S. Citizenship and Immigration Services (USCIS) which may include escorting them to provide interpretation at the doctor’s office and the office of the USCIS;
3. Referral to Board of Immigration Appeals (BIA) accredited voluntary agencies for assistance with preparing and submitting the citizenship applications; and
4. Providing assistance for benefits eligibility with the Social Security Administration (SSA).
5. Services shall be provided only in Maricopa and Pima Counties, in Arizona.

19.2.3 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

19.2.4 Background – While the **Refugee Resettlement Program (RRP)** strongly believes that the Arizona refugee network infrastructure must be maintained, it is also committed to funding programs that will deliver efficient, effective, and high-quality services to refugees. Through research, RRP recognizes that there is a great potential for creative service paradigms for refugees, and encourages potential Contractors to explore innovative and cooperative approaches to the delivery of seamless services.

19.3 Service Requirements – The Contractor shall:

1. Determine, provide, refer, and track ~~client~~ **an individual's** participation.
2. Provide culturally and linguistically appropriate elder ~~client~~ services that address **the individual's** need to acquire United States citizenship and access to culturally and linguistically appropriate mainstream aging services.

3. Provide services through persons who have a demonstrated ability to serve elder ~~clients~~ **individuals** and have a demonstrated ability to develop socio-cultural adaptation and educational support services that are appropriate for elder ~~clients~~ individuals.
4. Provide volunteer opportunities for clients to learn new skills.
5. Survey all ~~clients'~~ **individuals participating in the program** about their satisfaction with the elder program and quality of service provided by staff.
6. Coordinate with ~~client~~ ethnic organizations **appropriate for the individual** to encourage ~~elder clients~~ their participation in organization activities, and encourage organizations to sponsor ~~elder client~~ events in support of elder refugees.
7. ~~Ensure~~ **Require** that appropriate staff attends technical assistance training required by RRP.
8. Maintain a case record for each ~~client~~ individual, to include at a minimum:
 1. Contact sheet (e.g., ~~client's~~ **individual's** name, address, phone number).
 2. The date, purpose, type and method of contact, action, and outcomes, efforts undertaken to assist the client in attaining social and economic independence.
 3. A copy of the INS Form I-94 or other INS documentation that verifies ~~client~~ the individual's eligibility.
 4. Application for assistance.
 5. Authority to Release Information form signed by ~~client~~ **the individual** and staff.
 6. A signed copy of the rights and responsibilities of the agency and the individual.
9. Determine, provide, refer and track ~~client~~ the individual's participation for efforts to acquire U. S. Citizenship and access to linguistically and culturally appropriate mainstream elder services.
10. Conduct an in-depth assessment of ~~client~~ **the individual's** needs and prioritize needs in accordance with 45 CFR 400.1434, as may be amended.
11. Coordinate and facilitate access to social and medical services, appeals, hearings, grievance, applications and interviews with public and private agencies.

19.4

Reporting Units

1. One unit of service equals one hour of service staff time.
2. One unit of service equals one ~~client~~ person that received services.

Scope of Work
Area Agencies on Aging

20.0 EMERGENCY HUMAN SERVICES

20.1 Purpose Statement

20.1.1 This service provides for emergency home and community based services and/or emergency housing services to Adult Protective Services (APS) client(s). Without the intervention, the client would be at-risk.

20.2 Service Description

20.2.1 Taxonomy Definition – Services respond to crises-related situations where there is an inability to provide for the basic needs. Services may include, but are not limited to: case management, financial and referral.

20.2.2 Services include, but are not limited to the following: homemaker/housekeeping, personal care services, home health aid, nursing, home delivered meals, case management, Adult Day Health Care, short term emergency respite, durable medical equipment, and/or emergency placement/housing for up to 14 days.

20.2.3 Eligibility Requirements – The contractor shall comply with eligibility requirements identified in the DAAS Policy and Procedure Manual, as may be amended.

20.3 Service Requirements – The Contractor shall:

20.3.1 Receive referral and corresponding intake information on client(s) who have been assessed by an APS worker and for which an APS case exists.

20.3.2 If emergency home and community based services are necessary, develop a short-term case plan in coordination with the APS worker. Establish contact with the client within two business days of the referral date. Notify APS if the contact is unsuccessful. Request the APS worker's accompaniment in instances where there is a potential for an unsafe or unstable environment. Complete an assessment using the Arizona Standardized Client Assessment Plan and enter the information into the Aging Information Management System. Determine eligibility for emergency home and community-based services. The client must be agreeable to the service(s). Notify the APS worker of the service plan and start date of services if applicable within one week of the assessment. Make the referral to service providers. Obtain APS approval of service expenses. Pursue other agency resources to contribute as necessary.

20.3.3 If emergency placement is necessary, locate appropriate placement; coordinate placement and Tuberculosis testing clinics with the APS worker. Teleconference with the APS worker and his/her supervisor within five business days of placement to coordinate a case plan for the client. Complete a short form intake document and enter the information into the Aging Information Management System.

20.3.4 Coordinate with the APS worker to establish a resolution, generally not to exceed 90 days, prior to APS case closure.

20.3.5 Record the client information and services rendered and submit to DES within the established timelines. Submit billings in accordance to policy and contract terms.

20.4 Licensure/Certification Requirements – The Contractor shall ensure:

20.4.1 Comply with all federal, state, and local licensure/certification requirements.

20.5 Performance Measure

20.5.1 Number of clients that receive the services annually.

20.6 Reporting Unit

20.6.1 One unit of service equals 60 minutes of service time. For instances of durable medical equipment, the unit of service equals one device.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

21.0 GENERAL TRANSPORTATION

21.1 Purpose Statement

21.1.1 The service helps to assist older individuals and individuals with disabilities to maintain their independence and avoid costly and unwanted placement in a care facility by providing access to services.

21.2 Service Description

21.2.1 Taxonomy Definition - A service that provides or assists in obtaining various types of transportation for specific needs.

21.2.2 The service includes the arrangement/provision of transportation services which may include the use of a bus or van.

21.2.3 Under the Family Caregiver Support Program, the service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

21.2.4 Senior center participants may be transported from their place of residence to the center and returned to their residence; they may also be transported to appointments or other community services such as shopping.

21.2.5 Services may include the transport of groups to activities such as recreational, educational or community events.

21.2.6 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers who meet the eligibility requirements described in Chapter 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

21.3 Service Requirements – The Contractor shall:

21.3.1 ~~Ensure~~ **Require that** the vehicles used are constructed specifically for the transportation of persons. All seats are securely fastened to the body of the vehicle, individuals are properly seated when the vehicle is in operation, and individuals utilize seatbelts.

21.3.2 ~~Ensure~~ **Require** the availability and use of vehicles that are wheelchair accessible for those individuals who are wheelchair bound.

21.3.3 Maintain logs of maintenance completed on all vehicles used for the transportation of ~~clients~~ **individuals**.

21.3.4 ~~Ensure~~ **Require** that drivers, including volunteers, carry required identification.

21.3.5 Provide training to drivers that includes instructing drivers how to assist individuals entering and exiting vehicles, handling emergencies, safe driving, vehicle safety, and disease specific training (e.g., Alzheimer's, Parkinson's, and Diabetes).

21.3.6 ~~Ensure protection~~ **Protect** of the client's **individual's** physical, emotional and mental well-being while using **this service**.

21.3.7 Provide information to individuals on accessing the transportation service.

21.3.8 Arrange transportation for individuals -

1. Make arrangements for transportation through public or private transportation methods.
2. Determine, with the individual and/or significant others, a plan for providing transportation.
3. ~~Ensure~~ **Require** that drivers are physically capable and carry identification, when transportation is provided by a volunteer.

21.3.9 Provide transportation for individuals

1. Transport individuals from one location to another. (This includes traveling to and from designated locations to pick up or drop off individuals.)
2. ~~Ensure~~ **Require** that drivers are physically capable to assist the individual with entering and exiting the vehicles as needed, and securing them safely within the vehicle.
3. Provide transportation to individuals with a physical disability in a vehicle adapted to their needs.
4. Record services delivered to each individual.
5. Adhere to time schedules.

21.4 Licensure/Certification Requirements – The Contractor shall:

21.4.1 ~~Ensure~~ **Require** that vehicles used for the transportation of ~~clients~~ **individuals** meet federal, state and local safety

and maintenance standards.

21.4.2 ~~Ensure~~ **Require** that individuals providing transportation are at least 18 years of age and possess valid Arizona Operator's or Commercial Driver's License.

21.4.3 ~~Ensure~~ **Require** that the vehicle in which transportation is provided has a valid Arizona license plate and, at a minimum, the required level of liability insurance.

21.4.4 ~~Ensure~~ **Require** that individuals providing transportation services have the expertise in safety standards to perform their tasks which may include training in CPR and first aid.

21.4.5 **Require drivers to** pass a physical prior to providing transportation service to ~~clients~~ **individuals** and pass a physical at least every two years **thereafter**.

21.5 Performance Measure

21.5.1 Number of one-way trips annually.

21.6 Reporting Unit

21.6.1 One unit of service equals one trip per person one way.

Scope of Work

Arizona Department of Economic Security (DES)- Area Agencies on Aging

22.0 HEALTH EDUCATION- DISEASE PREVENTION AND HEALTH PROMOTION

22.1 Purpose Statement

22.1.1 The purpose is to provide information and services **evidence-based interventions** that help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging.

22.2 Service Description

22.2.1 Taxonomy Definition -A service that provides individual or group instruction to maintain or improve physical well-being.

22.2.2 Health promotion and disease prevention programs are designed to maintain or improve the emotional and physical well-being of older adults.

22.2.3 Evidence-based health promotion and disease prevention programs that relate to prevention and mitigation of the effects of chronic disease for participants and eligible individuals in the community are provided.

22.2.4 Programs provide planned activities to identify, prevent, or decrease risk factors for specific conditions, diseases, and injuries.

22.2.5 Programs provide a variety of health promotion activities on a weekly basis at senior centers that may include; health risk assessments, blood pressure checks, physical fitness, medication management, health screenings, and disease specific education.

22.2.6 Programs increase participants' control of factors associated with optimal psychosocial and physical health through education.

22.2.7 Programs provide nutrition education to promote health and help to prevent disease by improving the diets of older adults and assisting them achieve or maintain optimal nutritional status.

22.2.8 Programs provide information and access to community resources.

22.2.9 Related to outreach including information and referral, the service:

1. Provides the individuals with current information on opportunities and services available to the individuals within their communities.
2. Links the individuals to the opportunities and services that are available.
3. To the maximum extent practicable, **ensures requires** that the individuals receive the services needed by the individuals, and individuals are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures as applicable.
4. Provide outreach materials related to evidence-based disease prevention health promotion programs and information as available.

22.2.10 Related to Chronic Disease Self-Management Education (~~COSME~~) **(CDSME)** grant:

1. Increase the number of older and/or disabled adults in Arizona with chronic conditions who complete the Healthy Living (Stanford Chronic Disease Self-Management Program) in English and Spanish and/or the Diabetes Self-Management Program (DSMP) in English and Spanish with a purpose of maintaining or improving individual health status.
2. Strengthen and expand integrated and sustainable service systems within Arizona to provide Healthy Living (Stanford Chronic Disease Self-Management Program) in English and Spanish and/or the Diabetes Self-Management Program (DSMP) in English and Spanish.

22.2.11 Eligibility Requirements- The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3300 of the DAAS Policy and Procedure Manual, as may be amended.

22.3 Service Requirements -The Contractor shall:

22.3.1 Title IIID section 361 of the Older Americans Act for Disease Prevention and Health Promotion shall only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective **and meet the tiered set of criteria defining an evidence-based intervention set forth by the Administration for Community Living (ACL).**

22.3.2 Where applicable, partner with community health centers, mental health centers, state and local government agencies, centers for independent living, public health departments, state and local non-profit organizations, educational and/or health care institutions, community organizations, or other identified entities to provide one or more of the services listed below:

1. Health risk assessments.
2. Routine health screenings, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening.
3. Nutritional counseling and educational services for individuals and their primary caregivers.

4. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, depression, falls prevention, physical activity and improved nutrition.
5. Programs regarding physical fitness, group exercise and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, or a community-based organization.
6. Home injury control services, including screening of high risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.
7. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services.
8. Educational programs on the availability, benefits, and appropriate use of prevention health services covered under Title XVIII of the Social Security Act (42 USC 1395 et seq.), as may be amended.
9. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and brain dysfunction.
10. Gerontological counseling.
11. Counseling regarding social services and follow-up health services.

22.3.3 Provide disease prevention health promotion information to individuals.

1. Identify needs and provide simple and/or complex information in response to written, telephone, walk-in or electronic requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and intercede on behalf of the individual.
3. Disseminate information to the public about Information and Referral Services.

22.3.4 Document every referral provided to each individual for each identified need. Refer individuals to human services and community resources, as appropriate.

1. Identify needs and provide referral information in response to written, telephone, or walk-in requests from individuals or community agencies.
2. Follow-up with individuals as appropriate

22.3.5 Provide the following Disease Prevention and Health Promotion activities if the AAA is a designated Chronic Disease Self-Management Education (COSME) (CDSME) recipient:

1. Work in partnership with the Arizona Living Well Institute to carry out COSME (CDSME) grant work plan deliverables.
2. Increase the number of Arizonans who enroll in the Healthy Living (Chronic Disease Self-Management Program) in English and Spanish.
3. Increase the number of host organizations that provide Healthy Living (Chronic Disease Self-Management Program) and the Diabetes Self-Management Program (DSMP) in English and Spanish.
4. Systematically embed CDSMP and COSME into service systems to provide CDSMP and DSMP workshops.

22.4 **Licensure/Certification Requirements- The Contractor shall:**

22.4.1 ~~Ensure~~ **Require that** certification and licensure standards are met when providing an evidenced-based program for which licensing or certification requirements exist.

22.4.2 ~~Ensure~~ **Require** that educators/presenters providing health promotion activities meet appropriate certification/licensure standards.

22.5 **Performance Measure**

22.5.1 Number of evidence-based programs offered annually.

22.5.2 Number of participants completing evidence-based programs. ~~Number of screening events held annually.~~

22.6 **Reporting Unit**

22.6.1 One unit of service equals one activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

23.0 HOME DELIVERED MEALS

23.1 Purpose Statement

23.1.1 The service helps increase the nutrient intake of older adults at nutrition risk and allow them to remain independent in their homes.

23.2 Service Description

23.2.1 Taxonomy Definition – A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual, delivered to his/her place of residence.

23.2.2 Home delivered nutrition services provide older adults, in their home or place of residence, with nutritious meals that meet 1/3 of the Dietary Reference Intakes.

23.2.3 Home delivered nutrition services provide resources and options, when available, that allow older adults to remain independent in their homes and communities.

23.2.4 A “wellness check” is conducted at the time of the meal delivery to ensure evaluate the general health and well-being of the client individual.

23.2.5 The service also provides for the opportunity for socialization.

23.2.6 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

23.3 Service Requirements – The Contractor shall provide:

23.3.1 Menu planning

1. Develop cycle menus of six weeks or more to be rotated on a semi-annual basis (every six months).
2. Keep menus available, as served, for audit inspection for at least one year after the meals have been served.
3. Develop/distribute menus in the dominant language or languages of the participant group.
4. Incorporate ethnic and cultural preferences when planning menus.
5. Ensure Guarantee Require a mechanism is in place to solicit the advice and expertise of:
 1. a dietitian or other individual described in 23.3.1.11,
 2. meal participants, and
 3. other individuals knowledgeable with regard to the needs of older individuals as stated in the DAAS Policy and Procedure Manual, Chapter 3000, Section 3230
6. Plan, prepare, provide and serve meals in accordance with the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual” as amended.
7. Ensure Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes of nutrients, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
8. Ensure Require that meals are planned following the current Dietary Guidelines for Americans, as may be amended.
9. Each meal must contain a specified number of calories as defined in the DAAS Policy and Procedure Manual.
10. Plan a majority of meals as hot. A few cold meals may planned, such as once a week during the summer, to add variety to the menu. Examples include chef salad, sub sandwich or deli plate.
11. Submit menus on a standardized menu form to, and secure the approval of, a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to serving. The R.D., Nutritionist, DTR, or CDM verifies menus by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the DES/DAAS “Nutrition, Food Service and Wellness Manual” as may be amended.
12. Plan menus to reduce the frequent use of foods high in sugar, salt, and saturated fats.
13. Plan menus considering the availability of foods during seasons when they are most plentiful.

