



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

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Governor

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July 16, 2010

To: Area Agencies on Aging
Pima Health Systems

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

Subject: Allocations for State Fiscal Year 2011

Attached are the revised allocations for the State Health Insurance Assistance Program (SHIP) and Senior Community Services Employment Program (SCSEP), allocations for EnhanceFitness, and carryover allocations for American Recovery and Reinvestment Act (ARRA) and the Aging and Disability Resource Center (ADRC) Care Transitions. Also included are Policy and Procedures for Programs and Services and a funding opportunity for EnhanceFitness.

As discussed on the July 7, 2010 Area Agency on Aging conference call, the Division's expectation is that Area Agencies on Aging will manage to contract levels in SFY 2011.

The following ALERT is attached:

<u>ALERT</u>	<u>FUND SOURCE/TYPE</u>
ALERT SFY-11-1A	Older Americans Act Title III/VII - ARRA Carryover Allocations
ALERT SFY-11-5	SCSEP - Allocations
ALERT SFY-11-5A	SCSEP - Carryover Allocations
ALERT SFY-11-7B	SHIP – Revised Allocations
ALERT SFY-11-10	Policy and Procedures - Updates to Chapter 3000
ALERT SFY-11-11E	Other Funds - EnhanceFitness Allocations and Funding Opportunity
ALERT SFY-11-11F	Other Funds - ADRC-Care Transitions Carryover Allocations

ALERTS are available on the Division website using the link:
<https://egov.azdes.gov/cmsinternet/common.aspx?menu=36&menuc=28&ID=8188>
Scroll down to ALERTS at the bottom of the webpage and select the respective ALERT.

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

c: Lynn Larson, Nina Sutton, Bridget Casey, Cam Kowal, Jerry Lay, Matt LeCrone, Frances Rubio, Cindy Saverino, Joel Millman, David Besst, Jutta Ulrich, Diana Toussaint, Tammy Frazee, Darrell Funk, Chester Lee, DJ Harris, DAAS file

Division of Aging and Adult Services
ALERT

SFY-11-1A

**Older Americans Act Title III & VII
for SFY-2011**

The Division of Aging and Adult Services (DAAS) received \$1,991,976 of **American Recovery and Reinvestment Act of 2009 (ARRA)** funds for Older Americans Act nutrition programs for the period of March 18, 2009 to September 30, 2010. ARRA allocations were made in ALERT SFY-09-1E dated April 17, 2009.

Given the duration of the grant funds, it was anticipated that unexpended SFY 2010 ARRA funds would automatically be carried over into SFY-2011.

The following carryover amounts are approved for the respective Area Agencies on Aging:

	Administration (AMS)	Congregate Meals (CNS)	Home Delivered Meals (HDS)
Region I	\$0	\$0	\$0
Region II	\$0	\$55,000	\$14,000
Region III	\$0	\$1,965	\$0
Region IV	\$14,285	\$11,168	\$30,749
Region V	\$0	\$23,536	\$13,718
Region VI	\$6,593	\$11,389	\$3,547
Region VII	\$9,463	\$61,185	\$37,270
Region VIII	\$5,112	\$74,973	\$45,094
Total	\$35,453	\$239,216	\$144,378

Funds must be fully expended by September 30, 2010.

Should you have any questions, please contact Diana Toussaint at 602-542-6434 or via email at dtoussaint@azdes.gov



**Senior Community Service Employment Program (SCSEP)
for SFY-2011**

NOTE: All previous ALERTS pertaining to the Senior Community Service Employment Program (SCSEP) have been issued under the category of “11 – Other Funds”. Starting with this ALERT, all future SCSEP information will be issued under the ALERT category of “5-SCSEP”.

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.

The net funding level for the state SCSEP increased by \$679,911. In addition, a net increase of 69 training positions statewide (157 to 226) was realized. Training positions were allocated based on Equitable Distribution as well as past performance of sub-grantees in meeting program goals.

SCSEP does not allow for payment of accumulated sick or annual leave for program participants. SCSEP participant training is conducted an average of 20 hours per week. Program participants are paid the higher of state or federal minimum wage except for those selected by each sub-grantee as Program Representatives. Funding is allocated to sub-grantees for the following categories: Enrollee Wages and Fringe Benefits (EWF); Other Participant Costs (OPC) for supportive service and training activities, and Administration. Per Title V of the Older Americans Act, not less than 75% of a grant award can be used for EWF. Administrative costs cannot exceed 13.5% of a total grant award received from the U.S. Department of Labor.

It is recognized that SCSEP is not a fully funded program. Increases in minimum wage and the realization that not all slots are filled 100% of the time throughout the program year impact funds. Although it is the goal of each sub-grantee to fill all training positions, the number of filled positions may vary throughout the program year. Based on historical sub-grantee expenditures, an attrition rate of approximately 8% is factored into funding levels. Regular monitoring requires collaboration between the programmatic and fiscal operations of each sub-grantee to maintain the balance between filling position and the funds to support them. DAAS relies on each sub-grantee to expend funds without over- or under-expending its contracted levels.

Attachment A provides the allocations that identify the contract levels for your respective Planning and Service Area for SFY 2011. **Attachment B** provides SFY 2011 performance goals.

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

STATE GRANTEE: ARIZONA - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
 TRAINING POSITIONS AND FUNDING
 Program Year 2010 (SFY-2011)

July 1, 2010 - June 30, 2011

FY-09 SCSEP (SFY-10)	COUNTY	# POSITIONS	TOTALS
REGION 1	Maricopa	110	110
REGION 2	Pima	36	36
REGION 3	Apache	6	32
	Coconino	4	
	Navajo	4	
	Yavapai	18	
MOHAVE COUNTY	Mohave	24	24
REGION 5	Gila	5	24
	Pinal	19	
Totals		226	226

FY-2010 SCSEP (SFY 2011)	% OF STATE	CONTRACTED WAGESFRINGE	SUPPORTIVE SERVICES	ADMINISTRATION	CONTRACT SUB- TOTAL	10% REQUIRED IN-KIND	CONTRACT TOTAL
REGION 1	49%	\$ 853,256.00	\$ 68,257.00	\$ 106,656.00	\$1,028,169.00	\$ 114,241.00	\$ 1,142,410.00
REGION 2	16%	\$ 279,248.00	\$ 22,338.00	\$ 34,906.00	\$ 336,492.00	\$ 37,388.00	\$ 373,880.00
REGION 3	14%	\$ 248,220.00	\$ 19,856.00	\$ 31,028.00	\$ 299,104.00	\$ 33,234.00	\$ 332,338.00
MOHAVE COUNTY	11%	\$ 186,164.00	\$ 14,892.00	\$ 23,271.00	\$ 224,327.00	\$ 24,925.00	\$ 249,252.00
REGION 5	11%	\$ 186,164.00	\$ 14,892.00	\$ 23,271.00	\$ 224,327.00	\$ 24,925.00	\$ 249,252.00
	100%	\$1,753,052.00	\$140,235.00	\$ 219,132.00	\$2,112,419.00	\$ 234,713.00	\$ 2,347,132.00

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM
SUMMARY OF GRANTEE GOALS - SFY 2011
(July 1, 2010 – June 30, 2011)**

Authorized Positions	226
Modified Positions	0
Performance Measure	Goal
1. Community Service	50.0%
<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	31.5%
<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	55.0%
<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	\$6,512
<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	100%
<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	2.54
<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>	



Division of Aging and Adult Services
ALERT

SFY-11-5A

**Senior Community Service Employment Program (SCSEP)
for SFY-2011**

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.

On June 30, 2010, the Division of Aging and Adult Services (DAAS) received approval from the U. S. Department of Labor to carryover unexpended SFY 2010/PY 2009 SCSEP Regular (Annual) Grant funds into the new program year.

As of June 30, 2010, DAAS has identified approximately \$74,000 of unexpended SFY 2010/PY 2009 funds in the category of Enrollee Wages and Fringe Benefits (EWF). In order to ensure 100% expenditure of these funds, the following approved carryover amounts are being made to the respective sub-grantees:

Sub-grantee	SFY2011/PY1 0 EWF Allocation	SFY10/PY09 EWF Carryover	EWF Total*
Region 1	\$ 853,256	\$ 18,500	\$ 871,756
Region 2	\$ 279,248	\$ 18,500	\$ 297,748
Region 3	\$ 248,220	0	\$ 248,220
Mohave County	\$ 186,164	\$ 18,500	\$ 204,664
Region 5	\$ 186,164	\$ 18,500	\$ 204,664
Total	\$ 1,753,052	\$ 74,000	\$ 1,827,052

** Does not include required match*

Carryover funds must be expended by December 31, 2010.

This allocation does not include Administrative funding or a redistribution of slot allocations. Following the year end close out, DAAS will evaluate any remaining unexpended funds above the allocations in this ALERT, and if necessary, allocate those funds in a subsequent ALERT.

Sub-grantees should keep in mind that carryover funds must be tracked and billed separately from other SCSEP funding allocations. In order to assist in this process, the following chart summarizes available SCSEP funding for SFY 2011/PY 2010:



Division of Aging and Adult Services
ALERT

SFY-11-5A

**Senior Community Service Employment Program (SCSEP)
for SFY-2011**

SCSEP Fund Source	Timeframe to Expend
SCSEP SFY10/PY09 Regular Annual Grant (Carryover – July 1, 2010 – December 31, 2010)	July 1, 2010 – December 31, 2010
SCSEP SFY11/PY10 Regular Annual Grant	July 1, 2010 – June 30, 2011
SCSEP2	July 1, 2010 – June 30, 2011

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

Division of Aging and Adult Services
ALERT

SFY-11-7B

**State Health Insurance Assistance Program (SHIP)/SMP
for SFY-2011**

This ALERT provides additional clarification to ALERT SFY-11-7A, dated February 26, 2010. The initial allocations made to the State Health Insurance Assistance Program (SHIP) basic and additional funding for client contact forms are **not connected to MIPPA**.

The Area Agencies on Aging will each receive a base award for the amount identified in ALERT SFY-11-7A. The additional funding for **client contact forms** reimbursement is to be billed under service code I5R in the Aging Information Management System (AIMS). Area Agencies on Aging will be reimbursed a rate of \$50 per client contact form. Reimbursements will be provided for additional client contacts above the monthly number entered into SHIPTalk for the period of July 1, 2010 through June 30, 2011 as compared to July 1, 2009 through June 30, 2010. For example, assuming that 50 client contact forms were completed in the period of July 1, 2009 through July 31, 2009, and assuming that 54 client contact forms were completed in the period of July 1, 2010 through July 31, 2010, the Area Agency on Aging would be reimbursed out of their base funding for the 50 applications and for the other four they would be reimbursed out of the additional funding, for a total reimbursement of 54 applications.

The additional funding for client contact forms may not be carried over into SFY-2012.

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

Policies and Procedures for SFY-2011

Policy and Procedure ALERTS are intended to notify Area Agencies on Aging of newly developed or revised Division of Aging and Adult Services Policies and Procedures. The following Division of Aging and Adult Services Policies and Procedures have been updated: **Chapter 3000 Services and Programs. Please ensure that the appropriate Area Agency on Aging personnel is aware of these revisions.**

Background

In association with the five year contract renewals and the revision of the Case Management Handbook, the Scopes of Work for Home and Community Based Services (HCBS) were reviewed and revised. This necessitated a review of the DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs, to ensure that policies and terminology were consistent throughout. The Case Management Handbook was posted on the DAAS website June 1, 2010, and the revised Scopes of Work were provided for review in the Spring of 2010 and incorporated into SFY 2011 AAA Contracts. DRAFT revisions to the DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs, were completed in June 2010. One possible change that has not been addressed in this draft is the incorporation of section 3200, Nutrition Services, into the overall section 3100, NMHCBS. Comments would be appreciated related to this possible adjustment. If justified this change would be added prior to final implementation.

Implementation

The DRAFT revisions of the DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs (Chapter 3000), will be posted on the DAAS website for review and feedback. Substantive changes to policy are highlighted in yellow in the draft. Your comments are especially invited on text highlighted in blue. Area Agencies on Aging should coordinate with one another to prepare a single response of feedback/comments. Comments received by DAAS will be addressed and a revised draft will be posted. Conference calls or webinars with Area Agencies on Aging will be scheduled in September 2010 to allow for discussion of changes. The final revisions to Chapter 3000 will go into effect on October 1, 2010.

