



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

August 30, 2013

To: Area Agencies on Aging
Mohave County Career One-Stop
From: Melanie K. Starns, M.A.G.
DES Assistant Director
Division of Aging and Adult Services
Subject: State Fiscal Year (SFY) 2014 Allocations

The following ALERTS are attached:

Table with 2 columns: ALERT and FUND SOURCE/TYPE. Lists various SFY-14 allocations such as Older Americans Act, Senior Community Service Employment Program, and State Health Insurance Assistance Program.

The ALERTS are subject to change as additional information is received by the Division pertaining to the funding sources identified.

ALERTS are available on the Division website using the link:
https://www.azdes.gov/daas/alerts

A SFY 2014 contract operating budget is due to the Division of Aging and Adult Services, Fiscal and Contracts Unit by close of business Monday, September 20, 2013. When developing your contracting budgets please round up to whole numbers. Once budgets are submitted to DAAS, an amendment will be prepared.

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

cc: Lynn Larson, Nina Sutton, Bridget Casey, Cam Kowal, Jerry Lay, Fernando Armador, Cindy Saverino, Darrell Reagan, David Besst, Jutta Ulrich, Mark Radan, Patricia Gonzales-Emblem, Tammy Frazee, Roberta Blyth, Toi La'shawn Ramey, Ben Kauffman, DAAS file

Division of Aging and Adult Services
ALERT

SFY-14-1B

**Older Americans Act Title III and VII
for SFY-2014**

Family Caregiver Support Program Allocation

On March 15, 2013, Area Agencies on Aging (AAAs) were reallocated a portion of the SFY-12 III-E carryover in ALERT SFY-13-1C. The balance of the OAA Title III-E carryover from SFY 2012 funds that was over the 20 percent limit is being reallocated to the AAAs to support the new Respite Voucher Program that is under development. These funds are being distributed based on the Title III funding formula, as shown in the table below:

Area Agency on Aging	Percent	Total SFY-12 III-E Carryover	Vouchers Available
Region One, Inc.	44%	\$ 110,000.00	366
Pima Council on Aging	16%	\$ 40,000.00	133
Northern Arizona Council of Governments	9%	\$ 22,500.00	75
Western Arizona Council of Governments	9%	\$ 22,500.00	75
Pinal/Gila Council for Senior Citizens	7%	\$ 17,500.00	58
SouthEastern Arizona Governments Organization	5%	\$ 12,500.00	42
Navajo Nation	6%	\$ 15,000.00	50
Inter-Tribal Council of Arizona, Inc.	4%	\$ 10,000.00	33
Total	100.00%	\$ 250,000.00	832

These reallocations must be used only for reimbursements related to respite voucher services. The voucher program is expected to launch in October, in conjunction with the startup of the Division of Aging and Adult Reporting System (DAARS). More information about the voucher program is available in Technical Assistance ALERT SFY-14-12D. The following parameters will be used in DAARS for budgeting and reporting purposes associated with this funding:

SOW Code = RSP	Program Code = FCS	Service Detail = VCH
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The Respite Voucher Program is not a mandated activity for any Area Agency on Aging. Any AAA opting out of receiving these funds must inform DAAS by September 30, 2013. Any funding not accepted by AAAs will be reallocated to participating AAAs in a future ALERT.

All Title III-E carryover funds must be expended by June 30, 2014. Expenditure of these funds will be monitored closely and adjustments to these reallocations may be implemented in a future ALERT if deemed necessary.

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

Senior Community Service Employment Program (SCSEP) for SFY-2014

This ALERT applies to Area Agency on Aging, Region One Inc., Pima Council on Aging, Northern Arizona Council of Governments, Pinal/Gila Council for Senior Citizens, and Mohave County Career Center One-Stop.

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

Per ALERT SFY-14-5A issued on June 7, 2013, Program Year (PY) 2013/State Fiscal Year (SFY) 2014 Senior Community Service Employment Program (SCSEP) performance goals had not yet been determined and were to be forwarded to sub-grantees once they were finalized.

Attachment A to this ALERT provides SCSEP final performance goals for PY13/SFY2014. Each sub-grantee will be held accountable to meet or exceed these goals as they relate to their respective service delivery areas. The annual calculation of these goals is based on the Quarter 3 grantee Quarterly Progress Reports (QPR) which is a compilation of sub-grantee performance.

QPRs are generated each weekend by U.S. Department of Labor/Employment and Training Administration (USDOL/ETA). Sub-grantees are directed to verify and correct all rejected records no later than the week following the generation of these reports. Outstanding rejected records have a negative impact on the calculation of these goals.

The number of authorized positions is modified to account for higher state minimum wages. Authorized positions are reported in Section A4 of the QPR. SCSEP Performance and Results QPR uses modified positions rather than authorized positions for calculating vacancies in Section B of the QPR and service level and the community service measure in Section E.

Pima Council On Aging/Mohave County Career One-Stop

At the close of PY12/SFY2013, the Pima Council on Aging (PCOA) and Mohave County One-Stop informed DAAS that they were no longer able to provide SCSEP services. The procurement process for both areas has been initiated.

In October 2013, the Pima County Career One-Stop will assume responsibility of the SCSEP from PCOA in Pima County. Approximately 75 percent of the funding from PCOA's PY13/SFY2014 budget will be reallocated to facilitate the SCSEP transition to Pima County Career One-Stop. DAAS will contract directly with Pima County Career One-Stop to provide SCSEP. This will be done so that Pima County Career One-Stop experiences minimal fiscal disturbances as they acclimate themselves and gain more familiarity with the programmatic nuances of SCSEP.

The Mohave County Career One-Stop has agreed to continue offering the SCSEP through August 30, 2013. As the procurement/competitive process moves forward for Mohave County, DAAS will ensure appropriate strategies are implemented and completed to maintain program integrity. Seamless service will be at the epicenter of these strategies to ensure service to the participant is not compromised.



Division of Aging and Adult Services
ALERT

SFY-14-5B

**Senior Community Service Employment Program (SCSEP)
for SFY-2014**

Approximately 80 percent of the funding from Mohave County Career One-Stop's PY13/SFY2014 budget will be reallocated to Area Agency on Aging, Region One, Inc. to facilitate the pending transition of the SCSEP in Mohave County. The transferring of participant files and the sharing of pertinent program information will also take place between the affected organizations as the transition and procurement process unfolds and concludes.

The revised funding allocations are included in **Attachment B** of the ALERT.

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

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SUMMARY OF GRANTEE/SUBGRANTEE GOALS
PY 2013/SFY 2014
(July 1, 2013 – June 30, 2014)**

Authorized Positions	116
Modified Positions	TBD
Performance Measure	Goal
1. Community Service	82.6%
<i>The number of hours of community service in the reporting period divided by the number of hours of community service funded by the grant minus the number of paid training hours in the reporting period.</i>	
2. Common Measures Entered Employment	27.0%
<i>Of those not employed at the time of participation, the number of participants employed in the first quarter after the exit quarter divided by the number of participants who exit during the quarter.</i>	
3. Common Measures Employment Retention	72.3%
<i>Of those participants who are employed in the first quarter after the exit quarter, the number employed in both the second and third quarters after the exit quarter divided by the number of participants who exit during the quarter.</i>	
4. Common Measures Average Earnings	\$7,465
<i>Of those participants who are employed in the first, second, and third quarters after the quarter of program exit, total earnings in the second and third quarters after the exit quarter, divided by the number of exiters during the period.</i>	
5. Service Level	173.3%
<i>The number of participants who are active on the last day of the reporting period or who exited during the reporting period divided by the number of modified community service positions.</i>	
6. Service to Most in Need	2.40
<i>Average number of barriers per participant. The total number of the following characteristics: severe disability, frail; age 75 or older, old enough for but not receiving SS Title II, severely limited employment prospects and living in an area of persistent unemployment, limited English proficiency, low literacy skills, disability, rural, veterans, low employment prospects, failed to find employment after using WIA Title I, and homeless or at risk of homelessness divided the number of participants who are active on the last day of the reporting period or who exited during the reporting period.</i>	

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

July 1, 2013 - June 30, 2014

PY 13 SCSEP (SFY14)	COUNTY	# POSITIONS	TOTALS
REGION 1	Maricopa	41	41
REGION 2	Pima	8	8
REGION 3	Apache	12	43
	Coconino	10	
	Navajo	13	
	Yavapai	8	
MOHAVE COUNTY	Mohave	8	8
REGION 5	Gila	8	16
	Pinal	8	
		116	116

PY 13 SCSEP (SFY14)	% OF STATE	CONTRACTED WAGES/FRINGE	SUPPORTIVE SERVICES	ADMINISTRATION	CONTRACT SUB-TOTAL	10% IN-KIND	CONTRACT TOTAL
REGION 1	35%	\$ 316,030.00	\$ 24,908.00	\$ 39,502.00	\$ 380,440.00	\$ 42,272.00	\$ 422,712.00
REGION 2	7%	\$ 15,855.00	\$ 1,267.00	\$ 1,900.00	\$ 19,022.00	\$ 2,113.00	\$ 21,135.00
PIMA COUNTY		\$ 47,351.00	\$ 3,715.00	\$ 6,001.00	\$ 57,067.00	\$ 6,341.00	\$ 63,408.00
REGION 3	37%	\$ 334,089.00	\$ 26,331.00	\$ 41,761.00	\$ 402,181.00	\$ 44,688.00	\$ 446,869.00
MOHAVE COUNTY	7%	\$ 10,534.00	\$ 830.00	\$ 1,600.00	\$ 12,964.00	\$ 1,440.00	\$ 14,404.00
REGION 1 (MOHAVE)		\$ 52,672.00	\$ 4,152.00	\$ 6,301.00	\$ 63,125.00	\$ 7,014.00	\$ 70,139.00
REGION 5	14%	\$ 126,412.00	\$ 9,962.00	\$ 15,801.00	\$ 152,175.00	\$ 16,908.00	\$ 169,083.00
TOTALS	100%	\$ 902,943.00	\$ 71,165.00	\$ 112,866.00	\$ 1,086,974.00	\$ 120,776.00	\$ 1,207,750.00

Division of Aging and Adult Services
ALERT

SFY-14-7B

**State Health Insurance Assistance Program (SHIP)/SMP
for SFY-2014**

Senior Medicare Patrol (SMP)

The Division of Aging and Adult Services (DAAS) received its grant award for SMP, #90MP0089-03, in the amount of \$167,955 from the Administration for Community Living (ACL) for the project period June 1, 2013 - May 31, 2014. This is a reduction of \$4,183.

The following revised SMP allocations are being made to each Area Agency on Aging (AAA):

Area Agency on Aging	Allocation
Region One, Inc.	\$ 15,967
Pima Council on Aging	\$ 15,967
Northern Arizona Council of Governments	\$ 15,967
Western Arizona Council of Governments	\$ 15,967
Pinal/Gila Council for Senior Citizens	\$ 15,967
SouthEastern Arizona Governments Organization	\$ 15,967
Navajo Nation	\$ 15,967
Inter-Tribal Council of Arizona	\$ 15,967
Total	\$ 127,736

The original allocation on previous ALERT SFY-14-7A should have been \$16,305 instead of \$19,680, based on the previous year's grant award. Subsequently the actual grant award that was received further reduced this year's allocations by \$338 per agency.

Emphasis for this grant term will continue to focus on the following activities:

- Continue to utilize the national SMP logo and tagline.
- Identify one individual at each AAA who will be designated as the key SMP Complex Issues Specialist.
- Utilize training materials and information provided by ACL and the SMP Resource Center.
- Participate in information/health fairs designed to target Medicare populations.
- Submit monthly reports that include: data regarding Medicare fraud, errors, or abuse via the client contact forms, list of active SMP volunteers, adding a volunteer form for new SMP volunteers, Volunteer Tracking and Management Volunteer Hours, and Public & Media Activity Form.

Division of Aging and Adult Services
ALERT

SFY-14-7B

**State Health Insurance Assistance Program (SHIP)/SMP
for SFY-2014**

The following service code is to be used in the Aging Information Management System (AIMS):

- SMP - Senior Medicare Patrol Project

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

SOW Code = SMP	Program Code = SMP
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SMP Expansion Grant

The ACL Office of Grants Management did not approve the 15 month No-Cost Extension (NCE) request for the SMP Volunteers Expansion Grant (SMV) #90MP0110/01 due to the project end date. Therefore, funds in the amount of \$15,260 will not be available for the Western Arizona Council of Governments (WACOG) for SFY-2014.

Area Agency on Aging	Allocation
Western Arizona Council of Governments	(\$15,260)
Total	(\$15,260)

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

Policy and Procedures for SFY-2013

Policy and Procedure 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. Periodically, policy is developed due to changes in federal program policy as well as to respond to requests for clarification of existing policy by contracted providers. **Please ensure that the appropriate AAA personnel is aware of these revisions.**

Background

The DAAS, in collaboration with the AAAs, formed a workgroup which reviewed current policy and procedures for client cost sharing and voluntary contributions. Prior policy required cost sharing for Respite only. The workgroup considered and added other services to better align DAAS policies with federal guidelines on cost-sharing and voluntary contributions.

Summary of Revisions

Cost-sharing and voluntary contributions are permitted, unless approved for a Cost Sharing Waiver, all AAAs shall engage actively in developing policies and procedures for soliciting contributions from eligible clients.

1. All AAAs shall create a policy on service contributions.
2. Cost sharing will be required for Adult Day Care, Attendant Care, Housekeeping, Personal Care, and Respite.
3. A standard sliding contribution scale shall be used statewide.

The DRAFT policy and procedures for the operational procedures for service contributions section 2900 can be found in **Attachment A** of this ALERT. The DRAFT policy and procedures section 2705 for requesting a waiver can be found in **Attachment B** of this ALERT. The cost sharing waiver can be found in **Attachment C** of this ALERT.

Implementation

The DRAFT of the DAAS Policy and Procedure Manual, Chapter 2000, Section 2705 and Section 2900, will be posted on the DAAS website for review and feedback. AAAs should coordinate with one another to prepare a single response of feedback/comments. **Please submit comments in writing to julrich@azdes.gov no later than September 18, 2013.** Comments received by DAAS will be addressed and a revised draft will be posted. A conference call with AAAs will be scheduled in September 2013 to allow for discussion of changes. The final revisions to Chapter 2000 Sections 2705 and 2900 will go into effect on October 1, 2013.

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-14-10B

**Policy and Procedures
for SFY-2013**

Key Dates

August 30, 2013	DRAFT Chapter 2000 Section 2700 and 2900 available for review
September 18, 2013	Last day for AAAs to submit a single coordinated set of comments to DAAS on the draft
September 20, 2013	Revised DRAFT Chapter 2000 Section 2700 and 2900 posted on DAAS website
September 25, 2013	Conference call to discuss changes
October 1, 2013	Effective date for revised DAAS Policy and Procedure Manual, Chapter 2000, Section 2700 and 2900 final version posted on DAAS website

Should you have questions regarding the policies and procedures, please contact Jutta Ulrich 602-542-6615 or via email at julrich@azdes.gov or your assigned Contract Specialist.

2900		<u>Service Contributions</u>	
2901	Overview		
	2901.1	This chapter provides an outline of the Division of Aging and Adult Services operational principles and procedures for service contributions for services provided under the Older Americans Act. This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.	
	2901.2	Recipients of Older Americans Act services are to be provided the opportunity to voluntarily contribute to the cost of services. In addition, the Older Americans Act Amendments of 2006 permit States to implement cost sharing for certain services. <u>The Division of Aging and Adult Services, in partnership with Area Agencies on Aging, shall establish and maintain guidelines for service contributions.</u>	
2901.3	<p><u>Guiding principles for the NMHCBS include:</u></p> <ol style="list-style-type: none"> <u>1. Contributions from clients help support and expand the NMHCBS. Cost sharing shall be required for adult day care, attendant care, housekeeping, personal care, and respite services. The Area Agencies on Aging are encouraged to implement cost sharing for all permitted services.</u> <u>2. All clients, regardless of income, and their caregivers shall be provided the opportunity to make voluntary contributions for all services on a regular basis.</u> <u>3. Each Area Agency on Aging shall maintain policies on voluntary contributions and cost sharing.</u> 		

2900		Service Contributions	
2903	Authority and Statutory Requirement		
	2902	The information in this section is authorized and governed by the following statutes and regulations:	
	A	Reference: Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, §315; http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp	

2900		Service Contributions	
		Requirements for Area Agencies on Aging	
2903	2903.1		<u>Each Area Agency on Aging shall have a policy on service contributions and submit to the Division for review. When implementing service contributions, the Area Agency on Aging, or entity that such agency has contracted with, shall ensure the following service standards are met:</u>
		A	<u>Provide each client the opportunity to make service contributions as permitted by the Older Americans Act. Area Agency on Aging policy shall clearly distinguish requirements and procedures for cost sharing and voluntary contributions.</u> 1. <u>Cost sharing shall be required for adult day care, attendant care, homemaker/housekeeping, personal care, and respite.</u>
		B	<u>Develop protocols for soliciting service contributions, collecting contributions, and tracking.</u>
		C	<u>Implement training of staff involved in the soliciting of contributions on the requirements of the Older Americans Act, Division policy and Area Agency on Aging policy as well as non-coercive methods of solicitation.</u>
		D	<u>Widely distribute written material in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing and/or voluntary contributions, any fee schedules, and the mandate described in sections 2904.1.D. and 2905.1.D. below.</u> <u>(was 2903.5.G)</u>
		E	<u>Ensure that distribution of material specified in section 2903.1.D. is documented in each client file.</u>
	2903.2	Area Agencies on Aging may request a waiver from implementing cost sharing for all or selected services <u>meeting the criteria</u> identified in 2901.3 and utilizing the process identified in the Division of Aging and Adult Services Policy Chapter 2100 – Area Plan on Aging.	

2900		Service Contributions	
Operational Procedures for Voluntary Contributions			
2904	2904.1	When implementing voluntary contributions, the Area Agency on Aging, or entity that such agency has contracted with, shall ensure the following standards are met:	
		A	(was 2903.1.B) Voluntary contributions <u>may be</u> solicited for all services funded by the Older Americans Act <u>in a method that is non-coercive</u>
		B	(Was A) The best method for accepting voluntary contributions is determined through consultation with relevant entities within the Planning and Service Area.
		C	Each individual is provided with an opportunity to voluntarily contribute to the cost of the service. <u>Voluntary contributions are permitted for all clients, regardless of income, and are encouraged for individuals whose self-declared income is at or above 185 percent of the Federal Poverty Level (FPL), at contribution levels based on the actual cost of services.</u>
		D	<u>Solicitations are conducted in a method that is non-coercive.</u> Each individual is clearly informed that there is no obligation to contribute and that the contribution is purely voluntary.
		E	The privacy and confidentiality of each individual is protected with respect to the individual's contribution or lack of contribution.
		F	Appropriate procedures are established to safeguard and account for all contributions.
		G	All collected contributions are used to expand the service(s) for which the contributions were given.
	2904.2	Area Agencies on Aging, <u>or the entity that such agencies have contracted with,</u> may develop suggested contribution schedules for services rendered; however, an individual's assets may not be utilized as a basis for contributing. <u>The fee schedule provided for cost-sharing may be used for determining voluntary contributions (see 2905.3).</u>	
	2904.3	<u>Contributions received shall be recorded in DAARS for services for which client contribution requests are required.</u>	

2900		Service Contributions
Operational Procedures for Cost Sharing		
2905	2905.1	<p>(was 2903.5) When implementing cost sharing, the Area Agency on Aging, or entity that such agency has contracted with, shall ensure the following standards are met:</p> <p>A (was 2903.3) Cost sharing may be implemented for services funded by the Older Americans Act, with the exception of the following services:</p> <ol style="list-style-type: none"> 1. Information and assistance, outreach, benefits counseling, or case management services. 2. Ombudsman, elder abuse prevention, legal assistance or other consumer protection services. 3. Congregate and home delivered meals. 4. Any services delivered through tribal organizations. <p>B (was 2903.5 F) The eligibility of elder individuals to cost share is determined solely by a confidential declaration of income and with no requirement for verification (was D) Assets, savings, or other property owned by an elder individual are not considered in determining whether cost sharing is permitted.</p> <p>C (was 2903.4) Cost sharing is prohibited for individuals whose income is at or below 100 percent of the Federal Poverty Level (FPL). Older Individuals whose income is at 500% of FPL shall be requested to pay the full cost of the services received.</p> <p>D (was E) Any services for which funds are received under the Older Americans Act are not denied for an older individual due to the income of such individual or the individual's failure to make a cost sharing payment.</p> <p>E (was A) The privacy and confidentiality of each elder individual is protected with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual.</p> <p>F (was B) Appropriate procedures are established to safeguard and account for all cost-share payments.</p> <p>G (was C) All collected cost share payments are used to expand the service for which the contributions were given.</p>
	2905.2	<p>(was 2903.6) Area Agencies on Aging must submit a sliding fee schedule for cost sharing to the Division of Aging and Adult Services for final approval prior to implementation. The sliding fee schedule specified in 2905.3 shall be used to assess fees. The scale is based on the elder individual's income and the cost of delivering services. The Area Agency on Aging may adjust total income to take into account the expense of medical/dental services not covered by Medicaid, Medicare or other insurance, medical insurance premiums, and other out-of-pocket health costs if clearly identified in the policy of such agency.</p>
	2905.3	<p><u>At least once a year, or when the Area Agency on Aging becomes aware of a change in a client's income, the Area Agency on Aging shall review the client's income.</u></p>

2905.4	A signed agreement, readily understood by the client, shall be required unless payment is collected at the time of service delivery. A copy of the fee scale shall be attached and must include the statement "Services will not be denied to a participant if unable to pay."																
2905.5	Clients should be given a statement of the cost of services they receive, the fees for which they are responsible and instructions on how to pay. The statement shall include the statement "Services will not be denied to a participant if unable to pay."																
2905.6	A reasonable effort shall be made to collect fees from clients or others who may choose to pay on the client's behalf. A reasonable effort shall include billing the client for fees on a regular basis, including their outstanding balance.																
2905.7	Cost-sharing payments received shall be recorded in DAARS.																
2905.3	<p><u>Sliding Fee Scale</u></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th data-bbox="406 783 941 888">Suggested fee as percentage of Cost of Service</th> <th data-bbox="941 783 1421 888">Income as percentage of Poverty Level</th> </tr> </thead> <tbody> <tr> <td data-bbox="406 888 941 957">0%</td> <td data-bbox="941 888 1421 957">100 - 149%</td> </tr> <tr> <td data-bbox="406 957 941 1026">10%</td> <td data-bbox="941 957 1421 1026">150 - 199%</td> </tr> <tr> <td data-bbox="406 1026 941 1096">15%</td> <td data-bbox="941 1026 1421 1096">200 - 249%</td> </tr> <tr> <td data-bbox="406 1096 941 1165">25%</td> <td data-bbox="941 1096 1421 1165">250 - 299%</td> </tr> <tr> <td data-bbox="406 1165 941 1234">50%</td> <td data-bbox="941 1165 1421 1234">300 - 349%</td> </tr> <tr> <td data-bbox="406 1234 941 1304">75%</td> <td data-bbox="941 1234 1421 1304">350 - 399%</td> </tr> <tr> <td data-bbox="406 1304 941 1375">100%</td> <td data-bbox="941 1304 1421 1375">400% +</td> </tr> </tbody> </table>	Suggested fee as percentage of Cost of Service	Income as percentage of Poverty Level	0%	100 - 149%	10%	150 - 199%	15%	200 - 249%	25%	250 - 299%	50%	300 - 349%	75%	350 - 399%	100%	400% +
	Suggested fee as percentage of Cost of Service	Income as percentage of Poverty Level															
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**Policy and Procedure
for SFY-2014**

Policy and Procedure 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. Periodically, policy is developed due to changes in federal program policy as well as to respond to requests for clarification of existing policy by contracted providers. **Please ensure that the appropriate AAA personnel is aware of these revisions.**

Background

DAAS Policies and Procedures, Chapter 1000, are updated to reflect revisions and adherence to the Arizona Administrative Code. Revisions address the procedure followed by the AAAs and DAAS.