23.3.2 Meal Preparation and Service

1. Provide a nutritious home delivered meal at least once a day, five days a week except in rural areas where such frequency is not feasible, and has as been approved by the DAAS.
2. Prepare or arrange for preparation and service of meals, and adhere to menus as written.

3. **Ensure Require** that menu substitutions made because of a temporary inability to obtain certain foods are selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans.
 1. Substitution menus for holidays and special occasions must meet menu requirements.
 2. All substitutions must be documented on the menu for site review.
4. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
5. Package and deliver meals in a safe and sanitary manner.
6. Deliver meals directly to an individual, i.e., not left on doorsteps, mailboxes, or porches.
7. Provide each new participant with a current week's menu and provide on-going individuals with a copy of the menu at least one week in advance.
8. Obtain the ~~client's~~ or **individual's** authorized signature and date for each meal delivered and maintain the signatures in a central file.
9. Document in the individual's service log the number of meals received each month.
10. Maintain record/log of the number of meals delivered each month to each ~~participant~~ **individual**.
11. Assess general mental and physical health status ("wellness check") of the individual at the time of meal delivery.
12. Refer all individuals for appropriate action who present additional medical or social problems during the course of service delivery.
13. Prepare then chill/freeze for distribution when appropriate for the preservation of the nutritional quality of the meal and/or the efficiency of food delivery. Documentation of the ~~participant's~~ **individual's** ability to store and reheat the meal to appropriate temperatures must be maintained in the file.
14. Provide a frozen or shelf stable meal when it will be used as meals for non-delivery days, additional meals for the same day, or where it is cost-effective to service expansion to provide frozen meals beyond the limitations of a hot meal delivery circuit, provided that:
 1. The meal, its menu, and its preparation meet all the required standards;
 2. It is verified and documented in the case record that the individual has the facilities to properly store and prepare frozen meal(s); and
 3. If an individual is to receive more than one frozen meal per delivery, that the reason for receiving delivery of multiple meals is documented in the individual's case record.
15. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual's physician, e.g., diet order. All special diet menus must be approved by a RD, Nutritionist, DTR, or CDM.
16. Review food service expenditures in order to further cost effective management.
17. Develop and implement an emergency plan to be used when the meal cannot be prepared or is unsuitable for consumption. This includes a one-day emergency menu with supplies on hand for implementation.
18. Give ~~participants~~ **individuals** an opportunity to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual, Chapter 3190, as may be amended.
19. **Ensure Require** that every ~~participant~~ **individual** given the Nutrition Screening Checklist initially, and annually thereafter. Those at high nutritional risk with a score of six or greater are referred to a healthcare professional for nutrition-related counseling.

23.3.3

Staff Training

1. Provide food safety and sanitation training for all new food service personnel within the first month of employment to include at a minimum: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal or storage of leftovers.
2. **Ensure Require** that all food handlers complete a course of food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or other course approved by their County Health Department.
3. Provide training on a periodic basis to persons preparing and delivering meals. Training is encouraged in the areas of food safety and sanitation, storage, food preparation and service, cost effective management, purchasing, menu planning, equipment operation and safety;
4. Train meal delivery staff in communication and observation skills necessary to evaluate an individual's general mental and physical status at the time of meal delivery. This evaluation is considered a wellness check.
5. Document staff **certification and** training in personnel files.

23.3.4

Nutrition Education

1. Provide to home delivered meal participants the printed nutrition education materials two times per quarter.
2. Plan, develop, and implement a written nutrition education program that includes at least two handouts each quarter, and that pertain to nutritionally related topics that are culturally sensitive such as, but not limited to:
 1. dietary guidelines for older adults
 2. modified meals and chronic disease
 3. food and drug interaction
 4. physical fitness health information as it relates to nutrition
 5. meal planning and preparation
 6. budgeting, shopping
 7. sanitation
3. ~~Ensure~~ **Require** that materials provided to ~~participants~~ **individuals** to allow for ~~participant~~ **individual** choices to achieve optimal nutritional health and remain independent in their homes and communities.
4. ~~Ensure~~ **Require** that nutrition information provided to ~~participants~~ **individuals** is backed by credible research, such as but limited to: The American Dietetic Association, United State Department of Agriculture, United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration on Aging, and the National Institute on Aging.

23.4

Licensure/Certification Requirements – The Contractor shall:

23.4.1

~~Ensure~~ **Require** that Registered Dietitians and Registered Dietetic Technicians meet the requirements for membership in the American Dietetic Association, have successfully completed the examination for registration, and meet continuing education requirements.

23.4.2

~~Ensure~~ **Require** that Nutritionists hold a Bachelor's or Master's degree in food and nutrition.

23.4.3

~~Ensure~~ **Require** that Certified Dietary Managers meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association and who meet continuing education requirements and are in good standing with the Board.

23.4.4

Prepare and deliver meals in compliance with all local, county, state, and federal regulations and requirements for food service.

23.5

Performance Measure

23.5.1

Number of home delivered meals served annually.

23.5.2

Percentage of Home Delivered Meal clients who experienced socialization at least 2 times per week.

23.6

Reporting Unit

23.6.1

One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

24.0 HOME HEALTH AID

24.1 Purpose Statement

The services provides intermittent health maintenance and assistance with personal physical needs at an individual's place of residence, and helps clients to maintain their independence and avoid costly and unwanted placement in a care facility.

24.2 Service Description

24.2.1 Taxonomy Definition – A service that provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individuals place of residence.

24.2.2 Home Health Aid is a case managed service.

24.2.3 Home Health Aid is a medically related service within the NMHCBS System.

24.2.4 This service provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individuals place of residence.

24.2.5 This service may be used as part of the Home Care cluster.

24.2.6 The service of Nursing-Home Nursing is not required for the provision of home health aid services.

24.2.7 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in **Chapter 3000**, Section 3113 of the DAAS Policy and Procedure Manual, with priority given as indicated in Section 3124, as may be amended.

24.3 Service Requirements – The Contractor shall:

24.3.1 Provide assessment, supervision and monitoring

1. Develop a care plan under the supervision of a registered nurse for each person who is to receive this service, using a strength-based assessment of the individual's level of functioning, need for service, and preferences.
2. Implement the care plan under the supervision of a registered nurse or registered physical therapist to include at a minimum continued treatment, monitoring and/or maintenance of a health condition.
3. Review the plan of care for adequacy at least every 90 days, by or under the supervision of a registered nurse **or registered physical therapist**.

24.3.2 Provide health maintenance and continued treatment or monitoring of a health condition under the supervision of a registered nurse **or registered physical therapist**, including but not limited to:

1. Monitor vital signs and report variations to the registered/licensed nurse.
2. Provide care for the prevention of bedsores.
3. Assist with catheter (not to include catheter insertion) and meatus hygiene.
4. Assist with bowel, bladder and/or ostomy program.
5. Reinforce the nurse's **or registered physical therapist's** instructions.
6. Provide toe and fingernail care.
7. Provide skin care and foot care.
8. Provide bathing, shampooing, shaving and toileting.
9. Assist with eating where assistance is required by including: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; and feeding the individual including those who frequently gag or choke due to difficulty in swallowing or routine naso-gastric tube feeding.
10. Assist with routine ambulation and ambulation activities for severely impaired individuals.
11. Assist with range of motion activities.
12. Assist with simple exercise program.
13. Assist the individual with special appliances and/or prosthetic devices.
14. Provide transfers to and from wheelchair and bed.
15. Assist the individual physically to perform activities of daily living in order to increase physical mobility.

24.4 Optional Service Requirements: The Contractor may:

24.4.1 Provide information, education and/or referrals in support of health maintenance, by or under the supervision of a registered nurse **or registered physical therapist**.

1. Teach and encourage the individuals, family members and/or friends in how to perform home health tasks when such persons are available and can provide appropriate care.
2. Provide information about nutrition to individuals receiving home health service.
3. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

24.5 Licensure/Certification Requirements – The Contractor shall provide services in accordance with:

24.5.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

24.5.2 DHS A.A.C. R9 10-1103.D for home health aides, as may be amended.

24.5.3 A.R.S. Title 32, Chapter 15 for a Licensed Practical Nurse, as may be amended.

24.5.4 A.R.S. Title 32, Chapter 20, for a Registered Physical Therapist, as may be amended.

24.5.5 A.R.S. Title 32, Chapter 15 for a Registered Nurse, as may be amended.

24.5.6 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

24.5.7 Professional Standards

1. Newly hired employees providing services shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.
3. Home Health Aides shall have a current certification as Certified Nursing Assistants (CNA).
4. Home Health Aides shall have advance training when providing services delegated by a nurse and typically provided by a nurse, for example, assistance with routine naso-gastric feeding.
5. Home Health Aides shall work under the supervision of a ~~license Licensed Practical Nurse (LPN)~~ or registered nurse **or registered physical therapist.**
6. Licensed Practical Nurses (~~LPN~~) shall work under the supervision of a registered nurse.
7. Any subcontracted provider agency must be monitored at least annually for compliance with all service standards and requirements.

24.6 Performance Measures

24.6.1 Percentage of ~~clients~~ **individuals** 60+ years of age living below the poverty level utilizing Home Health Aid services.

24.6.2 Percentage of ~~clients~~ **individuals** 60+ years of age with severe disabilities (3+ Activities of Daily Living (ADL) Limitations) receiving Home Health Aid services.

24.7 Reporting Unit

24.7.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

25.0 HOME REPAIR AND RENOVATIONS

25.1 Purpose Statement

The service helps to assist older adults to obtain adequate housing, including residential repair and renovation projects designed to enable older adults to maintain their homes in conformity with minimal housing standards.

25.2 Service Description

25.2.1 Taxonomy Definition – A service that provides for safety and/or structural repairs to the home.

25.2.2 Home repair increases or maintains independence of eligible individuals.

25.2.3 Home repair increases the individual's mobility, safety, and access to and around the home.

25.2.4 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

25.2.5 Eligibility Requirements - The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements as described in Chapter 3000, Sections 3100 and 3600 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

25.3 Service Requirements – The Contractor shall:

25.3.1 ~~Ensure~~ **Require** that all subcontractors receive an orientation to the Contractor's agency and to the target group being served.

25.3.2 For purposes of the Family Caregiver Support Program, ~~ensure~~ **require** that services are provided on a temporary and limited basis as defined in the DAAS Policy and Procedures Manual, Chapter 3000, Section 3600, as may be amended.

25.3.3 Examine and utilize all other available resources (e.g., funding) prior to providing the service.

25.3.4 Assess the adequacy of the individual or caregiver's residences in relation to his/her needs, desires and preferences, and specify/document the needed structural repairs or adaptations.

25.3.5 Adapt, repair or build structural items which increase the person's ability to perform activities of daily living independently or which eliminate unsafe conditions, such as, but not limited to:

1. Building of ramps.
2. Cooler and heater repair/maintenance.
3. Widening of doorways.
4. Installation of grab bars.
5. Screen repair.
6. Installation of safety mats.
7. Window repair.
8. Minor roof repair.
9. Door repair.
10. Floor repair.

25.3.6 Any adaptations to be done to rental property shall have prior signed consent of the owner/landlord.

25.4 Licensure/Certification Requirements – The Contractor shall:

25.4.1 Comply with all federal, state and local licensure/certification requirements.

25.4.2 ~~Ensure~~ **Require** that materials and work meet industry standards.

25.4.3 ~~Ensure~~ **Require** that all repairs and adaptations conform to state and local building codes.

25.5 Performance Measure

25.5.1 Number of ~~clients~~ **individuals** that receive services annually.

25.6 Reporting Unit

25.6.1 One unit of service equals one repair or adaptation.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

26.0 HOUSEKEEPING/HOMEMAKER

26.1 Purpose Statement

26.1.1 The service provides assistance with routine housekeeping tasks at an individual's place of residence in order to maintain and improve safe and sanitary living conditions and the nutritional value of foods/meals for eligible individuals.

26.2 Service Description

26.2.1 Taxonomy Definition – A service that provides assistance in the performance of routine household activities at an individual's place of residence.

26.2.2 Housekeeping/Homemaker is a case managed service.

26.2.3 Housekeeping/Homemaker is a medically related service within the NMHCBS System.

26.2.3 The complete curriculum and information related to agencies that want to become an approved testing site for the Arizona Direct Care Standards will be made available on the DES website.

26.2.4 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in **Chapter 3000**, Section 3100 of the **Division of Aging and Adult Services** (DAAS) Policy and Procedure Manual, with priority given as indicated in section 3100, as may be amended.

26.3 Service Requirements – The Contractor shall:

26.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the housekeeper service agency to determine specific tasks to be performed is conducted. During this visit, a care plan is developed and specific housekeeping tasks can be assigned to the housekeeper for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each ~~client~~ **individual** at least every 180 days or more frequently if required, to determine if the Housekeeper is performing tasks according to the care plan and to remedy areas of deficiency.

26.3.2 Maintain safe and sanitary living conditions for individuals.

1. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances.
2. Wash, dry and fold laundry. Ironing is to be conducted if clothes cannot be worn otherwise.

26.4 Optional Service Requirements – The Contractor may:

26.4.1 Plan and cook meals to ~~ensure~~ **promote** nutritional maintenance for eligible individuals.

26.4.2 Shop for and store food, household supplies and medicines.

26.4.3 ~~Attain~~ **Promote** safe living conditions for individuals:

1. Provide heavy cleaning such as ceiling, walls or floors.
2. Provide yard work such as cleaning yard and hauling away debris.
3. Provide pest control services, when insect infestation presents a health concern for the ~~client~~ **individual**.
4. Pest control services will be purchased from licensed agencies, if no other funding for this service is available.

26.4.4 Assist individuals in obtaining and/or caring for basic material needs for water, heating and food:

1. Haul water for household use.
2. Gather and haul firewood for household heating or cooking. This includes sawing logs and chopping wood into usable sizes.
3. Care for livestock used for consumption. This includes feeding, watering and milking.
4. Care for the garden used for food consumption.
5. Dig out dirt floors and replacing with fresh dirt.
6. Turn heating and/or cooling systems on or off. The person who performs the chore service of turning on/off utilities must have instruction about heating and cooling systems from the local utility company or weatherization project.

26.5 Licensure/Certification Requirements – The Contractor shall:

26.5.1 ~~Ensure~~ **Require** compliance with A.R.S. Chapter 32, Sections 2212 as may be amended, for persons who perform pest control (Arizona Structural Pest Control Board).

26.5.2 ~~Ensure~~ **Require** direct service staff has current certification in CPR

26.5.3

Staffing Standards:

1. Newly hired employees providing services shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Employees shall have training in home accident prevention and first aid.
3. Housekeepers shall not provide Housekeeping/Homemaker service until they have been certified competent in this area by the provider by demonstrating knowledge and skills consistent with the Arizona Direct Care Standards.
4. As described in the DAAS Policy and Procedure Manual, as may be amended, documentation of Arizona Direct Care Standard test results (knowledge and skills) or verification of prior testing shall be included in employee personnel records.
5. Supervisors shall have at least one (1) year of full-time employment experience in a supervisory capacity and have completed an orientation to the target population, unless it is evident in the supervisor's background that s/he has previous experience serving the target population.
6. Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level as the employees being supervised.

26.6

Performance Measures

26.6.1 Percentage of ~~clients~~ **individuals** 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Housekeeping/Homemaker services.

26.6.2 Percentage of ~~clients~~ **individuals** 60+ years of age living below the poverty level that receive Housekeeping/Homemaker services.

26.7

Reporting Unit

26.7.1 One unit of service is equal to 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

27.0 INFORMATION AND REFERRAL

27.1 Purpose Statement

27.1.1 The service provides information to the community related to, and assistance in accessing, various services available to assist individuals in maintaining their independence and to enhance their ability to remain in their home and community.

27.1.2 Specifically related to the Family Caregiver Support Program, the service provides information to the community related to, and assistance in accessing, support services available to family caregivers.