Key Dates

- 16 July 2010 - DRAFT Chapter 3000 available for review
- 16 August 2010 - Last day for AAAs to submit a single coordinated set of comments to DAAS on the draft
- 15 September 2010 - Revised DRAFT Chapter 3000 posted on DAAS website
- 15-30 September 2010 - Conference calls/webinars to discuss changes
- 1 October 2010 - Effective date for revised DAAS Policy and Procedure Manual, Chapter 3000 Services and Programs; final version posted on DAAS website

Summary of Revisions

Changes consist of revisions to policies and procedures, clarifications of existing policies, and streamlining of content through reformatting. Changes include, but are not limited to, the following:

Section 3100 Non-Medical Home and Community Based Services

**Policies and Procedures
for SFY-2011**

- Significant re-formatting (order of sections, headings);
- Fingerprinting requirements (3102.2);
- Inclusion of Attendant Care; separation of Community Nursing from Home Nursing, (3104.4);
- Number of ADLs and IADLs required for eligibility (3103.4);
- Case Management Handbook (3122.5) with reference to strength-based approach (3121.2);
- Description of Intake Documents (Short Form and Kincare) (3123.5, 3124.3 and 3127.2); and
- Clarification of service termination (3127.3).

Section 3200 Nutrition Programs

- Fingerprinting requirements (3202.2);
- Added language from the OAA Amendments of 2006 (3201.2, 3204.2);
- Fingerprinting requirements (3204.3), and
- Added background information for Nutrition Services Incentive Program (NSIP) (3206).

Section 3300 Eldercare Program

- Eliminated section

Section 3400 State Health Insurance Program (SHIP) and Senior Medicate Patrol Project (SMP)

- Name of Program (3400);
- Fingerprinting requirements (3402.2), and
- Description of Regional Coordinator Role (3402).

Section 3500 Legal Services Assistance Program

- Formatting and
- Fingerprinting requirements (3502.2).

Section 3600 Family Caregiver Support Program

- Fingerprinting requirements (3602.2);
- Description of service limits (3604.2);
- Clarification of Eligibility (3604.3, 3604.4), and
- Documentation of legal residency of recipients (3604.5).

Section 3700 Long-Term Care Ombudsman Program

- Fingerprinting and background check requirements (2702.2 and 3708.2);
- Clarification of staff responsibilities (3704.2), certification (3708), training (3709) and designation (3710 and 3711);
- Clarification of Procedure for Screening of Conflict of Interest (3705.2);
- Time period for submitting court orders to Office of State LTC Ombudsman (3706.7), and
- Reporting requirements (3712).

The current Policies and Procedures can be accessed at

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

The DRAFT 2010 Chapter 3000 revisions can be accessed at

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

Should you have questions regarding the policies, please contact Tammy Frazee at tfrazee@azdes.gov or 602-542-2895, or the respective Program Specialist.

3000 Services and Programs

This section provides an outline of the Division of Aging and Adult Services (DAAS) policies and procedures for services and programs. Delivery of services and programs must be in compliance with the requirements stipulated in the individual service scopes of work.

Section	Title
3100	Non-Medical Home and Community Based Services (NMHCBS)
3200	Nutrition Services
3300	<i>Section Intentionally Left Blank</i>
3400	State Health Insurance Assistance Program (SHIP) and Senior Medicare Patrol
3500	Legal Services Assistance Program
3600	Family Caregiver Support Program (FCSP)
3700	Long Term Care (LTC) Ombudsman Program

DRAFT

3100 Non-Medical Home and Community Based Services (NMHCBS) System

3101 Overview

3101.1 This section provides an outline of the DAAS 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 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:

- 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; and
- 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.

3101.4 The NMHCBS System includes, but is not limited to, the following services:

1. Adult Day Care/Adult Day Health Care;
2. Attendant Care;
3. Case Management;
4. Home Delivered Meals;
5. Home Health Aid;
6. Home Nursing (may also be referred to as Visiting Nurse Services) and Community Nursing;
7. Home Repair and Adaptation;
8. Housekeeper/Homemaker Services, including State Supplemental Payments Program Direct Pay);
9. Personal Care;
10. Respite and Supplemental Services for family caregivers; and
11. Other services as defined by Federal and State requirements.

3102 Authority and Statutory Requirement

3102.1 The NMHCBS System 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, §306, §307, §308, §314, §315, §321 and §339;
http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp;
- 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>;
- 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.

3102.2 The AAA 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 vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

3103 Eligibility Requirements

3103.1 The following individuals are eligible to receive NMHCBS:

- A) Individuals 60 years of age or older;
- B) Individuals under 60 years of age with a disability; or
- C) Family Caregivers as defined in the DAAS Policy and Procedures Manual Section 3600 – Family Caregiver Support Services.

3103.2 In order to receive NMHCBS (except Housekeeping and Home Delivered Meals), individuals described in 3103.1.A and B shall be assessed and determined unable to perform at least three activities of daily living (ADL) without substantial human assistance, including verbal reminding, physical cueing, or supervision using assessment instruments as defined in Section 3120 – Case Management for the NMHCBS System. A combination of ADL and IADL may be substituted, as described in Exhibit 3000A – Service Eligibility Matrix.

3103.3 Additional eligibility criteria apply for the following services:

- A) Home Health Aid and Home Nursing
 - 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; and

B) Family Caregiver Support Program (FCSP) Services

1. Refer to DAAS Policy and Procedure Manual, Section 3600 – Family Caregiver Support Program.

3103.4 Operational procedure 3103.2 does not apply to the following:

A) Housekeeping Services

1. Individuals must be assessed as moderately to severely impaired in three IADL or two ADL and one IADL, and the IADL must be shopping, laundry, meal preparation, or housework.

B) Home Delivered Meals

1. Refer to DAAS Policy and Procedure Manual, Section 3200 – Nutrition Programs, section 3203.1 Eligibility.

C) 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; and
 - c. Must be 18 years of age and older.

EXHIBIT:

[3000A – Service Eligibility Matrix](#)

3120 Case Management for the NMHCBS System

3121 Overview

3121.1 This section provides an outline of the DAAS 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.

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 AAA, 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.

3122 Operational Procedures for Provision of Case Management

3122.1 AAA shall develop Case Management to facilitate the coordination of community-based long term care (LTC) 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:

- 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; and
- F) Evaluate and promote informal supports and private pay options where appropriate.

3122.2 The AAA shall ensure that Case Management are provided through the following:

- 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.
 - 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.
 - 3. Ensures case managers act as agents for an individual receiving the services and not as promoters for the agency providing services.
- B) The AAA providing Case Management directly. Note: A waiver for direct delivery of Case Management by an AAA is no longer required as of July 1, 2010.

3122.3 In providing Case Management, the AAA, 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 (ALTCS), the ADES, Division of Developmental Disabilities (ADES, 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; and
- 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 AAA 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 3100A) and
- B) The DAAS Policy and Procedure Manual, as posted on the ADES website at <https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>.

3123 Operational Procedures for Assessing Eligibility for the NMHCBS System

3123.1 The AAA 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.**

- A) **For eligibility criteria and requirements for NMHCBS, refer to section 3103.**
- B) **Referral to Case Management is determined through screening by AAA 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.
- B) The Short Form Intake Document (SFID, formerly known as the Short Term Form or STF), as defined in section 3123.5.
- C) **The Kincare Intake Document (KID), as defined in section 3123.6.**
- D) **Effective July 1, 2011, caregivers receiving client-supported services as described in 3123.5.B. shall be assessed using the Caregiver Assessment Tool (CAT).**

3123.4 The **ASCAP** shall be used to determine eligibility for services unless identified in 3123.5 and 3123.6.

- A) A home visit is required for all individuals assessed with the ASCAP.
- B) The ASCAP shall be used to determine eligibility for the following services:
 - 1. Adult Day Care/Adult Day Health Care;
 - 2. Attendant Care;
 - 3. Home Delivered Meals;
 - 4. Home Health Aid;
 - 5. Home Nursing;
 - 6. Home Repair and Renovation;
 - 7. Housekeeping (includes chore and shopping);
 - 8. Personal Care;
 - 9. Respite (in home and group); and
 - 10. Supplemental Services for Family Caregivers

3123.5 The **Short Form Intake Document** (SFID) may be used instead of the ASCAP as described below:

- A) A home visit is not required when using the SFID to determine eligibility for short-term home delivered meals.
- B) Short Term Home Delivered Meals, for a period up to 90 days, if Home Delivered Meals is the **only** service being authorized; and
- C) Family Caregiver Support Services (FCSP):
 - 1) Respite, Group Respite, or Adult Day Care.
 - 2) Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids, and Supplemental Provisions; and
- D) Tribal Services
 - 1) Home Delivered Meals (up to 90 days);
 - 2) Housekeeping;
 - 3) Personal Care;
 - 4) Respite Care;
 - 5) Supplemental Services for Family Caregivers, including Home Repair, Adaptive Aids, and Supplemental Provisions; and
 - 6) Other services as approved by DAAS.

3123.6 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 following services:

- A) Case Management;
- B) Respite, Group Respite, or Adult Day Care; and
- 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 **Re-Determination of Eligibility.** The Case Management provider shall conduct a re-determination of eligibility as follows:

- A) If a change occurs which affects eligibility or the need for service; or
- B) At least every twelve months unless identified in 3123.8.C and D;
- C) Short-term Home Delivered Meals authorized with the SFID must be re-determined with the ASCAP after 90 days;
- D) Effective July 1, 2011, caregivers receiving client-supported services as described in 3123.5.C. shall be assessed every six months using the Caregiver Assessment Tool (CAT). This assessment can be done as part of a regularly scheduled client assessment or can be done over the telephone.

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; or
- B) With the exception of disclosing information on income, information necessary to complete an assessment is not provided.

3124 Operational Procedures for Service Authorization

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.

3124.3 Services are authorized using the assessment instruments described in section 3123.

- A) If individuals do not meet the criteria for services identified in 3103.3.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”): At least one of the eight applicable choices in Category 9 of the Medical/Nursing Services 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.

- 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.
- C) 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.
 - 1. Short-term Home Delivered Meals authorized with the SFID shall not exceed 90 days.
 - 2. Authorizations for Home Delivered Meals for spouse/caregiver shall coincide with the authorization of Home Delivered Meals for the primary recipient. The assessment tool must reference the corresponding social security number of the primary recipient in order for the caregiver’s authorization to be valid. A caregiver who is not a spouse, must be 60 years of age or older.

3124.5 AAA 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 Home Delivered Meals.

3125 Operational Procedures for Service Documentation and Provision

3125.1 **The 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 AAA for input into the Aging Information Management System (AIMS) 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**:

- 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.

3125.3 The AAA shall ensure that all of the data from the ASCAP and other approved assessment instruments is entered into the AIMS within **ten** business days after receipt. 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 supplied information for completion.**

3126 Operational Procedures for Case File Documentation

3126.1 Case files must be maintained in accordance with the requirements for confidentiality outlined in the DAAS Policy and Procedures Manual Section 1900.

3126.2 The AAA 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:

- A) A copy of the assessment/reassessment instrument, **including the service plan;**
- 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; and
- E) **Documentation of contacts with the client regarding service modification, termination, or appeals.**

3127 Operational Procedures for Monitoring of Service Plans

3127.1 The AAA shall ensure that its Case Management provider(s) monitor(s) service plans for individuals authorized to receive services 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; and
 - 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; or
 - 3. A home visit. A home visit is required every 180 days.

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 AAA 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 Home Delivered Meals:
 - 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 determine service continuance or termination.
 - a) If service continuation is warranted or 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 to the AAA within seven business days following the end of the 90 day period so that the services to that individual may be closed in AIMS.
- 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:

- 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 by the Arizona LTC System, 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 AAA within **seven** business days after the individual's case is closed.
- G) Signatures are not required when all services are terminated and the case is closed.

3128 Operational Procedures for NMHCBS Reporting Requirements

3128.1 The AAA shall collect data and maintain records relating to the NMHCBS System as defined in the DAAS Policy Section 1600.

[Exhibit 3100A: Case Management Handbook 2010](#)

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3200 Nutrition Services

3201 Overview

3201.1 This section provides an outline of the DAAS operational policies and procedures for Nutrition Services and reporting requirements. 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 (AoA).

3201.2 The DAAS, through its contracts with the Area Agencies on Aging (AAA), shall provide nutrition services to older adults and eligible persons with disabilities. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition, and their ability to live at home in the community.

Individuals at highest risk for poor nutrition and the resultant health consequences include people who:

- A) Are age 85 or older;
- B) Are minorities;
- C) Are low income;
- D) Live alone;
- E) Have a disabling condition that interferes with the ability to shop and prepare meals;
- F) Have limited English proficiency;
- G) Are at risk for institutional placement; and/or
- H) Have multiple chronic diseases.

Adequate nutrition is integral to healthy aging and the prevention or delay of chronic diseases and disease-related disabilities. Congregate nutrition services improve a participant's physical and mental health and prevent more costly interventions. Home delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow him/her to stay in their home and community.