Summary of Revisions

The following changes to policy have been identified:

- 1. Overview (Section 1920.1)**
 - a. Updated heading to include administrative review and deleted the word grievance.
 - b. Deleted and inserted language for clarity.
- 2. Operational Procedures for Area Agency on Aging Requirements (Section 1921.1 and 1921.2)**
 - a. Updating heading to include Area Agency on Aging requirements.
 - b. Deleted and inserted language for clarity.
 - b. Added text related to written notification and reduction of services not terminated during complaint resolution or appeal process.
- 3. Operational Procedures for Area Agency on Aging Requirements (Section 1921.3)**
 - a. Deleted adverse action definition.
- 4. Operational Procedures for Client Complaints (Section 1922.1 and 1922.2)**
 - a. Updating heading to include client and deleted the word grievance.
 - b. Inserted and deleted text for clarity and adherence to Arizona Administrative Code.
- 5. Operational Procedures for an Administrative Review resulting from a Client Complaint or Service Provider (Section 1923.1 through 1923.9)**
 - a. Updated heading to include administrative review and deleted the word appeal.
 - b. Inserted text and deleted text for clarity and adherence to Arizona Administrative Code.
- 6. Operational Procedures for Appeals and Hearings (Section 1924.1)**
 - a. Updated heading to include hearings.
 - b. Inserted reference to Arizona Administrative Code and deleted remainder of section.

See Attachment A for the full text of the revisions (all highlighted yellow text has been changed, additions are indicated with underline and strike out text are deletions).

Division of Aging and Adult Services
ALERT

SFY-14-10C

**Policy and Procedure
for SFY-2014**

Implementation

The DRAFT of the DAAS Policy and Procedure Manual, Chapter 1000, Section 1900 will be posted on the DAAS website (<https://www.azdes.gov/daas/policy/1000/>) for review and feedback. AAAs should coordinate with one another to prepare a single response of feedback/comments. **Please submit comments in writing to Jutta Ulrich at julrich@azdes.gov no later than September 30, 2013.** Comments received by DAAS will be addressed and a revised draft will be posted. A conference call with AAAs will be scheduled in October 2013 to allow for discussion of changes. The final revisions to Chapter 1000, Section 1900 will go into effect on November 15, 2013.

The Policies and Procedures can be accessed at
<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>

Key Dates

August 30, 2013	DRAFT Chapter 1000, Section 1900 available for review
October 7, 2013	Last day for AAAs to submit a single coordinated set of comments to DAAS on the draft
October 18, 2013	Revised DRAFT Chapter 1000, Section 1900 posted on DAAS website
October 25, 2013	Conference call to discuss changes
November 1, 2013	Effective date for revised DAAS Policy and Procedure Manual, Chapter 1000, Section 1900 Area Agency on Aging Administrative Standards, final version posted on DAAS website

Should you have questions regarding the policies and procedures, please contact Jutta Ulrich 602-542-6615 or via email at julrich@azdes.gov or your assigned Contract Specialist.

1000		Area Agency on Aging Administrative Standards	
1000	Overview		
	This chapter provides an outline of the Division of Aging and Adult Services policies and procedures for the Area Agency on Aging Administrative Standards, Reporting and Functions.		

1900		Administrative Mandates	
1901	Overview		
	<p>This chapter provides an outline for the Division of Aging and Adult Services operational policies and procedures for Administrative Mandates.</p> <p>Administrative Mandates include Confidentiality and Disclosure of Information, Unusual Incident Reporting, Client Complaints, Grievances and Appeals.</p>		

1910		Confidentiality and Disclosure of Information	
1910	Overview		
	<p>The Division of Aging and Adult Services maintains the confidentiality of the clients served under the programs of the Division.</p> <p>This section provides an outline for the Division of Aging and Adult Services operational principles and procedures on minimum standards for addressing confidentiality and disclosure of information regarding clients receiving services funded under an approved Area Plan on Aging. This policy chapter is subject to change as additional information and/or regulations are received from the State of Arizona and the U.S. Department of Health and Human Services, Administration on Aging.</p>		

1910		Confidentiality and Disclosure of Information	
1911	Authority and Statutory Requirements		
	1911.1	The information in this section is authorized and governed by the following statutes and regulations:	
		A	Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, § 102, § 305, § 306, § 307, § 308, § 314, § 315, § 321, § 705, § 712, § 721, and § 764; http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp

1910		Confidentiality and Disclosure of Information	
1911	Authority and Statutory Requirement		
	1911.1	B	Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.11 and §1321.51 http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title45/45cfr1321_main_02.tpl
		C	The Freedom of Information Act, 5 U.S.C. § 552 As Amended By Public Law No. 110-175, 121 Stat. 2524 (2007) http://www.gpo.gov/fdsys/pkg/PLAW-110publ175/pdf/PLAW-110publ175.pdf
		D	Health Insurance and Portability Act of 1996 P.L. 104-191 http://aspe.hhs.gov/admsimp/pl104191.htm
		E	A.R.S. §41-1959, §41-1991 thru §41-1995 http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=41, §46-454 http://www.azleg.state.az.us/ars/46/00454.htm § 46- 41 http://azleg.gov/FormatDocument.asp?inDoc=/ars/46/00141.htm&Title=46&DocType=ARS
		F	Arizona Administrative Code, Title 6, Chapters 5, 8 and 13 http://www.azsos.gov/public_services/Title_06/06_table.htm
		G	Department of Economic Security Policy - Unusual Incident Reporting 1-07-02A http://intranet/appFiles/Policies/pdf/DES-1-07-02A.pdf and 1-07-02B http://intranet/appFiles/Policies/pdf/DES-1-07-02B.pdf
	1911.2	The Area Agency on Aging must ensure that service 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 juveniles or vulnerable adults 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 - ProFleet and Equipment Services / Optional Auto / Children-Vulnerable Adult / Bonding Area Agency on Aging, section 5.	

1910		Confidentiality and Disclosure of Information	
Operational Procedures for Confidentiality and Disclosure of Information			
1912	1912.1	An Area Agency on Aging, or entity that such agency has contracted with, shall comply with all applicable State and Federal statutes, rules and regulations regarding the confidentiality, use, or disclosure of applicant or client information.	
	1912.2	An Area Agency on Aging must have in place procedures to ensure that no information about a client is disclosed by the entity that such agency has contracted with, without the informed consent of the client.	
	1912.3	An Area Agency on Aging, or entity that such agency has contracted with, is not required to disclose types of information or documents that are exempt from disclosure by a Federal agency under the Federal Freedom of Information Act.	
	1912.4	An Area Agency on Aging shall not require the entity that such agency had contracted with to provide legal services assistance to reveal any information that is protected by attorney-client privilege.	
	1912.5	The following information is considered confidential:	
	A	The names and addresses of applicants and recipients of service.	
	B	The type of services provided.	
	C	Information related to the social and economic conditions or circumstances of an individual.	
	D	Agency evaluation of information about an individual.	
	E	Medical data, including diagnosis, past history of disease or disability of an individual.	
	F	Personally identifiable information entered in the Aging Information Management System (AIMS).	
	1912.6	Confidential information shall not be released except under the following conditions:	
A	To the extent necessary to make claims for public or private assistance or benefits on behalf of the client.		
B	Referrals to Adult Protective Services, as required in A.R.S. 46-454.		
C	Referrals to law enforcement if a crime may be committed or that a crime has been committed, unless this is privileged information.		
D	Written request is made by the applicant, client, or legal guardian. Only information that relates directly to the client shall be released.		
E	An emergency situation arises and it is in the best interest of the applicant or client that information is disclosed. The information disclosed and to whom shall be recorded in the case record and the applicant or client shall be notified promptly.		

1910		Confidentiality and Disclosure of Information	
1910	Operational Procedures for Confidentiality and Disclosure of Information		
	F	Information is requested by persons or agency representatives who are subject to standards of confidentiality comparable to those contained in this chapter. The information disclosed and to whom shall be recorded in the case record and the applicant or client shall be notified promptly.	

1910		Confidentiality and Disclosure of Information		
1912	Operational Procedures for Confidentiality and Disclosure of Information (continued)			
	1912.7	Disclosure of confidential information as identified in section 1912.6 shall be specific and time limited and must be documented in a case record. Documentation in case records must identify the following:		
		A	The information that was disclosed. A copy of the written release of information from the party seeking the information shall be part of the case record.	
		B	To whom the information was disclosed.	
		C	The purpose of the disclosure.	
		D	The date and time the information was disclosed.	
		E	The name of the individual who made the disclosure to the requesting party.	
	1912.8	When monitoring entities funded under an approved Area Plan on Aging, an Area Agency on Aging shall not require the entity that such agency has contracted with to disclose information or data about applicants or clients which is not pertinent to the service furnished or payment made. The Area Agency on Aging should use the least intrusive methods possible to obtain the information necessary to fulfill monitoring activities.		
	1912.9	Legal assistance providers shall not be required to disclose the information which would be considered privileged and which may include "revealing information relating to the representation of a client, unless the client consents, after consultation, except for disclosures that are implicitly authorized in order to carry out the representation." Legal assistance providers are legally and ethically prohibited from disclosing information that could identify clients to Area Agency on Aging, or other funding sources. However, there are other types of information that can be released for monitoring purposes and which would not be considered "privileged" as defined by ethical obligations set forth in the Canons of Ethic of the State Bar of Arizona. The following are examples of non-privileged information:		
		A	Pleadings, memos, or other data filed with the courts.	
		B	Legal documents which have been recorded.	
		C	Names, addresses, telephone numbers and narratives of the legal problem if the client provided such information previously to the Area Agency on Aging if it was the agency making the referral to the legal service provider.	

1910		Confidentiality and Disclosure of Information	
1910	Operational Procedures for Confidentiality and Disclosure of Information (continued)		
	D	Court orders, minutes, entries and other court or public records.	
	E	Collected statistical information not identified to a particular client which may include types of services, disposition of cases, type of cases and units of service.	
	F	Information that the client has made public through another source, example: client files a complaint about a legal service delivered by another agency or the Area Agency on Aging.	

1910		Confidentiality and Disclosure of Information	
1913	Operational Procedures for Storage of Confidential Information		
	1913.1	An Area Agency on Aging, or entity that such agency has contracted with, shall ensure the confidentiality of client information. Confidential information shall be maintained in locked files. If electronic records are utilized, confidential information must be secured.	
	1913.2	An Area Agency on Aging shall ensure that the entity that such agency has contracted with retain all data and other records relating to the performance of the contract for a period of five years after the completion of the contract.	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
1920	Overview		
	1920.1	<p>The Division of Aging and Adult Services shall provide for a method of addressing client complaints, grievances and appeals.</p> <p>This chapter provides an outline for the Division of Aging and Adult Services operational principles and procedures on minimum standards that must be included in policies and procedures developed by Area Agency on Aging which address an individual or their responsible person's (<u>hereafter referenced as individual</u>) complaint, <u>grievance administrative review</u>, and appeals process. This policy chapter is subject to change based upon <u>approval of the revised revisions of the</u> Arizona Administrative Code.</p>	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
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Operational Principles Procedures for Area Agency on Aging Requirements	
1921	<p>1921.1 Area Agency on Aging shall develop and maintain policies and procedures which address complaints, complaint resolutions, grievances and appeals procedures filed by individuals, or other responsible party, who apply for or receive services funded under an approved Area Plan on Aging.</p>
1921.2	<p>Area Agency on Aging shall ensure that the policies and procedures include the following components individuals or their responsible person who apply for or receive services funded under an approved Area Plan on Aging are provided the following:</p>

1920 Client Complaint, Grievance Administrative Review, and Appeals															
Operational Principles Procedures for Area Agency on Aging Requirements															
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The Department of Economic Security may assert its jurisdiction to hear the grievance or refer the matter to the appropriate authority.</p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">B</td> <td> <p>The opportunity to exercise appeal rights as defined by applicable laws, rules and regulations. 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1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
1920	Operational <u>Principles Procedures for Area Agency on Aging Requirements</u>		
	1	<u>Denial of an application for services.</u>	
	2	<u>Suspension, termination or reduction of service provision.</u>	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
1922	Operational Procedures for <u>Client Complaints and Grievances</u>		
	1922.1	<p><u>An Area Agency on Aging shall establish, and monitor that service providers also adopt, written procedures for which to accept a client complaint and the process for which resolution is to be achieved. The written procedure shall be given to clients. The procedure should include the following components:</u></p> <p><u>The individual who applies for or receives services or their responsible person may not agree with adverse actions taken by the service providers. They may also have a complaint regarding an issue, such as quality of care or problems related to communication and customer service.</u></p> <p><u>The Area Agency on Aging shall ensure that an informal complaint resolution process is established which responds to written complaints filed by an individual or their responsible person. Individuals or their responsible persons should be encouraged to discuss any problems or complaints with their service providers as soon as they arise. The process shall include an opportunity for an informal meeting between the client individual and the service provider.</u></p>	
	A	<u>Allow for a client to attempt to resolve complaints at the level where the incident occurred, which may include an opportunity for an informal meeting to resolve the complaint.</u>	
	B	<u>If the client's complaint is with the service provider, the client shall first file a written complaint with that service provider within 15 days. The service provider shall respond to the complaint in writing within 30 days.</u>	
	C	<u>If the service provider takes no action to resolve the complaint within 30 days, or if the client perceives the complaint is unsatisfactorily resolved, the client shall file a complaint in writing to the Area Agency on Aging within 15 days from the issuance of the service provider's written response.</u>	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
Operational Procedures for <u>Client Complaints and Grievances</u>			
	D	1	<u>Upon receipt of a client</u> A-complaint, will be referred to the Area Agency on Aging <u>will</u> to objectively review and investigate the complaint, and attempt to resolve the complaint informally. before the formal grievance stage is reached. <u>If an informal resolution cannot be reached, the Area Agency on Aging shall issue its written decision within 30 days of the date the complaint was filed with the Area Agency on Aging. OR</u>
		2	<u>If the client's complaint is with the Area Agency on Aging, the Area Agency on Aging will attempt to resolve the complaint informally. If an informal resolution cannot be reached, the Area Agency on Aging shall issue its written decision within 30 days of the date the complaint was filed with the Area Agency on Aging.</u>
	E	<u>If the Area Agency on Aging takes no action to resolve the complaint within 30 days, or if the client perceives the complaint is unsatisfactorily resolved, the client shall file a request for Administrative Review from the DES, Division of Aging and Adult Services Assistant Director within 30 days from the issuance of the Area Agency on Aging's written response, in accordance with section 1923.1.</u>	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals		
Operational Procedures for <u>Client Complaints and Grievances</u> (continued)				
1922	1922.1	F	<u>Written documentation of</u> the complaint, <u>and</u> attempts to resolve the complaint <u>and outcome</u> must be documented in the individual's file <u>at the Area Agency on Aging and/or</u> , <u>by the</u> service provider.	
	1922.2	<u>If no informal resolution to the complaint is possible at the service provider level, the individual has the right to file a complaint with the Area Agency on Aging.</u>		
		A	1	<u>A complaint will be referred to the Area Agency on Aging to objectively review and investigate the complaint, and attempt to resolve the complaint informally before the formal grievance stage is reached. If an individual or their responsible person chooses to file a complaint with the Area Agency on Aging, the complaint will be referred to an "assigned person" at the Area Agency on Aging, who is designated to objectively respond to the complaint through an informal meeting.</u>
			2	<u>The complaint and attempts to resolve the complaint must be documented in the individual's file, by the service provider.</u>
		3	<u>If no informal resolution to the complaint is possible at the service provider level, the individual or their responsible person has the right to file a complaint with the Area Agency on Aging.</u>	

1920 Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
Operational Procedures for <u>Client Complaints and Grievances</u> (continued)	
B	If an individual or their responsible person chooses to file a complaint with the Area Agency on Aging, the complaint will be referred to an “assigned person” at the Area Agency on Aging, who is designated to objectively respond to the complaint through an informal meeting.
	1 The complaint and attempts to resolve the complaint must be documented in the individual’s file, by the Area Agency on Aging.
	2 The Area Agency on Aging shall issue its decision on the complaint to the service provider and the individual or their responsible person, in writing, within 30 days of receipt of the complaint.
	C
	4 If an individual or their responsible person chooses to file an appeal, they must file a written request for hearing with the Assistant Director within 15 days after the mailing date of the Area Agency on Aging’s final decision.
D	Service provision will not be reduced or terminated prior to a hearing decision from the appropriate hearing entity, if applicable.
E	The service provider who issued the original decision of adverse action is required to render assistance to the individual or their responsible person in filing a hearing request.

1920 Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
Operational Procedures for <u>Appeals an Administrative Review resulting from a Client Complaint or Service Provider</u>	
1923	1923.1 If no resolution to the complaint at the Area Agency on Aging level is possible as identified in section 1922, the individual or service provider has the right to file a request for an Administrative Review with the Department of Economic Security, Division of Aging and Adult Services Assistant Director, or designee. An Area Agency on Aging may also request an Administrative Review if the Division disapproves an Area Plan or plan amendment or to withdraw the Area Agency on Aging’s designation.

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals		
1923	Operational Procedures for <u>Appeals an Administrative Review resulting from a Client Complaint or Service Provider</u>			
	A	<p>The request for an administrative review must be submitted in writing to the Department of Economic Security within 30 days after the mailing date of the Area Agency on Aging's decision. The request shall be directed to:</p> <p><u>Assistant Director</u> <u>Division of Aging and Adult Services</u> <u>Department of Economic Security</u> <u>P.O. Box 6123 Phoenix, Arizona 85005</u></p>		
		1	<p>If the Administrative Review is requested by the individual, the Division's Assistant Director or designee shall schedule an administrative review conference to meet with the individual and the service provider and/or Area Agency on Aging. At the administrative review conference, the parties involved may review pertinent evidence on which the action was based. OR</p>	
			<p>If the Administrative Review is requested by the service provider, the Division's Assistant Director or designee shall schedule an administrative review conference to meet with the services provider and the Area Agency on Aging. At the administrative review conference, the parties involved may review pertinent evidence on which the action was based. OR</p>	
	B	2	<p>If the Administrative Review is requested by the Area Agency on Aging, the Division's Assistant Director or designee shall schedule an administrative review conference to meet with the Area Agency on Aging. At the administrative review conference, the Area Agency on Aging may review pertinent evidence on which the action was based.</p>	
			<p>The Division's Assistant Director or designee shall issue a decision in writing within 60 days of the filing of the request for administrative review.</p>	
	C	<p>The written determination and related documentation will be maintained by the Department of Economic Security, Division of Aging and Adult Services in accordance with its record retention policy.</p>		
		<p>A Pre-Hearing Summary of the facts and grounds for the action taken shall be prepared by the Area Agency on Aging and forwarded to the hearing officer within a specified time frame.</p>		
1923.2	A	<p>A copy of the summary shall be made available to the individual or their responsible person or representative prior to the hearing.</p>		

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
1923	Operational Procedures for Appeals		

1920	Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
Operational Procedures for Appeals		
	1923.3	<p>All scheduling of hearings is the responsibility of the Department of Economic Security's Office of Appeals. Hearings shall be held at those regularly established hearing locations most convenient to the parties, or at the discretion of the hearing officer, by telephone.</p> <p>Notice of hearing shall be not less than 20 days, with parties given the option to waive the notice period or request a delay.</p> <p>A</p> <p>1 If requests for delay or postponement for good cause are submitted promptly to the Office of Appeals, the hearing officer shall grant a postponement for a reasonable period.</p> <p>Notice of hearing shall include:</p> <p>1 Date, time and place of the hearing.</p> <p>2 The name of the hearing officer.</p> <p>3 The issues involved.</p> <p>B</p> <p>4 The individual or their responsible person's right to present the case through an assigned representative, and to present the case by telephone.</p> <p>5 The individual or their responsible person's right to copy any documents used by the Department at the hearing, prior to the hearing.</p> <p>6 The individual or their responsible person's right to request a change of hearing officer.</p> <p>a Not less than five days before the date set for the hearing, any party may file a written request for change of hearing office and the matter shall immediately be transferred to another hearing officer.</p>
	1923.4	<p>The attendance of a witness(s) may be requested on behalf of the individual or their responsible person, the service provider or Area Agency on Aging. The hearing officer may subpoena any witnesses or documents requested by any party, or at the hearing officer's discretion.</p> <p>A The request for witness attendance shall be in writing.</p> <p>B The request must state the name and address of the witness.</p> <p>C The request must state the nature of the witness' testimony.</p> <p>D The individual or their responsible person must be informed of the working five-day time frame by which a subpoena must be received.</p> <p>E A request for documents shall describe them in detail and provide the name and address of the custodian of the documents.</p>

1920	Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
	Operational Procedures for Appeals	
1923.5	Hearings will be conducted in an orderly and dignified manner, as follows:	
	A	Hearings will be opened, conducted, and closed at the discretion of the hearing officer.
	B	The decision of the hearing officer shall become the final decision of the Department 15 days after it is issued unless a written petition for review has been filed.
	C	A witness can only be excluded by the hearing officer.
	D	Parties may have representatives testify, present evidence, submit relevant documents from the individual's case file, cross-examine witnesses and present arguments.
	E	The individual or their responsible person may appear for himself/herself, or designate a representative to appear on his/her behalf.
	F	A full and complete record of the proceedings shall be maintained and be open for inspection by the parties.
1923.6	Hearing decisions and an explanation of appeal rights shall be mailed to each party not more than 60 days from the date of filing the request for hearing, unless the delay was caused by the individual or their responsible person. In such case, the time limit for delivery is extended by the number of days attributable to the individual or their responsible person.	
	A	All decisions in favor of the individual apply retroactively to the date of the action being appealed, or to the date the hearing officer finds appropriate.
	B	The decision of the hearing officer will be the final decision of the Department of Economic Security, unless a petition for review is requested by the individual or their responsible person.
C	If an individual or their responsible person chooses to file a petition for review, they must file a signed and dated written request for the petition with the Assistant Director of Division of Aging and Adult Services or the Office of Appeals within 15 days after the mailing date of the hearing decision.	
1923.7	An individual or their responsible party may request the Appeals Board to review a hearing decision made by a hearing officer within 15 days after the decision was mailed or otherwise delivered to him/her.	
	A	The request should set forth a statement of the grounds for review, and may be filed personally or by mail.
	B	After receipt of a request, the Appeals Board shall:

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals		
1923	Operational Procedures for Appeals			
	1923.7	B	4	Remand the case for rehearing, specifying the nature of any additional evidence required and/or issues to be considered, or
			2	Grant the request and decide the appeal on record.
		C	The Appeals Board will promptly adopt a decision, which shall be the final decision of the Department of Economic Security.	
			D	A copy of the final decision will be distributed to each interested party.
	1923.8	An appeal may be terminated, as follows:		
		A	By voluntary withdrawal if the appellant submits a signed letter or on the record at any time before the decision is issued.	
		B	By default when a party fails to appear at a scheduled hearing and fails to request a hearing within 15 days.	
	1923.9	Area Agency on Aging's must provide: Legal assistance information and referral sources when filing an appeal.		
		A	Appear as a witness on behalf of the Department of Economic Security, as requested.	

1920		Client Complaint, <u>Grievance Administrative Review</u>, and Appeals	
1924	Operational Procedures for Appeals <u>and Hearings</u>		
	1924.1	The individual has the right to appeal the Department of Economic Security, Division of Aging and Adult Services decision and request a hearing in accordance with Arizona Administrative Code R6-5-2404 . The request shall be directed to: Assistant Director Division of Aging and Adult Services Department of Economic Security P.O. Box 6123 Phoenix, Arizona 85005	
		A request for hearing shall be considered received and filed with the Department of Economic Security, if the following criteria are met:	
		A	If the request for hearing is transmitted via the United States Postal Service, on the date it is mailed. The mailing date shall be:
		4	As shown by the postmark.