27.2 Service Description

27.2.1 Taxonomy Definition – A service that provides or arranges for assistance to individuals to enable them to gain access to services through the provision of accurate and current information and referral to appropriate resources. Referral may involve short-term supportive assistance and follow-up.

27.2.2 The terms “information and referral” and “information and assistance” are used synonymously for this service.

27.2.3 Area Agencies on Aging include information and referral services in their area plans related to long-term care resources in their Planning and Service Area.

27.2.4 Related to home and community based services, the service:

1. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
2. Assesses the problems and capacities of the individuals.
3. Links the individuals to the opportunities and services that are available.
4. To the maximum extent practicable, ensures verifies that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.

27.2.5 Related to the Family Caregiver Support Program:

1. Community education consists of the presentation of a spectrum of information activities, designed to ensure that members of local communities are promote awareness of the availability and accessibility to human services and community resources related to informal caregiving.
2. The service provides awareness of training available for family members and other home-based caregivers which focuses on caregiver related topics including:
 - i. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
 - ii. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
 - iii. Making the home environment safe and barrier-free.
 - iv. Stress management and other techniques to help the caregiver take care of him or herself.

27.2.6 The service may include a caregiver assessment, development of an individualized plan that focuses on the caregiver, setting goals and establishing a routine for ongoing support for the caregiver.

27.2.7 Agencies designated as an Aging and Disability Resource Center (ADRC):

1. Serve as a single, coordinated system of information, assistance, and access for all persons seeking long-term care services.
2. Complete required training and sign an ADRC memorandum of understanding with the Division of Aging and Adult Services (DAAS).
3. Staff an Options Counselor/Transition Coach position(s).
4. Options counseling establishes a relationship through a strength-based collaboration with the hospital discharge planner, an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner to avoid hospital readmission within the first thirty days of discharge.

27.2.8 Target Population

1. The service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapter 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.
2. Options Counselor/Transition Coach is intended to serve Medicare beneficiaries with chronic illnesses that are being discharged from the hospital and remaining at home.

27.3 Service Requirements – The Contractor shall:

27.3.1 Provide information to individuals.

1. Identify needs and provide simple and/or complex information in response to written, telephone, walk-in or electronic requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual.
3. Disseminate information to the public about Information and Referral Services.
4. Maintain a resource file of human and social services. The resource file is recommended to be updated at least annually to ~~ensure~~ **provide** accuracy and comprehensiveness of content.
5. Maintain a ~~23~~ **24**-hour phone number for the designated geographic area.

27.3.2

Refer individuals to human services and community resources, as appropriate.

1. Identify needs and provide referral information in response to written, telephone, or walk-in requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual.
3. Follow-up with individuals as appropriate to determine if services from other referred service providers have been received by the individual.
4. Document every referral provided to each individual for each identified need.
5. Address the different needs of individuals and caregivers and link them with the opportunities and services to meet their unique circumstances.

27.3.3

Determine and document if the service met the individual's need.

27.3.4

Provide the following Options Counselor/Transition Coach services if Contractor is a designated ADRC:

1. Work with at least one hospital and their respective discharge planners within the planning and service area.
2. Work with the Center for Independent Living within the planning and service area.
3. Implement the Coleman's Care Transition Model (CCTP), utilizing the Four Pillars approach.
4. Serve as a part of the interdisciplinary team, providing appropriate services and resources, including home and community-based services (HCBS), that are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated.
5. Follow-up with individuals to determine if services have been received by the individual.

27.4

Licensure/Certification Requirements – The Contractor shall:

27.4.1

~~Ensure~~ **Require** that service providers are Alliance of Information and Referral Systems (AIRS) Certified.

27.4.2

~~Ensure~~ **Require** compliance with the following staffing standards:

1. Information and referral staff have the knowledge, skills, and experience necessary to screen potential clients for wants, problems, strengths and needs.
2. Staff have good communication and basic interviewing skills.
3. Staff are familiar with available home and community-based resources in the community.
4. For the purposes of the Family Caregiver Support Program, staff are trained relative to the specific issues of caregiving and have knowledge of supportive resources for caregivers.

27.5

Performance Measures

27.5.1

Number of ~~clients~~ **individuals** served annually.

27.5.2

Performance Measures for Options Counseling/Transition Coach include:

1. Number of individuals that remained at home more than 30 days after hospital discharge.
2. Number of hospital discharges referred to the Options Counselor during a quarter.

27.6

Reporting Unit

27.6.1

One unit of service equals one initial service contact. (Subsequent communications pertaining to the initial request are not separate units of service.)

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

28.0 JOB DEVELOPMENT AND PLACEMENT - MATURE WORKER PROGRAM

28.1 Purpose Statement

28.1.1 The service provides opportunities for older people to work and remain self-sufficient throughout their lives and to support business growth and development across the state in light of the aging workforce.

28.2 Service Description

28.2.1 Taxonomy Definition - A service that provides assistance in obtaining employment for job-ready individuals.

28.2.2 Mature Worker Programs:

1. Facilitate dialogues among mature workers, businesses, government, education, and local communities focusing on the needs of the employers.
2. Raise visibility, awareness, appreciation of and employment opportunities for mature workers.
3. Assist mature workers secure fulltime or part-time/paid and unpaid employment.
4. Recruitment mature workers.
5. Recruitment employers seeking employees.
6. Provide assessment of individuals' abilities in relation to employment goals.
7. Provide technical assistance to employers related to mature worker issues.
8. Coordinate Job development and job placement with local Workforce Investment Act (WIA) One-Stop Career Centers.

28.2.3 Job development and placement is intended to provide mature workers with new points of access to training and paid and unpaid employment opportunities that will allow them to remain competitive in the job market and to provide those connections to employers who value their experience.

28.2.4 Eligibility Requirement - Services are made available for all mature job seekers and the business community, as identified in the **Division of Aging and Adult Services** (DAAS) Policy and Procedure Manual, as may be amended.

28.3 Service Requirements – The Contractor shall:

28.3.1 Conduct Outreach in retirement communities, the core city, faith communities and other areas where mature workers reside.

28.3.2 Provide outreach to mature jobseekers and to employers to list paid and unpaid job openings.

28.3.3 Assist jobseekers to identify available services required to address identified barriers to employment. If appropriate, refer the jobseeker to the nearest One-Stop Career Center for additional services including but not limited to; job development, skills training, job search, job fairs, job clubs, job referrals, and/or workshops.

28.3.4 Develop and use a formal referral process to community resources (e.g., One-Stop Programs).

28.3.5 Train:

1. Job seekers on how to market their skills and prepare them for the job search and hiring process.
2. Employers on recruitment, hiring and retention of mature workers.
3. One-stop partner program staff on how to serve the mature worker population.

28.3.6 Refer all individuals identified as job ready to the Arizona Workforce Connection for registration into the AWC automated client management system.

28.3.7 Partner with the WIA One-Stop programs to identify suitable job openings and other job-related assistance.

28.3.8 Develop and conduct annual satisfaction surveys to measure employer and job applicant satisfaction with service delivery.

28.4 Performance Measures

28.4.1 Performance will be measured per the DAAS Policy and Procedure Section 1603.2 (F), as may be amended.

28.4.2 Collaborations are formed between the Aging Service Provider network and the business community that promote the value of mature workers.

28.5 Reporting Requirements

28.5.1 **For jobseekers**, one unit of service equals one jobseeker recruited and receiving job-readiness services (recruitment, assessment, skill development, job development and placement)

For employers, one unit of service equals one employer recruited, assessed, and provided with technical assistance.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

29.0 LEGAL ASSISTANCE

29.1 Purpose Statement

29.1.1 The service provides legal assistance, legal advice, advocacy and representation to older individuals, and in particular, those with the most economic or social need. This includes:

1. Vulnerable persons who have limited access to legal services and the justice system.
2. Individuals with few financial resources, physical or mental disabilities and those reliant on public resources who are most at risk of being unable to secure needed legal services. Legal interventions are necessary to ensure their rights are protected.

29.2 Service Description

29.2.1 Taxonomy Definition- A service that provides consultation and representation in civil legal matters.

29.2.2 Services protect the rights of older individuals and ensure make certain they receive the services to which they are entitled.

29.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

1. Services are available to persons who are 60 years or older and low income.
2. Legal Services Assistance is available to persons under 60 years of age only if supported by funds other than those authorized in Older Americans Act.

29.2.4 Background

- ~~3. Vulnerable persons have limited access to legal services and the justice system.~~
- ~~4. Individuals with few financial resources, physical or mental disabilities and those reliant on public resources are most at risk of being unable to secure needed legal services. Legal interventions are necessary to ensure their rights are protected.~~

29.3 Service Requirements – The Contractor shall:

29.3.1 Provide legal services.

1. Identify the individual's legal needs by means of a personal interview.
2. Research the law pertaining to the identified legal issues.
3. Conduct issue research and investigation.
4. Provide legal advice to the individual regarding the identified need.
5. Draft legal documentation pertaining to the identified need.
6. Provide legal advice, advocacy or representation.
7. Schedule service hours to be flexible to the locally defined needs.
8. Ensure Utilize only licensed attorneys to provide legal advice and representation.
9. Ensure Utilize paralegals or law students who provide legal counseling or assistance only under the direct supervision of an attorney licensed to practice in Arizona.

29.3.2 Provide education and outreach activities.

1. Disseminate information and provide education to individuals and community groups regarding legal issues affecting the elderly.
2. Provide technical assistance to individuals and groups involved in advocacy on behalf of the elder population.
3. Identify changes to policies, regulations and laws which would increase access to necessary services or clarify available legal remedies.
4. Participate in outreach activities that inform seniors and the community of the Older Americans Act legal service and other available legal resources.
5. Participate in community coalitions and network activities.

29.3.3 Collect accurate data for needs assessment, program evaluation, and reporting

1. Collect at a minimum the following data on each individual who requests assistance: individual's name, age and ethnicity, as well as a detailed description of the presenting issue and resolution.
2. Collect at a minimum the number of participants and type of activity on each public outreach and educational activity where the program participated.
3. Collect participant evaluations of training and educational presentations.
4. Evaluate collected data to determine current legal needs and identify systemic trends.
5. Compile the evaluations for program improvement.

29.3.4 Attend and participate in meetings with the DAAS and other legal services contractors and sub-contractors as scheduled.

29.4 Licensure/Certification Requirements – The Contractor shall:

29.4.1 Ensure Utilize attorneys that hold a current license to practice in the State of Arizona.

29.5

29.5.1

Performance Measure

Using standardized evaluation tools, achieve a client satisfaction of at least 85 percent annually.

29.6

29.6.1

Reporting Unit

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

30.0 LONG-TERM CARE ADVOCACY - OMBUDSMAN

30.1 Purpose Statement

30.1.1 The service helps to ensure that residents of long term care facilities receive quality care and have the best possible quality of life.

30.2 Service Description

- 30.2.1 Taxonomy Definition - A service that investigates and resolves complaints relating to administrative actions that may adversely affect the health, safety, welfare and rights of individuals who are residents of long-term care facilities.
- 30.2.2 The service provides assistance to and advocacy for residents of long term care facilities to assist them in understanding and maintaining their human, civil, and resident rights.
- 30.2.3 Long-Term Care Ombudsmen visit long term care facilities, investigate complaints, and assist in ensuring quality of life and quality of care for the residents of long-term care facilities.
- 30.3.4 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements as described in Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.

30.3 Service Requirements – The Contractor shall:

- 30.3.1 Provide personnel and an administrative structure for the Long-Term Care Ombudsman Program which includes the supervision and coordination of ongoing ombudsman activities.
- 30.3.2 Provide a complaint resolution process in which the date of initial contact with a resident, their legal representative, and/or the complainant is made within two (2) business days of the receipt of the complaint. Follow up with documentation, investigation and resolution of complaints made by, or on behalf of, residents of long term care facilities. These processes shall be in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.
- 30.3.3 Follow an established quarterly visitation schedule to include all long term care facilities within the Area Agency on Aging region or as established by contract.
- 30.3.4 Provide technical support for the development of resident and family councils within long term care facilities.
- 30.3.5 Make referrals to other governmental or community agencies and/or the Office of the State Long-Term Care Ombudsman (OSLTCO), as appropriate.
- 30.3.6 Utilize the DES Long-Term Care Ombudsman Database as required in Chapter 3000, Section 3700 of the DAAS Policies and Procedures Manual, as may be amended.
- 30.3.7 Utilize all forms as required by the DAAS Policy and Procedure Manual, as may be amended, and by the OSTLCO.
- 30.3.8 Assist residents in identifying their rights and interests under state and federal law and obtaining the rights and services to which they are entitled.
1. Provide specific information to residents/individuals on their rights and available services.
 2. Respond to the need for services identified by the resident/individual.
 3. Identify appropriate contractors of services and existing resources.
 4. Refer residents/individuals to appropriate resources.
 5. Monitor referrals to ensure service delivery.
 6. Assist residents/individuals in removing barriers, including language and cultural barriers, which prevent them from meeting identified needs.
- 30.3.9 Identify, investigate and resolve complaints, which will include but are not limited to those made by or on behalf of residents that are related to action, inaction, or decisions of individuals or organizations that may adversely affect the health, safety, welfare, or rights of residents. Those individuals or organizations include, but are not limited to the following:
1. Providers of long term care services and staff of their facilities
 2. Representatives of the above providers
 3. Public agencies
 4. Health and social service agencies
 5. Government agencies
- 30.3.10 Provide follow-up and coordination procedures that require timely and quality service delivery and resolution of issues.
1. Initiate and utilize standardized follow-up procedures.

2. Follow established procedures for recording client contacts, accepting individual complaints and concerns and addressing these problems.
3. Maintain and advertise a phone number for use by complainants.
4. Maintain procedures for handling urgent requests from the complainants and the OSLTCO.
5. Require that procedures will address the protection of client confidentiality as well as access to the records by the OSLTCO and program/contract monitoring.
6. Uphold privacy and confidentiality for the purpose of hearing, investigating and resolving complaints and rendering advice to residents of the long term care facilities.
7. Inform residents and/or their legal representatives of resolution procedures.
8. Provide and document follow-up and ongoing monitoring during the complaint resolution process with complainant or resident.
9. Uphold state and federal law, as well as the DAAS Policy and Procedure Manual, as may be amended, related to the protection of confidential information and the appropriate release of files/records the program maintains.
10. Provide education, training, and technical assistance to citizen's groups, the general public, local volunteer groups, human services workers, long term care facility staff, and others involved in the long term care industry, concerning residents' rights and related issues.
11. Promote the local Long-Term Care Ombudsman Program by providing information, technical assistance, and education in all long term care facilities and communities throughout the region to increase visibility of the program.

30.3.11 Develop partnerships and network with related programs to provide more immediate resolution to issues and to expand resources

1. Form local partnerships with the Social Security Administration, Arizona Health Care Cost Containment System (AHCCCS), Adult Protective Services (APS), law enforcement agencies and other agencies and services.
2. Participate in licensing surveys conducted by the Arizona Department of Health Services, Division of Licensing Services, or the Centers for Medicare and Medicaid Services.
3. Network with social service professionals within the community.
4. Increase coordination between non-tribal and tribal regional Ombudsman coordinators.

30.3.12 Expand the Ombudsman volunteer base.

1. Provide continuous outreach and recruitment of volunteers.
2. Provide annual recognition of volunteers.

30.3.13 Require Regional Ombudsman Program Coordinators to attend and participate in scheduled tri-annual meetings, monthly conference calls, and other trainings as required by the OSLTCO, or appoint a designee to attend and participate.

30.4 Certification Requirements – The Contractor shall:

30.4.1 Recruit, hire, train and supervise local Long-Term Care Ombudsman Program staff and volunteers in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended. .

30.4.2 Utilize program policies and procedures, reporting requirements, training modules and designation requirements provided by the OSLTCO.

30.4.3 Require that ombudsman staff and volunteers receive training in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.

30.4.4 Complete a fingerprint criminal history background check for each prospective and current ombudsman, as defined by ARS 46-141(A & I) Criminal Record Information Checks, as may be amended.

30.4.5 Require that all ombudsmen have successfully passed a criminal history background check as defined by ARS 46-141, as may be amended, prior to providing services. 30.4.6 Require that the Regional Ombudsman Program Coordinator will report in writing any identified conflict of interest of any ombudsman within the region to the OSLTCO immediately after identification of the conflict.