3201.3 The objectives of the nutrition services include a range of related services for older adults that enable them to live independently in their home and community by:

- A) Providing nutritious, appealing meals;
- B) Preserving and promoting health and preventing disease;
- C) Reducing malnutrition risk and improving nutritional status;
- D) Reducing social isolation and increasing social interaction;
- E) Linking older adults with other community-based services such as physical activity programs, community health, transportation, legal services, and case management services; and/or
- F) Providing an opportunity for meaningful community involvement (i.e. volunteering).

3202 Authority and Statutory Requirement

3202.1 Nutrition Services are authorized and governed by the following statutes and regulations:

- A) Older Americans Act, P.L. 109-365, Sections 306, 312, 313, and 339;
http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx
- B) CFDA 93.053; Nutrition Services Incentive Program
http://www.law.cornell.edu/uscode/42/usc_sec_42_00003030---a000-.html
- C) A.R.S. § 46-141; Finger printing and background checks
<http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/46/00141.htm&Title=46&DocType=ARS>
- D) A.R.S. § 13-3623; Vulnerable adults
<http://www.azleg.state.az.us/FormatDocument.asp?inDoc=/ars/13/03623.htm&Title=13&DocType=ARS>
- E) A.R.S. § 41-1758.03 Fingerprint Clearance Cards
<http://www.azdps.gov/services/Fingerprint/>

3202.2 The AAA 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, or access to personal information on, vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

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; or
- 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 DAAS 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. Other eligibility

criteria apply for Home Delivered Meals as described in Section 3100 of the DAAS Policy and Procedures Manual;

- B) The spouse 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; and
- D) An individual with a disability, under age sixty, who has functional limitations, as described in the DAAS 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.

3203.3 The following **documentation** must be maintained in a central file to support the eligibility of nutrition services participants:

- A) Sign-in sheets listing congregate meal participants with their signatures; and
- 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).

3204 Operational Procedures for the Administration of Nutrition Services

3204.1 The Arizona DES, DAAS Nutrition, Food Service and Wellness Manual is the reference manual for nutrition services (see exhibit 3200C).

3204.2 U.S. Dietary Guidelines shall be utilized when planning menus.

- A) Each meal must meet a minimum of 33 1/3% of the Dietary Reference Intakes, for each meal provided per day. Menus shall meet the recommendations from the current Dietary Guidelines for each meal served. Each meal served must contain an average of 650 calories; at least 500 calories but not more than 800 calories. The sodium content for each meal served must range from 500mg to 800mg;
- B) Menus must be planned in advance using a standardized meal planner. **Meal providers shall plan menus by soliciting the advice and expertise of a dietitian, or other individual described in 3204.2C, meal participants, and other individuals knowledgeable with regard to the needs of older individuals. These may include but are not limited to advisory councils, participant surveys, focus groups, and site councils.** Menus shall be in the predominant language of the participants. Meal providers must ensure that Menus consist of a minimum of a six-week cycle rotation to be updated biannually;

- C) Menus shall be prepared as written. All substitutions must be documented on the menu. A majority of the meals must be planned as hot meals. A cold meal may be planned up to ten times during a six-week menu cycle to add variety to the menu. Menus must be submitted on a standardized menu form and approved by a Registered Dietitian, Nutritionist, Registered Dietetic Technician, or a Certified Dietary Manager prior to posting. The Registered Dietitian, Nutritionist, Registered Dietetic Technician, or Certified Dietary Manager will verify the requirements specified in 3204.2.A by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the Nutrition, Food Service and Wellness Manual (see exhibit 3200C);
- D) Meals may be prepared and served for persons needing diabetic, renal or restricted sodium diets when feasible, appropriate and cost effective, to meet particular dietary needs. A written order from the participant's physician is required for the special diet. Special diet menus must be approved by a Registered Dietitian, Nutritionist, Registered Dietetic Technician, or Certified Dietary Manager; and
- E) Menus, as served, must be retained by the provider for at least one year after the meals have been served.

3204.3 The AAA must ensure that Nutrition Service providers comply with the following:

- A) All state and local health regulations, ordinances and codes regarding the purchasing, preparation, handling and serving of food. All food purchases and food received as donations must be from an approved source and documented as such;
- B) Utilize and maintain proper equipment for the storage, preparation, holding, and serving of food;
- C) Have a written emergency feeding plan which can be implemented as soon as necessary, and keep a one-day emergency food supply on hand at all times that meets 33 1/3 % of the Dietary Reference Intakes;
- D) Hold a minimum of two nutrition education sessions per quarter for congregate meal participants. Printed nutrition education materials shall be provided two times per quarter to home delivered meal participants;
- E) Provide any eligible individual, who receives a meal, the opportunity to contribute to the cost of the meal as identified in the DAAS Service Contribution Policy Section 2900; and
- F) Where applicable, provide nutrition counseling, which is the provision of individualized advice and guidance, by a registered dietitian or physician to participants who are at high nutritional risk because of their health and/or nutritional history, dietary intake, medication use or chronic illnesses.

3204.4 The AAA may contract with Nutrition Service providers for catering services.

- A) The AAA that contract with Nutrition Service providers and who engage catering services with other Nutrition Service providers must decide whom to reimburse.
- B) The AAA must ensure that Nutrition Service providers meet Nutrition Service provider requirements identified in 3204.2.

3205 Operational Procedures for Monitoring of Nutrition Services

3205.1 The AAA will monitor the centers/sites for compliance, including the requirements outlined in the DAAS Nutrition, Food Service, and Wellness Manual (see exhibit 3200C).

3205.2 The AAA must ensure that center/sites respond to monitoring reports and initiate any necessary corrective action within 30 days.

3206 Operational Procedures for the Nutrition Services Incentive Program

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. DAAS has elected to receive cash only for this program and not to receive commodities.

3206.2 Allocations to a State 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& 3203.2

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.

3207 Operational Procedures for Reporting Requirements

3207.1 The AAA shall collect data and maintain records as defined in the DAAS Policy and Procedure Manual Section 1600.
<https://www.azdes.gov/common.aspx?menu=36&menuc=28&id=8252>

Exhibits

[3200A Nutrition Screening Initiative DETERMINE Checklist \(English\)](#)

[3200B Nutrition Screening Initiative DETERMINE Checklist \(Spanish\)](#)

[3200C Nutrition, Food Service, and Wellness Manual](#)

3400 State Health Insurance Assistance Program (SHIP) and Senior Medicare

Patrol Project (SMP)

3401 Overview

- 3401.1 This section provides an outline for the operational policies and procedures for the SHIP and SMP Project. 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, the Centers for Medicare and Medicaid Services and/or the AoA.
- 3401.2 SHIP provides education, outreach, counseling, and information to Medicare beneficiaries, caregivers, family members and professionals. DAAS applies for other grants to provide additional services that are complementary to the SHIP services.
- 3401.3 SHIP was originally established to address the confusion caused by the increase in choices of Medicare supplemental insurance, or Medigap. Since the program's inception, however, the role of the SHIP in serving people with Medicare has greatly expanded. Today, trained counselors offer information, counseling and assistance to Medicare beneficiaries on a wide range of Medicare and Medicaid, and Medigap matters, including, enrollment in Medicare prescription drug plans, Medicare Advantage options, LTC insurance, claims and billing problem resolution, information and referral on public benefit programs for those with limited income and assets, and other health insurance benefit information.
- 3401.4 SMP was designed to recruit and train retired professionals, such as, doctors, nurses, teachers, lawyers, accountants and others to identify and report error, fraud and abuse in the Medicare and Medicaid system.

3402 Authority and Statutory Requirement

3402.1 The SHIP/SMP is authorized and governed by the following statutes and regulations:

- A) Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Public Law 101-508); and
- B) Omnibus Consolidated Appropriation Act of 1997 (Public Law 104-208).

3402.2 The AAA 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, or access to personal information on, vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

3403 Operational Procedures and Responsibilities for Regional SHIP and SMP Project Coordinator Roles

3403.1 In administering the SHIP/SMP Project, the Regional SHIP/SMP Coordinator(s) are responsible for the following activities:

- A) Provide adequate volunteer counselors throughout the service area to serve an individual's needs.

- B) Provide counseling sites throughout the service area to make services easily accessible.
- C) Develop and/or maintain two Senior Patrols to provide information about Medicare fraud and abuse.
- D) Participate in Centers for Medicare and Medicaid Services (CMS) and AAA education and training opportunities.
- E) Comply with the Centers for Medicare and Medicaid Services and the Administration on Aging grant terms and conditions as received by the DAAS.
- F) Participate in State monthly conference calls for SHIP and SMP.
- G) Attend one outside training annually.
- H) Meet or exceed the performance measures as mandated by the Centers for Medicare and Medicaid Services and/or the AAA the locally based counseling services to individuals.
- I) Meet or exceed the performance measures as mandated by the Centers for Medicare and Medicaid Services and/or the AAA the number of outreach events targeting diverse and hard to reach individuals Provide outreach that will include activities that encompass cultural and intergenerational diversity:
 - 1. Hold educational presentations on Medicare, Medicaid, and other health insurances, and fraud, errors and abuses of the system;
 - 2. Identify needs and provide information in response to written, telephone or walk-in requests;
 - 3. Expand Internet access to additional local counseling sites;
 - 4. Expand telephone system capabilities to receive and respond to inquiries; and
 - 5. Expand programs to accommodate for walk-in clients and to meet the needs of individuals with disabilities.
- J) Collect accurate data for needs assessment, program evaluation, and reporting:
 - 1. Collect and input data on each individual into SHIPTalk.org;
 - 2. Collect and input data on each public and media activity into SHIPTalk.org;
 - 3. Collect and submit data on each individual pertaining to fraud, waste and abuse to the State SMP office;
 - 4. Collect and submit data on each public and media activity pertaining to fraud, waste and abuse to the State SMP office;
 - 5. Provide information and documentation on in-kind and non-federal match; and
 - 6. Provide other information as requested by the SHIP and SMP Office.
- K) Expand volunteer base:
 - 1. The number of counselor full time equivalents;
 - 2. Provide monthly, a list of volunteers and volunteer hours to the State SHIP;
 - 3. Assess the need to increase counseling sites based on community needs;
 - 4. Maintain one SMP to provide information about Medicare fraud and abuse; and
 - 5. Provide annual recognition of volunteers.

3403.2 To provide more immediate resolution to issues and expand resources, the Regional SHIP and SMP Coordinator and/or the Coordinator's staff shall:

A) Form local partnerships with entities whose services coincide, as follows:

1. Social Security Administration;
2. Arizona Health Care Cost Containment System (AHCCCS);
3. Adult Protective Services (APS);
4. Local Medicare Advantage Plans;
5. Health Services Advisory Group; and/or
6. Others as determined.

B) Collaborate with partnerships and networks to hold annual health fairs.

3403.3 In order to recruit and retain volunteers, the Regional SHIP and SMP Coordinator and/or the Coordinator's staff shall:

- A) Provide minimum 24 hours of initial training utilizing the SHIP training manual;
- B) Provide a minimum of 10 hours of in-service training per year on related topics;
- C) Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed;
- D) Provide adequate volunteer counselors to serve an individual's needs;
- E) Provide counseling sites throughout the service area to make services easily accessible;
- F) Develop and/or maintain two SMP counselors to provide counseling and educational information about Medicare fraud and abuse; and
- G) Provide annual recognition of volunteers.

3404 Operational Procedures for SHIP and SMP Reporting Requirements

3404.1 The AAA shall collect data and maintain records relating to the SHIP and SMP as defined in the Aging and Adult Administration Policy Section 1600.

Exhibits

[Counselor Job Description](#)

[SHIP/SMP Public and Media Activity](#)

[SHIP/SMP Monthly Report](#)

[SMP Complex Issue Contact Form](#)

[SMP Simple Inquiry Form](#)

[AAA-1051A Volunteer Counselor Responsibilities and Obligations](#)

[AAA-1174A SHIP/SMP Volunteer Application](#)

[AAA-1194A SHIP Evaluation](#)

[AAA-1195A Volunteer Tracking and Management: Volunteer Hours](#)

[AAA-1196A Volunteer Tracking and Management: Add A Volunteer](#)

[AAA-1198A SMP Group Session Post Survey](#)

[AAA-1198A-S SMP Group Session Post Survey \(Spanish\)](#)

[AAA-1199A SHIP/SMP Client Contact](#)

3500 Legal Services Assistance Program

3501 Overview

3501.1 This section provides an outline for the DAAS operational principles and procedures for the Legal Services Assistance Program. 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, AoA.

3501.2 The Legal Services Assistance Program is the focal point for elder rights including such issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution. The Legal Services Assistance Program delivers legal services assistance to older individuals.