1920		Client Complaint, Grievance Administrative Review, and Appeals	
1924	Operational Procedures for Appeals (continued)		
	1924.1	A	2 As show by the postage meter mark of the envelope in which it is received if there is no postmark.
			3 The date entered on the request for hearing document if there is no legible postmark.

1930		Fingerprint Requirement	
1930	Operational Procedures for Fingerprinting		
	1930.1	A	The Area Agency on Aging must ensure that service providers comply with the following: 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 and SCSEP participants 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 Area Agency on Aging, section 5.



Policy and Procedures for SFY-2014

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. Periodically, policy is developed due to changes in federal program policy as well as to respond to requests for clarification of existing policy by contracted providers. **Please ensure that the appropriate AAA personnel is aware of these revisions.**

Background

DAAS Policy and Procedures, Chapter 3000, are updated to reflect revisions to Case Management Procedures and to the assessment instruments. Revisions address the request by the Area Agencies to change policies for the case management of clients receiving Home Delivered Meals as well as the eligibility of individuals for Home Delivered Meals. In addition, the DAAS has been revising the Arizona Standardized Client Assessment Plan (ASCAP) and the Short Form Intake Document (SFID) in preparation for inclusion in the Division of Aging and Adult Reporting System (DAARS). Also the categories of Activities of Daily Living and Instrumental Activities of Daily Living, as used on the ASCAP and SFID, have been updated to comply with the language used for NAPIS reporting.

Summary of Revisions

The following changes to policy have been identified:

1. Case Management (Section 3100, Attachment A)

- a. Allows the use of the Short Form Intake Document for assessment and ongoing case management of clients receiving only the service of Home Delivered Meals.
- b. Allows the designation of Non-Case Management providers for assessment and ongoing Case Management of clients receiving only the service of Home Delivered Meals.
- c. Stipulates training requirements for Non-Case Management providers and review of training materials by DAAS in section 3124.5.
- d. Replaces Laundry with Light Housework and replaces Housework with Heavy Housework in the Service Eligibility Matrix (**Attachment B**).
- e. Removes references in section 3103 to eligibility criteria in effect before 2011, since all clients should now be transitioned to the eligibility criteria effective January 1, 2011.
- f. Revises the ADL/IADLs required for eligibility determination for Homemaker/Housekeeping services in section 3103.2. Instrumental Activities of Daily Living shall be used to determine eligibility for this service; however, one ADL (walking or transferring) may substitute for one IADL.
- g. Specifies the Instrumental Activities of Daily Living that qualify an individual for Home Delivered Meals.

2. DAARS (Section 3100, Attachment A)

- a. Replaces references to AIMS with references to the Division of Aging and Adult Services information management system.
- b. Clarifies Operational Procedures in Section 3125, specifying that an assessment must be completed and locked in the Division of Aging and Adult Services information management system before services authorized are eligible for reimbursement.



**Policy and Procedures
for SFY-2014**

3. Eligibility for Home Delivered Meals (Section 3203, Attachment C)

- a. Specifies in section 3203 that a Home Delivered Meal may be provided for a significant other, including spouse or domestic partner.
- b. Added language pertaining to a caregiver residing with the eligible client.

The revised DRAFT ASCAP and SFID can be found in **Attachments D and E**. The revised forms reflect the format of the assessment instruments in DAARS. Every effort has been made to align the print forms with the order and format of sections in DAARS; however, an exact match is not possible due to the different media. The ASCAP/SFID Instruction Manual will address data entry into DAARS.

Implementation

The DRAFT of the DAAS Policy and Procedure Manual, Chapter 3000, Sections 3100 and 3200, including the Eligibility Matrix, will be posted on the DAAS website for review and feedback. AAAs should coordinate with one another to prepare a single response of feedback/comments. **Please submit comments in writing to julrich@azdes.gov no later than September 18, 2013.** Comments received by DAAS will be addressed and a revised draft will be posted. A conference call with AAAs will be scheduled in September 2013 to allow for discussion of changes. The final revisions to Chapter 3000 Section 3100 and 3200, including the Eligibility Matrix, will go into effect on October 1, 2013.

The Policies and Procedures can be accessed at
<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>

Key Dates

August 30, 2013	DRAFT Chapter 3000 Sections 3100 and 3200 available for review
September 18, 2013	Last day for AAAs to submit a single coordinated set of comments to DAAS on the draft
September 20, 2013	Revised DRAFT Chapter 3000 Sections 3100 and 3200 posted on DAAS website
September 25, 2013	Conference call to discuss changes
October 1, 2013	Effective date for revised ASCAP and SFID and DAAS Policy and Procedure Manual, Chapter 3000, Sections 3100 and 3200 and Eligibility Matrix, final version posted on DAAS website

Should you have questions regarding the policies, please contact Jutta Ulrich at 602-542-6615 or via email at julrich@azdes.gov or your assigned Contract Specialist.

3100 Non-Medical Home and Community Based Services (NMHCBS) System																									
Overview																									
3101.1	This section provides an outline of the Division of Aging and Adult Services policies and procedures for the NMHCBS System. 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 on Aging.																								
3101.2	<p>The NMHCBS System is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. The NMHCBS System has the following goals:</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td>To assist functionally impaired individuals to care for themselves in their home and community.</td> </tr> <tr> <td style="text-align: center;">B</td> <td>To prevent or delay less desired and more costly institutional placement.</td> </tr> <tr> <td style="text-align: center;">C</td> <td>To maintain the dignity, autonomy and independence of individuals and their families.</td> </tr> </table>	A	To assist functionally impaired individuals to care for themselves in their home and community.	B	To prevent or delay less desired and more costly institutional placement.	C	To maintain the dignity, autonomy and independence of individuals and their families.																		
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C	To maintain the dignity, autonomy and independence of individuals and their families.																								
3101.3	The NMHCBS System is a case managed system, where Case Managers use a strength-based approach and integrate client preferences and goals to determine eligibility and need, authorize services, arrange for the provision of services and monitor the services.																								
3101	<p>The NMHCBS System includes, but is not limited to, the following services:</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td>Adaptive Aids and Devices.</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Adult Day Care/Adult Day Health Care.</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Attendant Care.</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Case Management.</td> </tr> <tr> <td style="text-align: center;">E</td> <td>Home Delivered Meals.</td> </tr> <tr> <td style="text-align: center;">F</td> <td>Home Health Aid.</td> </tr> <tr> <td style="text-align: center;">G</td> <td>Home Nursing (formerly known as Visiting Nurse Services) and Community Nursing.</td> </tr> <tr> <td style="text-align: center;">H</td> <td>Home Repair and Adaptation.</td> </tr> <tr> <td style="text-align: center;">I</td> <td>Housekeeping/Homemaker Services, including State Supplemental Payments Program Direct Pay).</td> </tr> <tr> <td style="text-align: center;">J</td> <td>Personal Care.</td> </tr> <tr> <td style="text-align: center;">K</td> <td>Respite and Supplemental Services for family caregivers.</td> </tr> <tr> <td style="text-align: center;">L</td> <td>Other services as defined by Federal and State requirements.</td> </tr> </table>	A	Adaptive Aids and Devices.	B	Adult Day Care/Adult Day Health Care.	C	Attendant Care.	D	Case Management.	E	Home Delivered Meals.	F	Home Health Aid.	G	Home Nursing (formerly known as Visiting Nurse Services) and Community Nursing.	H	Home Repair and Adaptation.	I	Housekeeping/Homemaker Services, including State Supplemental Payments Program Direct Pay).	J	Personal Care.	K	Respite and Supplemental Services for family caregivers.	L	Other services as defined by Federal and State requirements.
	A	Adaptive Aids and Devices.																							
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	L	Other services as defined by Federal and State requirements.																							

3100 Non-Medical Home and Community Based Services (NMHCBS) System	
3102	Authority and Statutory Requirement
	<p>The NMHCBS System is authorized and governed by the following statutes and regulations:</p>
	<p>A Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, §102, §306, §307, §308, §314, §315, §321 and §339. http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp</p>
	<p>B A.R.S. Title 46 Chapter 1, Article 8, §46-191, §46-192; Chapter 2, Article 3. http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46</p>
	<p>C Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.63. http://edocket.access.gpo.gov/cfr_2007/octqtr/pdf/45cfr1321.63.pdf</p>
<p>3102.1</p>	<p>The Area Agency on Aging must ensure that service providers comply with the following:</p>
<p>3102.2</p>	<p>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 Area Agency on Aging, Section 5.</p>

3100 Non-Medical Home and Community Based Services (NMHCBS) System	
3103	Eligibility Requirements
	<p>The following individuals are eligible to receive NMHCBS based on availability of funding:</p>
	<p>A Individuals 60 years of age or older.</p>
	<p>B Individuals under 60 years of age with a disability.</p>
	<p>C Family Caregivers as defined in the Division of Aging and Adult Services Policy and Procedures Manual Section 3600 – Family Caregiver Support Services.</p>
<p>3103.1</p>	<p>3103.2 In order to receive NMHCBS (except services identified in section 3103.4), individuals described in 3103.1 shall be assessed as described below, using assessment instruments as defined in Section 3120 - Case Management for the NMHCBS System. See also Exhibit 3100A - Service Eligibility Matrix.</p>

3100 Non-Medical Home and Community Based Services (NMHCBS) System	
Eligibility Requirements (continued)	
3103	3103.2
	A
<p>For the services of Adult Day Care/Adult Day Health Care, Attendant Care, Personal Care, Home Health Aid and Home Nursing, an individual that enters the NMHCBS System (new clients) after January 1, 2011 shall be determined unable to perform at least three Activities of Daily Living (ADLs) without substantial human assistance including verbal reminding and physical cueing or supervision using assessment instruments as defined in Section 3120. Instrumental ADLs (IADLs) or a combination of ADLs and IADLs cannot be substituted for ADLs.</p> <p>NOTE: Eligibility for existing clients receiving the services of Personal Care, Attendant Care, Home Nursing and Home Health Aid will continue to be assessed with the criteria in effect before January 1, 2011 until their next re-determination in State Fiscal Year 2013 (see Exhibit 3000A - Service Eligibility Matrix 2004).</p>	
B	
<p>For the services of Housekeeping/Homemaker, an individual that enters the NMHCBS System (new clients) after January 1, 2011, shall be determined unable to perform at least two ADLs or three IADLs without substantial human assistance including verbal reminding and physical cueing or supervision using assessment instruments as defined in Section 3120. The IADLs must be <u>shopping, laundry light housework, meal preparation or heavy housework. One ADL may be substituted for one IADL; the ADL must be either Walking or Transferring.</u></p> <p>NOTE: Eligibility for existing clients receiving Housekeeping/Homemaker services will continue to be assessed with the criteria in effect before January 1, 2011 until their next re-determination in State Fiscal Year 2013 (see Exhibit 3000A - Service Eligibility Matrix 2004).</p>	
Additional eligibility criteria apply for the following services:	
Home Health Aid and Home Nursing	
3103.3	A
1	Documentation of medical need from a health care practitioner of one of the following: insulin set-up, medication set-up, vital monitoring, nursing assessment, teaching by nurse, medication management/ monitoring, wound care and catheter/colostomy care.
2	Documentation that the individual has no other resources available for obtaining the needed care; for example, the individual resides alone or the spouse or caregiver of the individual is incapacitated and unable to assist the individual with the medically related function.

3100		Non-Medical Home and Community Based Services (NMHCBS) System		
3103	Eligibility Requirements (continued)			
	3103.4	Operational procedure 3103.2 does not apply to the following:		
		A	Adaptive Aids and Devices, Home Repair and Adaptation	
			1	An assessment for ADLs or IADLs is not required for NMHCBS. Note: For FCSP, different requirements apply; see section 3103.4.B.
			2	Although not required by the Older Americans Act for NMCHBS, the Division of Aging and Adult Services recommends that an assessment be conducted prior to providing the service to ensure the best use of limited resources.
		B	Family Caregiver Support Program (FCSP) Services.	
			1	Refer to the Division of Aging and Adult Services Policy and Procedure Manual, Section 3600 – Family Caregiver Support Program, sections 3603 and 3604.3.
		C	Home Delivered Meals	
			1	Refer to the Division of Aging and Adult Services Policy and Procedure Manual, Section 3200 – Nutrition Programs, section 3203.1 Eligibility.
		D	State Supplemental Payments Program Direct Pay	
			1	Individuals who were enrolled in the Supplemental Payments Program prior to June 30, 1993, were authorized to receive a \$70 monthly payment to purchase Housekeeping Services. These individuals continue to receive the State Supplemental Payments Program Direct Pay if they meet the following criteria:
			a	Must be a recipient of Supplemental Security Income (SSI) benefits.
b			Must be a resident of the State of Arizona.	
c	Must be 18 years of age and older.			

3120		Case Management for the NMHCBS System	
3121	Overview		
	3121.1	This section provides an outline of the Division of Aging and Adult Services operational principles and procedures for Case Management. 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 on Aging.	

Overview (continued)	
3121	<p>3121.2 Case Management is provided to any individual entering the NMHCBS System. Case Management is a service provided by experienced or trained Case Managers to an individual who is older, frail and/or disabled, at the direction of the individual, family member, or caregiver. For the individual eligible for Case Management, a strength-based approach is used and appropriate services and/or benefits are identified and comprehensively assessed, planned and coordinated with formal and informal resources, obtained and provided, recorded and monitored, modified, or terminated with follow-up provided where and when appropriate. The Area Agency on Aging, or entity that such agency has contracted with, is required to maintain a comprehensive Case Management System wherein an older, frail and/or disabled adult is determined eligible to receive services from the NMHCBS System within the Planning and Service Areas. <u>If Home Delivered Meals is the only service being authorized, a Non-Case Management provider may be authorized to provide assessment and service monitoring.</u></p>

3120 Case Management for the NMHCBS System													
Operational Procedures for Provision of Case Management													
3122	<p>3122.1 Area Agency on Aging shall develop Case Management to facilitate the coordination of non-medical home and community-based services designed to enable older, frail and/or disabled individuals to remain in their home. Case Management shall be an integrated system that accomplishes the following:</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td>Provide access to the NMHCBS System through a single point of entry utilizing approved eligibility assessment instruments.</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Apply a strength-based, client-centered approach in determining needed services.</td> </tr> <tr> <td style="text-align: center;">C</td> <td>Utilize a holistic assessment of the client's (and caregiver's) situation and address the problems contributing to the client's situation.</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Promote networking to ensure the coordination of service and development of a cost-effective service plan.</td> </tr> <tr> <td style="text-align: center;">E</td> <td>Involve LTC providers in the coordination of such services.</td> </tr> <tr> <td style="text-align: center;">F</td> <td>Evaluate and promote informal supports and private pay options where appropriate.</td> </tr> </table>	A	Provide access to the NMHCBS System through a single point of entry utilizing approved eligibility assessment instruments.	B	Apply a strength-based, client-centered approach in determining needed services.	C	Utilize a holistic assessment of the client's (and caregiver's) situation and address the problems contributing to the client's situation.	D	Promote networking to ensure the coordination of service and development of a cost-effective service plan.	E	Involve LTC providers in the coordination of such services.	F	Evaluate and promote informal supports and private pay options where appropriate.
	A	Provide access to the NMHCBS System through a single point of entry utilizing approved eligibility assessment instruments.											
	B	Apply a strength-based, client-centered approach in determining needed services.											
	C	Utilize a holistic assessment of the client's (and caregiver's) situation and address the problems contributing to the client's situation.											
	D	Promote networking to ensure the coordination of service and development of a cost-effective service plan.											
	E	Involve LTC providers in the coordination of such services.											
	F	Evaluate and promote informal supports and private pay options where appropriate.											
	<p>3122.2 The Area Agency on Aging shall ensure that Case Management <u>are is</u> provided through the following:</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">A</td> <td>Public or non-profit agencies that:</td> </tr> <tr> <td style="text-align: center;">1</td> <td>Give each individual seeking services a list of agencies that provide similar services within the jurisdiction of the Planning and Service Area.</td> </tr> </table>	A	Public or non-profit agencies that:	1	Give each individual seeking services a list of agencies that provide similar services within the jurisdiction of the Planning and Service Area.								
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3120		Case Management for the NMHCBS System		
3122	Operational Procedures for Provision of Case Management (continued)			
	3122.2	2	Give each individual the right to make an independent choice of service providers and document the receipt by such individual of such a statement.	
		A	3	Ensures case managers, or authorized Non-Case Management providers , act as agents for an individual receiving the services and not as promoters for the agency providing services.
		4	Provide a written complaint resolution procedure to clients.	
	B	The Area Agency on Aging providing Case Management directly. Note: A waiver for direct delivery of Case Management by an Area Agency on Aging is no longer required as of July 1, 2010.		
	3122.3	In providing Case Management, the Area Agency on Aging, or entity that such agency has contracted with, shall comply with the following:		
		A	Not duplicate Case Management provided through other Federal and State programs, such as the Arizona Long Term Care System (ALTCBS), the DES Division of Developmental Disabilities (DDD) and the Arizona Department of Health Services (ADHS). Efforts shall be made, to the extent possible, to ensure that coordination with other service systems do not result in services being duplicated and that the client's goals and objectives are not compromised between service systems.	
	B	Conduct a functional assessment of all clients entering the NMHCBS System to determine eligibility. This may include assessment of the primary family caregiver to determine eligibility for services within the FCSP (see sections 3123 and 3600).		
	3122.4	The Area Agency on Aging shall ensure Case Management providers receive the appropriate orientation and training on Case Management policies and procedures utilizing the following resources:		
		A	The Arizona Case Management Handbook 2010 (see Exhibit 3100B).	
B		The Division of Aging and Adult Services Policy and Procedure Manual as posted on the Division of Aging and Adult Services Website.		
C	Other training material provided by the Division of Aging and Adult Services.			

3120		Case Management for the NMHCBS System	
3123	Operational Procedures for Assessing Eligibility for the NMHCBS System		
	3123.1	The Area Agency on Aging shall be the single point of entry into the NMHCBS System.	
	3123.2	Case Management is the mechanism used to assess eligibility and authorize services. Individuals shall be assessed for eligibility within seven business days after initial screening and referral of the individual to the Case Management provider or authorized Non-Case Management provider.	

3120		Case Management for the NMHCBS System	
Operational Procedures for Assessing Eligibility for the NMHCBS System			
	A	For eligibility criteria and requirements for NMHCBS, refer to section 3103.	
	B	Referral to Case Management is determined through screening by Area Agency on Aging and / or their contracted providers.	
3123.3	Determination of eligibility for entry into the NMHCBS System requires the use of one of the following assessment instruments:		
	A	The Arizona Standardized Client Assessment Plan (ASCAP), as defined in section 3123.4. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).	
	B	The Short Form Intake Document (SFID, formerly known as the Short Term Form or STF), as defined in section 3123.5. Effective July 1, 2011, caregivers receiving respite services as described in section 3604.2.D shall also be assessed using the Caregiver Assessment Tool (CAT).	
	C	The Kincare Intake Document (KID), as defined in section 3123.6	
3123.4	The ASCAP shall be used as described in this section. A home visit is required for all individuals assessed with the ASCAP.		
	The following services require the use of the ASCAP to assess eligibility unless identified in 3123.5 and 3123.6.		
	1	Adult Day Care/Adult Day Health Care.	
	2	Attendant Care.	
	3	Home Delivered Meals.	
	4	Home Health Aid.	
	5	Home Nursing.	
	6	Housekeeping/Homemaker (includes chore and shopping).	
	7	Personal Care.	
	8	Respite (in home and group).	
9	Supplemental Services for Family Caregivers, including home repair/renovation, adaptive aids and devices, transportation, kinship care support and supplemental provisions.		
3123.5	The Short Form Intake Document (SFID) may be used instead of the ASCAP to assess eligibility for the services described in this section. Unless otherwise identified, a home visit is required for all individuals assessed with the SFID.		

3120		Case Management for the NMHCBS System	
Operational Procedures for Assessing Eligibility for the NMHCBS System			
3123.5	A	Short-Term Home Delivered Meals, for a period up to 90 days, if Home Delivered Meals is the only service being authorized. A home visit is not required when using the SFID to determine initial eligibility for short-term (up to 90 days) Home Delivered Meals .	
	B	Family Caregiver Support Services (FCSP): Respite, Group Respite or Adult/Child Day Care, Supplemental Services, including home repair/renovation, adaptive aids and devices, transportation, kinship care support and supplemental provisions.	
	1	If an individual is being assessed for emergency respite services, a home visit may take place after authorization and service delivery.	
	Tribal Services:		
	1	Home Delivered Meals.	
	2	Housekeeping/Homemaker.	
	3	Personal Care.	
	4	Respite Care.	
	5	Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids and Supplemental Provisions.	
	6	Other services as approved by the Division of Aging and Adult Services.	
3123.6	<p>The Kincare Intake Document (KID) is used when assessing eligibility of grandparents or other relative caregivers of children for services within the FCSP, which includes the Grandparent Kinship Care Support Program and can be used to determine eligibility for the services identified in this section. A home visit is required for all individuals authorized for services with the KID.</p>		
A	Case Management.		
B	Respite, Group Respite, or Adult/Child Day Care.		
C	Caregiver Supplemental Services, including Kinship Care Support, Home Repair, Adaptive Aids and Supplemental Provisions.		
3123.7	Qualifiers on the assessment instrument may also be used in determining eligibility as outlined in the ASCAP Manual.		
3123.8	<p>Re-Determination of Eligibility: The Case Management provider shall conduct a re-determination based on the following criteria:</p>		
A	A change occurs which affects eligibility or the need for service.		
B	At least every twelve months unless identified in 3123.8.C and 3123.8.D.		

3120		Case Management for the NMHCBS System	
Operational Procedures for Assessing Eligibility for the NMHCBS System (continued)			
3123	3123.8	C	As specified in section 3125.A 3123.5.A, If it is determined that Home Delivered Meals is needed beyond 90 days, a home visit is required and redetermination must be conducted using the ASCAP or the SFID. The ASCAP must be used if any services are authorized in addition to Home Delivered Meals.
	3123.9	Service Denial: Services may be denied to individuals if one of the following is met:	
		A	The eligibility criteria described in section 3103 are not met.
	B	With the exception of disclosing information on income, information necessary to complete an assessment is not provided.	

3120		Case Management for the NMHCBS System	
Operational Procedures for Service Authorization			
3124	3124.1	Services may be authorized to individuals meeting the eligibility criteria described in section 3103, documented through assessment as described in section 3123.	
	3124.2	Services should be authorized based on the following priorities in descending order:	
		A	Individuals 60 years of age or older, with the greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities and any individuals with Alzheimer's disease or related dementias.
		B	Individuals under 60 years of age with a disability
	C	Eligible individuals accepted in an entitlement program or receiving services through another service system. Services must be non-duplicative.	
	3124.3	Services are authorized using the assessment instruments described in section 3123 and the corresponding instruments in the Division of Aging and Adult Services information management system.	
A		If individuals do not meet the criteria for services identified in 3103.3.A 3103.2.A, but are determined to be in need of home nursing or home health aid, services may be provided if the following is documented on the assessment tool described in section 3123.8 (the ASCAP): (the "ASCAP"): At least one of the eight applicable choices in Category 9 of the Medical/Nursing Services is marked At least one of the eight choices in the section Nursing Services and Treatments is marked.	
	B	If NMHCBS were authorized through the ASCAP, the SFID shall not be used to authorize additional services.	
3124.4	Services are authorized by Case Management providers, who create a service plan for each client.		