30.4.7 Require all ombudsmen to be designated by the OSLTCO prior to their beginning to provide services.

30.4.8 Provide for uniformity of training and provision of training materials by following the OSLTCO requirements for designation of ombudsmen, including the completion of the 16-hour core curriculum and four (4) additional hours of field training for initial designation.

30.4.9 Require that Regional Ombudsman Program Coordinators are trained, designated, and re-designated by the OSLTCO.

1. Regional ombudsmen and volunteers will be trained by Regional Ombudsman Program Coordinators, or their designee, with the OSLTCO providing designation.
2. Training for re-designation of regional ombudsmen and volunteers will be provided by Regional Ombudsman Program Coordinators with the OSLTCO providing designation.
3. Designation and re-designation are valid for one year.

- 30.4.10 Require that all staff ombudsmen attend at least one outside training each year to increase program knowledge and networking capabilities.
- 30.4.11 Require that for re-designation, all ombudsmen complete eight (8) hours of continuing education training provided by the Regional Ombudsman Program Coordinator
- 30.4.12 Require that for re-designation Regional Ombudsman Program Coordinators complete an additional four (4) hours of continuing education coordinated and/or approved by the OSLTCO.
- 30.4.13 Follow the State Long Term Care Ombudsman criteria and written procedures for designation re-designation and de-designation as required by Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.
- 30.4.14 Utilize all program forms appropriately and as specified within the DAAS Policy and Procedure Manual, as may be amended, and any other forms as requested by the OSLTCO.
- 30.4.15 Maintain records for each ombudsman of all training participated in, including training related to initial designation and re-designation.
- 30.4.16 Require that all ombudsmen carry identification badges, which provides proof of designation by the OSLTCO, as provided by the OSLTCO.
- 30.4.17 Provide the OSLTCO verification of completion of initial designation and re-designations for all ombudsmen.

30.5 Performance Measures

- 30.5.1 For every complaint received by a local long-term care ombudsman program, initial contact with a resident, their legal representative, and/or the complainant, as appropriate, is made within two (2) business days of receipt.
- 30.5.2 Each long term care facility is visited at least annually.
- 30.5.3 Undertake efforts to increase ombudsman volunteer base by at least 5 percent annually.
- 30.5.4 Undertake efforts to increase the number of resident and family council meetings that are attended annually by 10 percent.

30.6 Reporting Unit

- 30.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

31.0 NURSING – COMMUNITY NURSING

31.1 Purpose Statement

31.1.1 The service provides medical-related counseling and education to eligible individuals at their place of residence or in the community, helping clients to maintain their independence and avoid costly and unwanted placement in a facility.

31.2 Service Description

31.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

31.2.2 The service includes the coordination of health related services such as counseling and disease treatment education.

31.2.3 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3100, Section 3113 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, with priority given as indicated in Section 3124, as may be amended.

31.3 Service Requirements – The Contractor shall:

31.3.1 Provide a nursing assessment of the individual, family, and/or community as related to health.

1. Identify individuals, families and/or groups in need of or in potential need of health services.
2. Conduct a nursing assessment of the health status of an individual and/or family including the following dimensions: physical/developmental/behavioral, environmental/cultural/spiritual, and socio-economic.
3. Identify health status, resources, and action potential of the individuals, families and/or group.

31.3.2 Develop a plan of nursing intervention based on the nursing assessment.

1. Establish a plan of care to meet individual, family and/or group identified health needs.
2. Collaborate with other professionals and agencies in developing plan of care.
3. Identify barriers that relate to the level of function, priorities and accessibility to services for individuals, families and groups.

31.3.3 Implement a plan of nursing intervention for the individual, family and/or group.

1. Instruct individuals, families and/or groups regarding disease prevention, health promotion, maintenance and/or restoration based on needs assessment and learner readiness.
2. Provide information needed to seek and utilize appropriate health care resources.
3. Perform nursing techniques in personal, preventive, therapeutic and rehabilitative care.
4. Support individuals, families and/or groups making independent decisions unless the action is detrimental to their health or the health status of others.
5. Utilize epidemiological methods in disease prevention and control.

31.3.4 Evaluate responses of the individuals, families and/or groups to the nursing intervention, then modify the plan of nursing intervention as necessary.

31.3.5 ~~Ensure~~ **Require** that newly hired employees providing the service submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

31.4 Licensure /Certification Requirements - The Contractor shall provide services in accordance with:

31.4.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

31.4.2 DHS A.A.C. R9 10-1103.D for home health aides, as may be amended.

31.4.3 A.R.S. Title 32, Chapter 15 for a Licensed Practical Nurse, as may be amended.

31.4.4 A.R.S. Title 32, Chapter 19, for a Registered Physical Therapist, as may be amended.

31.4.5 A.R.S. Title 32, Chapter 15 for a Registered Nurse, as may be amended.

31.4.6 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

31.4.7 **Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.** Professional Standards

- ~~1. Newly hired employees providing services shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.~~

2. ~~Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.~~

31.5 **Performance Measure**
31.5.1 Event evaluations or surveys indicate an increase in client **individual** awareness of available programs and services.

31.6 **Reporting Unit**
31.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

32.0 NURSING – HOME NURSING

32.1 Purpose Statement

32.1.1 The service provides intermittent health maintenance based on medical needs to improve the physical and mental health of eligible individuals at their place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a facility.

32.2 Service Description

32.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

32.2.2 Home Nursing is a case managed service,

32.2.3 Home Nursing is a medically related service within the NMHCBS system.

32.2.4 The service may be used as part of the Home Care cluster.

32.2.5 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3200, Section 3213 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, with priority given as indicated in Section 3224, as may be amended.

32.3 Service Requirements – The Contractor shall:

32.3.1 Provide Assessment, Supervision and Monitoring.

1. Obtain a written statement from the primary health care provider that contains the diagnosis of a disabling condition or illness, and medical orders if needed for the individual prior to the person receiving skilled nurse services, as specified in the Nurse Practice Act.
2. A Registered Nurse shall develop a written individual nursing care plan for each ~~client~~ individual within seven (7) working days of ~~client's~~ individual's initiation to service. The plan shall be written in measurable objectives and shall include, at a minimum, the following: the specific services to be provided; who will provide specific services; anticipated frequency and duration of each specific service; expected outcome of service; coordination of these services with other services being received by or needed by the ~~client~~ individual; input of the ~~client~~ individual and/or legally responsible party.
3. A Registered Nurse shall review and revise the nursing care plan for specific treatment at least every 90 days, or when changes in ~~client~~ an individual's status occur.

32.3.2 Provide skilled nursing services by a licensed nurse.

1. Observe, evaluate, and document the ~~client's~~ individual's response to treatment.
2. Provide training activities aimed at instructing the ~~client~~ individual, family and/or other caregivers in providing care for the ~~client~~ individual.
3. Provide direct services such as medication management, injections or insertions of catheters. To determine whether such services should be performed by the nurse, consider: the complexity of the service, the condition of the ~~client~~ individual; and, if the service is within the scope of the Arizona Nurse Practice Act.
4. Coordinate health-related services.
 - i. Provide education/counseling to help the ~~client~~ individual manage illness or disability.
 - ii. Collaborate with other health professionals and Health Care Team members to meet identified ~~client~~ individual/family needs.
 - iii. **Ensure Require** that newly hired employees providing home nursing submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
5. Licensed Practical Nurses (LPN) shall work under the supervision of a Registered Nurse (RN).

32.3.3 **Ensure Require** that staff have received training in home accident prevention and first aid.

32.4 Licensure /Certification Requirements – The Contractor shall provide services in accordance with:

32.4.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

32.4.2 A.R.S. Title 32, Chapter 15 for a Licensed Practical Nurse, as may be amended.

32.4.3 A.R.S. Title 32, Chapter 15 for a Registered Nurse, as may be amended.

32.4.4 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

32.4.5 Direct service staff shall have current certification in CPR.

32.4.6 Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.

~~Professional Standards~~

- ~~1. Newly hired employees providing services shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.~~

32.5 Performance Measures

32.5.1 Percentage of clients **individual** 60+ years of age living below the poverty level utilizing Home Nursing services.

32.5.2 Percentage of clients **individual** 60+ years of age with severe disabilities (3+ Activities of Daily Living (ADL) limitations) receiving Nursing services.

32.6 Reporting Unit

32.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

33.0 OUTREACH

33.1 Purpose Statement

33.1.1 The service identifies/targets individuals for focused efforts to provide information about specific programs and resources available to assist those individuals in maintaining their independence and ability to remain in their home and community.

33.1.2 Specifically related to the Family Caregiver Support Program, the service identifies/targets eligible caregivers for focused efforts to provide information about specific programs and resources available to assist those caregivers in maintaining their role providing care to an individual and helping them to maintain their independence and ability to remain in their home and community.

33.2 Service Description

33.2.1 Taxonomy Definition – A service that provides a systematic method to identify and directly contact persons in need of services.

33.2.2 Outreach is a home and community based and Family Caregiver Support Program service, that:

1. Provides information about assistance, advice, or other services for individuals and caregivers who would not otherwise have access to services
2. Is initiated by an agency or organization to identify potential clients to inform them of existing services and benefits.
3. Tailors the outreach strategy to the intended audience's needs in relation to information and access to human services and community resources
4. Is communication, training, and service that **engages** agencies with external constituencies.
5. Outreach activities generate knowledge, share resources, and apply the expertise of the agencies in ways that advance both the public good and the missions of the aging network.

33.2.3 Target Population - This service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in **Chapter 3000, and Section 3600** of the **Division of Aging and Adult Services** (DAAS) Policy and Procedure Manual, as may be amended.

33.3 Service Requirements – The Contractor shall:

33.3.1 Provide a systematic method to identify individuals in need of services.

1. Identify individuals or families in potential need of services through face-to-face contact in their homes and/or other locations outside of the agency.
 1. Identify individuals or families in potential need of services through telephone contacts.
 2. Educate individuals and families on the need of available services through TV and radio programs, and the internet.
 3. Provide follow-up contacts to individuals and/or families who were identified as needing services but who have not requested or received services.

33.3.2 Determine if services were provided and appropriate.

1. Contact individual/family to determine what services were received.
2. Determine if service(s) met individual/family needs
3. Provide follow-up contacts of individuals/families ~~who~~ **that** have received services but are no longer active

33.4 Performance Measure

33.4.1 Event evaluations and surveys show an increase in awareness of available programs and services.

33.5 Reporting Unit

33.5.1 One unit of service equals one outreach activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

34.0 PEER COUNSELING

34.1 Purpose Statement

34.1.1 The purpose is to provide support for informal caregivers by offering support groups attended by cohorts promoting self-help strategies and allowing expression of shared feelings in a non-judgmental environment. Support groups can mitigate the effects of stress and burden related to caregiving, allowing the caregiver to continue to provide care, helping to avoid costly and unwanted placement of the care recipient in a care facility.

34.2 Service Description

34.2.1 Taxonomy Definition - A service that provides self-help opportunities.

34.2.2 Peer counseling refers to a range of individual or group services that assist individuals in need and/or their caregivers in making decisions, solving problems, and gaining knowledge related to their caregiver role.

34.2.3 Caregiver support groups are a primary component of this service, providing a forum in which caregivers can:

1. Come together and exchange ideas
2. Learn to maintain a sense of self and establish good boundaries
3. Learn to enlist the help of other family members and friends
4. Relieve stress and anxiety through sharing experiences with cohorts
5. Experience a healthier attitude and approach to caregiving
6. Learn how to enlist the help of family and friends to share the load
7. Validate the difficulty and complexity of the caregiving role
8. Reduce stress and guilt by learning and implementing coping skills

34.2.4 Support groups for grandparents raising grandchildren are included in the service.

34.2.5 Eligibility Requirements – The Contractor shall provide services to caregivers that meet the eligibility requirements described in Chapter 3000, Section 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in 3602.3, as may be amended.

34.3 Service Requirements – The Contractor shall:

34.3.1 Organize support groups for eligible caregivers, providing disease specific peer counseling and specific groups for grandparents raising grandchildren, when appropriate.

1. Assess the community need for caregiver support groups in specific geographic/service areas.
2. Determine appropriate location(s) and times where caregiver support groups will be conducted, based upon the community assessment.
3. Establish appropriate local guidelines for qualifications of support group facilitators that will provide leadership and guidance for the groups, ensuring at a minimum the facilitators/leaders have an understanding of the risks and burdens associated with caregiving and a good knowledge of caregiver support needs, including knowledge of community resources.
4. Publicize the availability of the support group(s) through a multifaceted approach, such as flyers, Internet, and direct mailings, targeted to the general public and caregivers already receiving agency-funded services.
5. To the extent possible, support groups should be tailored to the needs of the specific caregiver groups, such as caregivers of persons with Alzheimer's Disease, etc.
6. Convene initial support group meetings.
7. Provide regularly scheduled caregiver support group meetings.

34.3.2 Evaluate the satisfaction level of support group members every six months, including an independent evaluation of the facilitator by group participants.

34.3.3 Support group facilitators/leaders shall have the educational qualifications and/or required related experience for the type of support group being facilitated.

34.3.4 Support groups shall be appropriate in design and implementation to account for different types of issues that participating caregivers may present

34.3.5 Account for Consider the cultural diversity of the participating caregivers.

34.4 Performance Measures

34.4.1 The number of caregivers provided support through the service annually.

34.4.2 Evaluation instruments show that the service enhanced the ability of the caregiver to care for the care recipient.

34.5

Reporting Unit

34.5.1

One unit of service equals one peer counseling session.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

35.0 PERSONAL CARE

35.1 Purpose Statement

The purpose is to provide assistance with personal physical needs at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

35.2 Service Description

35.2.1 Taxonomy Definition - A service that provides assistance with personal physical needs.

35.2.2 Personal care is a case managed service.

35.2.3 Assistance with activities of daily living is provided at an individual's place of residence.

35.2.4 Personal care workers help individuals with tasks they are unable to complete independently due to illness, disability, or the natural progression of aging.

35.2.5 The service may be used as part of the Home Care cluster.

35.2.6 Licensed medical personnel are not required to provide this service.

35.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in **Chapter 3000**, Section 3213 of the **Division of Aging and Adult Services** Policy and Procedure Manual, with priority given as indicated in Section 3224, as may be amended.

35.3 Service Requirements – The Contractor shall:

35.3.1 Provide supervision and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service agency to determine specific tasks is to be performed. During this visit, a care plan is developed and specific tasks can be assigned to the personal care worker for completion during each visit in the time allotted.
2. The supervisor shall conduct home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

35.3.2 Provide personal care services

1. Assist with showering, bathing, toileting, dressing, oral care and shampooing.
2. Assist with transfer to and from wheelchair and/or bed.
3. Assist with eating, where the assistance required may include: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; (assist with menus/food selection) and feeding the individual.
4. Assist with routine ambulation activities.
5. Assist with routine nail and skin care.
6. Assist with tasks necessary for the comfort and safety of the movement-restricted (tasks that do not require medical or nursing supervision)
7. Assist the individual with special appliances and/or prosthetic devices, if the procedure is routine and well established.
8. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate.
9. Encourage the individual, family and caregiver to provide input into and support the individual's service plan.
10. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

~~35.4 Staffing Requirements – The Contractor shall:~~

~~35.4.1 Ensure that newly hired employees providing personal care shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.~~

~~35.4.2 Ensure that employees have a current certification in CPR and training in home accident prevention and first aid.~~

~~35.4.3 Ensure that Personal Care Workers do not provide personal care services until they have been certified competent in this area by their agency.~~

~~35.4.4 As described in the DAAS Policy and Procedure Manual, as may be amended, employees providing personal care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that want to become an approved testing site are made available on the ADES website.~~

- 35.4.5 Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
- 33.4.6 The supervisor shall have at least two (2) years of full-time employment experience in supervisory capacity; one (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience. Orientation to target population is required, unless otherwise evident in background.
- 33.4.7 Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards at the same level as the employees being supervised.