3501.3 The Legal Services Assistance Program goals and priorities are as follows:

- A) To serve persons most economically and socially in need;
- B) To meet the civil legal needs of older individuals in the area;
- C) To demonstrate the ability to provide support to other advocacy efforts, for example, the LTC Ombudsman Program;
- D) To provide outreach to serve the institutionalized and homebound; and
- E) To have the capacity to serve clients in their own language.

3502 Authority and Statutory Requirement

3502.1 The Legal Assistance Program 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, §306, §307.
 - http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
 - http://www.socialsecurity.gov/OP_Home/ssact/title16a/1600.htm
- B) [Code of Federal Regulations, Title 45 Public Welfare, C.F.R. §1321.67, §1321.69, and §1321.71.](#)

3502.2 The AAA 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 vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services / Optional Auto / Children-Vulnerable Adult / Bonding AAA, section 5.

3503 Operational Procedures

- 3503.1 The DAAS, through its contracts with the AAA shall provide the Legal Services Assistance Program.
- 3503.2 The AAA must ensure that Title III funds as approved in the State Plan allotted for Part B to the Planning and Service Area shall be expended for the delivery of legal services assistance.
- 3503.3 The AAA shall ensure that the entity with whom they have contracted delivers legal services assistance that most fully meet the following standards:
- A) Have staff with expertise in the specific areas of law effecting older individuals, such as but not limited to:
 - 1. Economic and social need including public benefits;
 - 2. Estate planning;
 - 3. Wills and trusts;
 - 4. Guardianship/conservator-ship;
 - 5. Health law including quality of care, living will, medical and general durable power of attorney;
 - 6. Pensions;
 - 7. Remedies for abuse, neglect and exploitation;
 - 8. Consumer;
 - 9. Landlord/tenant;
 - 10. Probate; and/or
 - 11. Age discrimination in employment.
 - B) Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older individuals with economic and social needs.
 - C) Demonstrate the capacity to deliver legal services assistance to institutionalized, isolated and homebound, older individuals.
 - D) Demonstrate the capacity to provide legal services assistance in the principal language used by the client in the area, or to acquire certified interpreters in order to eliminate communication barriers. This includes sign language and oral interpreters for deaf and hard-of-hearing elderly, as required by the Americans with Disabilities Act.
 - E) Demonstrate the capacity to provide services without requesting evidence of income or means test for services.
 - F) Demonstrate the capacity to provide the client with the opportunity to contribute voluntarily to the cost of services.
 - G) Provide services within the entire planning and service area or at least a county within the planning and service area.

3503.4 The AAA, or entity that such agency has contracted with, must comply with the following requirements:

- A) Establish priorities to serve persons age sixty or over who are frail, homebound by reason of illness, incapacity, disability, or are otherwise isolated, as established in the Area Plan on Aging;
- B) Establish guidelines to prevent conflict of interest by other interference in professional responsibilities by attorneys providing services under the provisions of the Older Americans Act;
- C) Establish guidelines stating that no fee generating case is accepted;
- D) Establish procedures prohibiting any attorney while engaged in legal assistance funded by the Older Americans Act from engaging in any political activity;
- E) Establish procedures that ensure that no Older Americans Act funds will be used for lobbying activities, including but not limited to, influencing any decision or activity by a non-judicial Federal, State or Local individual or body;
- F) Establish a system to permit older persons the opportunity to contribute voluntarily to the cost of service, to protect the privacy of older persons with regard to their contribution, and to account for and use the contributions to expand the delivery of legal services;
- G) Establish and use case priorities for services to include areas of concern for older persons such as abuse, neglect and exploitation, quality of health care, or residential care, long term care, home and community based care, access to services and public benefits, guardian/conservator, Social Security, SSI, Medicare, Medicaid, landlord/tenant, and client referrals to the LTC Ombudsman Program or Adult Protective Services;
- H) Establish procedures to ensure that when the provider has contracts to provide legal assistance funded by funds other than the Older Americans Act that efforts be maintained to continue to meet service obligations to an individual sixty years of age or older under other funding sources;
- I) Serve clients whose primary language is not English as described in section 3503.1.D;
- J) Provide outreach to serve homebound or institutionalized persons;
- K) Accept case referrals from the LTC Ombudsman and APS for legal assistance;
- L) Maintain professional liability insurance coverage to cover errors and omissions by staff and management. The State will be named as a co-beneficiary on the policy;
- M) Establish an efficient intake system that is responsive to the needs of older individuals;
- N) Establish and enforce standards for staff training, performance, and review to ensure that quality legal assistance is provided within the Canons of Ethics of the Bar Association;
- O) Establish a client grievance system that shall be either posted or given to the client;
- P) Make appropriate referrals to service providers in the service area to ensure the provision of coordinated services;
- Q) Provide sufficient documentation for program evaluation that does not violate client confidentiality or attorney client privilege; and
- R) Provide that offices are accessible for persons with mobility handicaps, and that guidelines are followed regarding physical and program access under the Americans with Disabilities Act.

3503.5 The AAA are required to monitor annually the entity that such agency has contracted with using a monitoring document approved by DAAS. DAAS will review the AAA monitoring reports during an annual assessment.

3504 Operational Procedures for Reporting

3504.1 The AAA shall collect data and maintain records relating to the Legal Service Assistance Program as defined in the DAAS Policy Section 1600.

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3600 Family Caregiver Support Program (FCSP)

3601 Overview

- 3601.1 This section provides an outline of the DAAS operational principles and procedures for the FCSP. 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, AoA.
- 3601.2 The FCSP is intended to provide a multifaceted system of support services for family caregivers and for grandparents or older individuals who are relative caregivers. For caregivers who informally provide care to older individuals, the program will help sustain their efforts to care for older individuals who have a chronic illness or disability and will promote the ability of older individuals to remain in their homes and local communities instead of being placed in residential facilities. For grandparents and relative caregivers of children, the program will promote retention of these children in a nurturing family environment instead of placement in foster care.
- 3601.3 The FCSP consists of five core caregiver support services, including information to caregivers about available services, assistance gaining access to those services, individual counseling, support groups, caregiver training, respite care, and supplemental services, on a limited basis, to complement the care provided by caregivers.

3602 Authority and Statutory Requirement

- 3602.1 The FCSP is authorized and governed by the following statutes and regulations:
- A) Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, National Family Caregiver Support Act, Subpart 1, Caregiver Support Program, §371-374; http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp;
 - B) Code of Federal Regulations, as updated in 2008, CFR-Title 45, Part 1321; and http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=ecfrbrowse/Title45/45cfr1321_main_02.tpl
 - C) Arizona Revised Statutes, Article 7, §46-181, §46-182 and Article 8, §46-191, §46-192, and §46-193. <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46>;

3602.2 The AAA 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, or access to personal information on, vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services/ Optional Auto /Children-Vulnerable Adult/Bonding AAA, section 5.

3603 Operational Procedures – Program Eligibility and Priority

3603.1 FCSP shall be provided to the following:

- A) Family caregivers defined as adult family members, or another individual, who is an informal provider of in-home and community care to an older individual or any individual with Alzheimer's Disease or related neurological disorder; and

- B) Grandparents or older individuals who are relative caregivers defined as a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older:
 - 1. Lives with the child who is not more than 18 years of age or who is an adult child between 19 and 59 years of age with a disability. In the situation when it is an adult child with a disability, the caregiver cannot be the parent; or
 - 2. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the minor child; or
 - 3. Has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

3603.2 Priority shall be given to family caregivers, and to grandparents or older individuals who are relative caregivers, who are caring for an older individual or eligible child, and who are in greatest social and economic need (with particular attention to low-income an older individual), those residing in a rural or geographically isolated area, and to older individuals providing care to individuals with severe disabilities.

A) When providing services to family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, priority shall also be given to caregivers who provide care for older individuals with such disease or disorder.

B) When providing services to grandparents or older individuals who are relative caregivers, priority shall also be given to caregivers who provide care for children with severe disabilities.

3604 Operational Procedures – Program Services

3604.1 Each AAA shall provide a multifaceted system of caregiver support services for family caregivers and for grandparents of older individuals who are relative caregivers. It is the intent of the DAAS that a multifaceted system shall include funding and/or program development for all services identified in 3604.2, and those services will be provided to all groups identified in 3603.1, in accordance with the priorities identified in 3603.2.

3604.2 Funds allocated under FCSP for services provided by an AAA, or entity that such agency has contracted with, shall be expended as follows:

- A) Information to caregivers about available services. Examples include outreach and community education and information;
- B) Assistance to caregivers in gaining access to the services. Examples include intake and information and referral (assistance);
- C) Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles. Examples include case management, supportive intervention/guidance counseling, peer counseling, and caregiver training;
- D) Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities. Examples include in-home respite, group respite, and adult day care/adult day health care. Temporarily means not more than an average of 60 hours per month for adult day care or group respite, and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than three consecutive days and nights. Documentation must be provided in advance to justify service delivery in excess of these hour and/or day limitations; or

- E) Supplemental services on a limited basis, to complement the care provided by caregivers. Examples include home repair/renovation, adaptive aids and devices, transportation, kinship care support, and supplemental provisions. On-going direct payments to caregivers shall not be allowed in the Family Caregiver Support Program. Limited basis means the following dollar thresholds:
1. A \$5,000 cap per client/home for the Home Repair/Renovation;
 2. A \$3,000 cap per client for Adaptive Aids and Devices;
 3. A \$2,000 cap per client for Supplemental Provisions;
 4. A \$7,500 cap per client for Kinship Care Support; and
 5. Documentation must be provided in advance to justify situations in excess of these dollar threshold limitations.

3604.3 Individuals must meet the eligibility requirements described in section 3603, and any additional eligibility criteria for specific program services, as described below:

- A) Services specified in 3604.2 (D) and (E) shall only be provided to a family caregiver who is providing care to an older individual who is determined to be functionally impaired as defined in section 3103.2 and assessed as described in section 3123;
- B) Functional screening of the care recipient is not required for grandparents, or an older individual who is a relative caregiver to a child under 19, to receive these services;
- C) Services specified in 3604.2.D and 3604.2.E shall only be provided to a family caregiver who is assessed to be at moderate or high risk as determined by the Caregiver Assessment Tool (CAT) designated by DAAS.
- D) For additional information on Case Management, refer to Policy and Procedure Manual Section 3120 - Case Management for the NMHCBS System.

3604.4 In accordance with ARS Article 1, §501-502, the Kinship Care Support Services identified in 3604.2 (E) shall only be provided to eligible grandparents who are citizens of the United States, or are legal residents of the United States, or are otherwise lawfully present in the United States. All grandparents authorized to receive this service must provide documentation of their lawful presence in the United States through a verification process detailed in the DAAS Policy Exhibit 3000P, Instructions for Verifying Citizenship and Non-Citizen Legal Permanent Resident (LPR) Status.

- A) Any eligible grandparent must also execute a sworn affidavit stating that the documentation provided during the verification process described in 3603.7 to prove citizenship or LPR status is true.
 1. Eligible grandparents are exempted from providing an affidavit only if they are 60 years old or older, if they are tribal members, or if they are disabled or have an incapacity of body or mind that make them unable to supply such affirmation.
 2. DAAS Policy Exhibit 3000Q includes DES forms 1055AFORFF (English) and 1055AFORFFS (Spanish), which are sample affidavits that can be used to satisfy the requirement detailed in 3603.7.
- B) Employees of the state or a political subdivision of the state are required by *ARS Article 1, §502* to report discovered violations of federal immigration law. Contractors will establish their own process for reporting discovered violations to U.S. Immigration and Customs Enforcement (ICE). There is no definition of “discovered violation”. The general guideline for identifying a “discovered violation” could include self declaration of illegal status or receipt of documentation from ICE that the individual is in violation of immigration law. Failing to complete an application does not, in itself, indicate that the person is not in the country legally.

1. If a DES employee discovers a violation of federal immigration law during a citizenship verification process, said employee shall follow policy and procedure as described in DES Policy 1-01-40, Procedure number DES 1-01-40-01.
2. Contractors of the DES/DAAS that are government entities (i.e. a Council of Governments, or COG) are bound by 3604.5.B, and must have a reporting process in place to report violations of federal immigration law discovered during the citizenship verification process.
3. If a contractor of the DES/DAAS is a private non-profit organization, said contractor may decide if and how they will report discovered violations of federal immigration law. Any contractor classified as a non-profit charitable organization must notify DES, if discovered federal immigration violations will not be reported to ICE.
4. Contractors should consult with their attorney or ICE for further guidance related to the responsibility of sub-contractors to report discovered violations federal immigration law.

3604.5 The AAA, or entity that such agency has contracted with, shall ensure the provision of the full range of caregiver support services in the community by coordinating its activities with the activities of other community agencies and voluntary organizations providing supportive services to family caregivers and grandparents or an older individual who is a relative caregiver of children.