3120		Case Management for the NMHCBS System	
Operational Procedures for Service Authorization (continued)			
3124	3124.4	A	A correlation must be demonstrated between the individual’s impairment level(s) and the service(s) authorized.
		B	Service authorizations shall not exceed levels required to meet the eligible individual’s needs.
		Service authorizations shall be for a time period determined to meet the eligible individual’s need, but shall not exceed a 12-month period. See section 3123.8. for re-determination process.	
	C	1	Authorizations for Home Delivered Meals for a significant other (spouse, domestic partner), caregiver or person with a disability under 60 residing with a client age 60 or over , shall coincide with the authorization of Home Delivered Meals for the primary recipient. The assessment tool must reference the corresponding name and social security number of the primary recipient in order for the spouse’s authorization to be valid.
3124.5	<p>The Area Agency on Aging may identify and authorize Non-Case Management providers within their planning and service area to complete and submit the Short Form Intake Document for an individual requiring only short-term (up to 90 days) Home Delivered Meals. For Home Delivered Meals services beyond 90 days, the designated Non-Case Management providers shall be trained by the Area Agency on Aging to provide the required Case Management services for Home Delivered Meals only. Training must be approved by the Division of Aging and Adult Services and must address the requirements and procedures for referral to a Case Manager.</p>		

3120		Case Management for the NMHCBS System	
Operational Procedures for Service Documentation and Provision			
3125	3125.1	The Case Management provider, or authorized Non-Case Management Provider, shall complete all mandatory fields on the assessment tools and obtain the necessary signatures and comply with the following time-frames :	
		A	The assessment tool shall be submitted to the Area Agency on Aging for input into the Aging Information Management System (AIMS) Division of Aging and Adult Services information management system within seven business days following the completion of the assessment.
	B	Service plans must be forwarded to the service providers within five business days of authorization.	
3125.2	Service providers shall comply with the following time-frames :		

3120		Case Management for the NMHCBS System	
3120	Operational Procedures for Service Documentation and Provision		
	A	Service providers shall initiate service provision authorized by the ASCAP and other approved assessment instruments within seven business days after an individual has been assessed for eligibility for the service(s) developed in the service plan.	
	B	Service provision by the providing agency can commence before receipt of the service plan, but initiation is limited to five days before receipt of the plan.	
	The Area Agency on Aging shall ensure that all of the data from the ASCAP and other approved assessment instruments is entered into <u>the Division of Aging and Adult Services information management system (AIMS)</u> within ten business days after receipt.		
	3125.3	A	If the ASCAP or other approved assessment instruments contains blank mandatory fields, the Area Agency on Aging must establish a process with the Case Management provider for completion of blank mandatory fields. Documentation must exist that the Case Management provider, or authorized Non-Case Management provider, supplied information for completion.
		B	The ASCAP and other approved assessment instruments must be locked in the Division of Aging and Adult Services information management system in order for authorized services to be eligible for reimbursement.
	3125.4	Enrollment of clients in services must be completed in the <u>Division of Aging and Adult Services information management system.</u>	
3125.5	<u>Case notes and other documents specified in section 3126 must be entered into the Division of Aging and Adult Services information management system, on a regular basis, whenever updates are made to the client file.</u>		

3120		Case Management for the NMHCBS System	
3126	Operational Procedures for Case File Documentation		
	3126.1	Case files must be maintained in accordance with the requirements for confidentiality outlined in the Division of Aging and Adult Services Policy and Procedures Manual Section 1900.	
	3126.2	The Area Agency on Aging shall ensure that its Case Management provider completes case files on each individual referred for Case Management.	
	3126.3	Case files must contain the following documentation:	

3120		Case Management for the NMHCBS System	
Operational Procedures for Case File Documentation			
A	A copy of the assessment/reassessment instrument, including the service plan <u>and documentation that the following have been discussed with the client: client rights and responsibilities, complaint resolution procedure (see 3122.2.A.4), and contributions (see section 2900).</u>		
	B Case notes, through regular narrative entries, about the individual and his/her services based on contacts with providers, significant others and the individual. Case notes should address the current functional status of the individual and identify linkages between the service plan goals and the services selected and authorized for the client.		
	C Copies of the referral forms utilized by Case Management agencies assigning the individual to one or more service providers.		
	D Quarterly reviews and updates of the individual's service plan.		
	E Documentation of contacts with the client regarding service modification, termination, or <u>client complaints and</u> appeals <u>(see section 1920).</u>		

3120		Case Management for the NMHCBS System		
Operational Procedures for Monitoring of Service Plans				
3127	3127.1	The Area Agency on Aging shall ensure that <u>its Case Management provider(s) monitor(s)</u> service plans for individuals authorized to receive services <u>are monitored</u> at least every 90 days or when a change occurs that affects eligibility or need. This shall be accomplished through a home visit unless otherwise specified.		
		A	Monitoring of the service plan is required to determine the following:	
			1	That the services authorized meet the individual's needs.
			2	That services are being provided in accordance with the service plan.
			3	The quality of the services provided.
			4	That issues or problems relative to the service delivery process are identified.
		5	That a course of action for identified issues or problems are developed.	
		B	Monitoring of service plans may be accomplished through the following approaches:	
			1	A telephone contact.
			2	Inter-agency monthly or 90-day case conferences held with the service provider to discuss the service plan, service delivery issues and/or problems encountered with the individual.
3	A home visit. A home visit is required every 180 days.			

3120		Case Management for the NMHCBS System	
Operational Procedures for Monitoring of Service Plans			
3127.2	Monitoring of service plans may result in revisions made to the service plan, based upon individual need(s). Revisions may include service continuation, modification or termination .		
	A	Home visits are required when service additions or deletions are made to the individual's service plan.	
		1	The Case Management provider shall obtain the necessary signatures for services added to or deleted from the service plan. Note: Signatures are not required for service level increases or decreases.
		2	The assessment tool shall be submitted to the Area Agency on Aging based on the time frames identified in section 3125.
	B	Eligibility for services must be re-determined as described in section 3123.8. Home visits are required for services when conducting an annual re-determination.	
C	The following applies to short-term Home Delivered Meals as specified in section 3123.5.B:		

3120		Case Management for the NMHCBS System		
Operational Procedures for Monitoring of Service Plans (continued)				
3127	3127.2	C	1	The individual shall be contacted by the Case Management provider at least ten business days before the end of the 90 day period to schedule a home visit to determine service continuance or termination.
			a	If service continuation is warranted or If Home Delivered Meals only is to be continued, the SFID may be used to continue service authorization. If it is determined that other services are needed, the Case Management provider shall complete the ASCAP.
			b	If service continuance is not warranted, the Case Management provider shall submit the SFID shall be submitted to the Area Agency on Aging within seven business days following the end of the 90 day period so that the services to that individual may be closed in AIMS the Division of Aging and Adult Services information management system .
	D	The following applies to Family Caregiver Support Program:		
		1	Monitoring for Caregiver Services includes the care recipient and the caregiver. See 3123.7. for caregiver assessment.	
		2	If it is determined that services other than Caregiver Services are needed, an ASCAP must be completed.	
3127.3	The following applies to service termination:			

3120		Case Management for the NMHCBS System	
Operational Procedures for Monitoring of Service Plans (continued)			
	A	Services may be terminated for the following reasons: voluntarily by the individual, the individual dies, the individual moves out of the planning and service area or the state, the individual is accepted into an entitlement program and receives comparable services, the individual is admitted to an institution for an indefinite stay, or the individual becomes a resident of a LTC facility.	
	B	Services may also be terminated if the individual has not cooperated with the delivery of service. Examples of lack of cooperation include, but are not limited to, not providing required information, refusing to allow a home visit, or providing incorrect information. The lack of cooperation must be documented with specificity. Documentation in the case file must demonstrate attempts at resolution and subsequent service termination.	
	C	When the reason for service termination is the individual's death, the Case Management provider must end date the service authorization(s) with the actual date of death.	
	D	Voluntary service termination may occur when the individual and the Case Management provider agree that the service needs of the individual have been met. Documentation in the case file must support the voluntary termination.	
	E	Services may also be terminated when funding is no longer available.	
	F	Termination of services within the service plan or case closures must be forwarded by the Case Management provider to provider agencies and the Area Agencies on Aging within seven business days after the individual's case is closed.	
3127.3	G	Signatures are not required when all services are terminated and the case is closed.	

3120		Case Management for the NMHCBS System	
Operational Procedures for NMHCBS Reporting Requirements			
3128	3128.1	The Area Agencies on Aging shall collect data and maintain records relating to the NMHCBS System as defined in the Division of Aging and Adult Services Policy Section 1600.	

Service Eligibility Matrix

SFY-14-10D Attachment B

This matrix is intended to assist case managers to determine eligibility for services. The matrix should be used with the Division of Aging & Adult Services (DAAS) Policy Chapter 3000 and the ASCAP Manual. Services are authorized using assessment instruments. **A correlation must be demonstrated between an individual's impairment level(s) and the service(s) authorized. A minimum score of 3 is needed for each ADL/IADL.** Qualifiers may also be used in determining eligibility as outlined in the DAAS ASCAP Manual.

Service	Care Recipient ASCAP/SFID Requirements		IADL	Caregiver Assessment and Additional Requirements
	ADL			
Adaptive Aids and Devices	FCSP: 2		n/a	For FCSP, this is a client-supported service. For NMHCBS, DAAS recommends an assessment be conducted prior to service delivery to ensure the best use of limited resources.
	NMHCBS: n/a			
Adult Day Care (NMHCBS)	FCSP: 2		n/a	For Adult Day Care as respite, the caregiver must be assessed as moderate or high risk and monthly limits apply.
	NMHCBS: 3			
Attendant Care	3		n/a	
FCSP Respite Services (includes In-Home and Group Respite, and Adult/Child Day Care)	2		n/a	Caregiver must be assessed as moderate or high risk. Monthly limits apply.
FCSP Supplemental Services (includes AD5, IA5, RP5, TR5)	2		n/a	For FCSP, service must complement the care of the caregiver and can't be ongoing. Lifetime limits apply.
FCSP Counseling Services (includes GC5, PC5, CT5, CM5)	n/a		n/a	Must use Caregiver Registration Form.
Home Delivered Meals	n/a		2	One IADL must be Meal Preparation, and the second IADL must be Shopping or Transportation or Light Housework.
Home Health Aid	3		n/a	Documentation for medical need must be provided. See DAAS policy Section 3100 – NMHCBS Eligibility Requirements for additional details.
Home Nursing	3		n/a	Documentation for medical need must be provided. See DAAS policy Section 3100 – NMHCBS Eligibility Requirements for additional details.
Home Repair and Adaptation	FCSP: 2		n/a	For FCSP, this is a client-supported service. For NMHCBS, DAAS recommends an assessment be conducted prior to service delivery to ensure the best use of limited resources.
	NMHCBS: n/a			
Housekeeping/Homemaker	2 n/a	or	3	IADLs must be Shopping, or Light Housework Laundry, or Heavy Housework, or Meal Preparation. The ADL of Walking or Transferring may substitute for one IADL.
Personal Care	3		n/a	

3200		Nutrition Services		
3203	Operational Procedures for Nutrition Services Eligibility			
	3203.1	The following individuals are eligible to receive a meal at a congregate nutrition site:		
		A	An individual age sixty or older.	
		B	The spouse of an individual age sixty or older. The spouse may be of any age.	
		C	An individual with a disability, under age sixty who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided.	
		D	An individual with a disability who resides at home with and accompanies an older individual who participates in the program.	
		E	A volunteer under age sixty who provide services during the meal hour(s).	
	3203.2	The following individuals are eligible to receive home delivered meals:		
		A	An individual sixty years of age or older who has functional limitations, as described in Section 3100 of the Division of Aging and Adult Services Policy and Procedures Manual, which restrict his/her ability to obtain and prepare appropriate meals within his/her home and has no other meal preparation assistance. Individuals must be assessed as moderately to severely impaired in two areas of Instrumental Activities of Daily Living and one of the Instrumental Activities of Daily Living must be meal preparation and the second IADL must be either Shopping or Transportation or Light Housework . Other eligibility criteria apply for Home Delivered Meals as described in Section 3100 of the Division of Aging and Adult Services Policy and Procedures Manual.	
		B	The significant other (spouse or domestic partner) of an individual defined in sections 3203.1.A and 3203.2, regardless of age or condition where receipt of the meal is in the best interest of the eligible home delivered meal participant.	
		C	An individual with a disability under age sixty who resides with a person defined in 3203.1.A where receipt of the meal is in the best interest of the eligible home delivered meal participant.	
	D	An individual with a disability, under age sixty, who has functional limitations, as described in the Division of Aging and Adult Services Policy and Procedures Manual (see section 3103) which restricts their ability to obtain and prepare appropriate meals within their home and has no other meal preparation assistance. Funds other than Older Americans Act must be expended for persons in this category.		

	E	The (live-in) caregiver of an individual defined in sections 3203.1.A and 3203.2, regardless of age or condition where receipt of the meal is in the best interest of the eligible home delivered meal participant. Older Americans Act Title III-C cannot be expended for persons in this category. If Title III-E funds are used, the service is provided as a Supplemental Service of the Family Caregiver Support Program, and the service must be shown to complement the care of the caregiver, and can only be provided on a limited basis. Refer to the Division of Aging and Adult Services Policy and Procedure Manual, Section 3600 – Family Caregiver Support Program, sections 3603 and 3604.
		The following documentation must be maintained in a central file to support the eligibility of nutrition services participants:
3203.3	A	Sign-in sheets listing congregate meal participants with their signatures.
	B	Route sheets that identify the date and time of delivery and that are signed by each home delivered meal participant or designee.
3203.4		An assessment is required for a home delivered meal participant that establishes that the participant meets the eligibility requirements described in 3203.2. Documentation should comply with the requirements detailed in the Case Management Policy (see section 3125).
3203.5		The nutrition screening form, Determine Your Nutritional Health, must be administered to all nutrition services participants upon entry into the program and annually thereafter (see Exhibits 3200A&B).

3200		Nutrition Services
Operational Procedures for the Nutrition Services Incentive Program		
3206	3206.1	The purpose of the Nutrition Services Incentive Program (NSIP) is for states to receive incentives in the form of cash or commodities to encourage and reward effective performance in the efficient delivery of nutritious meals to older individuals. The Division of Aging and Adult Services has elected to receive cash only for this program and not to receive commodities.
	3206.2	Allocations to an Area Agency on Aging or to a Tribal organization are based on the number of meals actually served in the previous federal fiscal year in relationship to the total number of meals actually served in the previous year by all States and Tribes. Meals that may be counted for this program are those that meet the eligibility requirements in section 3203.1 A thru E and 3203.2 A, B, and C.
	3206.3	Funds received shall be used to purchase foods for the Nutrition projects. Unexpended funds may be carried over into the next fiscal year.

DRAFT

ARIZONA STANDARDIZED CLIENT ASSESSMENT PLAN (ASCAP)

<input type="checkbox"/> NEW <input type="checkbox"/> REASSESSMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> REVIEW <input type="checkbox"/> CLOSE	ASSESSMENT DATE	DAARS ID NO.
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PART I: INTAKE INFORMATION

A. Client Profile and Referral Information

FIRST NAME	LAST NAME	M.I.	SOC. SEC. NO.	DATE OF BIRTH
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PHONE NO. 1	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER <input type="checkbox"/> FAX <input type="checkbox"/> ASST. <input type="checkbox"/> PAGER <input type="checkbox"/> CAR	PHONE NO. 2	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER <input type="checkbox"/> FAX <input type="checkbox"/> ASST. <input type="checkbox"/> PAGER <input type="checkbox"/> CAR
-------------	--	-------------	--

HOME OR RESIDENCE ADDRESS (No., Street, Apt. No., City, State, ZIP)	MAILING ADDRESS (P.O. Box, Street, City, State, ZIP)
---	--

VALID DATES From _____ To _____	VALID DATES From _____ To _____
------------------------------------	------------------------------------

E-MAIL ADDRESS 1 <input type="checkbox"/> OFFICE <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK	E-MAIL ADDRESS 2 <input type="checkbox"/> OFFICE <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK
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<input type="checkbox"/> Yes <input type="checkbox"/> No Needs emergency evacuation assistance (based on responses in Part IV).	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a primary caregiver (informal) assisting you?
--	---

INFORMATION FOR INTERVIEW WAS OBTAINED FROM
 Self report Medical records Other (specify) _____

NAME OF REFERRAL SOURCE	REFERRAL SOURCE PHONE NO.	REFERRAL DATE
-------------------------	---------------------------	---------------

REFERRAL SOURCE ADDRESS (No., Street, Apt. No., City, State, ZIP)

REFERRAL SOURCE TYPE

<input type="checkbox"/> Self	<input type="checkbox"/> Hospital	<input type="checkbox"/> Senior center
<input type="checkbox"/> Family	<input type="checkbox"/> Agency	<input type="checkbox"/> AHCCCS health plan
<input type="checkbox"/> Friend	<input type="checkbox"/> Residential facility	<input type="checkbox"/> AHCCCS – ALTCS
<input type="checkbox"/> Physician	<input type="checkbox"/> APS	<input type="checkbox"/> Other

LOCATION AT TIME OF REFERRAL <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Community <input type="checkbox"/> LTC facility	ADMISSION DATE	DISCHARGE DATE
--	----------------	----------------

ELIGIBILITY CATEGORY <input type="checkbox"/> 60 and over <input type="checkbox"/> Spouse of client age 60 and over <input type="checkbox"/> Under 60 with a disability <input type="checkbox"/> Caregiver of eligible client	ELIGIBLE CLIENT (associated with spouse or caregiver) NAME _____ SOC. SEC. NO. _____
---	--

B. Demographics

TYPE OF DISABILITY <input type="checkbox"/> Physical <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Intellectual disability/developmental disability (ID/DD) <input type="checkbox"/> Dementia <input type="checkbox"/> Mental illness <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None	ETHNICITY <input type="checkbox"/> Declined to state <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
---	---

RACE <input type="checkbox"/> Declined to state <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Multiple	RELATIONSHIP STATUS <input type="checkbox"/> Declined to state <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic partner <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	LANGUAGE <input type="checkbox"/> Declined to state <input type="checkbox"/> English <input type="checkbox"/> Native American (w/Eng) <input type="checkbox"/> Native American (w/o Eng) (specify): _____ <input type="checkbox"/> Spanish (w/Eng) <input type="checkbox"/> Spanish (w/o Eng) <input type="checkbox"/> Other (specify): _____
---	---	--

ENGLISH FLUENCY <input type="checkbox"/> Declined to state <input type="checkbox"/> Fluent <input type="checkbox"/> Limited <input type="checkbox"/> Needs translation	EDUCATION <input type="checkbox"/> Declined to state <input type="checkbox"/> Grade school or less <input type="checkbox"/> Some high school <input type="checkbox"/> High school (H.S.) graduate <input type="checkbox"/> Post high school <input type="checkbox"/> College degree
--	---

CLIENT'S NAME	DAARS ID#
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RESIDENCE TYPE <input type="checkbox"/> Declined to state <input type="checkbox"/> Adult care home <input type="checkbox"/> Apartment <input type="checkbox"/> Board and care <input type="checkbox"/> DD group home <input type="checkbox"/> Foster care <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Nursing home <input type="checkbox"/> Supervisory <input type="checkbox"/> Other (specify): _____	LIVING ARRANGEMENT <input type="checkbox"/> Declined to state <input type="checkbox"/> N/A <input type="checkbox"/> No pay <input type="checkbox"/> Owns <input type="checkbox"/> Rents <input type="checkbox"/> Subsidized	NUMBER IN HOUSEHOLD _____
---	--	---

HOUSEHOLD COMPOSITION <input type="checkbox"/> Declined to state <input type="checkbox"/> Lives alone <input type="checkbox"/> Institutionalized <input type="checkbox"/> With domestic partner <input type="checkbox"/> With non-relative(s) <input type="checkbox"/> With other relative(s) <input type="checkbox"/> With parent(s) <input type="checkbox"/> With spouse <input type="checkbox"/> Other (specify): _____	LENGTH OF TIME AT PRESENT ADDRESS _____ Years _____ Months	URBAN/RURAL <input type="checkbox"/> Declined to state <input type="checkbox"/> Rural <input type="checkbox"/> Urban
--	---	--

SEX / GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	TRANSGENDER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to state	SEXUAL ORIENTATION (optional) <input type="checkbox"/> Declined to state <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian	VETERAN <input type="checkbox"/> Declined to state <input type="checkbox"/> No <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Veteran Veteran #: _____	LEGAL STATUS <input type="checkbox"/> Declined to state <input type="checkbox"/> Child <input type="checkbox"/> Conservator <input type="checkbox"/> DP7 payee <input type="checkbox"/> Guardian	<input type="checkbox"/> Independent <input type="checkbox"/> LTC payee <input type="checkbox"/> Other (specify): _____
---	--	--	--	--	---

C. Contacts

Close Contacts

EMERGENCY CONTACT	RELATIONSHIP	ADDRESS	PHONE	E-MAIL
NEXT OF KIN				
SIGNIFICANT OTHER/SPOUSE				
LIVES WITH				
USUAL CONTACT				
OTHER				
OTHER				

Medical Contacts (if applicable)

PRIMARY PHYSICIAN	FIELD	ADDRESS	PHONE	E-MAIL
DURABLE POWER OF ATTORNEY FOR HEALTHCARE (DPOAH)	RELATIONSHIP			
SOCIAL WORKER				
HOMECARE AIDE				

Assessment Contacts (if applicable)

DP7 CONTACT	RELATIONSHIP	ADDRESS	PHONE	E-MAIL
OTHER				
REFERRAL SOURCE				
HANDLING FINANCIAL MATTERS				

CLIENT'S NAME	DAARS ID#
---------------	-----------

D. Net Monthly Income Information

	CLIENT	SPOUSE/HOUSEHOLD	TOTAL
Earned income			
Retirement/pension			
Investment income			
Social Security			
Supplemental Security Income (SSI)			
Veterans compensation			
Veterans pension			
Veterans aid & attendance (A&A)			
Other			
Total monthly income	TOTAL CLIENT INCOME	TOTAL SPOUSE/HOUSEHOLD INCOME	COMBINED TOTAL INCOME

At or below 100% FPL Yes No Declined to state income

E. Monthly Expenses

	CLIENT	SPOUSE/HOUSEHOLD	TOTAL
Housing			
Food			
Utilities			
Medical			
Insurance			
Private pay assistance			
Transportation			
Other			
Total monthly expenses	TOTAL CLIENT EXPENSES	TOTAL SPOUSE/HOUSEHOLD EXPENSES	COMBINED TOTAL EXPENSES

Subtract Total Expenses from Total Income above and enter the
Total net income after expenses

F. Insurance Information

MEDICARE NUMBER	ENROLLMENT DATE <i>(optional)</i>	QMB <input type="checkbox"/> Yes <input type="checkbox"/> No	SLMB <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICARE PARTS <input type="checkbox"/> A EFFECTIVE DATE: _____		<input type="checkbox"/> B EFFECTIVE DATE: _____	
<input type="checkbox"/> D EFFECTIVE DATE: _____		AHCCCS / ALTCS NUMBER	
AHCCCS PLAN NAME		COUNTY CODES <i>(OPTIONAL)</i>	
INSURANCE/BENEFITS		VETERANS MEDICAL BENEFITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
		HAS MEDICARE ADVANTAGE PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No	

CLIENT'S NAME	DAARS ID#
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G. Legal Planning

DURABLE POWER OF ATTORNEY

Financial <input type="checkbox"/> Yes <input type="checkbox"/> No	Living will..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Health <input type="checkbox"/> Yes <input type="checkbox"/> No	DNR (Orange form)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health <input type="checkbox"/> Yes <input type="checkbox"/> No	Burial arrangements, mortuary..... <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF PERSON WHO WILL BE HANDLING YOUR FINANCIAL MATTERS	RELATIONSHIP	TYPE <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> DPOA <input type="checkbox"/> Rep payee <input type="checkbox"/> Other <input type="checkbox"/> Conservator
--	--------------	--

PART II: CAREGIVER INFORMATION

Is there a primary caregiver (informal) assisting you? Yes No (if No, go to the next section of the assessment)

CAREGIVER'S NAME (Last, First, M.I.)	PHONE NO.
--------------------------------------	-----------

ADDRESS (No., Street, City, State, ZIP)	E-MAIL ADDRESS
---	----------------

GENDER <input type="checkbox"/> Declined to state <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE <input type="checkbox"/> Declined to state <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Multiple	ETHNICITY <input type="checkbox"/> Declined to state <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	URBAN/RURAL <input type="checkbox"/> Declined to state <input type="checkbox"/> Rural <input type="checkbox"/> Urban
--	--	---	---	---

RELATIONSHIP TO CARE RECIPIENT <input type="checkbox"/> Husband <input type="checkbox"/> Son/son-in-law <input type="checkbox"/> Wife <input type="checkbox"/> Grandparent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Other relative <input type="checkbox"/> Daughter/daughter-in-law <input type="checkbox"/> Non-relative	LENGTH OF TIME PROVIDING CARE <input type="checkbox"/> Less than one year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11 or more years
--	--

Does the caregiver reside with the recipient? Yes No

Would the caregiver and care recipient be interested in more information about FCSP Yes No

PART III: NUTRITIONAL STATUS

Does the client have a special diet? Yes No If Yes, specify: _____

Does the client have a food allergy? Yes No If Yes, specify: _____

Nutritional Screening (Check all that apply, and total the score shown for each selected response.)