35.4 Licensure/Certification Requirements – The Contractor shall:

35.4.1 Require that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

35.4.2 Require the following staffing standards:

1. Newly hired employees providing Personal Care shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Personal Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Personal Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that want to become an approved testing site will be made available on the ADES website. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
3. The direct service staff supervisor shall have at least two (2) years full time employment experience in supervisory capacity; one (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience. Orientation to target population is also required, unless otherwise evident in background.
4. The direct service staff supervisors demonstrates knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

35.5 Performance Measures

35.5.1 Increase from the previous year in the Percentage of clients individuals 60+ years of age living below the poverty level that receive Personal Care services.

35.5.2 Increase from the previous year in the Percentage of clients individuals 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Personal Care services.

35.6 Reporting Unit

35.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

36.0 PROGRAM DEVELOPMENT

36.1 Purpose Statement

36.1.1 For purposes of Older Americans Act programs, the service is provided to assist agencies in developing new programs or expanding existing programs. The service is not designed to be an on-going administrative expenditure.

36.2 Service Description

36.2.1 Taxonomy Definition - A service that researches and/or establishes a new service(s), improves, expands or integrates an existing service(s).

36.2.2 For purposes of Older Americans Act Programs, the service is designed to assist agencies in developing new programs or expanding existing programs that:

1. Achieve a specific service(s) goal and objective.
2. ~~Ensure that a reduction in service levels will not result from the transfer or removal of funds of funds from an existing program or function.~~
2. Ensure Provide activities services that will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

36.2.3 Development of new programs or expanding existing programs should not cause a reduction in service levels from an existing program or service.

36.2.4 Program Development funds shall be expended within the State Fiscal Year.

36.2.5 Program Development is available to agencies that meet the requirements described in Chapter 2800 of the Division of Aging and Adult Services DAAS Policy and Procedure Manual, as may be amended.

36.3 Service Requirements – The Contractor shall:

36.3.1 Expand, improve, or integrate upon existing services and/or programs.

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff or other appropriate individuals.
3. Develop Assessment Instrument.
4. Develop research instrument(s).
5. Conduct Assessment.
6. Compile and analyze data.
7. Modify existing design and/or instruments, if necessary.
8. Prepare narrative, statistical and/or other appropriate report(s) making recommendations: participate in discussions of such reports for programmatic and fiscal planning.
9. Establish timeline for execution and completion of development of service(s) or program(s).
10. Implement the expansion, improvement, and/or integration of service(s) and/or program(s).
11. Evaluate implementation of plan, expansion, improvement, and/or integration and make appropriate modifications.

36.3.2 Continue coordination efforts through involvement and support as an active community resource for specific functions.

1. Share information on mutually advantageous subjects such as client characteristics, community and agency needs, and any other issues or subjects related to the identified problem or need.
2. Establish a system or mechanism for continuous feedback on the identified problem or need, status, and identification of new problems or needs.
3. Expand and maintain ongoing public relations and information exchanges with agencies, organizations, businesses, and/or individuals related to the identified problem or need.
4. Recruit and coordinate individuals, agencies, and other entities to better serve the target population.
5. Develop and modify as needed, a community-resource directory related to the identified problem or need which is addressed.
6. Develop impact or outcome measures of coordination efforts related to the identified problem or need.

36.3.3 Establishing new service(s) and/or program(s)

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff, end users and other appropriate individuals.
3. Develop study design and methodology.
4. Develop research instrument.
5. Conduct specified research.

6. Collect, compile and analyze data.
7. Modify existing design and/or instruments, if necessary.
8. Prepare narrative, statistical and/or other appropriate reports, making recommendations, and participate in discussions of such reports for programmatic and fiscal planning.
9. Establish timelines for execution and completion of development of service(s) or program(s).
10. Implement new service(s) or program(s), expansion, improvement or integration.
11. Evaluate implementation of plan, expansion, improvement, and/or integration and make appropriate modifications.

36.4

Performance Measure

36.4.1

Progress of program development activities and accomplishments.

36.5

Reporting Unit

36.5.1

One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

37.0 PROTECTIVE SERVICES-TRIBAL ADULT PROTECTIVE SERVICES

37.1 Purpose Statement

37.1.1 The service helps to protect elders within the jurisdiction of the Navajo Nation from abuse, neglect, exploitation and maltreatment; and offers available and appropriate services to assist in accordance with individual needs and acceptance.

37.1.2 This service supports the provisions of the Dine' Elderly Protection Act of 1996.

37.2 Service Description

37.2.1 Taxonomy Definition – Services provide support to individuals who are in abusive, self-neglect or vulnerable situations. Services may include, but are not restricted to: financial assistance, shelter, legal aid, counseling, information and referral, and follow-up.

37.2.2 Services includes assessing reported incidents of abuse, neglect, or exploitation of incapacitated or vulnerable adults; and it includes available and appropriate services to assist in accordance with individual needs and acceptance.

37.2.3 Services are provided to individuals who are in physical/sexual abused, neglect, financial exploitation, maltreated and/or vulnerable situations. The services include some counseling on budgeting, financial assistance referral to Social Services; shelter placement, nursing or group home placement; lay-legal assistance related to: filing of Power of Attorney, Guardianship, Wills, Involuntary Placement, Temporary Protection Order; counseling on elder abuse, neglect, exploitation and maltreatment.

37.2.4 Eligibility Requirements – The Contractor shall comply with eligibility requirements identified in the DAAS Policy and Procedure Manual, as may be amended.

37.3 Service Requirements – The Contractor shall:

37.3.1 Receive reports of abused, exploited or neglected, incapacitated or vulnerable adults, and receive, from any source, information regarding an adult who may be in need of protective services.

37.3.2 Conduct an evaluation upon receipt of reports/information noted in 37.3.1 above, to determine if the adult is in need of protective services, and what services, if any, would properly address the need.

37.3.3 Offer adults who are in need of protective services, (or a guardian, if the situation dictates) appropriate services based on the evaluation.

37.3.4 File petitions, as necessary, for the appointment of guardian and/or conservator, or temporary guardian and/or temporary conservator.

37.3.5 Apply for special visitation warrants, when appropriate, within provisions of the law.

37.4 Licensure/Certification Requirements - The Contractor shall ensure make certain that:

37.4.1 Direct service providers hold at least a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have at least two years' experience in social or health services.

37.4.2 A newly hired employee providing protective services submits three references from persons other than family members in order for the Contractor to verify the employee's previous employment record. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

37.4.3 The direct services supervisor holds a Master's degree or has at least four years' experience in social or health services.

37.4.4 Direct service staff has a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.

37.4.5 The service is provided in accordance with the Tribal Protective Services approved by the tribal government.

37.4 Performance Measure

37.4.1 Number of older individuals served annually.

37.5 Reporting Unit

37.5.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

38.0 REASSURANCE

38.1 Purpose Statement

38.1.1 The service helps to increase or maintain functional independence and promote the physical and emotional well-being of eligible individuals.

38.2 Service Description

38.2.1 Taxonomy Definition - A service that provides a regular contact system for individuals restricted to their place of residence.

38.2.2 The service provides a regular wellness telephone contact to vulnerable homebound individuals utilizing volunteers, provides regular personal communication with vulnerable individuals who may live alone or be at risk of harm, provides older individuals with opportunities for social interaction, and provides an opportunity to evaluate an individual's emotional health through discussion.

38.2.6 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in chapter 3000, section 3100 of the DAAS Policy and Procedure Manual, as may be amended.

38.3 Service Requirements – The Contractor shall:

38.3.1 Maintain regular personal communication with eligible individuals.

1. Negotiate and develop a written emergency and back-up plan that will be implemented for each individual if the individual cannot be contacted.
2. Communicate personally with the individual on a scheduled basis and determine if the individual's status is being maintained.
3. Arrange follow-up if an individual has had a change in status.
4. Notify the contact in the emergency plan if attempts to reach the individual are not successful.
5. Implement the back-up plan in the event the emergency plan produces negative results.

38.3.2 ~~Ensure~~ **Require** that volunteers providing reassurance services have the training and skills to serve the needs of older adults.

38.4 Optional Service Requirements – The Contractor may:

38.4.1 Recruit volunteer and/or community groups to provide reassurance.

38.4.2 Train volunteers and/or community groups in how to provide reassurance.

38.4.3 Supervise and coordinate ongoing reassurance activities.

38.5 Performance Measures

38.5.1 Provide training to volunteers on the service, the Contractor's organization, and the target group being served.

38.5.2 The number of individuals contacted on a quarterly basis.

38.6 Reporting Unit

38.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

39.0 RESPITE CARE

39.1 Purpose Statement

The purpose is to provide temporary relief or rest to caregivers from the demands and stressors of providing ongoing unpaid care in the home, helping to avoid costly and unwanted placement of the care recipient in a care facility. “Temporary” is defined by DAAS Policy and Procedure ~~as not more than 8 hours per week~~ to mean not more than an average of 60 hours per month for adult day care or group respite and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than three consecutive days and nights.

39.2 Service Description

39.2.1 Taxonomy Definition - A service that provides short-term care and supervision consistent with the health needs of the person, to supplement existing care, to provide a safe living environment, and to support or relieve the burden of caregivers.

39.2.2 Respite care is a caregiver-focused service.

39.2.3 Respite care is a case-managed service, **except when offered as a self-directed voucher.**

39.2.4 Respite care is considered to be a temporary supportive service to provide a brief period of relief or rest for caregivers.

39.2.5 Respite care can take the form of in-home respite, adult day services respite, group respite, or institutional respite.

39.2.6 Respite care is typically short-term in duration (4-8 hours at a time), but can vary in length based on the caregiver’s specific need.

39.2.7 Respite care is normally planned in advance as part of a care plan, but can also be provided on an emergency basis.

39.2.8 Services can diminish caregiver burden and stress, and can prevent or delay more costly unwanted out-of-home placement for care recipients.

39.2.9 Eligibility Requirements – The Contractor shall:

1. Provide services to individuals that meet the eligibility requirements described in **Chapter 3000**, section 3113 of the DAAS Policy and Procedure Manual, with priority given as indicated in section 3124, as may be amended.
2. For the purpose of the Lifespan Respite Care Program, provide services to any primary caregiver of an individual who does not currently receive for other publicly funded respite services, as stated in A.R.S. §46-172, as may be amended.

39.2.10 Background

1. Respite care was developed in response to the understanding of the emotional and physical risk to the caregiver involved in long-term care of a family member or loved one. Maintaining individuals in their natural homes rather than placing them in long-term care facilities has been shown to be beneficial to the individual, the involved family, and society (in terms of lowered health care costs). Respite is a component of community-based long-term care systems and a service that supports the caregiver.
2. The Lifespan Respite Program was established in 2006 for caregivers who are assisting family members who are not eligible for any other publicly supported programs.

39.3 Service Requirements – The Contractor shall provide:

39.3.1 Supervision and monitoring.

1. Review case manager authorization for duration of service and any special service requirements.
2. An initial supervisory visit by the service agency to determine specific tasks to be performed is recommended. During this visit, a care plan is developed and specific tasks can be assigned to the respite care worker for completion during each visit in the time allotted.
3. **Ensure Require** that the supervisor conducts home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

39.3.2 Services to the care recipient:

1. Provide short-term personal care and supervision either in or outside of the individual’s home.
2. Provide supervision of the individual to protect the individual’s welfare and safety.
3. Provide for the social, emotional, and physical needs of the individual. An initial supervisory visit may be conducted to set up a care plan that addresses the individual’s interests, e.g. cards, sports, etc.

4. Supervision of self-administration of medication as prescribed.
5. Provide first aid and appropriate attention to injury and illness.
6. ~~Ensure~~ **Supervision of** provision of food to meet daily dietary needs, including a therapeutic diet if prescribed.
7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.
8. Provide assistance with personal care and housekeeping, if authorized by the case manager.

39.4 Licensure/Certification Requirements – The Contractor shall:

- 39.4.1 ~~Ensure~~ **Require** that if services are provided within a facility outside the client's home, the facility meets Arizona Department of Health Services license requirements appropriate to the facility.
- 39.4.2 Secure the approval of tribal government and/or the Bureau of Indian Affairs for tribal facilities.
- 39.4.3 ~~Ensure~~ **Require** that direct service staff have current certification in CPR and training in home accident prevention and first aid.
- 39.4.4 Require that direct service staff do not provide services until they have been certified competent in this area by their agency.
1. As described in the DAAS Policy and Procedure Manual, as may be amended, direct service staff shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services.
 2. The complete curriculum, competencies and information related to agencies that want to become an approved testing site is available on the ADES website.
 3. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
- 39.4.5 ~~Ensure~~ **Require** compliance with the following:
1. Newly hired employees providing respite care shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
 2. Direct service staff shall have received training in home accident prevention and first aid.
 3. Supervisors shall have at least two (2) years' full time employment experience in supervisory capacity.
 1. One (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience.
 2. Orientation to target population is required, unless otherwise evident in background.
 4. Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards at the same level as the employees being supervised.

39.5 Performance Measures

- 39.5.1 The number of caregivers who were provided temporary relief through the service.
- 39.5.2 The ability to care for the individual at home was enhanced as measured by a pre and post service delivery evaluation (Caregiver Assessment Tool).

39.6 Reporting Unit

- 39.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

40.0 SOCIALIZATION AND RECREATION

40.1 Purpose Statement

40.1.1 This service promotes the improvement in social, emotional, mental and physical well-being of older adults.

40.2 Service Description

- 40.2.1 Taxonomy Definition - A service that promotes mentally and emotionally healthy interaction between participants and that may be organized around leisure activities.
- 40.2.2 This service is to increase or maintain the functional independence of the eligible individuals by providing purposeful activities appropriate to the participants' preferences and needs.
- 40.2.3 Preferences and needs of the individuals, as well as the group, are evaluated and activities are planned accordingly.
- 40.2.4 The service may include physical activities such as chair exercises, balance exercises, dancing, and walking; developmental activities such as writing, drawing, reading, crafts, and sewing; emotional activities such as support groups and discussions; cognitive activities such as games, and puzzles that promote memory and thinking; and social activities such as group events (e.g., singing, dancing, trips to museums, theater, and parks).
- 40.2.5 Services include a variety of individual and group activities.
- 40.2.6 Target Population – The Contractor shall provide services in accordance with Chapter 3000, Section 3100 of the Division of Aging and Adult Services Policy and Procedure Manual, as may be amended.

40.3 Service Requirements – The Contractor shall provide one or more of the following:

- 40.3.1 Assess the preferences and needs of the participants individually and/or as a group.
- 40.3.2 Develop and implement an activity plan in conjunction with the program participants.
- 40.3.3 Establish and maintain working relationships with community resources.
- 40.3.4 Utilize community resources for the provision of services.
- 40.3.5 Provide training and instruction in techniques necessary for individuals to participate in program activities and to independently choose and perform a variety of leisure-time activities.
- 40.3.6 Actively enlist participation of individuals in the service.
- 40.3.7 Provide a variety of recreational activities.
- 40.3.8 Document those activities in which the individual participated.
- 40.3.9 Providing training to paid and volunteer staff.
- 40.3.10 Establish and maintain Project/Site Councils.

40.4 Performances Measure

40.4.1 Participants needs and preferences are documented in minutes from monthly Site Council meeting.

40.5 Reporting Unit

40.5.1 One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

41.0 STATE HEALTH INSURANCE INFORMATION, EDUCATION, AND FRAUD PROGRAM (SHIP)

41.1 Purpose Statement

41.1.1 The service provides health and long term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud, error and abuse in the system.

41.2 Service Description

41.2.1 Taxonomy Definition - Services provides health; long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.

41.2.2 The service provides information regarding Medicare (Part A, Part B, and Prescription Drug Coverage), Medigap, Long Term Care Insurance, Medicare Advantage, Medicaid, and other health benefit programs and health options to empower the individuals to: be informed of viable choices; exercise his/her individual rights and protections; and become a pro-active partner in his/her own health care decisions.

41.2.3 Target Populations – Provide services to Medicare beneficiaries, individuals under 65 with a disability and have had Social Security Disability for at least two years, and individuals with end-stage Renal Disease. See the DAAS Policy and Procedure Manual, Chapter 3410, as may be amended.