3605 Operational Procedures – Program Funding

- 3605.1 The AAA may use not more than twenty percent of the Title III-E funds allocated under FCSP to provide the supplemental services described in 3604.2.E.
- 3605.2 The AAA may use not more than ten percent of the Title III-E funds allocated under the FCSP to provide support services to grandparents and an older individual who is a relative caregiver. This limit does not apply to services provided to grandparents and other relative caregivers providing care to an adult child with a disability or a severe disability.

3606 Operational Procedures - Reporting Requirements

- 3606.1 The AAA shall collect data and maintain records relating to the FCSP as defined in the DAAS Policy Section 1600.

3700 Long Term Care (LTC) Ombudsman Program

3701 Overview

- 3107.1 This section provides an outline of the DAAS operational policies and procedures for the LTC Ombudsman Program. 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, AoA.
- 3107.2 The DAAS through its contracts with the AAA shall develop, monitor, and enforce policies and procedures governing the LTC Ombudsman Program. LTC Ombudsman Program services may be provided by contract with a regional public agency or a nonprofit organization.
- 3107.3 The LTC Ombudsman Program exists to protect the human and civil rights of a LTC resident and to promote his/her autonomy through individual and collective advocacy efforts to enhance his/her quality of life in long term care settings. The LTC Ombudsman Program is a resident centered advocacy program. The program will make every reasonable effort to assist, represent, and intervene on behalf of the resident.

3702 Authority and Statutory Requirement

- 3702.1 The LTC Ombudsman Services Program is authorized and governed by the following statutes and regulations:
- A. Older Americans Act of 1965, as amended in 2006, P.L. 106-501, §307(9), §711-713: http://www.aoa.gov/AoARoot/AoA_Programs/OAA/oa_full.asp
 - B. A.R.S. 46-452.01 and A.R.S. 46-452.02
<http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp?Title=46>
 - C. Division of Aging and Adult Services LTC Ombudsman Manual 2009
<https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1188AMANNA.pdf>
 - D. LTC Ombudsman Volunteer Manual 2009.
<https://www.azdes.gov/InternetFiles/InternetProgrammaticForms/pdf/AAA-1189AMANNA.pdf>

3702.2 The AAA must ensure that providers comply with the following:

- A) A fingerprint based criminal background check shall be completed at time of hire, or as a result of reassignment after hire, on employees and volunteers who have direct contact with, or access to personal information on, vulnerable individuals including those who are mentally disabled, frail, or have a chronic disease that puts them at risk for abuse (see A.R.S. § 46-141). See also the Arizona Department of Economic Security Special Terms and Conditions - Professional Services/ Optional Auto /Children-Vulnerable Adult/Bonding AAA, section 5.

3703 Operational Procedures for Ombudsman Services

3703.1 The LTC Ombudsman Program offers the following services:

- A) Information and referral;
- B) Community education;
- C) In-Service education to facility staff; and

D) Issues advocacy.

- 3703.2 Provide complaint resolution process which assures the acceptance within 24-48 hours, following up with recording, investigation, and resolution of complaints made by, or on behalf of, residents of LTC facilities. Immediate crises complaints acceptance will be within 24 hours.
- 3703.3 Follow established quarterly visitation schedules to include all LTC facilities within the AAA region.
- 3703.4 Promote resident and family councils within LTC facilities.
- 3703.5 Make appropriate referrals of problems to other appropriate governmental or community agencies and/or the Office of the State Long Term Care Ombudsman (OSLTCO), when necessary.
- 3703.6 Assist residents in identifying their rights and interests under state and federal law and obtaining the rights and services to which they are entitled. Investigate complaints, which will include, but not limited to, complaints related to action, inaction, or decisions of individuals or organizations, which may adversely affect the health, safety, welfare, or rights of the resident. Those individuals or organizations include, but are not limited to the following:
- Providers of LTC services and staff of their facilities;
 - Representative of the above providers;
 - Public agencies;
 - Social services agencies; and/or
 - Government agencies
- 3703.7 Provide specific information to residents/individuals on their rights and available services. Respond to the need for services identified by the resident/individual.
- 3703.8 Identify appropriate contractors of services and existing resources. Refer residents/individuals to appropriate resources. Monitor referrals to ensure service delivery.
- 3703.9 Assist residents/individuals in removing barriers, which prevent them from meeting identified needs. Identify barrier, including language and cultural to access needed services.
- 3703.10 Provide follow-up and coordination procedures to ensure the timeliness and the quality of service delivery or resolution of issues. Initiate and utilize standardized follow-up procedures. Follow established procedures for recording client contacts, accepting individual complaints and concerns and addressing these problems.
- 3703.11 Maintain and advertise a phone number for use by complainants. Follow procedures for handling urgent requests from the complainants and the OSLTCO.
- 3703.12 Promote and provide information, technical assistance and education to ensure that the program is visible in long term care facilities and communities throughout the region. Provide education and training to citizen's groups, general public, local volunteer groups, and human service workers. LTC facility staff and others involved in the LTC industry, concerning resident's rights and issues and how these need to be addressed.
- 3703.13 The LTC Ombudsman Program has developed the following inter-agency partnerships and continues to network with related programs to provide more immediate resolution to issues and expand resources:

- A) Arizona Department of Health Services (DHS); and
- B) Arizona Adult Protective Services (APS).

3704 Operational Procedures and Responsibilities for Regional Ombudsman Program Coordinator Roles

3704.1 The Regional Ombudsman Program Coordinator will be limited in geographic scope to the area specified in the approved plan for the contracted service provider.

3704.2 In administering the Regional LTC Ombudsman Program, the Regional Ombudsman Program Coordinator(s) is (are) responsible for the following activities:

- A) Recruiting, screening, selecting, training, certification training, testing, managing, and providing technical support to staff and/or volunteers. Sending completed copies of the required DAAS Training Record forms to the State LTC Ombudsman office for designation (see exhibit 3700H);
- B) Ensuring that all designated Ombudsmen follow policy, rules, and laws of the program and provide re-certification training. Sending completed copies of the DAAS Training Record forms to the State LTC Ombudsman office for re-designation (see exhibit 3700);
- C) Ensuring that staff and volunteers remain eligible for re-designation;
- D) Representing the interests of residents before government agencies;
- E) Seeking legal, administrative, and other remedies on behalf of residents;
- F) Analyzing, commenting on, and monitoring the development of laws, regulations, policy, and actions pertaining to LTC residents;
- G) Supporting the development of resident and family councils;
- H) Providing information, consultation, and education to the residents, families, LTC facility staff, and to the community;
- I) Making referrals to other governmental and/or community agencies as appropriate;
- J) Reporting program issues directly to the Office of the State LTC Ombudsman;
- K) Reviewing monthly reports and responding in a timely fashion to requests for data and other information as requested by the Office of the State LTC Ombudsman. Submitting monthly DAAS data collection NORS data base reports prior to or by the due date of the 20th of the following month; and
- L) Participating in scheduled conference calls and quarterly meetings with the Office of the State LTC Ombudsman.

3704.3 The Regional Ombudsman Program Coordinator may delegate the following responsibilities to designated staff and/or designated volunteers:

- A) Receiving, investigating, and resolving complaints;
- B) Representing the interests of residents before government agencies;
- C) Seeking legal, administrative, and other remedies on behalf of residents;
- D) Analyzing, commenting on, and monitoring the development of laws, regulations, policy, and actions pertaining to LTC residents;
- E) Supporting the development of resident and family councils;
- F) Providing information, consultation, and education to the residents, families, LTC facility staff, and to the community; and/or

- G) Making referrals to other governmental and/or community agencies as appropriate.

3705 Operational Procedures for Screening for Conflict of Interest

- 3705.1 An individual who serves as a representative, or seeks to serve as a representative of the Office of the State LTC Ombudsman shall sign a DAAS Conflict of Interest Statement form (Exhibit 3000D). A copy of the form will be kept on file at the Office of the State LTC Ombudsman. An individual who serves as a representative of the Office of the State LTC Ombudsman shall review and sign a new Conflict of Interest Statement form every three years or if a change in status occurs.
- 3705.2 Conflict of interest occurs when an individual or a member of the individual's immediate family:
- A) Has direct involvement in licensing and/or certifying long term care facilities;
 - B) Is a provider of LTC services;
 - C) Has ownership or investment interest in a LTC facility;
 - D) Has ownership or investment interest in a LTC service;
 - E) Is employed by and/or manages a LTC facility;
 - F) Receives or has the right to receive, either directly or indirectly, remuneration with an owner or operator of a long term care facility;
 - G) Has a designation/responsibility within the AAA to other programs which limits their ability to discharge their duties, services and provisions of the Ombudsman Program to the residents of long term care settings;
 - H) Is employed at the same time by another employer in a position which conflicts with the duties, services and provisions of the LTC Ombudsman Program; or
 - I) Has the potential to undermine the impartiality of the LTC Ombudsman because of the possibility of a clash between the Ombudsman's self-interest, professional-interest or public interest while providing services to residents of LTC settings.
- 3705.3 Regional Program Coordinators will report any identified conflict of interest to the Office of the State LTC Ombudsman.
- 3705.4 The Office of the State LTC Ombudsman will review the conflict of interest to determine if a waiver can be given.
- A) Waivers will be determined on a case-by-case basis.
 - B) Written responses will be provided to the Regional Ombudsman Program Coordinator within 30 days of receipt of the request.

3706 Operational Procedures for the Maintenance of Ombudsman Information

- 3706.1 The Office of the State LTC Ombudsman and any individual designated to act on behalf of the Office of the State LTC Ombudsman shall not disclose any information with respect to whom the program maintains files on. This includes:
- A) Information pertaining to the resident, complainant, and ombudsman intervention; and/or
 - B) Information pertaining to deposition of staff and volunteers by the Ombudsman.

- 3706.2 Persons requesting information are to be informed that the name of a resident or a complainant with whom the program has had intervention is confidential information and can be revealed only under the following circumstances:
- A) The complainant, resident, and/or legal representative gives consent to the disclosure in writing;
 - B) The complainant, resident, and/or legal representative gives oral consent and the consent is documented in writing on the DAAS Case Notes form (see exhibit 3700B); or
 - C) The disclosure is required by court order.
- 3706.3 Residents, complainants, and/or legal representatives will be asked to complete the DAAS Authorization for Release of Confidential Information and Representation form prior to the Ombudsman disclosing identity (see exhibit 3700A).
- 3706.4 Ombudsmen will document the resident's, complainant's, and/or legal representative's oral consent on the DAAS Case Notes form (see exhibit 3700B).
- 3706.5 Subpoenas received by the Regional Ombudsman Program shall be faxed to the Office of the State LTC Ombudsman within 24 hours of receipt by the Regional Ombudsman Program Coordinator. Send original document to the Office of the State LTC Ombudsman.
- A) The Regional Ombudsman shall not discuss with the requesting attorney, his/her staff, or any other inquirer, any information requested in the subpoena or any information related to the case, including extent of LTC Ombudsman involvement in the case.
 - B) The Office of the State LTC Ombudsman will upon receipt of the subpoena forward it to the Office of the Attorney General State of Arizona, Child & Family Protection Unit within 24 hours for processing.
- 3706.6 Court orders received by Regional Ombudsman representatives shall be faxed to the Office of the State LTC Ombudsman within 24 hours of receipt. The original document shall be sent to the Office of the State LTC Ombudsman. The Office of the State LTC Ombudsman will contact the Office of the Attorney General State of Arizona, Child & Family Protection Unit regarding the processing of the court order.

3707 Operational Procedures for Ombudsman Legal Representation and Liability

- 3707.1 The official duties as specified in the Arizona Revised Statute and the Older Americans Act of 1965, **when performed in good faith**, are considered State conduct or action. Official duties are as defined in the Older Americans Act of 1965, as amended in 2000, §712 (a) (5) (A) and (B). Official duties are also those as defined in ARS § 46-452.02.B.
- 3707.2 Designated LTC Ombudsmen of the Office of the State LTC Ombudsman performing actions of official duties of their position are provided State legal representation.
- 3707.3 Designated LTC Ombudsmen performing action outside of the official duties specified will be interpreted as performing unauthorized action.
- 3707.4 Designated LTC Ombudsmen performing unauthorized action are not provided State legal representation and may be open to personal liability.
- 3707.5 Designated LTC Ombudsmen performing unauthorized action may be subject to De-designation as described in section 3711.

3708 Operational Procedures for Ombudsman Certification

3708.1 The Regional Ombudsman Program Coordinator will conduct an interview of an individual applying to be considered for certification as an LTC Ombudsman/ LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman. During this interview, the individual is informed of the Ombudsman Program role and its requirements. An individual applying to be a LTC Volunteer Ombudsman will be required to complete a DES application (see exhibit 3700I).