- | | |
|--|--|
| <input type="checkbox"/> I have an illness or condition that has caused me to change the amount and/or kind of food I eat. (2) | <input type="checkbox"/> I don't always have enough money to buy the food I need. (4) |
| <input type="checkbox"/> I eat fewer than 2 meals per day. (3) | <input type="checkbox"/> I eat alone most of the time. (1) |
| <input type="checkbox"/> I eat few vegetables/fruit/milk per day. (2) | <input type="checkbox"/> I take 3 or more different prescribed or over-the-counter drugs per day. (1) |
| <input type="checkbox"/> I have 3 or more drinks of beer, wine or liquor almost every day. (2) | <input type="checkbox"/> Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2) |
| <input type="checkbox"/> I have tooth or mouth problems that make it hard for me to eat. (2) | <input type="checkbox"/> I am not always physically able to shop, cook and/or feed myself. (2) |

TOTAL SCORE (0-2 is good, 3-5 is moderate nutritional risk, 6 or greater is high nutritional risk)	HEIGHT (Optional)	WEIGHT (Optional)
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COMMENTS

PART IV: BASIC FUNCTIONAL ASSESSMENT

A. Orientation (Check appropriate answer. Consider last 90 days.)

Orientation is defined as the client's awareness of his/her environment in relation to time, place and self.

Person (identification of self).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

CLIENT'S NAME

DAARS ID#

Place (immediate environment, residence, city, state).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

Time (day, month, year, time of day).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

Recent memory recall.

- Minimally impaired function.
- Moderately impaired function.
- Severely impaired function and safety.
- No problem with memory recall.

COMMENTS

B. Communication/Sensory (Check appropriate answer. Consider last 30 days.)

Hearing – The ability to perceive sounds (with hearing appliance, if used).

- Minimal difficulty (e.g., understands conversation when face to face).
- Hears in special situations only (e.g., speaker has to adjust tonal quality and speak distinctly), will only understand loud conversation.
- Absence of useful hearing (e.g., will hear only very loud voice; totally deaf).
- Hears adequately (e.g., conversation, TV, phone).

Expressive Communication – The ability to express information and making self understood using any means (making self understood by others).

- Difficulty finding words, finishing thoughts, or enunciating.
- Ability is limited to making concrete requests.
- Rarely/never understood.
- Understood.

Vision – The ability to perceive visual stimuli (with corrective devices, if used).

- Difficulty with focus at close (reading) range. Sees large print and obstacles, but not details or has monocular vision.
- Unable to see large print, field of vision is severely limited (e.g., tunnel vision or central vision loss).
- No vision or appears to see only light, colors or shapes.
- Sees adequately (e.g., newsprint, TV, medication labels).

Smell – The ability to perceive odors/scents (especially odors indicating a danger, e.g., smoke).

- Impairs safety.
- Does not impair safety.

Touch – The ability to discriminate against temperature (e.g., hot, cold), dull and sharp, and pain (e.g., resulting from an open wound).

- Impairs safety.
- Does not impair safety.

COMMENTS

CLIENT'S NAME

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C. Assessment of Daily Living Activities

For each activity select the level of assistance needed, select the source of help, and select the qualifier, as needed.

Levels of Assistance

- 1. **Independent** – Completes the task independently.
- 2. **Minimum Assistance** – Occasional assistance or supervision may be necessary.
- 3. **Moderate Assistance** – Assistance or supervision is usually necessary.
- 4. **Maximum Assistance** – Totally dependent on others.

Qualifiers

- C – Cognitive
- I – Isolation
- S – Safety

Source of Help

- a. None
- b. AAA provided
- c. Daughter
- d. Friend
- e. Other relative
- f. Parent
- g. Private paid help
- h. Publicly funded help
- i. Residential health care
- j. Sibling
- k. Son
- l. Spouse / Significant other
- m. Volunteer

Activities of Daily Living

	1. Ind	2. Min	3. Mod	4. Max	Source of Help	Qualifiers	Comments
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Instrumental Activities of Daily Living

	1. Ind	2. Min	3. Mod	4. Max	Source of Help	Qualifiers	Comments
Shopping for personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doing heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Transportation ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS

D. Assistive Devices

For the following devices, select *Has* or *Needs* the device. If client does not have or need any device, select *None*.

	Has	Needs		Has	Needs		Has	Needs
Cane	<input type="checkbox"/>	<input type="checkbox"/>	Hoyer lift.....	<input type="checkbox"/>	<input type="checkbox"/>	Mediset.....	<input type="checkbox"/>	<input type="checkbox"/>
Quad cane	<input type="checkbox"/>	<input type="checkbox"/>	Shower bench.....	<input type="checkbox"/>	<input type="checkbox"/>	Glucometer.....	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	Shower chair.....	<input type="checkbox"/>	<input type="checkbox"/>	Test strips.....	<input type="checkbox"/>	<input type="checkbox"/>
Walker.....	<input type="checkbox"/>	<input type="checkbox"/>	Raised toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	Dentures.....	<input type="checkbox"/>	<input type="checkbox"/>
Electric wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	Commode chair.....	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	Hand-held shower.....	<input type="checkbox"/>	<input type="checkbox"/>	Eye glasses	<input type="checkbox"/>	<input type="checkbox"/>
Electric scooter	<input type="checkbox"/>	<input type="checkbox"/>	Geri-chair	<input type="checkbox"/>	<input type="checkbox"/>	Service dog	<input type="checkbox"/>	<input type="checkbox"/>
Hospital bed.....	<input type="checkbox"/>	<input type="checkbox"/>	Grab bars.....	<input type="checkbox"/>	<input type="checkbox"/>	Emergency notification	<input type="checkbox"/>	<input type="checkbox"/>
Egg crate mattress.....	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	Communication board	<input type="checkbox"/>	<input type="checkbox"/>
Hand rails.....	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen mask.....	<input type="checkbox"/>	<input type="checkbox"/>	Companion animals.....	<input type="checkbox"/>	<input type="checkbox"/>
Side rails half	<input type="checkbox"/>	<input type="checkbox"/>	Nasal prongs/cannula	<input type="checkbox"/>	<input type="checkbox"/>	Assistive phone device.....	<input type="checkbox"/>	<input type="checkbox"/>
Side rails full	<input type="checkbox"/>	<input type="checkbox"/>	Concentrator	<input type="checkbox"/>	<input type="checkbox"/>	Other assistive device (specify in comments).....	<input type="checkbox"/>	<input type="checkbox"/>
Trapeze.....	<input type="checkbox"/>	<input type="checkbox"/>	Portable oxygen	<input type="checkbox"/>	<input type="checkbox"/>	None.....	<input type="checkbox"/>	<input type="checkbox"/>
Transfer board	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator.....	<input type="checkbox"/>	<input type="checkbox"/>			

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COMMENTS

E. Evacuation Needs Assessment

Evacuation Needs Assessment Instructions

1. Was the response to ASCAP Part I, Section B, question Household Composition identified as "Lives Alone"?
 - Yes (go to question #2)
 - No (go to question #3, select "No")

2. Which of the following items have been identified on the ASCAP? (Check the appropriate box(es).)
 - ASCAP Part IV, Sec. C, **Transportation** is identified as 3. Mod. Asst. OR 4. Max. Asst., OR the Qualifier "Cognitive" is identified.
 - ASCAP Part IV, Sec. C, **Transferring** is identified as 3. Mod. Asst. OR 4. Max. Asst., OR the Qualifier "Cognitive" is identified.
 - ASCAP Part IV, Sec. B, **Hearing** is identified as "Absence of useful hearing."
 - ASCAP Part IV, Sec. B, **Vision** is identified as "No vision or appears to see only light, colors or shapes."
 - ASCAP Part IV, Sec. A, **Person, Place, Time** and/or **Recent memory recall** are identified as "Disoriented at least half of the time" or "Severely impaired function and safety."
 - ASCAP Part IV, Sec. D, One or more of these items, **Cane, Quad Cane, Crutches, Walker, Electric wheelchair, Manual wheelchair, Electric scooter, Oxygen, Oxygen mask, Portable oxygen or Ventilator**, is identified as Has.

If one or more of these items are checked, go to question #3 and select "Yes".
 If no items are checked, go to question #3 and select "No".

3. In the event of a disaster/emergency where evacuation is required, would the individual be placed on a priority list for evacuation assistance?
 - Yes** (Case Manager: If you are satisfied with this answer, go to question #4. If you feel that "No" would be a better answer, select the override box and provide an explanation.)
 - No** (Case Manager: If you are satisfied with this answer: **STOP – Process Ends**. Go to Part I, Sec. A, Client Profile of this assessment and mark "No" to "Needs emergency evacuation assistance." If you feel that "Yes" would be a better answer, select the override box and provide an explanation.)
 - Override:** Select this box if, in the judgment of the Case Manager, the answer to question #3 should be changed. Explain why an override of the automatic answer is warranted.

If you selected the override, changing Yes to No: **STOP – Process Ends**. Go to Part I, Sec. A, Client Profile of this assessment and mark "No" to "Needs emergency evacuation assistance."
 If you selected the override, changing No to Yes: Go to question #4.

4. In the judgment of the Case Manager, and if resources are available during a disaster/emergency requiring evacuation, describe what evacuation assistance would be required for the individual. Then go to Part I, Sec. A, Client Profile of this assessment and mark "Yes" to "Needs emergency evacuation assistance."

PART V: ADDITIONAL FUNCTIONAL ASSESSMENT

Required except for Tribal Services, HDM only, Respite, Supplemental Services and Case Management only.

A. Environmental Problems

Check all that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Fire safety | <input type="checkbox"/> Plumbing/utilities | <input type="checkbox"/> Toilet |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Furnishings | <input type="checkbox"/> Refrigerator/freezer | <input type="checkbox"/> Tub/shower |
| <input type="checkbox"/> Building structure | <input type="checkbox"/> Heating | <input type="checkbox"/> Security | <input type="checkbox"/> Unable to determine |
| <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Hot water | <input type="checkbox"/> Stairs/handrail | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dryer/washer | <input type="checkbox"/> Insects/rodents | <input type="checkbox"/> Stove/burner | <input type="checkbox"/> None |
| <input type="checkbox"/> Evaporative cooler/AC | <input type="checkbox"/> Microwave/convection oven | <input type="checkbox"/> Telephone | |

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B. Continence (Consider the last 30 days.)

Bowel Continence – The ability to voluntarily control the discharge of body waste from the bowel.

- Incontinent episodes less than weekly.
- Incontinent episodes two or more times a week.
- Incontinent episodes daily and/or no voluntary control.
- Ostomy product.
- Continent. Complete voluntary control.

Bladder Continence – The ability to voluntarily control the discharge of body waste from the bladder.

- Incontinent episodes less than weekly.
- Incontinent episodes two or more times a week.
- Incontinent episodes daily and/or no voluntary control.
- Catheterized.
- Continent. Complete voluntary control.

Change in Bladder Continence (In last 90 days; explain any change in condition.)

- Improved
- Deteriorated
- No change

COMMENTS

C. Mental/Behavioral Health

Psychosocial Stressors (Consider last 90 days. Select all that apply.)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Change of income | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Victim of assault/theft | <input type="checkbox"/> Grandparents raising grandchildren |
| <input type="checkbox"/> Financial concerns | <input type="checkbox"/> Illness in family | <input type="checkbox"/> Change in routine | <input type="checkbox"/> Other kinship care |
| <input type="checkbox"/> Change of residence | <input type="checkbox"/> Injury/accident | <input type="checkbox"/> Family concerns | <input type="checkbox"/> Unable to determine |
| <input type="checkbox"/> Death of friend/family | <input type="checkbox"/> Personal illness | <input type="checkbox"/> Care of child w/DD | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Death of pet | <input type="checkbox"/> Retirement | <input type="checkbox"/> Care of adult w/DD | <input type="checkbox"/> None |

WHAT ARE YOU DOING TO COPE WITH THESE STRESSORS?

Anxiety – Do you find it difficult to control your worrying? If yes, how long has this feeling lasted?

- Yes, more than two weeks.
- Yes, less than two weeks.
- No

Anxiety – Have you been experiencing sudden, unexplained attacks of intense fear, anxiety, or panic for no apparent reason?

- Yes, more than once.
- Yes, once.
- No

Depression – Have you been feeling sad, depressed, and/or hopeless? If yes, how long has this feeling lasted?

- Yes, more than two weeks.
- Yes, less than two weeks.
- No

Depression – Have you lost interest in activities that you find enjoyable? If yes, how long has this feeling lasted?

- Yes, more than two weeks.
- Yes, less than two weeks.
- No

Suicidal Behavior – Have you had thoughts about ending your life?

- Yes
- No

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Suicidal Behavior – Have you threatened or attempted to end your life?

- Yes
- No

Counseling/Therapy Services – Are you currently participating in counseling/therapy services?

- Yes (List in Comments section below.)
- No (If no, select all the reasons below that apply.)
 - Health insurance
 - Transportation
 - Not available in area
 - Other: _____
- Not needed

Treatments – Have you had any previous inpatient/outpatient psychiatric and/or chemical dependency treatment episodes?

- Yes (List in Comments section below.)
- No (If no, select all the reasons below that apply.)
 - Health insurance
 - Transportation
 - Not available in area
 - Other: _____
- Not needed

COMMENTS

D. Behaviors (Select the most appropriate answer. Consider the last 90 days.)

Wandering – Moving about with no rational purpose, tendency to proceed beyond physical parameters of his/her environment in a manner than may jeopardize safety.

- Not a current problem.
- Occurs daily, posing a threat to safety, required constant supervision and/or intervention or a secured environment.
- Occurs predictably (in response to particular situations), poses a threat to safety of self or others; requires supervision and/or intervention weekly to every day.
- Requires additional supervision and/or intervention, but no safety problem.

Self-Injurious Behavior – Repeated biting, scratching, picking behaviors; putting inappropriate objects into ear, mouth or nose, head slapping or banging, etc. Also includes eating or drinking harmful substances. (Do NOT include lifestyle choices.)

- Not a current problem.
- Requires supervision and/or intervention less than weekly.
- Requires supervision and/or intervention weekly to every other day.
- Requires 24-hour awake supervision and/or physical intervention.

Aggression – Physically attacks others, including throwing objects, punching, biting, pushing, pinching, pulling hair, scratching, destroying property, threatening behavior. (Do not include self-injurious behaviors.)

- Not a current problem.
- Requires supervision and/or intervention less than weekly.
- Requires supervision and/or intervention weekly to every other day.
- Requires daily supervision and/or physical intervention.

Disruptive Behavior – Interferes with activities of others or own activities through behaviors, including but not limited to putting on or taking off clothing inappropriately, stubbornness, sexual behavior inappropriate to time, place or person, excessive whining or crying, screaming, persistent pestering or teasing, constant demand for attention, urinating in public.

- Not a current problem.
- Requires intervention less than weekly.
- Requires intervention weekly to every other day.
- Requires intervention daily.

Abusive Behavior

- No
- Yes

Assaultive Behavior

- No
- Yes

Inappropriate Sexual Behavior

- No
- Yes

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F. Medical Conditions (Check Acute, or current condition, and/or History, as appropriate. If no medical conditions, check "None".)

Neurological	Acute	History
Polio	<input type="checkbox"/>	<input type="checkbox"/>
Seizure disorder	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual disability	<input type="checkbox"/>	<input type="checkbox"/>
Encephalopathy	<input type="checkbox"/>	<input type="checkbox"/>
Alzheimer's disease/organic brain syndrome/dementia.....	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>
Head trauma	<input type="checkbox"/>	<input type="checkbox"/>
Stroke.....	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sclerosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/>	<input type="checkbox"/>
Shingles	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Cardiovascular	Acute	History
Angina	<input type="checkbox"/>	<input type="checkbox"/>
Atherosclerotic heart disease (ASHD)...	<input type="checkbox"/>	<input type="checkbox"/>
Congestive heart failure	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack.....	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension.....	<input type="checkbox"/>	<input type="checkbox"/>
Peripheral vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Phlebitis.....	<input type="checkbox"/>	<input type="checkbox"/>
Edema.....	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker/heartbeat problem.....	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Hematologic/Oncologic	Acute	History
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Cancer.....	<input type="checkbox"/>	<input type="checkbox"/>
Leukemia.....	<input type="checkbox"/>	<input type="checkbox"/>
HIV positive	<input type="checkbox"/>	<input type="checkbox"/>
AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Metabolic	Acute	History
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypothyroidism	<input type="checkbox"/>	<input type="checkbox"/>
Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>
Electrolyte imbalance	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Musculoskeletal	Acute	History
Amputation.....	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
Degenerative joint disease.....	<input type="checkbox"/>	<input type="checkbox"/>
Fractures.....	<input type="checkbox"/>	<input type="checkbox"/>
Joint replacement	<input type="checkbox"/>	<input type="checkbox"/>
Muscular dystrophy.....	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Contracture	<input type="checkbox"/>	<input type="checkbox"/>
Curvature of spine	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Gastrointestinal	Acute	History
Ulcers.....	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	<input type="checkbox"/>
Irritable bowel syndrome (IBS).....	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Constipation.....	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal obstruction.....	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Respiratory	Acute	History
Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
Chronic obstructive pulmonary disease (COPD).....	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia.....	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema.....	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

Genital/Urinary	Acute	History
Chronic urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
Chronic renal failure/insufficiency	<input type="checkbox"/>	<input type="checkbox"/>
Urinary retention	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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Sight/Hearing	Acute	History
Blindness.....	<input type="checkbox"/>	<input type="checkbox"/>
Cataract.....	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma.....	<input type="checkbox"/>	<input type="checkbox"/>
Macular degeneration.....	<input type="checkbox"/>	<input type="checkbox"/>
Otitis media.....	<input type="checkbox"/>	<input type="checkbox"/>
Hearing deficit.....	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS		

Other	Acute	History
Reduced physical stamina/frailty.....	<input type="checkbox"/>	<input type="checkbox"/>
Birth defect.....	<input type="checkbox"/>	<input type="checkbox"/>
Fibromyalgia.....	<input type="checkbox"/>	<input type="checkbox"/>
Dehydration.....	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS		

Skin Conditions	Acute	History
Decubitus.....	<input type="checkbox"/>	<input type="checkbox"/>
Cellulitis.....	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS		

None

List the category and name of no more than 3 conditions that have a current effect on the client:

Category	Condition
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Information provided by:

- Client
- Informal caregiver
- Other, specify: _____

G. Nursing Services and Treatment

For each service, select *S* for single/one-time or *C* for continuous. If the client currently receives the service from a Non-Area Agency on Aging Source, select the box below *Receives*. If no services are needed, select *None*.

	Frequency		Receives	Comments
	C	S		
Insulin set up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication setup.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vital monitoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nursing assessment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Teaching by nurse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medication management/monitoring.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wound care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Catheter colostomy care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
None.....	<input type="checkbox"/>			

H. Hospitalization/ER Visits/Falls

How many times have you been hospitalized in the past 6 months? <input type="checkbox"/> None	How many times have you been seen in the emergency room in the past 6 months? <input type="checkbox"/> None	How many times have you fallen in the past 6 months? <input type="checkbox"/> None
--	--	---

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PART VI: UNMET NEEDS

Required except for Tribal Services and HDM only.

Select service(s) needed but not authorized through the Area Agency on Aging. For each service needed, indicate whether the service is not available or if there is a wait list, if applicable. Do not include services authorized by the Area Agency on Aging. If none, select "None."

Non-area agency authorized services	Needed	Not Available	Waitlist	Referral made to	Date referred
Adaptive devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Adult day health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Adult protective services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALTCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Assisted living facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Attendant care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Behavioral health services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Benefits counseling (SHIP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Caregiver services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Commodities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Congregate meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Emergency response system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Errand service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Financial services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food stamps.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Friendly visitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Guardianship/conservatorship.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Home repair/adaptation/renovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hospice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hospital care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kinship care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Laundry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Legal assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nutrition education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Occupational therapy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Public fiduciary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Recreation/socialization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Telephone reassurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Utility services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Yard work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
None <input type="checkbox"/>					

CLIENT'S NAME	DAARS ID#
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PART VII: SERVICE ENROLLMENTS

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

CLIENT'S NAME

DAARS ID#

PART VIII: AUTHORIZATION

Authorization / Autorización

_____ I have received a copy of the Client Rights and Responsibilities and I certify by my signature or mark that I understand my rights and responsibilities, and that the information provided on this form, as it relates to my request and eligibility, is true and correct.

He recibido una copia del folleto Derechos y Responsabilidades del Cliente y atestiguo por mi firma o marca que entiendo mis derechos y responsabilidades y que la información provista en este formulario como se relaciona a mi petición y mi elegibilidad es verdadera y correcta.

_____ The service plan has been discussed with me and I agree with the described services. I have received a copy of the grievance and appeals procedure, and I understand that if I disagree with any action taken in my case, I have the right to present a verbal or written request for a fair hearing.

Me han explicado el plan de servicios y estoy de acuerdo con los servicios descritos. He recibido una copia del procedimiento de quejas y entiendo que si no estoy de acuerdo con cualquiera acción tomado en mi caso, que yo tengo el derecho a presentar una solicitud verbal o por escrito de una audiencia imparcial.

_____ I was provided the opportunity to contribute voluntarily to the cost of services.

Se me proporcionó la oportunidad de contribuir de manera voluntaria al costo de los servicios.