41.2.4 Background

- ~~1. SHIP was originally established to address the confusion caused by the increase in choices of Medicare supplemental insurance, or Medigap. Since the program's inception, however, the role of the SHIPs in serving people with Medicare has greatly expanded. Today, trained counselors offer information, counseling and assistance to Medicare beneficiaries on a wide range of Medicare, Medicaid, and Medigap matters, including, enrollment in Medicare prescription drug plans, Medicare Advantage options, long term care insurance, claims and billing problem resolution, information and referral on public benefit programs for those with limited income and assets, and other health insurance benefit information.~~
- ~~2. SHIP/Senior Medicare Patrol (SMP) supports efforts to educate, assist and resolve issues concerning errors, fraud and abuse to the Medicare and Medicaid system.~~
- ~~3. SHIP (formerly the Information, Counseling and Assistance (ICA) Grants Program) was created under Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508). This Act authorizes the Centers for Medicare and Medicaid Services (CMS), the Federal Medicare agency, to make grants to states for health advisory services programs for people with Medicare. Currently, there are SHIPs in all 50 states plus Washington, D.C., Guam, Puerto Rico and the Virgin Islands.~~

41.3 Service Requirements – The Contractor shall:

41.3.1 Provide information to individuals.

1. Provide regional outreach and enrollment events to diverse and hard to reach individuals that include activities that encompass cultural and intergenerational diversity in accordance with performance targets identified by the Division of Aging and Adult Services.
2. Hold educational presentations on Medicare, Medicaid, and other health insurances, and fraud, errors and abuses of the system.
3. Identify needs and provide information in response to written, telephone or walk-in requests.
4. Expand Internet access to additional local counseling sites.
5. Expand telephone system capabilities to receive and respond to inquiries.
6. Expand programs to accommodate for walk-in individuals and to meet the needs of individuals with disabilities.
7. Include information on SHIP and SMP on agency's website.
8. Include SHIP and SMP logo on all flyers, brochures, and factsheets.
9. Enroll new beneficiaries statewide in accordance with performance targets identified by the Division of Aging and Adult Services.
10. Conduct enrollment events as directed by Division of Aging and Adult Services.
11. Ensure Confirm that all new publications funded solely or in part by the MIPPA grant shall include the express acknowledgement, "This publication has been created or produced by Arizona with financial assistance, in whole or in part, through a grant from the Administration on Aging and the

Centers for Medicare & Medicaid Services. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government.”

- 41.3.2 Collect and provide to the DAAS accurate data for needs assessment, program evaluation, and reporting in accordance with the DAAS Policy and Procedure Manual.
- 41.3.3 Develop partnerships and network with related organizations.
1. Form local partnerships with organizations such as Social Security, Arizona Health Care Cost Containment System, Adult Protective Services, Medicare Advantage Plans, Indian Health Services, Veteran’s Administration, and Health Service Advisory Group.
 2. Collaborate with community partners to expand State Health Insurance Assistance Program services to help beneficiaries understand and apply for their Medicare benefits.
 3. Participate in annual health fairs and other community events.
 4. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits.
- 41.3.4 Expand volunteer base.
1. Demonstrate Contractors expansion of the number of counselor full-time equivalents.
 2. Assess the need to increase counseling sites based on community needs.
 3. ~~Maintain at least one SMP to provide information about Medicare and Medicaid fraud, errors, and abuse.~~
 4. Provide annual recognition of volunteers.
- 41.3.5 Enhance the quality of the program and the information it provides.
1. Develop educational materials specific to local area needs.
 2. Evaluate collected data to identify trends and target future program outreach.
 3. Conduct evaluations on each public and media activity.
 4. Compile evaluations for program assessment and improvement.
 5. Any materials, systems or other items developed, refined or enhanced under the grant awards will be delivered to the ~~Administration on Aging~~ **Administration for Community Living (ACL)** and CMS upon request.
- 41.3.6 ~~Ensure~~ **Comply with staffing compliance requirements:**
1. Provide a staff person to be the SHIP Coordinator, and be responsible for the recruiting and training of other staff and volunteers, providing technical assistance, education and outreach events, data collection and reporting, and creation of local and network partnerships.
 2. ~~Ensure~~ **Verify** that all counselors/volunteers have no conflict of interest (i.e., direct service provider is not an agent for an entity that provides long-term care insurance).
 3. ~~Ensure~~ **Verify** that counselors shall remain impartial in educating and assisting beneficiaries in making insurance or provider choices.
 4. ~~Ensure~~ **Verify** that all staff members of the program, salaried and volunteer, shall receive timely and accurate information and appropriate training.
 5. **Develop and** implement a security plan for maintaining the confidentiality of client information.
 6. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community.
 7. Provide counselors a minimum of 30 hours of initial training utilizing the SHIP training manual.
 8. Provide counselors a minimum of 10 hours of in-service training per year on related topics.
 9. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed.
 10. ~~Ensure~~ **Verify** that the SHIP Coordinator participates in Centers Medicare and Medicaid Services (CMS) education and training opportunities.
 11. Participate in State SHIP ~~and SMP~~ monthly conference calls.
 12. Direct service providers attend at least one outside service-related training annually.

41.4 Performance Measures

- 41.4.1 Comply with performance measures established by the ~~Center for Medicare and Medicaid Services and the Administration on Aging~~ **ACL**, and any identified in the DAAS Policy and Procedure Manual.
- 40.4.2 Increase the locally based counseling services to individuals with dual mental health needs by 5 percent.

41.5 Reporting Units

- 41.5.1 One unit of service equals one event conducted.
- 41.5.2 One unit of service equals one client contact.
- 41.5.3 One unit of service equals one application completed.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

42.0 STATE HEALTH INSURANCE ASSISTANCE PROGRAM - SENIOR MEDICARE PATROL PROJECT (SMP)

42.1 Purpose Statement

42.1.1 The service provides Medicare and Medicaid beneficiaries with the tools to protect themselves - and help the government prosecute fraudsters and uncover billing mistakes. Organize volunteers who work in their communities to educate Medicare and Medicaid beneficiaries, family members, and caregivers about the importance of reviewing their Medicare notices to identify errors and potentially fraudulent activity. Provide assistance when such issues are identified, so that mistakes are corrected and suspected fraud is referred to the appropriate authorities.

42.2 Service Description

- 42.2.1 Taxonomy Definition - Services provides health; long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.
- 42.2.2 Work under the direction of the SMP Project Director to recruit a diverse population of SMP volunteers (including bilingual volunteers); ensure all required Administration for Community Living (ACL) Volunteers and Program Management (VRPM) policies and procedures are followed, including but not limited to: completion of volunteer screening forms, reference and background checks according to volunteer role; appropriately train volunteers according to their SMP role; and manage senior volunteers to carry out activities that will achieve SMP program objectives.
- 42.2.3 Maintain updated SMP volunteers contact information, training and work hours and report the information to the SMP Project Director.
- 42.2.4 Increase the number of senior volunteers to provide information and assistance to increased number of beneficiaries and their caregivers to “protect, detect and report” suspected healthcare errors, fraud, waste and abuse.
- 42.2.5 Provide at least two (2) group educational sessions each month; share the SMP message at a minimum of two (2) community events annually; provide one-on-one counseling as needed; and provide other assistance to beneficiaries, their caregivers and family members about health care errors, identify theft, fraud, waste and abuse including information regarding:
- An individual’s health care coverage errors, identify theft, fraud, waste, and abuse;
 - Long-term care insurance errors, fraud, waste, and abuse;
 - Medicare prescription drug plan errors, fraud, waste, and abuse;
 - Durable Medical Equipment (DME) marketing fraud, waste, and abuse;
 - Health Reform and the Affordable Care Act.
- 42.2.6 Provide targeted outreach and collaboration to share the SMP message throughout the sub-grantee’s assigned coverage area, including outreach to and collation with additional organizations working directly with beneficiaries and caregivers with limited-English proficiency and from other multi-cultural populations; “dual eligible” Medicare and Medicaid beneficiaries; homebound beneficiaries; homeless beneficiaries; Individuals with end-stage Renal Disease; and persons with a disability. See the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, Chapter 3410, as may be amended.
- 42.2.7 Partner with other state and community agencies to train staff and volunteers in the most accurate and up to date healthcare fraud, waste, and abuse counseling and prevention information.
- 42.2.8 Participate in SMP Media Campaigns to publicize the SMP message to all communities in the assigned area to prevent fraud, waste and abuse and to recruit SMP volunteers. Utilize the web site, www.stopmedicarefraud.gov and <http://www.seniormedicarepatrol.org/Login.aspx> for resources and tools and have at least one (1) media outreach activity monthly.
- 42.2.9 Communicate with the SMP Project Director to provide information and/or report consumer complaints and/or suspected Medicare errors, fraud, waste, or abuse and to facilitate appropriate referrals to the State’s Attorney General’s office; the Office of the Inspector General Hot Line; the CMS Regional liaison; CMS contractors or other appropriate entities for investigation of complex issues of potential healthcare fraud, waste, and abuse or related issues.
- 42.2.10 Attend all required meetings, trainings, webinars, teleconferences, and conferences, as required by Administration for Community Living (ACL), the SMP Project Director, and or the SMP Volunteer Coordinator; maintain effective communication regarding grant activities with the SMP Project Director, the SMP Volunteer Coordinator and with other grant partners, when appropriate; compile and submit to

the SMP Project Director required monthly narratives of program activities and lessons learned within specified time frames.

42.2.11 Comply with all state and federal data collection and reporting requirements related to the project within the required time frames.

42.3 Service Requirements – The Contractor shall:

42.3.1 Provide information to individuals.

1. Provide regional outreach and enrollment events to diverse and hard to reach individuals that include activities that encompass cultural and intergenerational diversity in accordance with performance targets identified by the Division of Aging and Adult Services.
2. Hold educational presentations on Medicare and Medicaid fraud, errors and abuses of the healthcare system.
3. Identify needs and provide information in response to written, telephone or walk-in requests.
4. Expand Internet access to additional local counseling sites.
5. Expand telephone system capabilities to receive and respond to inquiries and complex issues and referrals.
6. Expand programs to accommodate for walk-in individuals and to meet the needs of persons with a disability.
7. Include information on SMP on agency's website.
8. Include SMP logo on all flyers, brochures, and factsheets.
9. Disseminate timely and accurately health care fraud, waste and abuse information to staff members, SMP volunteers and beneficiaries or their caregivers.
10. Conduct outreach events as directed by the DAAS.
11. Confirm that all new publications funded solely or in part by SMP grants shall include the express acknowledgement, "This publication has been created or produced by Arizona with financial assistance, in whole or in part, through a grant from the ACL. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."

42.3.2 Collect and provide to the DAAS accurate data for needs assessment, program evaluation, and reporting in accordance with the DAAS Policy and Procedure Manual.

42.3.3 Develop partnerships and network with related organizations.

1. Form local partnerships with organizations such as Social Security, Arizona Health Care Cost Containment System, Adult Protective Services, Medicare Advantage Plans, Indian Health Services, Veteran's Administration, and Health Service Advisory Group, including multi-cultural organizations.
2. Collaborate with community partners to expand SMP services to help beneficiaries understand, identify, protect and report healthcare fraud, errors, and abuse.
3. Develop at least two (2) multi-cultural groups or agencies serving beneficiaries with limited-English proficiency located within the assigned coverage area and coordinate culturally appropriate healthcare fraud, waste, and abuse educational presentations. Ensure appropriate marketing for each event to secure a robust turnout as well as ensuring that the message is reaching the target communities.
4. Participate in annual health fairs and other community events.
5. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand healthcare fraud, errors, and abuse.

42.3.4 Expand volunteer base.

1. Demonstrate Contractors expansion of the number of counselor full-time equivalents.
2. Ensure that culturally appropriate staff or volunteers are available to meet the language needs of limited-English speaking beneficiaries.
3. Assess the need to increase counseling sites based on community needs, including in rural and hard-to-reach areas.
4. Maintain at least one SMP to provide information about Medicare and Medicaid fraud, errors, and abuse.
5. Provide an annual event dedicated for recognition of volunteers.

42.3.5 Enhance the quality of the program and the information it provides.

1. Develop educational materials specific to local area needs.
2. Evaluate collected data to identify trends and target future program outreach.
3. Conduct evaluations on each public and media activity.
4. Compile evaluations for program assessment and improvement.
5. Any materials, systems or other items developed, refined or enhanced under the grant award will be delivered to the ACL upon request.

42.3.6

Comply with staffing requirements:

1. Provide a staff person to be the SMP Coordinator, and be responsible for the recruiting and training of other staff and volunteers, providing technical assistance, education and outreach events, data collection and reporting, and creation of local and network partnerships.
2. Verify that all counselors/volunteers have no conflict of interest (i.e., direct service provider is not an agent for an entity that provides long-term care insurance).
3. Verify that counselors shall remain impartial in educating and assisting beneficiaries in making insurance or provider choices.
4. Verify that all staff members of the program, salaried and volunteer, shall receive timely and accurate information and appropriate training for their assigned roles.
5. Implement a security plan for maintaining the confidentiality of client information.
6. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community.
7. Provide counselors a minimum of 30 hours of initial training utilizing the SMP Foundations training manual.
8. Provide counselors a minimum of 4 hours of in-service training per year on related topics.
9. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed.
10. Verify that the SMP Coordinator participates in Centers for Medicare and Medicaid Services (CMS) education and training opportunities.
11. Participate in State SMP monthly conference calls.
12. Direct service providers attend at least one outside service-related training annually.

42.4

Performance Measures

42.4.1

Comply with performance measures established by the Centers for Medicare and Medicaid Services and the ACL/Administration on Aging, and any identified in the DAAS Policy and Procedure Manual.

42.4.2

Increase the locally based counseling services to individuals with dual mental health needs by 5 percent.

42.5

Reporting Units

42.5.1

One unit of service equals one event conducted.

42.5.2

One unit of service equals one client contact.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

43.0 SUPPLEMENTAL PROVISIONS

43.1 Purpose Statement

43.1.1 The service complements on a temporary basis, the care provided by a family caregiver or a grandparent raising a grandchild to allow them to provide safe, confident care to loved ones in a community setting, helping to avoid costly and unwanted placement of the care recipient in a care facility.

43.2 Service Description

43.2.1 Taxonomy Definition - A service that provides supplemental food, clothing, toys, vouchers or household supplies to individuals. This service is intended to supplement individuals on a non-emergency basis.

43.2.2 Supplemental Provisions is a caregiver-focused service.

43.2.3 Supplemental Provisions is a case-managed service.

43.2.4 Supplemental Provisions is considered to be a temporary supportive service that may only be provided if it can be shown to complement the care of the caregiver.

43.2.5 This service may include the temporary provision of food, personal care items, or household supplies, and may include the provision of other services deemed necessary and complementary to the caregiver, but does not include the provision of toys.

43.2.6 All other available resources should be examined and utilized prior to providing this service.

43.2.7 Eligibility Requirements – The Contractor shall provide services to caregivers and their care recipients that meet the eligibility requirements described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

43.3 Service Requirements – The Contractor shall:

43.3.1 Provide supervision and monitoring for direct service staff.

43.3.2 Review case manager authorization for duration of service and any special service requirements.

43.3.3 Provide a fee schedule if cost sharing is implemented.

43.3.4 Supplemental Services within the Family Caregiver Support Program, including Supplemental Provisions, are provided on a temporary and limited basis as defined in the DAAS Policy and Procedure Manual, Chapter 3600, as may be amended.

43.4 Performance Measures

43.4.1 Service provision enhanced the ability of the caregiver to care for the care recipient.

43.4.2 Service provision helped the care recipient remain at home under the care of the family caregiver.

43.5 Reporting Unit

43.5.1 The unit of service equals one service or item of support.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

44.0 SUPPORTED EMPLOYMENT - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

44.1 Purpose Statement

44.1.1 The service helps to identify, facilitate and coordinate services for eligible individuals to assist them in addressing work-related skill gaps, and secures unsubsidized employment.

44.2 Service Description

44.2.1 Taxonomy Definition - A service that provides job development, assistance in matching the individual with an integrated competitive job and intensive time-limited supports to an employed individual once placed.