3708.2 Certification will occur when the applicant has met the following requirements:

- A) Complete required State and AAA paperwork. In addition LTC Volunteer Ombudsmen will complete the **DAAS Volunteer Commitment form** (see exhibit 3700J);
- B) Be free of conflict of interest as demonstrated in signing the Conflict of Interest Statement form (see exhibit 3700D);
- C) Have demonstrated that he/she is free of infectious tuberculosis (TB) as evidenced by receipt of a document supplied by a medical facility;
- D) Complete a fingerprint criminal history background check as defined by ARS 46-141(A & I), Criminal Record Information Checks and have successfully passed a criminal history background check and pass the criteria for acceptance every 3 years at a minimum. This applies to each prospective LTC Ombudsman, LTC Volunteer Ombudsman and current regional and Volunteer Ombudsmen; and
- E) Have completed the training and testing described in section 3709 as evidenced by completion of the DAAS Ombudsman Certification Checklist (see exhibit 3700C) and Training Record (see exhibit 3700H).

3708.3 The Regional LTC Ombudsman Program Coordinator shall submit copies of the documentation defined in sections 3708.1 and 3708.2 to the Office of the State LTC Ombudsman stating that all certification requirements have been met by the applicant.

3708.4 When all certification requirements have been met, the Office of the State LTC Ombudsman will **designate** the applicant as an Ombudsman/Ombudsman Volunteer of the Office of the State LTC Ombudsman.

3708.5 The Office of the State LTC Ombudsman will issue by mail a State of Arizona photo identification badge to the Regional Ombudsman Program. This badge is to be carried when the Ombudsman is acting as a representative of the Office of the State LTC Care Ombudsman.

3709 Operational Procedures for Ombudsman Training

3709.1 The Office of the State LTC Ombudsman (OSLTCO) will develop and keep current a uniform core training curriculum and testing based on model standards as established by the National Ombudsman Resource Center and as supported by the Administration on Aging. The Office of the State LTC Ombudsman and the Regional Ombudsman Program Coordinator shall work together to provide the core training and testing to the applicant. The 16-hour core curriculum shall consist of the following content:

- A) **LTC Ombudsman Program Responsibility;**
- B) **History and Roles of the Program;**
- C) **Ethics;**
- D) **Gerontology/Aging Process; Common Illnesses and Conditions;**

- E) Mental Illness, Dementia, Substance Abuse Problems;
- F) Developmental and Physical Disabilities;
- G) LTC;
- H) Legal Systems;
- I) Regulatory Requirements of LTC Settings;
- J) Resident Rights;
- K) Communication;
- L) Techniques of Complaint Process/Investigation;
- M) Federal and State applicable Laws and Regulations;
- N) Problem Solving and Resolution;
- O) Medicare and Medicaid;
- P) Confidentiality of Records;
- Q) Resident Records;
- R) Community Resources;
- S) Documentation;
- T) NORS Data Reporting / DES LTC Ombudsman Data Base;
- U) Volunteerism – applies only to Regional Ombudsman Coordinators; and
- V) Maintaining Ombudsman Records – applies only to Regional Ombudsman Coordinators

3709.2 Initial certification training and testing of Regional Ombudsman Coordinators will be provided by the OSLTCO.

3709.3 Initial certification training and testing of Regional LTC Ombudsmen and LTC Volunteers will be provided by Regional LTC Ombudsmen Coordinators or their designee with the OSLTCO providing the designation.

3709.4 The Regional LTC Ombudsman Coordinators will also provide a minimum of four hours of field training to the applicant.

3709.5 Regional LTC Ombudsman Coordinators will use the DAAS Ombudsman Certification Checklist (see exhibit 3700C) and Training Record (see exhibit 3700H) of core training participation for each individual applicant. This record is to be placed in the Ombudsman's personnel file along with testing results and copies sent to the Office of the State LTC Ombudsman for designation.

3709.6 Regional Ombudsman Coordinators will receive the training identified in 3709.1 and 3709.2 from the Office of the State LTC Ombudsman.

3710 Operational Procedures for Ombudsman Designation and Re-Designation

3710.1 In order to maintain the 12 consecutive month designation and re-designation, from the Office of the State LTC Ombudsman, LTC Ombudsmen/LTC Volunteers shall:

- A) Remain free of conflict of interest, the Conflict of Interest Statement (see exhibit 3700D) shall be reviewed and signed every three years or earlier if a change of status occurs;

- B) Complete annual Tuberculin (TB) screening or a written statement dated 12 months after the initial date of testing by physician, physician assistant or nurse practitioner that the staff is free of tuberculosis as described in section 3711;
- C) Complete initial Core Training and testing for designation according to training procedures 3709;
- D) All LTC Ombudsmen/LTC Volunteers shall complete a refresher training of Older Americans Act every three years;
- E) For re-certification all LTC Ombudsmen/ LTC Volunteer's shall complete eight hours of annual in-service each year. This training will be provided by Regional LTC Ombudsmen Coordinators. Submit all re-certification paperwork to the OSLTCO for re-designation;
- F) Regional LTC Ombudsman Program Coordinators shall complete an additional 4 hours of in-service training annually. OSLTCO will provide re-certification training and re-designation to Regional Ombudsmen Coordinators;
- G) Remain in compliance with State law, Federal law and State and local policy and procedure, and Ombudsman Program Rules;
- H) Continue to demonstrate the ability to carry out the duties of the office;
- I) Regional LTC Ombudsmen Program Coordinators/Regional LTC Ombudsmen shall attend at least one outside training each year to increase knowledge and networking capabilities. Submit to the OSLTCO copies of all documents/certificates for outside training completion;
- J) Follow the State LTC Ombudsman criteria and written procedures for certification, re-certification; and
- K) Copies of the completed DAAS Ombudsman Certification Checklist (see exhibit 3700C) and Training Record (see exhibit 3700H) and any outside training certificates are to be sent to the Office of the State LTC Ombudsman for designation of Ombudsmen/Volunteers.

3710.2 Regional LTC Ombudsman Program Coordinators and the Office of the State LTC Ombudsman shall work together to provide opportunities to meet the required eight hours of annual in-service training for Ombudsmen/Volunteers.

3710.3 Regional LTC Ombudsman Program Coordinators shall advise the Office of the State LTC Ombudsman that all re-designation requirements have been met by the LTC Ombudsmen. The Regional LTC Ombudsman Program Coordinators shall submit copies of the completed DAAS Ombudsman Certification Checklist (see exhibit 3700C) and Training Record (see exhibit 3700H) documentation as defined in section 3710 to the Office of the State LTC Ombudsman.

3711 Operational Procedures for Ombudsman De-designation

3711.1 The Regional LTC Ombudsman Coordinator and/or the sponsoring agency may recommend de-designation of an LTC Ombudsman/ LTC Ombudsman Volunteer to the Office of the State LTC Ombudsman as described in 3711.3. De-certification of an LTC Ombudsman/LTC Volunteer Ombudsman may also occur voluntarily, should the LTC Ombudsman/LTC Volunteer Ombudsman request to resign from the program.

3711.2 No LTC Ombudsman/ LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman shall be de-designated without cause. The following are actions that may result in de-designation:

- A) Failure of the individual to meet and/or maintain the criteria for certification;

- B) Deliberate failure of the individual to disclose any conflict of interest or the existence of an un-remedied conflict of interest;
- C) Violation of confidentiality requirements;
- D) Failure to provide adequate and appropriate services to LTC residents;
- E) Falsification of records; or
- F) Failure to act in accordance with applicable federal and state laws, rules, regulations, and policies.

3711.3 The Regional Ombudsman Coordinator will submit a written recommendation with documentation to the Office of the State LTC Ombudsman.

3711.4 When documentation is provided, the Office of the State LTC Ombudsman will review the recommendation and de-designate as appropriate. The Office of the State LTC Ombudsman will consult with the relevant Regional Ombudsman Coordinator and/or the sponsoring agency to consider remedial actions that may prevent de-certification.

3711.5 If an attempt at remedial action is unsuccessful and cause still exists, the Regional LTC Ombudsman Coordinator shall provide written documentation of the results of the remedial actions and request de-designation. The Office of the State LTC Ombudsman will provide written notice to inform the de-designated LTC Ombudsman/LTC Volunteer Ombudsman that cause has been established and set forth the effective date of the de-designation.

3711.6 If the de-designation of an LTC Ombudsman/LTC Volunteer Ombudsman of the Office of the State LTC Ombudsman results in the absence of ombudsman services in a service area, the Office of the State LTC Ombudsman and Regional LTC Ombudsman Coordinator and/or the sponsoring agency shall arrange for the provision of ombudsman services until the decertified LTC Ombudsman/LTC Volunteer Ombudsman is replaced.

3711.7 The Regional LTC Ombudsman Coordinator and/or sponsoring agency must ensure that a de-designated representative abides by the following:

- A) Surrender the State of Arizona Ombudsman photo identification badge immediately to the Regional LTC Ombudsman Coordinator and/or sponsoring agency. The Regional LTC Ombudsman Coordinator and/or sponsoring agency shall return the surrendered badge to the Office of the State LTC Ombudsman;
- B) Cease to identify himself/herself as an LTC Ombudsman of the Office of the State LTC Ombudsman; and
- C) Maintain confidentiality regarding events witnessed and/or experienced while performing duties as an LTC Ombudsman of the Office of the State LTC Ombudsman.

3711.8 The Office of the State LTC Ombudsman will have the authority of de-designation of a Regional LTC Ombudsman/LTC Volunteer Ombudsman when good cause has been determined and the sponsoring agency has been unable to remedy the situation and de-designate.

3712 Operational Procedures for the LTC Program Reporting Requirements

3712.1 The AAA shall collect data and maintain records relating to the LTC Ombudsman Program as defined in the Aging and Adult Administration Policy Section 1600.

3712.2 Utilize all forms as provided and any other forms specified by the OSLTCO such as form letters, release of information & representation, applications, case notes, data case forms, data base entry forms, documentation, training forms, reference check and volunteer forms.

3712.3 Collect accurate data for needs assessment, program evaluation, and reporting. Complete monthly data collection reports in the DES Ombudsman web-based system. These reports

shall include inputting information on each ombudsman case (see exhibit 3700F) into the web-based LTC Ombudsman system on the Complaint Case screen no later than the end of the month in which the case was closed. Input information on the monthly data collection report (see exhibit 3700E) summary of ombudsman activities into the web-based LTC Ombudsman system prior to but no later than the 20th of the following month. Maintain compliance with the National Ombudsman Reporting System and Arizona State reporting requirements to collect and analyze data relating to complaints and conditions in long term care facilities for the purpose of identifying and resolving problems by providing data to the OSLTCO Provide other reports as required by the OSLTCO.

EXHIBITS:

[3700A - Authorization for Release of Confidential Information and Representation](#)

[3700B - Case Notes](#)

[3700C - Ombudsman Certification Checklist](#)

[3700D - Conflict of Interest Statement](#)

[3700E – Monthly Data Collection Report](#)

[3700F – Ombudsman Case](#)

[3700H - Training Record](#)

[3700I - Volunteer Application](#)

[3700J- Volunteer Commitment](#)

DRAFT

**Other Funds
for SFY-2011**

EnhanceFitness Grant Project - The Department of Economic Security, Division of Aging and Adult Services (DAAS), through the Arizona Department of Health Services (ADHS), received a Demonstration grant (Award #90AM3134-04) from the Administration on Aging (AoA) to continue the EnhanceFitness (EF) evidence based program. The overall amount of the award is \$125,000, with a non-federal match amount of \$41,995. The grant period is **June 1, 2010 – May 31, 2011**.

This demonstration grant will expand and move forward activities that are already underway in the provision of the EnhanceFitness programs in these regions. The goal of the EF Grant is to sustain and expand the EF program in Arizona, and includes the following two objectives:

Objective 1: Build capacity level of current EF programming in Arizona.

ADHS is contracting with the DAAS to achieve the grant requirements; working with the three Area Agencies on Aging that serve Pima, Yavapai, and Santa Cruz Counties.

- Pima Council on Aging (PCOA) will partner with the Aerobic and Fitness Association of America to provide fitness certification training. This partnership will provide a resource for other agencies throughout Arizona to obtain certification of fitness instructors while ensuring quality of the training. The Master Trainer in Pima County will provide EF Leadership Training to the new instructors and technical assistance to all instructors. Recruitment of new instructors will continue at the local community colleges seeking students in fitness programs as well as other venues.
- Utilizing grant funds, Yavapai County will be recruiting an additional Fitness Instructor to transition into the EF site in Mayer. Northern Arizona Council of Governments (NACOG) will continue to support the EF program in Yavapai County.
- SouthEastern Arizona Governments Organization (SEAGO) has hired a Health Promotion Coordinator and funding from this grant will help develop partnerships in the community to build infrastructure for evidence-based programs. The Coordinator is also a Master Trainer in Matter of Balance, Chronic Disease Self Management Program, and EF. SEAGO will continue to support the EF program in Santa Cruz County.