Client's Signature or Mark / Firma o marca del cliente

Date / Fecha

Responsible Party's Signature / Firma del parte responsable

Relationship / Afinidad

Date / Fecha

Worker's Name / Nombre del trabajador

Worker's Signature / Firma del trabajador

Date / Fecha

DRAFT

SHORT FORM INTAKE DOCUMENT (SFID)

<input type="checkbox"/> NEW <input type="checkbox"/> REASSESSMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> REVIEW <input type="checkbox"/> CLOSE	ASSESSMENT DATE	DAARS ID NO.
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PART I: INTAKE INFORMATION

A. Client Profile and Referral Information

FIRST NAME	LAST NAME	M.I.	SOC. SEC. NO.	DATE OF BIRTH
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PHONE NO. 1	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER <input type="checkbox"/> FAX <input type="checkbox"/> ASST. <input type="checkbox"/> PAGER <input type="checkbox"/> CAR	PHONE NO. 2	<input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/> CELL <input type="checkbox"/> OTHER <input type="checkbox"/> FAX <input type="checkbox"/> ASST. <input type="checkbox"/> PAGER <input type="checkbox"/> CAR
-------------	--	-------------	--

HOME OR RESIDENCE ADDRESS (No., Street, Apt. No., City, State, ZIP)	MAILING ADDRESS (P.O. Box, Street, City, State, ZIP)
---	--

VALID DATES From _____ To _____	VALID DATES From _____ To _____
------------------------------------	------------------------------------

E-MAIL ADDRESS 1 <input type="checkbox"/> OFFICE <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK	E-MAIL ADDRESS 2 <input type="checkbox"/> OFFICE <input type="checkbox"/> PERSONAL <input type="checkbox"/> WORK
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<input type="checkbox"/> Yes <input type="checkbox"/> No Needs emergency evacuation assistance (based on responses in Part IV).	<input type="checkbox"/> Yes <input type="checkbox"/> No Is a primary caregiver (informal) assisting you?
--	---

INFORMATION FOR INTERVIEW WAS OBTAINED FROM
 Self report Medical records Other (specify) _____

NAME OF REFERRAL SOURCE	REFERRAL SOURCE PHONE NO.	REFERRAL DATE
-------------------------	---------------------------	---------------

REFERRAL SOURCE ADDRESS (No., Street, Apt. No., City, State, ZIP)

REFERRAL SOURCE TYPE

<input type="checkbox"/> Self	<input type="checkbox"/> Hospital	<input type="checkbox"/> Senior center
<input type="checkbox"/> Family	<input type="checkbox"/> Agency	<input type="checkbox"/> AHCCCS health plan
<input type="checkbox"/> Friend	<input type="checkbox"/> Residential facility	<input type="checkbox"/> AHCCCS – ALTCS
<input type="checkbox"/> Physician	<input type="checkbox"/> APS	<input type="checkbox"/> Other

LOCATION AT TIME OF REFERRAL <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency room <input type="checkbox"/> Community <input type="checkbox"/> LTC facility	ADMISSION DATE	DISCHARGE DATE
--	----------------	----------------

ELIGIBILITY CATEGORY <input type="checkbox"/> 60 and over <input type="checkbox"/> Spouse of client age 60 and over <input type="checkbox"/> Under 60 with a disability <input type="checkbox"/> Caregiver of eligible client	ELIGIBLE CLIENT (associated with spouse or caregiver) NAME _____ SOC. SEC. NO. _____
---	--

B. Demographics

TYPE OF DISABILITY <input type="checkbox"/> Physical <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Intellectual disability/developmental disability (ID/DD) <input type="checkbox"/> Dementia <input type="checkbox"/> Mental illness <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> None	ETHNICITY <input type="checkbox"/> Declined to state <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
---	---

RACE <input type="checkbox"/> Declined to state <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Multiple	RELATIONSHIP STATUS <input type="checkbox"/> Declined to state <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic partner <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	LANGUAGE <input type="checkbox"/> Declined to state <input type="checkbox"/> English <input type="checkbox"/> Native American (w/Eng) <input type="checkbox"/> Native American (w/o Eng) (specify): _____ <input type="checkbox"/> Spanish (w/Eng) <input type="checkbox"/> Spanish (w/o Eng) <input type="checkbox"/> Other (specify): _____
---	---	--

ENGLISH FLUENCY <input type="checkbox"/> Declined to state <input type="checkbox"/> Fluent <input type="checkbox"/> Limited <input type="checkbox"/> Needs translation	EDUCATION <input type="checkbox"/> Declined to state <input type="checkbox"/> Grade school or less <input type="checkbox"/> Some high school <input type="checkbox"/> High school (H.S.) graduate <input type="checkbox"/> Post high school <input type="checkbox"/> College degree
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CLIENT'S NAME	DAARS ID#
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RESIDENCE TYPE <input type="checkbox"/> Declined to state <input type="checkbox"/> Adult care home <input type="checkbox"/> Apartment <input type="checkbox"/> Board and care <input type="checkbox"/> DD group home <input type="checkbox"/> Foster care <input type="checkbox"/> House <input type="checkbox"/> Mobile <input type="checkbox"/> Nursing home <input type="checkbox"/> Supervisory <input type="checkbox"/> Other (specify): _____	LIVING ARRANGEMENT <input type="checkbox"/> Declined to state <input type="checkbox"/> N/A <input type="checkbox"/> No pay <input type="checkbox"/> Owns <input type="checkbox"/> Rents <input type="checkbox"/> Subsidized	NUMBER IN HOUSEHOLD _____
---	--	---

HOUSEHOLD COMPOSITION <input type="checkbox"/> Declined to state <input type="checkbox"/> Lives alone <input type="checkbox"/> Institutionalized <input type="checkbox"/> With domestic partner <input type="checkbox"/> With non-relative(s) <input type="checkbox"/> With other relative(s) <input type="checkbox"/> With parent(s) <input type="checkbox"/> With spouse <input type="checkbox"/> Other (specify): _____	LENGTH OF TIME AT PRESENT ADDRESS _____ Years _____ Months	URBAN/RURAL <input type="checkbox"/> Declined to state <input type="checkbox"/> Rural <input type="checkbox"/> Urban
--	---	--

SEX / GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	TRANSGENDER (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to state	SEXUAL ORIENTATION (optional) <input type="checkbox"/> Declined to state <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian	VETERAN <input type="checkbox"/> Declined to state <input type="checkbox"/> No <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Veteran Veteran #: _____	LEGAL STATUS <input type="checkbox"/> Declined to state <input type="checkbox"/> Child <input type="checkbox"/> Conservator <input type="checkbox"/> DP7 payee <input type="checkbox"/> Guardian	<input type="checkbox"/> Independent <input type="checkbox"/> LTC payee <input type="checkbox"/> Other (specify): _____
---	--	--	--	--	---

C. Contacts

Close Contacts

EMERGENCY CONTACT	RELATIONSHIP	ADDRESS	PHONE	E-MAIL
NEXT OF KIN				
SIGNIFICANT OTHER/SPOUSE				
LIVES WITH				
USUAL CONTACT				
OTHER				
OTHER				

Medical Contacts (if applicable)

PRIMARY PHYSICIAN	FIELD	ADDRESS	PHONE	E-MAIL
DURABLE POWER OF ATTORNEY FOR HEALTHCARE (DPOAH)	RELATIONSHIP			
SOCIAL WORKER				
HOMECARE AIDE				

Assessment Contacts (if applicable)

DP7 CONTACT	RELATIONSHIP	ADDRESS	PHONE	E-MAIL
OTHER				
REFERRAL SOURCE				
HANDLING FINANCIAL MATTERS				

CLIENT'S NAME	DAARS ID#
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D. Net Monthly Income Information

	CLIENT	SPOUSE/HOUSEHOLD	TOTAL
Earned income			
Retirement/pension			
Investment income			
Social Security			
Supplemental Security Income (SSI)			
Veterans compensation			
Veterans pension			
Veterans aid & attendance (A&A)			
Other			
Total monthly income	TOTAL CLIENT INCOME	TOTAL SPOUSE/HOUSEHOLD INCOME	COMBINED TOTAL INCOME

At or below 100% FPL Yes No Declined to state income

E. Monthly Expenses

	CLIENT	SPOUSE/HOUSEHOLD	TOTAL
Housing			
Food			
Utilities			
Medical			
Insurance			
Private pay assistance			
Transportation			
Other			
Total monthly expenses	TOTAL CLIENT EXPENSES	TOTAL SPOUSE/HOUSEHOLD EXPENSES	COMBINED TOTAL EXPENSES

Subtract Total Expenses from Total Income above and enter the
Total net income after expenses

F. Insurance Information

MEDICARE NUMBER	ENROLLMENT DATE <i>(optional)</i>	QMB <input type="checkbox"/> Yes <input type="checkbox"/> No	SLMB <input type="checkbox"/> Yes <input type="checkbox"/> No
MEDICARE PARTS <input type="checkbox"/> A EFFECTIVE DATE: _____		<input type="checkbox"/> B EFFECTIVE DATE: _____	
<input type="checkbox"/> D EFFECTIVE DATE: _____			
AHCCCS / ALTCS NUMBER	AHCCCS PLAN NAME		
COUNTY CODES <i>(OPTIONAL)</i>	INSURANCE/BENEFITS	VETERANS MEDICAL BENEFITS <input type="checkbox"/> Yes <input type="checkbox"/> No	HAS MEDICARE ADVANTAGE PLAN <input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT'S NAME	DAARS ID#
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G. Legal Planning

DURABLE POWER OF ATTORNEY

Financial <input type="checkbox"/> Yes <input type="checkbox"/> No	Living will..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Health <input type="checkbox"/> Yes <input type="checkbox"/> No	DNR (Orange form)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental health <input type="checkbox"/> Yes <input type="checkbox"/> No	Burial arrangements, mortuary..... <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF PERSON WHO WILL BE HANDLING YOUR FINANCIAL MATTERS	RELATIONSHIP	TYPE <input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> DPOA <input type="checkbox"/> Rep payee <input type="checkbox"/> Other <input type="checkbox"/> Conservator
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PART II: CAREGIVER INFORMATION

Is there a primary caregiver (informal) assisting you? Yes No (if No, go to the next section of the assessment)

CAREGIVER'S NAME (Last, First, M.I.)	PHONE NO.
--------------------------------------	-----------

ADDRESS (No., Street, City, State, ZIP)	E-MAIL ADDRESS
---	----------------

GENDER <input type="checkbox"/> Declined to state <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE <input type="checkbox"/> Declined to state <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White <input type="checkbox"/> Multiple	ETHNICITY <input type="checkbox"/> Declined to state <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	URBAN/RURAL <input type="checkbox"/> Declined to state <input type="checkbox"/> Rural <input type="checkbox"/> Urban
--	--	---	---	---

RELATIONSHIP TO CARE RECIPIENT <input type="checkbox"/> Husband <input type="checkbox"/> Son/son-in-law <input type="checkbox"/> Wife <input type="checkbox"/> Grandparent <input type="checkbox"/> Domestic partner <input type="checkbox"/> Other relative <input type="checkbox"/> Daughter/daughter-in-law <input type="checkbox"/> Non-relative	LENGTH OF TIME PROVIDING CARE <input type="checkbox"/> Less than one year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 11 or more years
--	--

Does the caregiver reside with the recipient? Yes No

Would the caregiver and care recipient be interested in more information about FCSP Yes No

PART III: NUTRITIONAL STATUS

Does the client have a special diet? Yes No If Yes, specify: _____

Does the client have a food allergy? Yes No If Yes, specify: _____

Nutritional Screening (Check all that apply, and total the score shown for each selected response.)

- | | |
|--|--|
| <input type="checkbox"/> I have an illness or condition that has caused me to change the amount and/or kind of food I eat. (2) | <input type="checkbox"/> I don't always have enough money to buy the food I need. (4) |
| <input type="checkbox"/> I eat fewer than 2 meals per day. (3) | <input type="checkbox"/> I eat alone most of the time. (1) |
| <input type="checkbox"/> I eat few vegetables/fruit/milk per day. (2) | <input type="checkbox"/> I take 3 or more different prescribed or over-the-counter drugs per day. (1) |
| <input type="checkbox"/> I have 3 or more drinks of beer, wine or liquor almost every day. (2) | <input type="checkbox"/> Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2) |
| <input type="checkbox"/> I have tooth or mouth problems that make it hard for me to eat. (2) | <input type="checkbox"/> I am not always physically able to shop, cook and/or feed myself. (2) |

TOTAL SCORE (0-2 is good, 3-5 is moderate nutritional risk, 6 or greater is high nutritional risk)	HEIGHT (Optional)	WEIGHT (Optional)
--	-------------------	-------------------

COMMENTS

PART IV: BASIC FUNCTIONAL ASSESSMENT

A. Orientation (Check appropriate answer. Consider last 90 days.)

Orientation is defined as the client's awareness of his/her environment in relation to time, place and self.

Person (identification of self).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

CLIENT'S NAME

DAARS ID#

Place (immediate environment, residence, city, state).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

Time (day, month, year, time of day).

- Disoriented occasionally (3 times or less per month).
- Disoriented some of the time (more than 3 times per month but less than half the time).
- Disoriented at least half the time.
- No problems with orientation.

Recent memory recall.

- Minimally impaired function.
- Moderately impaired function.
- Severely impaired function and safety.
- No problem with memory recall.

COMMENTS

B. Communication/Sensory (Check appropriate answer. Consider last 30 days.)

Hearing – The ability to perceive sounds (with hearing appliance, if used).

- Minimal difficulty (e.g., understands conversation when face to face).
- Hears in special situations only (e.g., speaker has to adjust tonal quality and speak distinctly), will only understand loud conversation.
- Absence of useful hearing (e.g., will hear only very loud voice; totally deaf).
- Hears adequately (e.g., conversation, TV, phone).

Expressive Communication – The ability to express information and making self understood using any means (making self understood by others).

- Difficulty finding words, finishing thoughts, or enunciating.
- Ability is limited to making concrete requests.
- Rarely/never understood.
- Understood.

Vision – The ability to perceive visual stimuli (with corrective devices, if used).

- Difficulty with focus at close (reading) range. Sees large print and obstacles, but not details or has monocular vision.
- Unable to see large print, field of vision is severely limited (e.g., tunnel vision or central vision loss).
- No vision or appears to see only light, colors or shapes.
- Sees adequately (e.g., newsprint, TV, medication labels).

Smell – The ability to perceive odors/scents (especially odors indicating a danger, e.g., smoke).

- Impairs safety.
- Does not impair safety.

Touch – The ability to discriminate against temperature (e.g., hot, cold), dull and sharp, and pain (e.g., resulting from an open wound).

- Impairs safety.
- Does not impair safety.

COMMENTS

CLIENT'S NAME

DAARS ID#

C. Assessment of Daily Living Activities

For each activity select the level of assistance needed, select the source of help, and select the qualifier, as needed.

Levels of Assistance

- 1. **Independent** – Completes the task independently.
- 2. **Minimum Assistance** – Occasional assistance or supervision may be necessary.
- 3. **Moderate Assistance** – Assistance or supervision is usually necessary.
- 4. **Maximum Assistance** – Totally dependent on others.

Qualifiers

- C – Cognitive
- I – Isolation
- S – Safety

Source of Help

- a. None
- b. AAA provided
- c. Daughter
- d. Friend
- e. Other relative
- f. Parent
- g. Private paid help
- h. Publicly funded help
- i. Residential health care
- j. Sibling
- k. Son
- l. Spouse / Significant other
- m. Volunteer

Activities of Daily Living

	1. Ind	2. Min	3. Mod	4. Max	Source of Help	Qualifiers	Comments
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Instrumental Activities of Daily Living

	1. Ind	2. Min	3. Mod	4. Max	Source of Help	Qualifiers	Comments
Shopping for personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doing heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Transportation ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Medication management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

COMMENTS

D. Assistive Devices

For the following devices, select *Has* or *Needs* the device. If client does not have or need any device, select *None*.

	Has	Needs		Has	Needs		Has	Needs
Cane	<input type="checkbox"/>	<input type="checkbox"/>	Hoyer lift.....	<input type="checkbox"/>	<input type="checkbox"/>	Mediset.....	<input type="checkbox"/>	<input type="checkbox"/>
Quad cane	<input type="checkbox"/>	<input type="checkbox"/>	Shower bench.....	<input type="checkbox"/>	<input type="checkbox"/>	Glucometer.....	<input type="checkbox"/>	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	<input type="checkbox"/>	Shower chair.....	<input type="checkbox"/>	<input type="checkbox"/>	Test strips.....	<input type="checkbox"/>	<input type="checkbox"/>
Walker.....	<input type="checkbox"/>	<input type="checkbox"/>	Raised toilet seat	<input type="checkbox"/>	<input type="checkbox"/>	Dentures.....	<input type="checkbox"/>	<input type="checkbox"/>
Electric wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	Commode chair.....	<input type="checkbox"/>	<input type="checkbox"/>	Hearing aids	<input type="checkbox"/>	<input type="checkbox"/>
Manual wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	Hand-held shower.....	<input type="checkbox"/>	<input type="checkbox"/>	Eye glasses	<input type="checkbox"/>	<input type="checkbox"/>
Electric scooter	<input type="checkbox"/>	<input type="checkbox"/>	Geri-chair	<input type="checkbox"/>	<input type="checkbox"/>	Service dog	<input type="checkbox"/>	<input type="checkbox"/>
Hospital bed.....	<input type="checkbox"/>	<input type="checkbox"/>	Grab bars.....	<input type="checkbox"/>	<input type="checkbox"/>	Emergency notification	<input type="checkbox"/>	<input type="checkbox"/>
Egg crate mattress.....	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	Communication board	<input type="checkbox"/>	<input type="checkbox"/>
Hand rails.....	<input type="checkbox"/>	<input type="checkbox"/>	Oxygen mask.....	<input type="checkbox"/>	<input type="checkbox"/>	Companion animals.....	<input type="checkbox"/>	<input type="checkbox"/>
Side rails half	<input type="checkbox"/>	<input type="checkbox"/>	Nasal prongs/cannula	<input type="checkbox"/>	<input type="checkbox"/>	Assistive phone device.....	<input type="checkbox"/>	<input type="checkbox"/>
Side rails full	<input type="checkbox"/>	<input type="checkbox"/>	Concentrator	<input type="checkbox"/>	<input type="checkbox"/>	Other assistive device (specify in comments).....	<input type="checkbox"/>	<input type="checkbox"/>
Trapeze.....	<input type="checkbox"/>	<input type="checkbox"/>	Portable oxygen	<input type="checkbox"/>	<input type="checkbox"/>	None.....	<input type="checkbox"/>	<input type="checkbox"/>
Transfer board	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator.....	<input type="checkbox"/>	<input type="checkbox"/>			

CLIENT'S NAME

DAARS ID#

COMMENTS

E. Evacuation Needs Assessment

Evacuation Needs Assessment Instructions

1. Was the response to ASCAP Part I, Section B, question Household Composition identified as "Lives Alone"?
 - Yes (go to question #2)
 - No (go to question #3, select "No")

2. Which of the following items have been identified on the ASCAP? (Check the appropriate box(es).)
 - ASCAP Part IV, Sec. C, **Transportation** is identified as 3. Mod. Asst. OR 4. Max. Asst., OR the Qualifier "Cognitive" is identified.
 - ASCAP Part IV, Sec. C, **Transferring** is identified as 3. Mod. Asst. OR 4. Max. Asst., OR the Qualifier "Cognitive" is identified.
 - ASCAP Part IV, Sec. B, **Hearing** is identified as "Absence of useful hearing."
 - ASCAP Part IV, Sec. B, **Vision** is identified as "No vision or appears to see only light, colors or shapes."
 - ASCAP Part IV, Sec. A, **Person, Place, Time** and/or **Recent memory recall** are identified as "Disoriented at least half of the time" or "Severely impaired function and safety."
 - ASCAP Part IV, Sec. D, One or more of these items, **Cane, Quad Cane, Crutches, Walker, Electric wheelchair, Manual wheelchair, Electric scooter, Oxygen, Oxygen mask, Portable oxygen or Ventilator**, is identified as Has.

If one or more of these items are checked, go to question #3 and select "Yes".
 If no items are checked, go to question #3 and select "No".

3. In the event of a disaster/emergency where evacuation is required, would the individual be placed on a priority list for evacuation assistance?
 - Yes** (Case Manager: If you are satisfied with this answer, go to question #4. If you feel that "No" would be a better answer, select the override box and provide an explanation.)
 - No** (Case Manager: If you are satisfied with this answer: **STOP – Process Ends**. Go to Part I, Sec. A, Client Profile of this assessment and mark "No" to "Needs emergency evacuation assistance." If you feel that "Yes" would be a better answer, select the override box and provide an explanation.)
 - Override:** Select this box if, in the judgment of the Case Manager, the answer to question #3 should be changed. Explain why an override of the automatic answer is warranted.

If you selected the override, changing Yes to No: **STOP – Process Ends**. Go to Part I, Sec. A, Client Profile of this assessment and mark "No" to "Needs emergency evacuation assistance."
 If you selected the override, changing No to Yes: Go to question #4.

4. In the judgment of the Case Manager, and if resources are available during a disaster/emergency requiring evacuation, describe what evacuation assistance would be required for the individual. Then go to Part I, Sec. A, Client Profile of this assessment and mark "Yes" to "Needs emergency evacuation assistance."

PART V: ADDITIONAL FUNCTIONAL ASSESSMENT

This section intentionally left blank. It is not required for the SFID.

PART VI: UNMET NEEDS

This section intentionally left blank. It is not required for the SFID.

CLIENT'S NAME	DAARS ID#
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PART VII: SERVICE ENROLLMENTS

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

PROVIDER / SUBCONTRACTOR		PROVIDER CODE	LOCATION <i>(Optional)</i>
SCOPE OF WORK		PROGRAM	SERVICE DETAIL
ENROLLMENT STATUS <input type="checkbox"/> Enrolled <input type="checkbox"/> Disenrolled <input type="checkbox"/> Waitlisted		CLOSURE REASON	
AUTHORIZATION PERIOD (mm/dd/yy) From: _____ Through: _____		COST SHARE AMOUNT PER UNIT/MONTH	COST SHARE OPTION <input type="checkbox"/> Total <input type="checkbox"/> Rate
QUANTITY	UNITS	FREQUENCY/PERIOD <input type="checkbox"/> One time <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	

CLIENT'S NAME

DAARS ID#

PART VIII: AUTHORIZATION

Authorization / Autorización

_____ I have received a copy of the Client Rights and Responsibilities and I certify by my signature or mark that I understand my rights and responsibilities, and that the information provided on this form, as it relates to my request and eligibility, is true and correct.

He recibido una copia del folleto Derechos y Responsabilidades del Cliente y atestiguo por mi firma o marca que entiendo mis derechos y responsabilidades y que la información provista en este formulario como se relaciona a mi petición y mi elegibilidad es verdadera y correcta.

_____ The service plan has been discussed with me and I agree with the described services. I have received a copy of the grievance and appeals procedure, and I understand that if I disagree with any action taken in my case, I have the right to present a verbal or written request for a fair hearing.

Me han explicado el plan de servicios y estoy de acuerdo con los servicios descritos. He recibido una copia del procedimiento de quejas y entiendo que si no estoy de acuerdo con cualquiera acción tomado en mi caso, que yo tengo el derecho a presentar una solicitud verbal o por escrito de una audiencia imparcial.

_____ I was provided the opportunity to contribute voluntarily to the cost of services.

Se me proporcionó la oportunidad de contribuir de manera voluntaria al costo de los servicios.