44.2.2 The SCSEP:

1. Assists eligible individuals through employment related training with skills enhancements in preparation for securing unsubsidized employment.
2. Provides recruitment of eligible individuals and host agencies.
3. Provides assessment of individuals' abilities in relation to employment goals.
4. Provides for the development of Individual Employment Plans (IEP).
5. Provides community service training assignments at host agencies.
6. Arranges for and monitors community service training assignments, general training, and/or specialized training in accordance with the IEP.
7. Provides follow-up services in order to reinforce and stabilize the community service training assignment.
8. Provides supportive services as necessary.
9. Coordinates employment plans and resources with other Workforce Investment Act programs.

44.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the **Division of Aging and Adult Services** (DAAS) Policy and Procedure Manual, as may be amended.

44.3 Service Requirements – The Contractor shall:

44.3.1 Comply with program funding allocation for Participant Wages/Fringe Benefits, Other Program Costs (including supportive services and training), and Administration in accordance with the Older Americans Act as Amended in 2006.

44.3.2 Recruit participants according to Enrollment Priorities (See DAAS Policy and Procedures Manual, Chapter 4000) and the number of allocated DES/DAAS positions to meet program goals.

44.3.3 Comply with special recruiting preferences in accordance with the Older Americans Act, as may be amended.

44.3.4 Recruit host agencies to meet participant employment goals and conduct host agency orientations in accordance with the Host agency Handbook.

44.3.5 Abide by the Income Eligibility Guidelines as periodically updated by the U.S. Department of Labor, Employment and Training Administration.

44.3.6 Orient enrollees to the program within 10 days of enrollment, on the following topics: goals and objectives of the SCSEP; training opportunities and supportive services; participant's rights and responsibilities; assessment of enrollees skills, knowledge and abilities; Individual Employment Plan (IEP); permitted and prohibited political activities; grievance procedures; plans for transition to unsubsidized employment as described in the IEP; administrative procedures (time sheets, leave requests, grievance procedures, etc.); and an overview of the following federal acts:

1. The Older Americans Act, as may be amended;
2. The Workforce Investment Act (WIA), as may be amended;
3. The Americans with Disabilities Act (ADA), as may be amended;
4. The Drug-free Workplace Act as may be amended; and
5. The Age Discrimination in Employment Act (ADEA).

44.3.7 Assess enrollees concurrent with enrollment, coordinate skill-gap analysis assessments with local One-stops/community resources as necessary, and re-assess the participant in accordance with the Individual Employment Plan (IEP).

44.3.8 Conduct recertification of eligibility for all program participants between March and May of each program year.

44.3.9 Partner with the WIA One-Stop partner programs to recruit participants and to identify suitable unsubsidized job openings and other job-related assistance for participants.

44.3.10 Enter all required data into SCSEP Performance and Results Quarterly Progress Report (SPARQ) no later than two days after the action occurs.

44..3.11 Ensure that SCSEP Program Managers have at least two years of case management or related experience and are familiar with: the needs and challenges older workers face, and the local labor market.

44.4 Performance Measures

44.4.1 Meet or exceed programmatic goals as defined by the U.S. Department of Labor and outlined in DAAS Policy and Procedure Manual, Chapter 4000, Section 4013.3 and associated contractual exhibits, as may be amended.

44.5 Reporting Units

44.5.1 One unit of service equals one Participant earning current minimum wage.

44.5.2 One unit of service equals one SCSEP Program Representative earning \$9.00 per hour, or as may be amended in the DAAS Policy and Procedure Manual.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

45.0 SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING

45.1 Purpose Statement

45.1.1 The service provides support for informal caregivers by offering professional counseling. Counseling can mitigate the effects of stress and burden related to caregiving, allowing the caregiver to continue to provide care, helping to avoid costly and unwanted placement of the care recipient in a care facility.

45.2 Service Description

45.2.1 Taxonomy Definition - A service that provides supportive intervention and/or guidance.

45.2.2 Supportive Intervention/Guidance Counseling may include one or more of the following:

1. Increasing employment potential.
2. Assistance finding and securing employment.
3. Helping improve emotional and mental well-being, and protecting physical, emotional, and mental well-being.
4. **Ensuring Guaranteeing** the availability of information about and access to human services and community resources.
5. Helping to facilitate and strengthen the family capacity for caregiving.

44.2.3 The service promotes problem solving and helps caregivers cope with feelings of anger, frustration, anxiety, guilt, and loss.

45.2.4 Eligibility Requirements – The Contractor shall provide services to caregivers that meet eligibility requirements described in 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in 3602.3, as may be amended.

45.3 Service Requirements – The Contractor shall:

45.3.1 Review any existing data relevant to the individual.

45.3.2 Assess the individual, caregiver, and/or family's need/readiness for services and develop an individual, caregiver, and/or family service plan.

45.3.3 Provide counseling to the individual, caregiver, family, or significant others, including in a group setting if appropriate.

45.3.4 Assist the individual, caregiver, and/or family in obtaining needed services.

45.3.5 Monitor referrals to other services prior to termination of counseling services.

45.3.6 Monitor progress regularly of the individual, caregiver, and/or family service plan.

45.3.7 Prepare and providing regular reports which describe the progress being made and the achievement of the goals.

45.3.8 Prescribe medication as appropriate (only applies to a Psychiatrist or Psychiatric nurse).

45.4 Licensure/Certification Requirements – The Contractor shall comply with the following:

45.4.1 A.R.S. Chapter 32, Sections 1401 through 1491 and 1821 through 1826 for Psychiatrist, as may be amended.

45.4.2 A.R.S. Chapter 32, Sections 1601 through 1669 for Psychiatric Nurse, as may be amended.

45.4.3 A.R.S. Chapter 32, Sections 2061 through 2086 for Psychologist, as may be amended.

45.4.4 A.R.S. Chapter 32, Sections 3251 through 3322 for Social Worker and Counselor, as may be amended.

45.4.5 **Ensure Require** that individuals who provide counseling are qualified by training/experience and are supervised by a licensed professional.

45.5 Performance Measures

45.5.1 The number of caregivers who were provided support through the provision of Supportive Intervention/Guidance Counseling services.

45.5.2 Service provision enhanced the ability of the caregiver to care for the care recipient, as measured by pre and post service delivery evaluations.

45.6 Reporting Unit

45.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

46.0 VOLUNTEER SERVICES - MANAGEMENT

46.1 Purpose Statement

46.1.1 This service provides for coordination of the recruitment, screening, training, placement and evaluation of volunteers.

46.2 Service Description

46.2.1 Taxonomy Definition – A service that provides the coordination of volunteer activities.

46.2.2 The importance of volunteers is recognized as a means of providing a cost effective source of assistance as well as a meaningful experience to the volunteer.

46.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described the DAAS Policy and Procedure Manual, as may be amended.

46.3 Service Requirements – The Contractor shall:

46.3.1 Recruit and Screen

1. Receive specific requests for volunteers.
2. Screen applicant volunteers.
3. Advertise for volunteers.
4. Determine appropriate work assignments

46.3.2 Train

1. Determine training content for volunteers and staff including program policies and procedures.
2. Train volunteers, initially and ongoing
3. Train staff in utilizing volunteers.

46.3.3 Place

1. Develop policies and procedures for staff supervision of volunteers
2. Develop a job description for volunteer responsibilities and tasks.
3. Document volunteer hours and activities accomplished.

46.3.4 Evaluate

1. Evaluate volunteer performances in placements.
2. Evaluate staff performances with volunteers.
3. Obtain staff evaluations of placements.
4. Obtain volunteer self-evaluation of placement.
5. Evaluate volunteer program.

46.4 Performance Measure

46.4.1 Demonstrate cost savings achieved annually by the use of volunteers.

46.5 Reporting Unit

46.5.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security – Area Agencies on Aging

47.0 VOLUNTEER SERVICES – PERSONAL BUDGETING ASSISTANCE

47.1 Purpose Statement

47.1.1 The service provides assistance to older adults in managing their finances in order to help enable them to remain independent in their homes and communities.

47.2 Service Description

47.2.1 Taxonomy Definition – A service that provides coordination of volunteer activities.

47.2.2 The service provides assistance in bill paying, budget planning and balancing bank accounts to frail elderly individuals who are alone, have no family who can assist them, and/or are in danger of losing their independence if their monthly bills are not paid in a timely manner.

47.2.3 Services may be provided by trained volunteers who are usually assigned one or two clients.

47.2.4 The service is non-client supported.

47.2.5 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

47.3 Service Requirements – The Contractor shall:

47.3.1 ~~Ensure~~ **Require** that volunteers receive pre-service orientation and training that is related to service provision prior to providing the service and demonstrate understanding of material/information provided.

47.3.2 Assist clients to establish a budget for payment of regular monthly bills.

47.3.3 Assist clients to balance their checkbooks.

47.3.4 Assist clients to fill out health insurance forms.

47.3.5 Assist clients to apply for various subsidy programs.

47.3.6 ~~Ensure~~ **Require** that volunteers do not handle client's cash or sign checks.

47.4 Performance Measure

47.4.1 At least 90% of clients served annually are satisfied with the services provided by volunteers.

47.5 Reporting Unit

47.5.1 One unit of service equals 60 minutes of service time.

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 1	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 336,872.00	\$ 336,872.00	\$ -	\$ 336,872.00
2. OAA ADMIN. III C-1	\$ -	\$ 762,864.00	\$ 762,864.00	\$ 304.00	\$ 763,168.00
3. OAA ADMIN. III-E	\$ -	\$ 143,156.00	\$ 143,156.00	\$ -	\$ 143,156.00
4. SSBG ADMIN.	\$ -	\$ 413,502.00	\$ 342,475.00	\$ -	\$ 342,475.00
5. TITLE III-B	\$ -	\$ 2,816,095.00	\$ 2,816,095.00	\$ -	\$ 2,816,095.00
6. TITLE III-C1	\$ -	\$ 2,608,695.00	\$ 2,608,695.00	\$ -	\$ 2,608,695.00
7. TITLE III-C2	\$ -	\$ 2,034,479.00	\$ 2,034,479.00	\$ -	\$ 2,034,479.00
8. TITLE III-D	\$ -	\$ 170,871.00	\$ 170,871.00	\$ -	\$ 170,871.00
9. TITLE III-E CAREGIVER	\$ -	\$ 1,196,341.00	\$ 1,196,341.00	\$ -	\$ 1,196,341.00
10. NSIP	\$ -	\$ 488,486.00	\$ 482,462.00	\$ -	\$ 482,462.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 24,436.00	\$ 24,436.00	\$ -	\$ 24,436.00
12. TITLE VII FED. OMB	\$ -	\$ 140,011.00	\$ 140,011.00	\$ -	\$ 140,011.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 2,385,409.00	\$ 2,385,409.00	\$ -	\$ 2,385,409.00
14. STATE OMBUDSMAN	\$ -	\$ 395,301.00	\$ 395,301.00	\$ -	\$ 395,301.00
15. STATE RESPITE	\$ -	\$ 251,137.00	\$ 251,137.00	\$ -	\$ 251,137.00
16. SSBG (SERVICES)	\$ -	\$ 3,011,253.00	\$ 3,082,280.00	\$ -	\$ 3,082,280.00
17. S.H.I.P.	\$ -	\$ 205,800.00	\$ 205,800.00	\$ -	\$ 205,800.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. REFUGEE	\$ -	\$ -	\$ 28,577.00	\$ -	\$ 28,577.00
20. SCSEP (TITLE V)	\$ -	\$ 380,440.00	\$ 387,146.00	\$ 3,476.00	\$ 390,622.00
21. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
22. LIFESPAN RESPITE (NEW)	\$ -	\$ -	\$ -	\$ -	\$ -
23. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$17,781,115.00	\$ 17,810,407.00	\$ 3,780.00	\$ 17,814,187.00
Note: \$304 III-C1 Admin is to be used for the Admin code of TVM					

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 2	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 151,797.00	\$ 151,797.00	\$ -	\$ 151,797.00
2. OAA ADMIN. III C-1	\$ -	\$ 291,438.00	\$ 291,438.00	\$ -	\$ 291,438.00
3. OAA ADMIN. III-E	\$ -	\$ 47,138.00	\$ 47,138.00	\$ -	\$ 47,138.00
4. SSBG ADMIN.	\$ -	\$ 224,064.00	\$ 186,797.00	\$ -	\$ 186,797.00
5. TITLE III-B	\$ -	\$ 984,288.00	\$ 984,288.00	\$ -	\$ 984,288.00
6. TITLE III-C1	\$ -	\$ 914,332.00	\$ 914,332.00	\$ -	\$ 914,332.00
7. TITLE III-C2	\$ -	\$ 703,037.00	\$ 703,037.00	\$ -	\$ 703,037.00
8. TITLE III-D	\$ -	\$ 58,780.00	\$ 58,780.00	\$ -	\$ 58,780.00
9. TITLE III-E CAREGIVER	\$ -	\$ 411,542.00	\$ 411,542.00	\$ -	\$ 411,542.00
10. NSIP	\$ -	\$ 212,456.00	\$ 210,161.00	\$ -	\$ 210,161.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 8,406.00	\$ 8,406.00	\$ -	\$ 8,406.00
12. TITLE VII FED. OMB	\$ -	\$ 48,164.00	\$ 48,164.00	\$ -	\$ 48,164.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 1,082,265.00	\$ 1,082,265.00	\$ -	\$ 1,082,265.00
14. STATE OMBUDSMAN	\$ -	\$ 197,057.00	\$ 197,057.00	\$ -	\$ 197,057.00
15. STATE RESPITE	\$ -	\$ 86,849.00	\$ 86,849.00	\$ -	\$ 86,849.00
16. SSBG (SERVICES)	\$ -	\$ 1,643,900.00	\$ 1,681,167.00	\$ -	\$ 1,681,167.00
17. S.H.I.P.	\$ -	\$ 100,462.00	\$ 100,462.00	\$ -	\$ 100,462.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. REFUGEE	\$ -	\$ -	\$ 16,247.00	\$ -	\$ 16,247.00
20. SCSEP (TITLE V)	\$ -	\$ -	\$ -	\$ -	\$ -
21. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
22. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
23. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
24. SENIOR PATROL VOL.	\$ -	\$ -	\$ -	\$ -	\$ -
25. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
26. CHRONIC DISEASE SELF-MGMT	\$ -	\$ -	\$ 164,366.51	\$ -	\$ 164,366.51
TOTAL	\$ -	\$ 7,181,942.00	\$ 7,360,293.51	\$ -	\$ 7,360,293.51