Objective 2: Create new partnerships to expand the geographic reach of the EF program and provide start up funding for EF programming. Key state and local partners currently include: DAAS, PCOA, NACOG, SEAGO, City of Tucson Parks and Recreation, Yavapai County Health Department, and the Mariposa Community Health Department.

**Other Funds
for SFY-2011**

The following allocations are being made to the respective Area Agencies on Aging:

	Allocation	Non-Fed Match	Total Budget
Region 2	\$ 40,000	\$13,333	\$53,333
Region 3	\$37,000	\$12,530	\$49,530
Region 6	\$15,000	\$ 5,132	\$20,132
Total	\$92,000	\$30,995	\$122,995

This project will operate under the guidelines of the Public Health – Disease Prevention and Health Promotion Scope of Work. The following service code will be available for use during this contract period: HPE.

Current EF reporting requirements will continue on a quarterly basis.

Funding Opportunity

A funding opportunity is being made available to one Area Agency on Aging that is not already participating in the EF program. This mini-grant funding opportunity will allow expansion of the EF program within their planning and service area and support the activities of Objective 2. A total of \$33,000 is available in this opportunity and requires a non-federal match of \$11,000.

Area Agencies responding to the funding opportunity should submit to their respective Contract Specialist a one-page proposal that includes the following elements:

- Description of service delivery
- Rationale for the EF program in their planning and service area
- Impact of the EF program in terms of number of participants that will be reached
- Detailed budget (does not count towards the one-page limit)

Funds must be expended by May 31, 2011

Proposals are due no later than August 6, 2010. An award decision will be announced as part of the ALERT scheduled for the end of August.

Should you have any questions regarding the allocations or the funding opportunity, contact Diana Toussaint at 602-542-6434, dtoussaint@azdes.gov.

**Other Funds
for SFY-2011**

In ALERT SFY-10-11D, dated October 23, 2009, allocations were made to four Area Agencies on Aging for the **Aging and Disability Resource Center (ADRC) – Care Transitions**. The Non-Federal Match required for these allocations was inadvertently not included in that original ALERT, and have been added to the table below:

	From ALERT SFY-10-11D			Required Match	Total with Match
	Award amount	CIL amount	Sub-Total		
Region I	\$24,375	\$12,187	\$36,562	\$2,100	\$38,662
Region II	\$24,375	\$12,187	\$36,562	\$2,100	\$38,662
Region IV	\$24,375	\$12,187	\$36,562	\$2,100	\$38,662
Region V	\$24,375	\$12,187	\$36,562	\$2,100	\$38,662
Total	\$97,500	\$48,748	\$146,248	\$8,400	\$154,648

Allocated funds are available for use in the ADRC project until September 29, 2012. Given the duration of the grant funds, it was anticipated that unexpended SFY 2010 ADRC – Care Transitions funds would automatically be carried over into SFY-2011.

The following carryover amounts are approved for the respective Area Agencies on Aging:

	SFY-11 Approved Carryover	Non-Fed Match	Total with Match
Region I	\$ 36,562	\$2,100	\$38,662
Region II	\$ 30,986	\$2,100	\$33,086
Region IV	\$ 36,562	\$2,100	\$38,662
Region V	\$ 36,562	\$2,100	\$38,662
Total	\$ 140,672	\$8,400	\$149,072

Participating Area Agencies on Aging are required to provide Non-Federal Match (cash or in-kind) during the contract period. Failure to provide the match shall result in a proportionate reduction of the contract funding. Required match must be identified in each submitted billing in order for payments to be processed.

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

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 1	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 562,353.00	\$ 562,353.00	\$ -	\$ 562,353.00
2. OAA ADMIN. III C-1	\$ -	\$ 820,343.00	\$ 820,343.00	\$ -	\$ 820,343.00
3. OAA ADMIN. III-E	\$ -	\$ 149,755.00	\$ 149,755.00	\$ -	\$ 149,755.00
4. SSBG ADMIN.	\$ -	\$ 187,137.00	\$ 187,137.00	\$ -	\$ 187,137.00
5. TITLE III-B	\$ -	\$ 3,289,895.00	\$ 3,289,895.00	\$ -	\$ 3,289,895.00
6. TITLE III-C1	\$ -	\$ 2,580,984.00	\$ 2,580,984.00	\$ -	\$ 2,580,984.00
7. TITLE III-C2	\$ -	\$ 2,025,110.00	\$ 2,025,110.00	\$ -	\$ 2,025,110.00
8. TITLE III-D	\$ -	\$ 178,368.00	\$ 178,368.00	\$ -	\$ 178,368.00
9. TITLE III-E CAREGIVER	\$ -	\$ 1,253,855.00	\$ 1,253,855.00	\$ -	\$ 1,253,855.00
10. NSIP	\$ -	\$ 732,107.00	\$ 732,107.00	\$ -	\$ 732,107.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 31,984.00	\$ 31,984.00	\$ -	\$ 31,984.00
12. TITLE VII FED. OMB	\$ -	\$ 144,160.00	\$ 144,160.00	\$ -	\$ 144,160.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 4,414,737.00	\$ 4,414,737.00	\$ -	\$ 4,414,737.00
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)	\$ -	\$ 1,770,537.00	\$ 1,746,112.00	\$ -	\$ 1,746,112.00
17. S.H.I.P.	\$ -	\$ 217,518.00	\$ 217,518.00	\$ -	\$ 217,518.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. REFUGEE	\$ -	\$ 70,000.00	\$ 70,000.00	\$ -	\$ 70,000.00
21. TITLE III-C1 STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
22. TITLE III-C1 ADMIN. STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
23. TITLE III-C2 STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
24. ALZHEIMER'S CAREPRO	\$ 75,000.00	\$ 292,000.00	\$ 75,000.00	\$ -	\$ 75,000.00
25. SCSEP (TITLE V)	\$ 18,500.00	\$ 779,170.00	\$ 797,670.00	\$ 248,999.00	\$ 1,046,669.00
26. SCSEP2	\$ 343,679.00	\$ -	\$ 356,287.00	\$ -	\$ 356,287.00
27. LIFESPAN RESPITE	\$ -	\$ -	\$ 75,250.00	\$ -	\$ 75,250.00
28. ADRC CARE TRANSITION	\$ 36,562.00	\$ -	\$ 36,562.00	\$ -	\$ 36,562.00
TOTAL	\$ 473,741.00	\$ 20,162,554.00	\$ 20,407,728.00	\$ 248,999.00	\$ 20,656,727.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 2	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 254,036.00	\$ 254,036.00	\$ -	\$ 254,036.00
2. OAA ADMIN. III C-1	\$ -	\$ 316,286.00	\$ 316,286.00	\$ -	\$ 316,286.00
3. OAA ADMIN. III-E	\$ -	\$ 50,477.00	\$ 50,477.00	\$ -	\$ 50,477.00
4. SSBG ADMIN.	\$ -	\$ 5,594.00	\$ 5,594.00	\$ -	\$ 5,594.00
5. TITLE III-B	\$ -	\$ 1,160,858.00	\$ 1,160,858.00	\$ -	\$ 1,160,858.00
6. TITLE III-C1	\$ -	\$ 915,329.00	\$ 915,329.00	\$ -	\$ 915,329.00
7. TITLE III-C2	\$ -	\$ 708,346.00	\$ 708,346.00	\$ -	\$ 708,346.00
8. TITLE III-D	\$ -	\$ 62,118.00	\$ 62,118.00	\$ -	\$ 62,118.00
9. TITLE III-E CAREGIVER	\$ -	\$ 436,663.00	\$ 436,663.00	\$ -	\$ 436,663.00
10. NSIP	\$ -	\$ 232,537.00	\$ 232,537.00	\$ -	\$ 232,537.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 11,139.00	\$ 11,139.00	\$ -	\$ 11,139.00
12. TITLE VII FED. OMB	\$ -	\$ 50,205.00	\$ 50,205.00	\$ -	\$ 50,205.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 617,067.00	\$ 617,067.00	\$ -	\$ 617,067.00
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)	\$ -	\$ 118,631.00	\$ 118,631.00	\$ (97,515.00)	\$ 21,116.00
17. S.H.I.P.	\$ -	\$ 85,228.00	\$ 85,228.00	\$ -	\$ 85,228.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. REFUGEE	\$ -	\$ 34,000.00	\$ 34,000.00	\$ -	\$ 34,000.00
20. DIRECT CARE CURRICULUM	\$ -	\$ 40,000.00	\$ 40,000.00	\$ -	\$ 40,000.00
21. TITLE III-C1 STIMULUS	\$ 55,000.00	\$ -	\$ 55,000.00	\$ -	\$ 55,000.00
22. TITLE III-C1 ADMIN. STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
23. TITLE III-C2 STIMULUS	\$ 14,000.00	\$ -	\$ 14,000.00	\$ -	\$ 14,000.00
24. SCSEP (TITLE V)	\$ 18,500.00	\$ 185,518.00	\$ 204,018.00	\$ 150,974.00	\$ 354,992.00
25. SCSEP2	\$ 96,229.00	\$ -	\$ 108,837.00	\$ -	\$ 108,837.00
26. ALZHEIMER'S CAREPRO	\$ 35,000.00	\$ -	\$ 35,000.00	\$ -	\$ 35,000.00
27. ENHANCEFITNESS	\$ -	\$ -	\$ -	\$ 40,000.00	\$ 40,000.00
28. ADCRC CARE TRANSITION	\$ 30,986.00	\$ -	\$ 30,986.00	\$ -	\$ 30,986.00
TOTAL	\$ 249,715.00	\$ 5,584,041.00	\$ 5,846,364.00	\$ 93,459.00	\$ 5,939,823.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 3	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 109,116.00	\$ 109,116.00	\$ -	\$ 109,116.00
2. OAA ADMIN. III C-1	\$ -	\$ 169,889.00	\$ 169,889.00	\$ -	\$ 169,889.00
3. OAA ADMIN. III-E	\$ -	\$ 21,643.00	\$ 21,643.00	\$ -	\$ 21,643.00
4. SSBG ADMIN.	\$ -	\$ 28,276.00	\$ 28,276.00	\$ -	\$ 28,276.00
5. TITLE III-B	\$ -	\$ 628,914.00	\$ 628,914.00	\$ -	\$ 628,914.00
6. TITLE III-C1	\$ -	\$ 499,826.00	\$ 499,826.00	\$ -	\$ 499,826.00
7. TITLE III-C2	\$ -	\$ 378,454.00	\$ 378,454.00	\$ -	\$ 378,454.00
8. TITLE III-D	\$ -	\$ 32,955.00	\$ 32,955.00	\$ -	\$ 32,955.00
9. TITLE III-E CAREGIVER	\$ -	\$ 231,656.00	\$ 231,656.00	\$ -	\$ 231,656.00
10. NSIP	\$ -	\$ 287,612.00	\$ 287,612.00	\$ -	\$ 287,612.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 5,909.00	\$ 5,909.00	\$ -	\$ 5,909.00
12. TITLE VII FED. OMB	\$ -	\$ 26,634.00	\$ 26,634.00	\$ -	\$ 26,634.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 901,462.00	\$ 901,462.00	\$ -	\$ 901,462.00
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)	\$ -	\$ 425,706.00	\$ 411,208.00	\$ -	\$ 411,208.00
17. S.H.I.P.	\$ -	\$ 53,904.00	\$ 53,904.00	\$ -	\$ 53,904.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. TITLE III-C1 STIMULUS	\$ 1,965.00	\$ -	\$ 1,965.00	\$ -	\$ 1,965.00
21. TITLE III-C1 ADMIN. STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
22. TITLE III-C2 STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
23. SCSEP (TITLE V)	\$ -	\$ 213,344.00	\$ 213,344.00	\$ 85,760.00	\$ 299,104.00
24. ALZHEIMER'S CAREPRO	\$ 25,000.00	\$ -	\$ 25,000.00	\$ -	\$ 25,000.00
25. ENHANCEFITNESS	\$ -	\$ -	\$ -	\$ 37,000.00	\$ 37,000.00
TOTAL	\$ 26,965.00	\$ 4,111,983.00	\$ 4,124,450.00	\$ 122,760.00	\$ 4,247,210.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 4	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 105,089.00	\$ 105,089.00	\$ -	\$ 105,089.00
2. OAA ADMIN. III C-1	\$ -	\$ 194,750.00	\$ 194,750.00	\$ -	\$ 194,750.00
3. OAA ADMIN. III-E	\$ -	\$ 26,540.00	\$ 26,540.00	\$ -	\$ 26,540.00
4. SSBG ADMIN.	\$ -	\$ 35,653.00	\$ 35,653.00	\$ -	\$ 35,653.00
5. TITLE III-B	\$ -	\$ 686,906.00	\$ 686,906.00	\$ -	\$ 686,906.00
6. TITLE III-C1	\$ -	\$ 544,835.00	\$ 544,835.00	\$ -	\$ 544,835.00
7. TITLE III-C2	\$ -	\$ 414,809.00	\$ 414,809.00	\$ -	\$ 414,809.00
8. TITLE III-D	\$ -	\$ 36,185.00	\$ 36,185.00	\$ -	\$ 36,185.00
9. TITLE III-E CAREGIVER	\$ -	\$ 254,367.00	\$ 254,367.00	\$ -	\$ 254,367.00
10. NSIP	\$ -	\$ 182,877.00	\$ 182,877.00	\$ -	\$ 182,877.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 6,489.00	\$ 6,489.00	\$ -	\$ 6,489.00
12. TITLE VII FED. OMB	\$ -	\$ 29,246.00	\$ 29,246.00	\$ -	\$ 29,246.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 867,960.00	\$ 867,960.00	\$ -	\$ 867,960.00
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)	\$ -	\$ 400,835.00	\$ 400,835.00	\$ -	\$ 400,835.00
17. S.H.I.P.	\$ -	\$ 54,391.00	\$ 54,391.00	\$ -	\$ 54,391.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. TITLE III-C1 STIMULUS	\$ 11,168.00	\$ -	\$ 11,168.00	\$ -	\$ 11,168.00
21. TITLE III-C1 ADMIN. STIMULUS	\$ 14,285.00	\$ -	\$ 14,285.00	\$ -	\$ 14,285.00
22. TITLE III-C2 STIMULUS	\$ 30,749.00	\$ -	\$ 30,749.00	\$ -	\$ 30,749.00
23. ALZHEIMER'S CAREPRO	\$ 25,000.00	\$ 25,000.00	\$ 25,000.00	\$ -	\$ 25,000.00
24. ADRC CARE TRANSITION	\$ 36,562.00	\$ -	\$ 36,562.00	\$ -	\$ 36,562.00
TOTAL	\$ 117,764.00	\$ 3,959,873.00	\$ 4,052,637.00	\$ -	\$ 4,052,637.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 5	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 88,096.00	\$ 88,096.00	\$ -	\$ 88,096.00
2. OAA ADMIN. III C-1	\$ -	\$ 144,896.00	\$ 144,896.00	\$ -	\$ 144,896.00
3. OAA ADMIN. III-E	\$ -	\$ 16,721.00	\$ 16,721.00	\$ -	\$ 16,721.00
4. SSBG ADMIN.	\$ -	\$ 26,388.00	\$ 26,388.00	\$ -	\$ 26,388.00
5. TITLE III-B	\$ -	\$ 465,044.00	\$ 465,044.00	\$ -	\$ 465,044.00
6. TITLE III-C1	\$ -	\$ 371,173.00	\$ 371,173.00	\$ -	\$ 371,173.00
7. TITLE III-C2	\$ -	\$ 277,709.00	\$ 277,709.00	\$ -	\$ 277,709.00
8. TITLE III-D	\$ -	\$ 24,086.00	\$ 24,086.00	\$ -	\$ 24,086.00
9. TITLE III-E CAREGIVER	\$ -	\$ 169,318.00	\$ 169,318.00	\$ -	\$ 169,318.00
10. NSIP	\$ -	\$ 141,735.00	\$ 141,735.00	\$ -	\$ 141,735.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 4,319.00	\$ 4,319.00	\$ -	\$ 4,319.00
12. TITLE VII FED. OMB	\$ -	\$ 19,467.00	\$ 19,467.00	\$ -	\$ 19,467.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 733,085.00	\$ 733,085.00	\$ -	\$ 733,085.00
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)	\$ -	\$ 237,487.00	\$ 237,487.00	\$ -	\$ 237,487.00
17. S.H.I.P.	\$ -	\$ 44,880.00	\$ 44,880.00	\$ -	\$ 44,880.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. DIRECT CARE CURRICULUM	\$ -	\$ -	\$ -	\$ -	\$ -
21. TITLE III-C1 STIMULUS	\$ 23,536.00	\$ -	\$ 23,536.00	\$ -	\$ 23,536.00
22. TITLE III-C1 ADMIN. STIMULUS	\$ -	\$ -	\$ -	\$ -	\$ -
23. TITLE III-C2 STIMULUS	\$ 13,718.00	\$ -	\$ 13,718.00	\$ -	\$ 13,718.00
24. SCSEP (TITLE V)	\$ 18,500.00	\$ 139,136.00	\$ 157,636.00	\$ 85,191.00	\$ 242,827.00
25. SCSEP2	\$ 96,229.00	\$ -	\$ 96,229.00	\$ -	\$ 96,229.00
26. ALZHEIMER'S CAREPRO	\$ -	\$ -	\$ -	\$ -	\$ -
27. ADRC CARE TRANSITION	\$ 36,562.00	\$ -	\$ 36,562.00	\$ -	\$ 36,562.00
TOTAL	\$ 188,545.00	\$ 2,979,418.00	\$ 3,167,963.00	\$ 85,191.00	\$ 3,253,154.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 6	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 82,254.00	\$ 82,254.00	\$ -	\$ 82,254.00
2. OAA ADMIN. III C-1	\$ -	\$ 123,198.00	\$ 123,198.00	\$ -	\$ 123,198.00
3. OAA ADMIN. III-E	\$ -	\$ 12,447.00	\$ 12,447.00	\$ -	\$ 12,447.00
4. SSBG ADMIN.	\$ -	\$ 26,724.00	\$ 26,724.00	\$ -	\$ 26,724.00
5. TITLE III-B	\$ -	\$ 366,537.00	\$ 366,537.00	\$ -	\$ 366,537.00
6. TITLE III-C1	\$ -	\$ 294,053.00	\$ 294,053.00	\$ -	\$ 294,053.00
7. TITLE III-C2	\$ -	\$ 216,855.00	\$ 216,855.00	\$ -	\$ 216,855.00
8. TITLE III-D	\$ -	\$ 18,717.00	\$ 18,717.00	\$ -	\$ 18,717.00
9. TITLE III-E CAREGIVER	\$ -	\$ 131,574.00	\$ 131,574.00	\$ -	\$ 131,574.00
10. NSIP	\$ -	\$ 95,201.00	\$ 95,201.00	\$ -	\$ 95,201.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 3,356.00	\$ 3,356.00	\$ -	\$ 3,356.00
12. TITLE VII FED. OMB	\$ -	\$ 15,127.00	\$ 15,127.00	\$ -	\$ 15,127.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 685,455.00	\$ 685,455.00	\$ -	\$ 685,455.00
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)	\$ -	\$ 350,488.00	\$ 350,488.00	\$ -	\$ 350,488.00
17. S.H.I.P.	\$ -	\$ 40,374.00	\$ 40,374.00	\$ -	\$ 40,374.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. TITLE III-C1 STIMULUS	\$ 11,389.00	\$ -	\$ 11,389.00	\$ -	\$ 11,389.00
21. TITLE III-C1 ADMIN. STIMULUS	\$ 6,593.00	\$ -	\$ 6,593.00	\$ -	\$ 6,593.00
22. TITLE III-C2 STIMULUS	\$ 3,547.00	\$ -	\$ 3,547.00	\$ -	\$ 3,547.00
23. ALZHEIMER'S CAREPRO	\$ 13,256.00	\$ -	\$ 13,256.00	\$ -	\$ 13,256.00
24. ENHANCEFITNESS	\$ -	\$ -	\$ -	\$ 15,000.00	\$ 15,000.00
TOTAL	\$ 34,785.00	\$ 2,533,298.00	\$ 2,568,083.00	\$ 15,000.00	\$ 2,583,083.00