Client's Signature or Mark / Firma o marca del cliente

Date / Fecha

Responsible Party's Signature / Firma del parte responsable

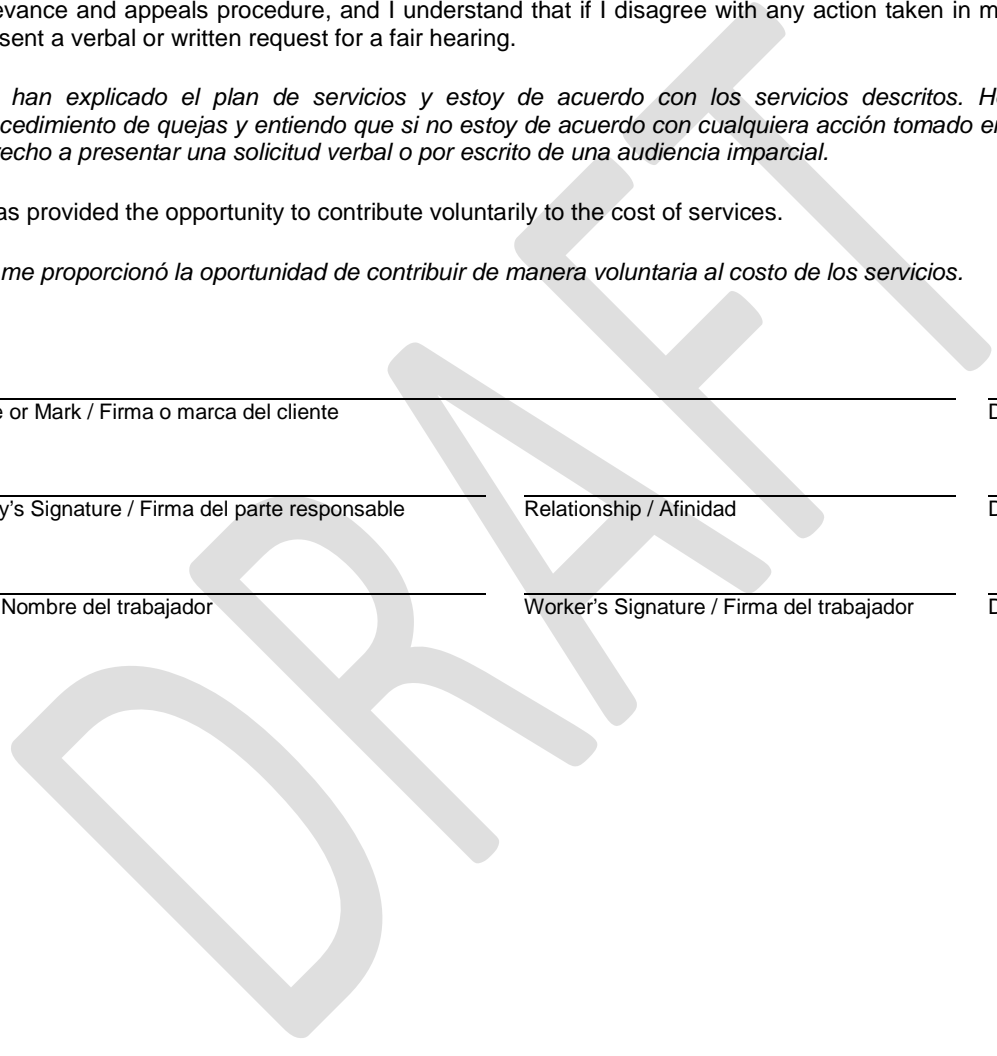
Relationship / Afinidad

Date / Fecha

Worker's Name / Nombre del trabajador

Worker's Signature / Firma del trabajador

Date / Fecha





Division of Aging and Adult Services
ALERT

SFY-14-11C

**Other Funds
for SFY-2014**

This ALERT applies to the Area Agency on Aging, Region One, Inc. and the Pima Council on Aging (PCOA) for Elder Refugee Services.

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

The Division of Aging and Adult Services (DAAS) received a grant award from the U.S. Department of Health and Human Services, Administration of Children and Families, Office of Refugee Resettlement (ORR), to continue the implementation of the Project for Services to Older Refugees. The Project for Services to Older Refugees covers a wide array of services to elder refugees, from English language training and United States citizenship preparation, to the adaptation of mainstream services to provide linguistically and culturally appropriate elder services. This ALERT represents the first installment or 58 percent of a total budget. The remaining balance will be added in at a later date subject to availability.

The Area Agency on Aging, Region One, Inc. will serve as the lead organization for Maricopa County. The Tucson International Alliance of Refugee Communities (TIARC) will serve as the lead organization for Project continuation in Pima County. Client specific information will not be entered into AIMS. PCOA will serve as the fiscal agent for funding between the Refugee Resettlement Program (RRP) and TIARC in Pima County. The scope of work prepared by the RRP should be included in the sub-contract with the TIARC. The RRP staff will continue to have direct oversight of TIARC and approval of expenditures prior to payments being made by PCOA. In addition, RRP staff will have direct oversight of the contract monitoring and related program performance activities of TIARC.

The contracts will be amended to add the following amount for the service of Program Development (PGD) which is available for the period of October 1, 2013 through June 30, 2014:

Area Agency on Aging	Allocation
Area Agency on Aging, Region One, Inc.	\$ 39,463
Pima Council on Aging	\$ 16,913
Total	\$ 56,376

The contract will be amended to add the following amount for the service of Administration (ADM) which is available for the period of July 1, 2013 through June 30, 2014:

Area Agency on Aging	Allocation
Pima Council on Aging*	\$ 4,000
Total	\$ 4,000

Division of Aging and Adult Services
ALERT

SFY-14-11C

**Other Funds
for SFY-2014**

The following parameters will be used in DAARS for budgeting and reporting purposes associated with this funding:

SOW Code = PGD	Program Code = RRP	Service Detail = ELR
SOW Code = ADM	Program Code = RRP	

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

Division of Aging and Adult Services
ALERT

SFY-14-11D

**Other Funds
for SFY-2014**

The Division of Aging and Adult Services (DAAS) worked with Area Agencies on Aging (AAAs) to review the status of previously allocated discretionary grant funds. AAAs identified estimated unexpended funds for the discretionary grants as of June 7, 2013.

The Contract Obligation Sheets have been updated to identify the actual unexpended funds that are available for the balance of the State Fiscal Year or as otherwise identified in the chart below.

Discretionary Grant	Funds Must Be Expended By:
Aging and Disability Resource Center-Care Transitions	September 29, 2013
Alzheimer's CarePro	September 29, 2013
Lifespan Respite	January 31, 2014
Chronic Disease Self-Management Program	August 30, 2015
Refugee Resettlement	September 29, 2013
Senior Medicare Patrol - Volunteer	September 29, 2013

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

Division of Aging and Adult Services
ALERT

SFY-14-11E

**Other Funds
for SFY-2014**

This ALERT applies to the the Pima Council on Aging and the Northern Arizona Council of Governments.

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

Disease Prevention Health Promotion Program – The Department of Economic Security, Division of Aging and Adult Services (DAAS), through the Arizona Department of Health Services (ADHS), received a grant award for Chronic Disease Self Management Education (CDSME) from the Administration for Community Living (ACL). The grant period is **October 1, 2012 – August 31, 2015**. The goal of this grant is to continue to increase the number of older and/or disabled adults in Arizona with chronic conditions who complete the Healthy Living, Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP) as well as expand integrated and sustainable services systems within Arizona. Additional funding from ADHS has become available in the amount of \$90,218 and is being distributed in this ALERT.

The allocations included in the table below are intended to assist AAAs to participate in a collaborative process in support of the activities included in the CDSME grant project. These activities include increasing the delivery of Healthy Living, CDSMP and DSMP in Spanish and English.

The following allocations are available:

Area Agency on Aging	Allocation	AZ Living Well Institute	Total
Pima Council on Aging	\$31,775	\$26,668	\$58,443
Northern Arizona Council of Governments	\$31,775		\$31,775
Total			\$90,218

There is not a federal match required for this allocation.

Allocated funds are available for use in the CDSME grant project thru June 30, 2014.

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

Technical Assistance for SFY-2014

Technical Assistance ALERTS are generated periodically to update contractual and/or programmatic requirements and/or clarifications. The purpose of this ALERT is to notify the Area Agencies on Aging (AAAs) about a new service delivery methodology available for the provision of respite services within the Family Caregiver Support Program (FCSP). Please ensure that appropriate AAA personnel are aware of this technical assistance.

Please note that this technical assistance is not intended to be all-inclusive. The information in this document may be updated periodically through future ALERTS and updates to the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual. Please refer to the DAAS Publications website for the latest information:

<https://www.azdes.gov/common.aspx?menu=36&menuc=28&ID=8188>

To help facilitate the development of participant-directed services that allow families to utilize resources that best fit their needs and address service delivery challenges related to provider availability and cultural acceptability, a new methodology for delivering respite has been developed as part of the Lifespan Respite Program (LRP). The DAAS previously received grant award # 90LR0004-01 from the Administration on Aging for the LRP for the period of September 30, 2009 – September 29, 2012. The goal of that grant was to continue to develop the Arizona LRP and provide public awareness related to the value and importance of respite care for all caregivers throughout Arizona, assuring culturally appropriate respite services are accessible to diverse populations of caregivers across the lifespan. A new eighteen month grant (# 90LI0003-01) was recently awarded to Arizona to sustain and integrate the LRP. There were two major deliverables included within this second grant project, development of a respite voucher program, along with an online respite registry that would help families find appropriate respite providers. These two items were the focus of the 2nd Annual Arizona Respite Summit held in November of 2012, and hosted by the Arizona Caregiver Coalition (ACC). Two workgroups formed at that event have met with stakeholders over the last six months to develop these new resources for family caregivers.

Respite Vouchers

Many existing models of respite voucher programs were reviewed as part of the development process. Most of those models include the participation of a statewide coalition of stakeholders that takes an active role in the promotion and delivery of the respite vouchers, and in Arizona that entity is the ACC. The ACC will have a significant role within the proposed respite voucher methodology, with the Caregiver Resource Line (CRL) being the primary access point for caregivers to apply for and be authorized for a respite voucher. The CRL is staffed by volunteers trained and supervised by the ACC, and operates within a segregated space within the DAAS offices. The DAAS has a current Memorandum of Understanding with the ACC that runs through June 30, 2015.

The respite voucher program is being launched as a pilot program in SFY-14. The DAAS Policy and Procedure Manual will continue to govern all other forms of respite provision except for the vouchers. Policies and procedures related to the respite vouchers will be reviewed at the end of the pilot period for inclusion in the overall DAAS manual. The Lifespan Respite Voucher Information (Attachment A) document that is included with this Technical Assistance ALERT contains detailed

Technical Assistance for SFY-2014

information related to the respite vouchers. A second document (Attachment B) details the roles of the ACC and the AAAs in the form of a flow chart that tracks a respite voucher from the point it was applied for by the caregiver through reimbursement by the AAA. Specific forms and materials are under development for use with the respite vouchers, and will be available prior to the launch of the program, which is anticipated to take place in October 2013. The respite voucher launch is tied somewhat to the startup of the Division of Aging and Adult Reporting System (DAARS) because the ACC staff doing the intakes will be utilizing the system to collect the required data needed from applicants and to assign them to the appropriate AAA for reimbursement of their vouchers.

This new methodology for delivering respite services is being offered as an option for AAAs, but is not a required activity. AAAs that accept funding dedicated to respite vouchers will be required to follow the program guidelines and fulfill their role to reimburse the caregiver for the respite voucher invoices submitted.

Funding to support the respite vouchers will come from a variety of funding sources that support caregivers across the lifespan. It is anticipated that some vouchers will be supported by funding from the Title V Maternal and Child Health Block Grant that is administered by the Office for Children with Special Health Care Needs (OCSHCN) within the Department of Health Services. These funds will support vouchers for caregivers of children, ranging in age from birth to 22. Title III-E funds will also be used to serve caregivers that are deemed eligible based on the regulations related to the Older Americans Act. Discretionary grant funding and any future state funding may be able to serve caregivers of loved ones any age.

Respite Registry

To assist families seeking to hire a respite provider, the ACC is partnering with Rewarding Work (RW) to develop an online Arizona Respite Registry. RW was contracted through the LRP grant to participate in a workgroup that was formed at the 2012 Respite Summit to facilitate development of the website. A major portion of that development process is complete, and the website can be viewed at www.ArizonaRespiteRegistry.org. While most of the elements of the website are in place, the service hasn't been formally launched yet, and won't be fully functional until potential respite providers have been recruited to list themselves on the registry. The ultimate success of the registry will depend on how effectively it brings together families that need respite services with providers that fit their needs.

Together, these two new resources for family caregivers have the potential to significantly expand how we support this population that is so vital to our long term care system. These resources support the DAAS emphasis on creating new participant-directed, person-centric options, and also should provide real alternatives for consumers in rural areas and those with special cultural or physical needs.

Should you have any questions, please contact David Besst 602-542-6431 or via email at DBesst@azdes.gov

Lifespan Respite Voucher Information

(updated 8/5/13)

- One voucher = \$300
 - Caregiver sets the hourly rate when hiring
 - Caregivers will be reimbursed up to \$12/hour for each hour invoiced
 - Any hourly amount over \$12 will not be reimbursed, which simply means the caregiver is responsible for any amount over \$12/hour.
 - No minimum hourly rate – caregivers can negotiate an hourly rate that is less than \$12/hour, meaning they would get more respite hours reimbursed from their voucher.

- To be eligible for a voucher, the family caregiver must be 18, and must be the primary caregiver in the home, and:
 - The caregiver can't already be receiving respite services through a publically funded program.
 - The hired worker must be 18 years old and can't live in the same house as the caregiver and care recipient.
 - The hired worker can't be a legal guardian, have power of attorney status, or have any fiscal responsibility for either the caregiver or the care recipient.
 - The care recipient may have certain eligibility requirements related to their age, condition and/or ability to perform activities of daily living.

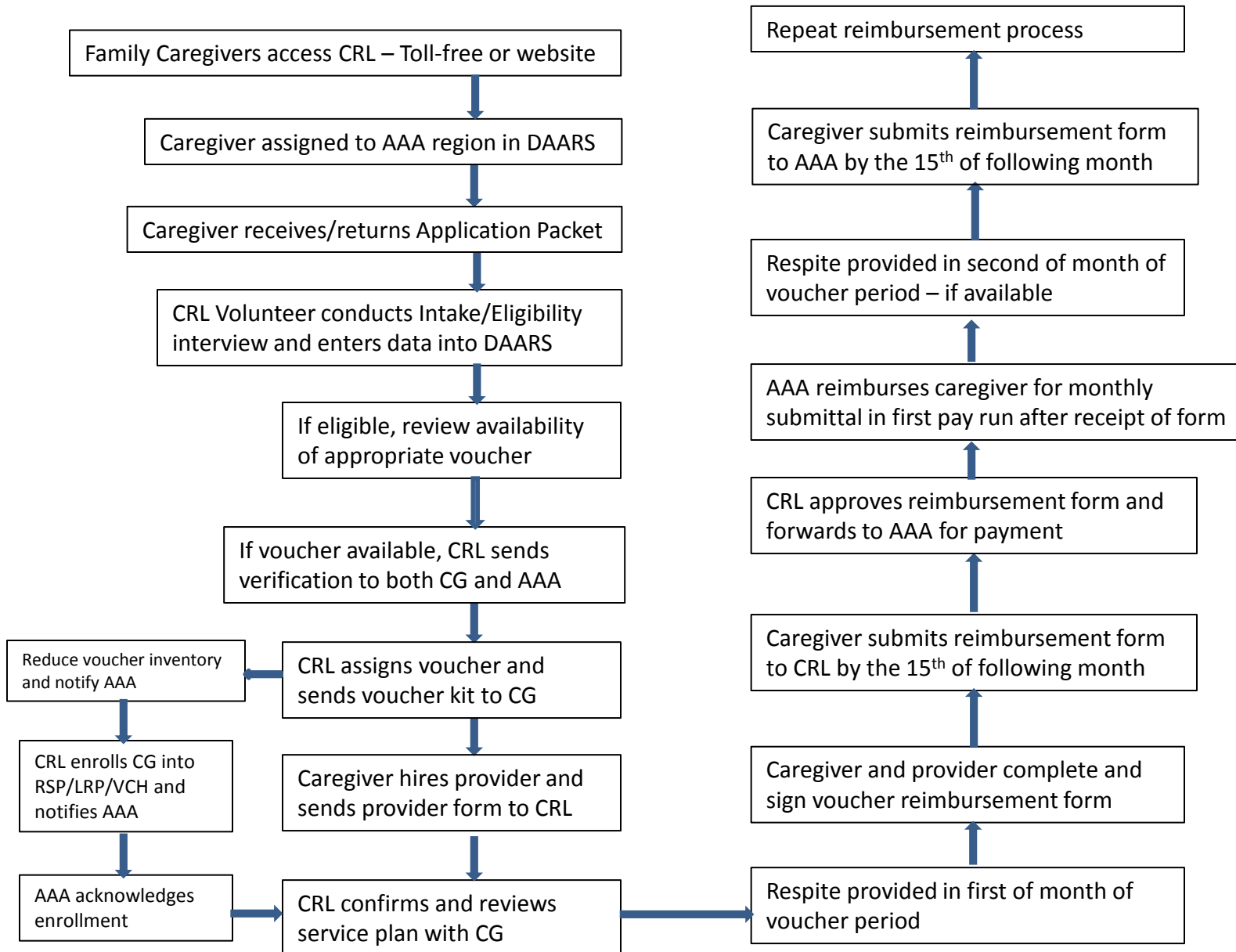
- The following priorities will be used in assigning vouchers:
 - Caregivers that have been assessed to have a moderate or higher risk of being impacted by the stressors of their caregiving role
 - Caregivers of someone with a chronic or limiting illness, where the determination is such that it is unsafe for the individual to stay alone
 - Families with low incomes, who are members of a minority group, or who reside in rural areas

- Applications for vouchers will only be available through the Arizona Caregiver Coalition's Caregiver Resource Line (CRL).
 - Intakes will be done over the phone after a family caregiver has requested and received an application packet. The application packets will also be available to download on the internet.
 - All applications will require a phone interview with a CRL volunteer to establish eligibility and review program guidelines.
 - Once approved for a voucher, each applicant will be assigned to the appropriate Area Agency on Aging for reimbursement.

- A Respite Voucher is not a case-managed service
 - This service is intentionally streamlined to allow easy simple access for a caregiver to take a short temporary break from their duties.

- If other services are needed by either the care recipient or the caregiver, they may be referred to an appropriate resource that provides case management.
- Caregivers may receive up to four vouchers per year
 - Vouchers are valid for the balance of the month in which it was issued, and expire on the last day of the third month following the month it was issued. Example: A voucher issued on February 15th is valid for the balance of that month, and all of March, April, and May. This voucher would expire May 31.
 - All Voucher allocations are based on the State Fiscal Year (7/1 thru 6/30) and all fourth quarter vouchers will expire on 6/30, regardless of issue date. No voucher applications will be accepted after 5/15 in any given State Fiscal Year. Vouchers are only valid in the fiscal year that they were issued.
- Caregivers may re-apply for another voucher on the 15th of the final month of the existing voucher. Re-authorizations are not automatic and are subject to availability of funding.
- Reimbursements from the Respite Vouchers can be used by the caregiver to pay for a variety of types of respite:
 - The caregiver may decide to use a day-care center or another facility-based respite service.
 - The caregiver may also engage the services of an in-home respite provider agency.
 - The caregiver may hire an individual of their choice to provide the respite services, and this option may require the caregiver to take on other responsibilities as the employer.
 - Regardless of the respite model chosen, the reimbursement rate will never be higher than \$12/hour.
- Voucher reimbursement forms should be sent to the CRL by the 15th of the month following the month when the respite service was provided. CRL staff will review and validate the reimbursement form, and once approved for payment, it will be scanned and attached to the caregiver's record, and the AAA notified. Every effort will be made by the AAA to reimburse voucher within 30 days.
- Caregivers have 60 days maximum to submit for reimbursement (from the end of the month in which service was rendered), except for vouchers that end on 6/30, which must be submitted by 7/15 to receive any reimbursement.
- Caregivers receiving respite vouchers must be aware of their responsibilities as an employer if they choose to hire an individual as a respite worker. Every caregiver that receives a respite voucher will be given IRS Publication 926, *Household Employer's Tax Guide*.

Voucher Process Flow Chart



Division of Aging and Adult Services
ALERT

SFY-14-12E

**Technical Assistance
for SFY-2014**

Technical Assistance ALERTS are generated periodically to update contractual and/or programmatic requirements and/or clarifications. The purpose of this ALERT is to notify the Area Agencies on Aging (AAAs) of a necessary change to the contracts. **Please ensure that appropriate AAA personnel are aware of this technical assistance.**

The DES Special Term and Condition Background Checks for Employment through the Central Registry will be changed to enable Contractors to have individuals work while their background checks are pending, and to update the website. The term will be modified to add the underlined language:

“A person awaiting receipt of the Central Registry Background Check may provide direct services to ADES clients after completion and submittal of the Direct Service Position certification if the certification states:

1. The person is not currently the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction; and
2. The person has not been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction, which resulted in a substantiated finding.

The Contractor shall maintain the Central Registry Background Check results and any related forms or documents in a confidential file for five (5) years after termination of the Contract. The Request for Search of Central Registry for Background Check is located at: <https://www.azdes.gov/opac/>.”

Should you have any questions related to this ALERT, please contact your assigned Contract Specialist.