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 3	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 63,259.00	\$ 63,259.00	\$ -	\$ 63,259.00
2. OAA ADMIN. III C-1	\$ -	\$ 169,218.00	\$ 169,218.00	\$ -	\$ 169,218.00
3. OAA ADMIN. III-E	\$ -	\$ 22,245.00	\$ 22,245.00	\$ -	\$ 22,245.00
4. SSBG ADMIN.	\$ -	\$ 71,654.00	\$ 69,867.00	\$ -	\$ 69,867.00
5. TITLE III-B	\$ -	\$ 579,427.00	\$ 579,427.00	\$ -	\$ 579,427.00
6. TITLE III-C1	\$ -	\$ 540,196.00	\$ 540,196.00	\$ -	\$ 540,196.00
7. TITLE III-C2	\$ -	\$ 407,665.00	\$ 407,665.00	\$ -	\$ 407,665.00
8. TITLE III-D	\$ -	\$ 33,877.00	\$ 33,877.00	\$ -	\$ 33,877.00
9. TITLE III-E CAREGIVER	\$ -	\$ 237,187.00	\$ 237,187.00	\$ -	\$ 237,187.00
10. NSIP	\$ -	\$ 186,679.00	\$ 182,276.00	\$ -	\$ 182,276.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 4,845.00	\$ 4,845.00	\$ -	\$ 4,845.00
12. TITLE VII FED. OMB	\$ -	\$ 27,759.00	\$ 27,759.00	\$ -	\$ 27,759.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 488,755.00	\$ 488,755.00	\$ -	\$ 488,755.00
14. STATE OMBUDSMAN	\$ -	\$ 46,376.00	\$ 46,376.00	\$ -	\$ 46,376.00
15. STATE RESPITE	\$ -	\$ 34,204.00	\$ 34,204.00	\$ -	\$ 34,204.00
16. SSBG (SERVICES)	\$ -	\$ 627,019.00	\$ 628,806.00	\$ -	\$ 628,806.00
17. S.H.I.P.	\$ -	\$ 75,346.00	\$ 75,346.00	\$ -	\$ 75,346.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. SCSEP (TITLE V)	\$ -	\$ 402,181.00	\$ 409,270.00	\$ -	\$ 409,270.00
20. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
21. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
22. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
23. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. CHRONIC DISEASE SELF-MGMT	\$ -	\$ -	\$ 17,500.00	\$ -	\$ 17,500.00
26. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 50,000.00	\$ 50,000.00
TOTAL	\$ -	\$ 4,033,859.00	\$ 4,054,078.00	\$ 50,000.00	\$ 4,104,078.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 4	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 60,936.00	\$ 60,936.00	\$ -	\$ 60,936.00
2. OAA ADMIN. III C-1	\$ -	\$ 183,461.00	\$ 183,461.00	\$ -	\$ 183,461.00
3. OAA ADMIN. III-E	\$ -	\$ 25,146.00	\$ 25,146.00	\$ -	\$ 25,146.00
4. SSBG ADMIN.	\$ -	\$ 78,617.00	\$ 76,266.00	\$ -	\$ 76,266.00
5. TITLE III-B	\$ -	\$ 586,431.00	\$ 586,431.00	\$ -	\$ 586,431.00
6. TITLE III-C1	\$ -	\$ 546,436.00	\$ 546,436.00	\$ -	\$ 546,436.00
7. TITLE III-C2	\$ -	\$ 413,515.00	\$ 413,515.00	\$ -	\$ 413,515.00
8. TITLE III-D	\$ -	\$ 34,394.00	\$ 34,394.00	\$ -	\$ 34,394.00
9. TITLE III-E CAREGIVER	\$ -	\$ 240,810.00	\$ 240,810.00	\$ -	\$ 240,810.00
10. NSIP	\$ -	\$ 167,834.00	\$ 165,943.00	\$ -	\$ 165,943.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 4,920.00	\$ 4,920.00	\$ -	\$ 4,920.00
12. TITLE VII FED. OMB	\$ -	\$ 28,182.00	\$ 28,182.00	\$ -	\$ 28,182.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 470,582.00	\$ 470,582.00	\$ -	\$ 470,582.00
14. STATE OMBUDSMAN	\$ -	\$ 43,095.00	\$ 43,095.00	\$ -	\$ 43,095.00
15. STATE RESPITE	\$ -	\$ 34,743.00	\$ 34,743.00	\$ -	\$ 34,743.00
16. SSBG (SERVICES)	\$ -	\$ 684,035.00	\$ 686,386.00	\$ -	\$ 686,386.00
17. S.H.I.P.	\$ -	\$ 50,230.00	\$ 50,230.00	\$ -	\$ 50,230.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
20. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
21. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
22. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
23. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 50,000.00	\$ 50,000.00
TOTAL	\$ -	\$ 3,669,334.00	\$ 3,667,476.00	\$ 50,000.00	\$ 3,717,476.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 5	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 50,825.00	\$ 50,825.00	\$ -	\$ 50,825.00
2. OAA ADMIN. III C-1	\$ -	\$ 151,333.00	\$ 151,333.00	\$ -	\$ 151,333.00
3. OAA ADMIN. III-E	\$ -	\$ 18,602.00	\$ 18,602.00	\$ -	\$ 18,602.00
4. SSBG ADMIN.	\$ -	\$ 59,723.00	\$ 50,924.00	\$ -	\$ 50,924.00
5. TITLE III-B	\$ -	\$ 449,631.00	\$ 449,631.00	\$ -	\$ 449,631.00
6. TITLE III-C1	\$ -	\$ 419,840.00	\$ 419,840.00	\$ -	\$ 419,840.00
7. TITLE III-C2	\$ -	\$ 314,270.00	\$ 314,270.00	\$ -	\$ 314,270.00
8. TITLE III-D	\$ -	\$ 26,046.00	\$ 26,046.00	\$ -	\$ 26,046.00
9. TITLE III-E CAREGIVER	\$ -	\$ 182,354.00	\$ 182,354.00	\$ -	\$ 182,354.00
10. NSIP	\$ -	\$ 124,020.00	\$ 118,856.00	\$ -	\$ 118,856.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 3,725.00	\$ 3,725.00	\$ -	\$ 3,725.00
12. TITLE VII FED. OMB	\$ -	\$ 21,342.00	\$ 21,342.00	\$ -	\$ 21,342.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 397,651.00	\$ 397,651.00	\$ -	\$ 397,651.00
14. STATE OMBUDSMAN	\$ -	\$ 37,080.00	\$ 37,080.00	\$ -	\$ 37,080.00
15. STATE RESPITE	\$ -	\$ 22,695.00	\$ 22,695.00	\$ -	\$ 22,695.00
16. SSBG (SERVICES)	\$ -	\$ 449,513.00	\$ 458,312.00	\$ -	\$ 458,312.00
17. S.H.I.P.	\$ -	\$ 25,115.00	\$ 25,115.00	\$ -	\$ 25,115.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. DIRECT CARE CURRICULUM	\$ -	\$ -	\$ -	\$ -	\$ -
20. SCSEP (TITLE V)	\$ -	\$ 152,178.00	\$ 154,859.00	\$ -	\$ 154,859.00
21. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
22. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
23. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
24. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
25. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 50,000.00	\$ 50,000.00
TOTAL	\$ -	\$ 2,921,910.00	\$ 2,919,460.00	\$ 50,000.00	\$ 2,969,460.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 6	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 47,409.00	\$ 47,409.00	\$ -	\$ 47,409.00
2. OAA ADMIN. III C-1	\$ -	\$ 116,352.00	\$ 116,352.00	\$ -	\$ 116,352.00
3. OAA ADMIN. III-E	\$ -	\$ 11,477.00	\$ 11,477.00	\$ -	\$ 11,477.00
4. SSBG ADMIN.	\$ -	\$ 60,434.00	\$ 58,674.00	\$ -	\$ 58,674.00
5. TITLE III-B	\$ -	\$ 307,539.00	\$ 307,539.00	\$ -	\$ 307,539.00
6. TITLE III-C1	\$ -	\$ 288,379.00	\$ 288,379.00	\$ -	\$ 288,379.00
7. TITLE III-C2	\$ -	\$ 211,088.00	\$ 211,088.00	\$ -	\$ 211,088.00
8. TITLE III-D	\$ -	\$ 17,362.00	\$ 17,362.00	\$ -	\$ 17,362.00
9. TITLE III-E CAREGIVER	\$ -	\$ 121,558.00	\$ 121,558.00	\$ -	\$ 121,558.00
10. NSIP	\$ -	\$ 83,960.00	\$ 83,027.00	\$ -	\$ 83,027.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 2,483.00	\$ 2,483.00	\$ -	\$ 2,483.00
12. TITLE VII FED. OMB	\$ -	\$ 14,227.00	\$ 14,227.00	\$ -	\$ 14,227.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 371,850.00	\$ 371,850.00	\$ -	\$ 371,850.00
14. STATE OMBUDSMAN	\$ -	\$ 35,207.00	\$ 35,207.00	\$ -	\$ 35,207.00
15. STATE RESPITE	\$ -	\$ 19,628.00	\$ 19,628.00	\$ -	\$ 19,628.00
16. SSBG (SERVICES)	\$ -	\$ 526,310.00	\$ 528,070.00	\$ -	\$ 528,070.00
17. S.H.I.P.	\$ -	\$ 25,116.00	\$ 25,116.00	\$ -	\$ 25,116.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
20. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
21. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
22. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 50,000.00	\$ 50,000.00
TOTAL	\$ -	\$ 2,276,346.00	\$ 2,275,446.00	\$ 50,000.00	\$ 2,325,446.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

REGION 7	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 ALERTS	INCREASE (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 20,245.00	\$ 20,245.00	\$ -	\$ 20,245.00
2. OAA ADMIN. III C-1	\$ -	\$ 129,232.00	\$ 129,232.00	\$ -	\$ 129,232.00
3. OAA ADMIN. III-E	\$ -	\$ 14,101.00	\$ 14,101.00	\$ -	\$ 14,101.00
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
5. TITLE III-B	\$ -	\$ 363,860.00	\$ 363,860.00	\$ -	\$ 363,860.00
6. TITLE III-C1	\$ -	\$ 359,444.00	\$ 359,444.00	\$ -	\$ 359,444.00
7. TITLE III-C2	\$ -	\$ 250,845.00	\$ 250,845.00	\$ -	\$ 250,845.00
8. TITLE III-D	\$ -	\$ 20,756.00	\$ 20,756.00	\$ -	\$ 20,756.00
9. TITLE III-E CAREGIVER	\$ -	\$ 147,129.00	\$ 147,129.00	\$ -	\$ 147,129.00
10. NSIP	\$ -	\$ 499,888.00	\$ 494,954.00	\$ -	\$ 494,954.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 3,185.00	\$ 3,185.00	\$ -	\$ 3,185.00
12. TITLE VII FED. OMB	\$ -	\$ 17,130.00	\$ 17,130.00	\$ -	\$ 17,130.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 145,832.00	\$ 145,832.00	\$ -	\$ 145,832.00
14. STATE OMBUDSMAN	\$ -	\$ 30,000.00	\$ 30,000.00	\$ -	\$ 30,000.00
15. STATE RESPITE	\$ -	\$ 6,372.00	\$ 6,372.00	\$ -	\$ 6,372.00
16. SSBG (SERVICES)	\$ -	\$ -	\$ -	\$ -	\$ -
17. S.H.I.P.	\$ -	\$ 12,558.00	\$ 12,558.00	\$ -	\$ 12,558.00
18. SENIOR PATROL	\$ -	\$ 15,967.00	\$ 16,000.00	\$ -	\$ 16,000.00
19. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
20. SENIOR PATROL VOL.	\$ -	\$ -	\$ -	\$ -	\$ -
21. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
22. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 50,000.00	\$ 50,000.00
TOTAL	\$ -	\$ 2,036,544.00	\$ 2,031,643.00	\$ 50,000.00	\$ 2,081,643.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

STATE TOTAL	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 AWARDS	INCREASE/ (DECREASE) SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
1. STATE ADMIN.	\$ -	\$ 753,156.00	\$ 753,156.00	\$ -	\$ 753,156.00
2. OAA ADMIN. III C-1	\$ -	\$ 1,927,589.00	\$ 1,927,589.00	\$ 304.00	\$ 1,927,893.00
3. OAA ADMIN. III-E	\$ -	\$ 294,837.00	\$ 294,837.00	\$ -	\$ 294,837.00
4. SSBG ADMIN.	\$ -	\$ 907,994.00	\$ 785,003.00	\$ -	\$ 785,003.00
5. TITLE III-B	\$ -	\$ 6,382,034.00	\$ 6,382,034.00	\$ -	\$ 6,382,034.00
6. TITLE III-C1	\$ -	\$ 5,953,680.00	\$ 5,953,680.00	\$ -	\$ 5,953,680.00
7. TITLE III-C2	\$ -	\$ 4,537,351.00	\$ 4,537,351.00	\$ -	\$ 4,537,351.00
8. TITLE III-D	\$ -	\$ 378,742.00	\$ 378,742.00	\$ -	\$ 378,742.00
9. TITLE III-E CAREGIVER	\$ -	\$ 2,653,537.00	\$ 2,653,537.00	\$ -	\$ 2,653,537.00
10. NSIP	\$ -	\$ 1,852,626.00	\$ 1,826,028.00	\$ -	\$ 1,826,028.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 54,381.00	\$ 54,381.00	\$ -	\$ 54,381.00
12. TITLE VII FED. OMB	\$ -	\$ 310,462.00	\$ 310,462.00	\$ -	\$ 310,462.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 5,502,288.00	\$ 5,502,288.00	\$ -	\$ 5,502,288.00
14. STATE OMBUDSMAN	\$ -	\$ 814,116.00	\$ 814,116.00	\$ -	\$ 814,116.00
15. STATE RESPITE	\$ -	\$ 462,000.00	\$ 462,000.00	\$ -	\$ 462,000.00
16. SSBG (SERVICES)	\$ -	\$ 6,942,030.00	\$ 7,065,021.00	\$ -	\$ 7,065,021.00
17. S.H.I.P.	\$ -	\$ 507,185.00	\$ 507,185.00	\$ -	\$ 507,185.00
18. SENIOR PATROL	\$ -	\$ 127,736.00	\$ 128,000.00	\$ -	\$ 128,000.00
19. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
20. LIFESPAN RESPITE (NEW)	\$ -	\$ -	\$ -	\$ -	\$ -
21. REFUGEE	\$ -	\$ -	\$ 44,824.00	\$ -	\$ 44,824.00
22. SCSEP (TITLE V)	\$ -	\$ 934,799.00	\$ 951,275.00	\$ 3,476.00	\$ 954,751.00
23. ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
26. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
27. CHRONIC DISEASE SELF-MGMT	\$ -	\$ -	\$ 181,866.51	\$ -	\$ 181,866.51
28. STATE LTC ASSISTED LIVING	\$ -	\$ -	\$ -	\$ 300,000.00	\$ 300,000.00
TOTAL	\$ -	\$ 41,296,543.00	\$ 41,513,375.51	\$ 303,780.00	\$ 41,817,155.51

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2015

	SFY 2014 CARRYOVER	INITIAL SFY 2015 ALERTS	TOTAL SFY 2015 AWARDS	REVISED SFY 2015 ALERTS	REVISED TOTAL SFY 2015 AWARDS
STATE TOTAL					
STATE ADMIN.	\$ -	\$ 753,156.00	\$ 753,156.00	\$ -	\$ 753,156.00
OLDER AMERICANS ACT	\$ -	\$ 22,492,613.00	\$ 22,492,613.00	\$ 304.00	\$ 22,492,917.00
STATE (ILS, RSP, OMB)	\$ -	\$ 6,778,404.00	\$ 6,778,404.00	\$ 300,000.00	\$ 7,078,404.00
SSBG REGIONS 1-8	\$ -	\$ 7,850,024.00	\$ 7,850,024.00	\$ -	\$ 7,850,024.00
S.H.I.P./SENIOR PATROL	\$ -	\$ 634,921.00	\$ 635,185.00	\$ -	\$ 635,185.00
NSIP	\$ -	\$ 1,852,626.00	\$ 1,826,028.00	\$ -	\$ 1,826,028.00
REFUGEE	\$ -	\$ -	\$ 44,824.00	\$ -	\$ 44,824.00
SCSEP TITLE V	\$ -	\$ 934,799.00	\$ 951,275.00	\$ 3,476.00	\$ 954,751.00
ADRC CARE TRANSITION	\$ -	\$ -	\$ -	\$ -	\$ -
OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
LIFESPAN RESPITE	\$ -	\$ 488,486.00	\$ -	\$ -	\$ -
CHRONIC DISESE SELF-MGMT	\$ -	\$ -	\$ 181,866.51	\$ -	\$ 181,866.51
BELOW-THE-LINE SUBTOTAL	\$ -	\$ 41,785,029.00	\$ 41,513,375.51	\$ 303,780.00	\$ 41,817,155.51
TOTAL	\$ -	\$ 41,785,029.00	\$ 41,513,375.51	\$ 303,780.00	\$ 41,817,155.51

NOTE: The following list reflects the most recent ALERTS issued to support the amounts reflected:

ALERT	FUND SOURCE	DATE ISSUED
1. ALERT 15-1B	TITLE III/VII PLANNING LEVELS FOR SFY 2015	7/15/2014
2. ALERT 15-2A	SSBG ALLOCATIONS FOR SFY 2015	5/30/2014
3. ALERT 15-3A	STATE ALLOCATIONS FOR SFY 2015	7/15/2014
4. ALERT 15-5B	SCSEP/TITLE V ALLOCATIONS FOR SFY 2015	7/15/2014
5. ALERT 15-6A	NSIP ALLOCATIONS FOR SFY 2015	5/30/2014
6. ALERT 15-7A	SHIP & SENIOR PATROL ALLOCATIONS FOR SFY 2015	5/30/2014
7. ALERT 15-11	CHRONIC DISEASE ALLOCATIONS FOR SFY 2015	5/30/2014
8. ALERT 15-11B	REFUGEE ALLOCATIONS FOR SFY 2014	5/30/2014