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 1	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 335,863.00	\$ 335,863.00	\$ -	\$ 335,863.00
2. OAA ADMIN. III C-1	\$ -	\$ 802,177.00	\$ 642,267.00	\$ -	\$ 642,267.00
3. OAA ADMIN. III-E	\$ -	\$ 145,952.00	\$ 136,799.00	\$ -	\$ 136,799.00
4. SSBG ADMIN.	\$ -	\$ 413,502.00	\$ 413,502.00	\$ -	\$ 413,502.00
5. TITLE III-B	\$ -	\$ 3,228,558.00	\$ 2,502,054.00	\$ -	\$ 2,502,054.00
6. TITLE III-C1	\$ -	\$ 2,538,147.00	\$ 2,111,900.00	\$ -	\$ 2,111,900.00
7. TITLE III-C2	\$ -	\$ 2,002,023.00	\$ 1,838,982.00	\$ -	\$ 1,838,982.00
8. TITLE III-D	\$ -	\$ 182,130.00	\$ 162,300.00	\$ -	\$ 162,300.00
9. TITLE III-E CAREGIVER	\$ 110,000.00	\$ 1,219,475.00	\$ 1,252,398.00	\$ -	\$ 1,252,398.00
10. NSIP	\$ -	\$ 713,141.00	\$ 537,163.00	\$ -	\$ 537,163.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 34,109.00	\$ 16,995.00	\$ -	\$ 16,995.00
12. TITLE VII FED. OMB	\$ -	\$ 146,720.00	\$ 133,055.00	\$ -	\$ 133,055.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 2,376,328.00	\$ 2,376,328.00	\$ -	\$ 2,376,328.00
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)	\$ -	\$ 3,832,083.00	\$ 3,817,083.00	\$ -	\$ 3,817,083.00
17. S.H.I.P.	\$ -	\$ 262,527.00	\$ 250,976.00	\$ -	\$ 250,976.00
18. SENIOR PATROL	\$ -	\$ 19,680.00	\$ 19,680.00	\$ (3,713.00)	\$ 15,967.00
19. REFUGEE	\$ 19,123.54	\$ -	\$ 19,123.54	\$ 39,463.00	\$ 58,586.54
20. SCSEP (TITLE V)	\$ -	\$ 414,916.00	\$ 380,440.00	\$ 63,125.00	\$ 443,565.00
21. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
22. LIFESPAN RESPITE (NEW)	\$ 15,876.70	\$ -	\$ 15,876.70	\$ -	\$ 15,876.70
23. ADCRC CARE TRANSITION	\$ 24,460.17	\$ -	\$ 24,460.17	\$ -	\$ 24,460.17
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. SENIOR PATROL VOLTS.	\$ 41,546.08	\$ -	\$ 41,546.08	\$ -	\$ 41,546.08
26. CAREPRO	\$ 45,397.34	\$ -	\$ 45,397.34	\$ -	\$ 45,397.34
TOTAL	\$ 256,403.83	\$19,313,769.00	\$ 17,720,626.83	\$ 98,875.00	\$ 17,819,501.83

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 2	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 151,342.00	\$ 151,342.00	\$ -	\$ 151,342.00
2. OAA ADMIN. III C-1	\$ -	\$ 304,339.00	\$ 251,684.00	\$ -	\$ 251,684.00
3. OAA ADMIN. III-E	\$ -	\$ 48,059.00	\$ 45,045.00	\$ -	\$ 45,045.00
4. SSBG ADMIN.	\$ -	\$ 194,214.00	\$ 228,582.00	\$ -	\$ 228,582.00
5. TITLE III-B	\$ -	\$ 1,126,176.00	\$ 876,256.00	\$ -	\$ 876,256.00
6. TITLE III-C1	\$ -	\$ 889,988.00	\$ 743,359.00	\$ -	\$ 743,359.00
7. TITLE III-C2	\$ -	\$ 691,797.00	\$ 635,711.00	\$ -	\$ 635,711.00
8. TITLE III-D	\$ -	\$ 62,653.00	\$ 55,831.00	\$ -	\$ 55,831.00
9. TITLE III-E CAREGIVER	\$ 40,000.00	\$ 419,501.00	\$ 432,986.00	\$ -	\$ 432,986.00
10. NSIP	\$ -	\$ 231,687.00	\$ 182,865.00	\$ -	\$ 182,865.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 11,733.00	\$ 5,845.00	\$ -	\$ 5,845.00
12. TITLE VII FED. OMB	\$ -	\$ 50,471.00	\$ 45,771.00	\$ -	\$ 45,771.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 1,078,172.00	\$ 1,078,172.00	\$ -	\$ 1,078,172.00
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)	\$ -	\$ 2,061,425.00	\$ 2,012,057.00	\$ -	\$ 2,012,057.00
17. S.H.I.P.	\$ -	\$ 128,154.00	\$ 122,515.00	\$ -	\$ 122,515.00
18. SENIOR PATROL	\$ -	\$ 19,680.00	\$ 19,680.00	\$ (3,713.00)	\$ 15,967.00
19. REFUGEE	\$ 6,209.00	\$ -	\$ 6,209.00	\$ 20,913.00	\$ 27,122.00
20. SCSEP (TITLE V)	\$ -	\$ 170,514.00	\$ 19,022.00	\$ -	\$ 19,022.00
21. ADRC CARE TRANSITION	\$ 23,413.76	\$ -	\$ 23,413.76	\$ -	\$ 23,413.76
22. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
23. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
24. SENIOR PATROL VOL.	\$ -	\$ -	\$ -	\$ -	\$ -
25. LIFESPAN RESPITE	\$ 54,572.17	\$ -	\$ 54,572.17	\$ -	\$ 54,572.17
26. CHRONIC DISEASE SELF-MGMT	\$ 2,118.88	\$ 46,940.00	\$ 49,058.88	\$ 58,443.00	\$ 107,501.88
27. CAREPRO	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 126,313.81	\$ 7,970,751.00	\$ 7,323,882.81	\$ 75,643.00	\$ 7,399,525.81

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 3	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 63,070.00	\$ 63,070.00	\$ -	\$ 63,070.00
2. OAA ADMIN. III C-1	\$ -	\$ 175,232.00	\$ 150,384.00	\$ -	\$ 150,384.00
3. OAA ADMIN. III-E	\$ -	\$ 22,679.00	\$ 21,257.00	\$ -	\$ 21,257.00
4. SSBG ADMIN.	\$ -	\$ 71,654.00	\$ 71,654.00	\$ -	\$ 71,654.00
5. TITLE III-B	\$ -	\$ 661,201.00	\$ 517,165.00	\$ -	\$ 517,165.00
6. TITLE III-C1	\$ -	\$ 526,142.00	\$ 441,634.00	\$ -	\$ 441,634.00
7. TITLE III-C2	\$ -	\$ 401,163.00	\$ 368,838.00	\$ -	\$ 368,838.00
8. TITLE III-D	\$ -	\$ 36,109.00	\$ 32,177.00	\$ -	\$ 32,177.00
9. TITLE III-E CAREGIVER	\$ 22,500.00	\$ 241,773.00	\$ 248,992.00	\$ -	\$ 248,992.00
10. NSIP	\$ -	\$ 200,139.00	\$ 159,817.00	\$ -	\$ 159,817.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 6,763.00	\$ 3,369.00	\$ -	\$ 3,369.00
12. TITLE VII FED. OMB	\$ -	\$ 29,089.00	\$ 26,380.00	\$ -	\$ 26,380.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 487,049.00	\$ 487,049.00	\$ -	\$ 487,049.00
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)	\$ -	\$ 829,322.00	\$ 829,322.00	\$ -	\$ 829,322.00
17. S.H.I.P.	\$ -	\$ 96,114.00	\$ 91,885.00	\$ -	\$ 91,885.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. SCSEP (TITLE V)	\$ -	\$ 323,976.00	\$ 402,181.00	\$ -	\$ 402,181.00
20. ADRC CARE TRANSITION	\$ 15,000.00	\$ -	\$ 15,000.00	\$ -	\$ 15,000.00
21. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
22. SENIOR PATROL VOLS.	\$ 10,000.00	\$ -	\$ 10,000.00	\$ -	\$ 10,000.00
23. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. CHRONIC DISEASE SELF-MGMT	\$ 3,000.00	\$ 20,274.00	\$ 23,274.00	\$ 31,775.00	\$ 55,049.00
26. CAREPRO	\$ 8,000.00	\$ -	\$ 8,000.00	\$ -	\$ 8,000.00
TOTAL	\$ 58,500.00	\$ 4,292,010.00	\$ 4,071,709.00	\$ 28,061.00	\$ 4,099,770.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 4	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 60,753.00	\$ 60,753.00	\$ -	\$ 60,753.00
2. OAA ADMIN. III C-1	\$ -	\$ 190,302.00	\$ 162,213.00	\$ -	\$ 162,213.00
3. OAA ADMIN. III-E	\$ -	\$ 25,637.00	\$ 24,029.00	\$ -	\$ 24,029.00
4. SSBG ADMIN.	\$ -	\$ 78,617.00	\$ 78,617.00	\$ -	\$ 78,617.00
5. TITLE III-B	\$ -	\$ 669,455.00	\$ 523,218.00	\$ -	\$ 523,218.00
6. TITLE III-C1	\$ -	\$ 532,151.00	\$ 446,353.00	\$ -	\$ 446,353.00
7. TITLE III-C2	\$ -	\$ 406,898.00	\$ 374,080.00	\$ -	\$ 374,080.00
8. TITLE III-D	\$ -	\$ 36,660.00	\$ 32,669.00	\$ -	\$ 32,669.00
9. TITLE III-E CAREGIVER	\$ 22,500.00	\$ 245,467.00	\$ 252,452.00	\$ -	\$ 252,452.00
10. NSIP	\$ -	\$ 201,635.00	\$ 162,557.00	\$ -	\$ 162,557.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 6,866.00	\$ 3,421.00	\$ -	\$ 3,421.00
12. TITLE VII FED. OMB	\$ -	\$ 29,533.00	\$ 26,782.00	\$ -	\$ 26,782.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 468,940.00	\$ 468,940.00	\$ -	\$ 468,940.00
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)	\$ -	\$ 825,761.00	\$ 825,761.00	\$ -	\$ 825,761.00
17. S.H.I.P.	\$ -	\$ 64,076.00	\$ 61,256.00	\$ -	\$ 61,256.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
20. ADRC CARE TRANSITION	\$ 30,387.81	\$ -	\$ 30,387.81	\$ -	\$ 30,387.81
21. SENIOR PATROL VOLTS.	\$ 5,844.07	\$ -	\$ 5,844.07	\$ -	\$ 5,844.07
21A. SR. PATROL VOLTS. (Pending)*	\$ -	\$ -	\$ -	\$ -	\$ -
22. LIFESPAN RESPITE	\$ 1,267.69	\$ -	\$ 1,267.69	\$ -	\$ 1,267.69
23. CAREPRO	\$ 9,743.65	\$ -	\$ 9,743.65	\$ -	\$ 9,743.65
TOTAL	\$ 69,743.22	\$ 3,940,270.00	\$ 3,647,863.22	\$ (3,714.00)	\$ 3,644,149.22

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 5	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 50,673.00	\$ 50,673.00	\$ -	\$ 50,673.00
2. OAA ADMIN. III C-1	\$ -	\$ 156,380.00	\$ 135,600.00	\$ -	\$ 135,600.00
3. OAA ADMIN. III-E	\$ -	\$ 18,966.00	\$ 17,776.00	\$ -	\$ 17,776.00
4. SSBG ADMIN.	\$ -	\$ 59,723.00	\$ 59,723.00	\$ -	\$ 59,723.00
5. TITLE III-B	\$ -	\$ 512,501.00	\$ 401,762.00	\$ -	\$ 401,762.00
6. TITLE III-C1	\$ -	\$ 408,993.00	\$ 344,022.00	\$ -	\$ 344,022.00
7. TITLE III-C2	\$ -	\$ 309,230.00	\$ 284,378.00	\$ -	\$ 284,378.00
8. TITLE III-D	\$ -	\$ 27,762.00	\$ 24,739.00	\$ -	\$ 24,739.00
9. TITLE III-E CAREGIVER	\$ 17,500.00	\$ 185,881.00	\$ 191,632.00	\$ -	\$ 191,632.00
10. NSIP	\$ -	\$ 147,389.00	\$ 117,647.00	\$ -	\$ 117,647.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 5,199.00	\$ 2,591.00	\$ -	\$ 2,591.00
12. TITLE VII FED. OMB	\$ -	\$ 22,365.00	\$ 20,281.00	\$ -	\$ 20,281.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 396,281.00	\$ 396,281.00	\$ -	\$ 396,281.00
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)	\$ -	\$ 577,106.00	\$ 577,106.00	\$ -	\$ 577,106.00
17. S.H.I.P.	\$ -	\$ 32,038.00	\$ 30,628.00	\$ -	\$ 30,628.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. DIRECT CARE CURRICULUM	\$ -	\$ -	\$ -	\$ -	\$ -
20. SCSEP (TITLE V)	\$ -	\$ 147,779.00	\$ 152,175.00	\$ -	\$ 152,175.00
21. ADRC CARE TRANSITION	\$ 15,320.41	\$ -	\$ 15,320.41	\$ -	\$ 15,320.41
22. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
23. SENIOR PATROL VOLS.	\$ -	\$ -	\$ -	\$ -	\$ -
24. LIFESPAN RESPITE	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
TOTAL	\$ 33,820.41	\$ 3,137,722.00	\$ 2,902,790.41	\$ (3,714.00)	\$ 2,899,076.41

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 6	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 47,267.00	\$ 47,267.00	\$ -	\$ 47,267.00
2. OAA ADMIN. III C-1	\$ -	\$ 119,650.00	\$ 106,830.00	\$ -	\$ 106,830.00
3. OAA ADMIN. III-E	\$ -	\$ 11,702.00	\$ 10,968.00	\$ -	\$ 10,968.00
4. SSBG ADMIN.	\$ -	\$ 60,434.00	\$ 60,434.00	\$ -	\$ 60,434.00
5. TITLE III-B	\$ -	\$ 349,448.00	\$ 275,629.00	\$ -	\$ 275,629.00
6. TITLE III-C1	\$ -	\$ 282,047.00	\$ 238,737.00	\$ -	\$ 238,737.00
7. TITLE III-C2	\$ -	\$ 208,627.00	\$ 192,061.00	\$ -	\$ 192,061.00
8. TITLE III-D	\$ -	\$ 18,506.00	\$ 16,491.00	\$ -	\$ 16,491.00
9. TITLE III-E CAREGIVER	\$ 12,500.00	\$ 123,909.00	\$ 128,577.00	\$ -	\$ 128,577.00
10. NSIP	\$ -	\$ 97,661.00	\$ 78,574.00	\$ -	\$ 78,574.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 3,466.00	\$ 1,727.00	\$ -	\$ 1,727.00
12. TITLE VII FED. OMB	\$ -	\$ 14,908.00	\$ 13,520.00	\$ -	\$ 13,520.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 370,571.00	\$ 370,571.00	\$ -	\$ 370,571.00
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)	\$ -	\$ 662,928.00	\$ 662,928.00	\$ -	\$ 662,928.00
17. S.H.I.P.	\$ -	\$ 32,039.00	\$ 30,629.00	\$ -	\$ 30,629.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. ADRC CARE TRANSITION	\$ 21,760.64	\$ -	\$ 21,760.64	\$ -	\$ 21,760.64
20. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
21. LIFESPAN RESPITE	\$ 16.19	\$ -	\$ 16.19	\$ -	\$ 16.19
22. CAREPRO	\$ 11.89	\$ -	\$ 11.89	\$ -	\$ 11.89
TOTAL	\$ 34,288.72	\$ 2,477,679.00	\$ 2,331,247.72	\$ (3,714.00)	\$ 2,327,533.72

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 7	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 20,184.00	\$ 20,184.00	\$ -	\$ 20,184.00
2. OAA ADMIN. III C-1	\$ -	\$ 133,284.00	\$ 117,533.00	\$ -	\$ 117,533.00
3. OAA ADMIN. III-E	\$ -	\$ 14,376.00	\$ 13,475.00	\$ -	\$ 13,475.00
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
5. TITLE III-B	\$ -	\$ 413,564.00	\$ 336,585.00	\$ -	\$ 336,585.00
6. TITLE III-C1	\$ -	\$ 353,358.00	\$ 308,194.00	\$ -	\$ 308,194.00
7. TITLE III-C2	\$ -	\$ 248,199.00	\$ 230,923.00	\$ -	\$ 230,923.00
8. TITLE III-D	\$ -	\$ 22,124.00	\$ 20,023.00	\$ -	\$ 20,023.00
9. TITLE III-E CAREGIVER	\$ 15,000.00	\$ 150,485.00	\$ 157,317.00	\$ -	\$ 157,317.00
10. NSIP	\$ -	\$ 431,887.00	\$ 327,506.00	\$ -	\$ 327,506.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 4,330.00	\$ 2,517.00	\$ -	\$ 2,517.00
12. TITLE VII FED. OMB	\$ -	\$ 17,966.00	\$ 16,518.00	\$ -	\$ 16,518.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 145,287.00	\$ 145,287.00	\$ -	\$ 145,287.00
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.	\$ -	\$ 16,020.00	\$ 15,315.00	\$ -	\$ 15,315.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
20. SENIOR PATROL VOLTS.	\$ 2,326.41	\$ -	\$ 2,326.41	\$ -	\$ 2,326.41
21. LIFESPAN RESPITE	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -	\$ 1,000.00
TOTAL	\$ 18,326.41	\$ 2,027,117.00	\$ 1,770,756.41	\$ (3,714.00)	\$ 1,767,042.41

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

REGION 8	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 ALERTS	INCREASE (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 21,748.00	\$ 21,748.00	\$ -	\$ 21,748.00
2. OAA ADMIN. III C-1	\$ -	\$ 130,957.00	\$ 116,466.00	\$ -	\$ 116,466.00
3. OAA ADMIN. III-E	\$ -	\$ 13,226.00	\$ 12,396.00	\$ -	\$ 12,396.00
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
5. TITLE III-B	\$ -	\$ 334,969.00	\$ 313,607.00	\$ (6,393.00)	\$ 307,214.00
6. TITLE III-C1	\$ -	\$ 286,211.00	\$ 244,661.00	\$ -	\$ 244,661.00
7. TITLE III-C2	\$ -	\$ 216,018.00	\$ 200,125.00	\$ -	\$ 200,125.00
8. TITLE III-D	\$ -	\$ 17,753.00	\$ 15,820.00	\$ -	\$ 15,820.00
9. TITLE III-E CAREGIVER	\$ 10,000.00	\$ 118,872.00	\$ 193,782.00	\$ 8,869.00	\$ 202,651.00
10. NSIP	\$ -	\$ 94,743.00	\$ 73,878.00	\$ -	\$ 73,878.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 3,323.00	\$ 11,413.00	\$ (1,247.00)	\$ 10,166.00
12. TITLE VII FED. OMB	\$ -	\$ 14,301.00	\$ 18,518.00	\$ (1,229.00)	\$ 17,289.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 159,356.00	\$ 159,356.00	\$ -	\$ 159,356.00
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.	\$ -	\$ 16,020.00	\$ 15,315.00	\$ -	\$ 15,315.00
18. SENIOR PATROL	\$ -	\$ 19,681.00	\$ 19,681.00	\$ (3,714.00)	\$ 15,967.00
19. SENIOR PATROL VOLTS.	\$ -	\$ -	\$ -	\$ -	\$ -
20. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
21. LIFESPAN RESPITE	\$ 500.00	\$ -	\$ 500.00	\$ -	\$ 500.00
TOTAL	\$ 10,500.00	\$ 1,483,550.00	\$ 1,453,638.00	\$ (3,714.00)	\$ 1,449,924.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

STATE TOTAL	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 AWARDS	INCREASE/ (DECREASE) SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
1. STATE ADMIN.	\$ -	\$ 750,900.00	\$ 750,900.00	\$ -	\$ 750,900.00
2. OAA ADMIN. III C-1	\$ -	\$ 2,012,321.00	\$ 1,682,977.00	\$ -	\$ 1,682,977.00
3. OAA ADMIN. III-E	\$ -	\$ 300,597.00	\$ 281,745.00	\$ -	\$ 281,745.00
4. SSBG ADMIN.	\$ -	\$ 878,144.00	\$ 912,512.00	\$ -	\$ 912,512.00
5. TITLE III-B	\$ -	\$ 7,295,872.00	\$ 5,746,276.00	\$ (6,393.00)	\$ 5,739,883.00
6. TITLE III-C1	\$ -	\$ 5,817,037.00	\$ 4,878,860.00	\$ -	\$ 4,878,860.00
7. TITLE III-C2	\$ -	\$ 4,483,955.00	\$ 4,125,098.00	\$ -	\$ 4,125,098.00
8. TITLE III-D	\$ -	\$ 403,697.00	\$ 360,050.00	\$ -	\$ 360,050.00
9. TITLE III-E CAREGIVER	\$ 250,000.00	\$ 2,705,363.00	\$ 2,858,136.00	\$ 8,869.00	\$ 2,867,005.00
10. NSIP	\$ -	\$ 2,118,282.00	\$ 1,640,007.00	\$ -	\$ 1,640,007.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 75,789.00	\$ 47,878.00	\$ (1,247.00)	\$ 46,631.00
12. TITLE VII FED. OMB	\$ -	\$ 325,353.00	\$ 300,825.00	\$ (1,229.00)	\$ 299,596.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 5,481,984.00	\$ 5,481,984.00	\$ -	\$ 5,481,984.00
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)	\$ -	\$ 8,788,625.00	\$ 8,724,257.00	\$ -	\$ 8,724,257.00
17. S.H.I.P.	\$ -	\$ 646,988.00	\$ 618,519.00	\$ -	\$ 618,519.00
18. SENIOR PATROL	\$ -	\$ 157,446.00	\$ 157,446.00	\$ (29,710.00)	\$ 127,736.00
19. LIFESPAN RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
20. LIFESPAN RESPITE (NEW)	\$ 74,232.75	\$ -	\$ 74,232.75	\$ -	\$ 74,232.75
21. REFUGEE	\$ 25,332.54	\$ -	\$ 25,332.54	\$ 60,376.00	\$ 85,708.54
22. SCSEP (TITLE V)	\$ -	\$ 1,057,185.00	\$ 953,818.00	\$ 63,125.00	\$ 1,016,943.00
23. ADRC CARE TRANSITION	\$ 130,342.79	\$ -	\$ 130,342.79	\$ -	\$ 130,342.79
24. OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
25. MIPPA	\$ -	\$ -	\$ -	\$ -	\$ -
26. SENIOR PATROL VOL.S.	\$ 59,716.56	\$ -	\$ 59,716.56	\$ -	\$ 59,716.56
26A. SR PATROL VOL.S. (Pending)	\$ -	\$ -	\$ -	\$ -	\$ -
27. CHRONIC DISEASE SELF-MGMT	\$ 5,118.88	\$ 67,214.00	\$ 72,332.88	\$ 90,218.00	\$ 162,550.88
28. CAREPRO	\$ 63,152.88	\$ -	\$ 63,152.88	\$ -	\$ 63,152.88
TOTAL	\$ 607,896.40	\$ 44,642,868.00	\$ 41,222,514.40	\$ 184,009.00	\$ 41,406,523.40

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2014

STATE TOTAL	SFY 2013 CARRYOVER	INITIAL SFY 2014 ALERTS	TOTAL SFY 2014 AWARDS	REVISED SFY 2014 ALERTS	REVISED TOTAL SFY 2014 AWARDS
STATE ADMIN.	\$ -	\$ 750,900.00	\$ 750,900.00	\$ -	\$ 750,900.00
OLDER AMERICANS ACT	\$ 250,000.00	\$23,419,984.00	\$ 20,281,845.00	\$ -	\$ 20,281,845.00
STATE (ILS, RSP, OMB, DCC)	\$ -	\$ 6,758,100.00	\$ 6,758,100.00	\$ -	\$ 6,758,100.00
SSBG REGIONS 1-8	\$ -	\$ 9,666,769.00	\$ 9,636,769.00	\$ -	\$ 9,636,769.00
S.H.I.P./SENIOR PATROL	\$ 59,716.56	\$ 804,434.00	\$ 835,681.56	\$ (29,710.00)	\$ 805,971.56
NSIP	\$ -	\$ 2,118,282.00	\$ 1,640,007.00	\$ -	\$ 1,640,007.00
REFUGEE	\$ 25,332.54	\$ -	\$ 25,332.54	\$ 60,376.00	\$ 85,708.54
SCSEP TITLE V	\$ -	\$ 1,057,185.00	\$ 953,818.00	\$ 63,125.00	\$ 1,016,943.00
ADRC CARE TRANSITION	\$ 130,342.79	\$ -	\$ 130,342.79	\$ -	\$ 130,342.79
OPTIONS COUNSELING	\$ -	\$ -	\$ -	\$ -	\$ -
LIFESPAN RESPITE	\$ 74,232.75	\$ -	\$ 74,232.75	\$ -	\$ 74,232.75
CHRONIC DISESE SELF-MGMT	\$ 5,118.88	\$ 67,214.00	\$ 72,332.88	\$ 90,218.00	\$ 162,550.88
CAREPRO	\$ 63,152.88	\$ -	\$ 63,152.88	\$ -	\$ 63,152.88
BELOW-THE-LINE SUBTOTAL	\$ 607,896.40	\$44,642,868.00	\$ 41,222,514.40	\$ 184,009.00	\$ 41,406,523.40
TOTAL	\$ 607,896.40	\$44,642,868.00	\$ 41,222,514.40	\$ 184,009.00	\$ 41,406,523.40

NOTE: The following list reflects the most recent ALERTS issued to support the amounts reflected:

ALERT	FUND SOURCE	DATE ISSUED
1. ALERT 14-1B	TITLE III/VII PLANNING LEVELS FOR SFY 2014	8/30/2013
2. ALERT 14-2A	SSBG ALLOCATIONS FOR SFY 2014	6/7/2013
3. ALERT 14-3	STATE ALLOCATIONS FOR SFY 2014	3/15/2013
4. ALERT 14-4	STATE OMBUDSMAN ALLOCATIONS FOR SFY 2014	3/15/2013
5. ALERT 14-5B	SCSEP/TITLE V ALLOCATIONS FOR SFY 2014	8/30/2013
6. ALERT 14-6A	NSIP ALLOCATIONS FOR SFY 2014	6/7/2013
7. ALERT 14-7B	SHIP & SENIOR PATROL ALLOCATIONS FOR SFY 2014	8/30/2013
8. ALERT 14-11A	DISCRETIONARY GRANT ESTIMATED CARRYOVER FOR SFY 2014	6/7/2013
9. ALERT 14-11B	CAREPRO ALLOCATIONS FOR SFY 2014	6/7/2013
10. ALERT 14-11C	REFUGEE ALLOCATIONS FOR SFY 2014	8/30/2013
11. ALERT 14-11E	CHRONIC DISEASE ALLOCATIONS FOR SFY 2014	8/30/2013