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 7	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ 19,956.00	\$ 19,956.00	\$ -	\$ 19,956.00
2. OAA ADMIN. III C-1	\$ -	\$ 140,420.00	\$ 140,420.00	\$ -	\$ 140,420.00
3. OAA ADMIN. III-E	\$ -	\$ 15,839.00	\$ 15,839.00	\$ -	\$ 15,839.00
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
5. TITLE III-B	\$ -	\$ 444,708.00	\$ 444,708.00	\$ -	\$ 444,708.00
6. TITLE III-C1	\$ -	\$ 376,088.00	\$ 376,088.00	\$ -	\$ 376,088.00
7. TITLE III-C2	\$ -	\$ 264,674.00	\$ 264,674.00	\$ -	\$ 264,674.00
8. TITLE III-D	\$ -	\$ 23,065.00	\$ 23,065.00	\$ -	\$ 23,065.00
9. TITLE III-E CAREGIVER	\$ -	\$ 163,904.00	\$ 163,904.00	\$ -	\$ 163,904.00
10. NSIP	\$ -	\$ 409,119.00	\$ 409,119.00	\$ -	\$ 409,119.00
11. TITLE VII ELDER ABUSE	\$ -	\$ 4,322.00	\$ 4,322.00	\$ -	\$ 4,322.00
12. TITLE VII FED. OMB	\$ -	\$ 18,760.00	\$ 18,760.00	\$ -	\$ 18,760.00
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 143,230.00	\$ 143,230.00	\$ -	\$ 143,230.00
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.	\$ -	\$ 32,713.00	\$ 32,713.00	\$ -	\$ 32,713.00
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
20. NAVAJO SENIOR CTRS.	\$ -	\$ -	\$ -	\$ -	\$ -
21. TITLE III-C1 STIMULUS	\$ 61,185.00	\$ -	\$ 61,185.00	\$ -	\$ 61,185.00
22. TITLE III-C1 ADMIN. STIMULUS	\$ 9,463.00	\$ -	\$ 9,463.00	\$ -	\$ 9,463.00
23. TITLE III-C2 STIMULUS	\$ 37,270.00	\$ -	\$ 37,270.00	\$ -	\$ 37,270.00
TOTAL	\$ 107,918.00	\$ 2,109,273.00	\$ 2,217,191.00	\$ -	\$ 2,217,191.00

DIVISION OF AGING & ADULT SERVICES						
CONTRACT OBLIGATION FOR SFY 2011						
REGION 8	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS	
1. STATE ADMIN.	\$ -	\$ 21,501.00	\$ 21,501.00	\$ -	\$ 21,501.00	
2. OAA ADMIN. III C-1	\$ -	\$ 178,384.00	\$ 178,384.00	\$ -	\$ 178,384.00	
3. OAA ADMIN. III-E	\$ -	\$ 23,317.00	\$ 23,317.00	\$ -	\$ 23,317.00	
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -	
5. TITLE III-B	\$ -	\$ 568,323.00	\$ 568,323.00	\$ -	\$ 568,323.00	
6. TITLE III-C1	\$ -	\$ 451,680.00	\$ 451,680.00	\$ -	\$ 451,680.00	
7. TITLE III-C2	\$ -	\$ 341,980.00	\$ 341,980.00	\$ -	\$ 341,980.00	
8. TITLE III-D	\$ -	\$ 29,778.00	\$ 29,778.00	\$ -	\$ 29,778.00	
9. TITLE III-E CAREGIVER	\$ -	\$ 209,326.00	\$ 209,326.00	\$ -	\$ 209,326.00	
10. NSIP	\$ -	\$ 92,373.00	\$ 92,373.00	\$ -	\$ 92,373.00	
11. TITLE VII ELDER ABUSE	\$ -	\$ 5,340.00	\$ 5,340.00	\$ -	\$ 5,340.00	
12. TITLE VII FED. OMB	\$ -	\$ 24,067.00	\$ 24,067.00	\$ -	\$ 24,067.00	
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 157,141.00	\$ 157,141.00	\$ -	\$ 157,141.00	
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.	\$ -	\$ 32,713.00	\$ 32,713.00	\$ -	\$ 32,713.00	
18. SENIOR PATROL	\$ -	\$ 16,103.00	\$ 16,103.00	\$ -	\$ 16,103.00	
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -	
20. TITLE III-C1 STIMULUS	\$ 74,973.00	\$ -	\$ 74,973.00	\$ -	\$ 74,973.00	
21. TITLE III-C1 ADMIN. STIMULUS	\$ 5,112.00	\$ -	\$ 5,112.00	\$ -	\$ 5,112.00	
22. TITLE III-C2 STIMULUS	\$ 45,094.00	\$ -	\$ 45,094.00	\$ -	\$ 45,094.00	
TOTAL	\$ 125,179.00	\$ 2,188,398.00	\$ 2,313,577.00	\$ -	\$ 2,313,577.00	

DIVISION OF AGING & ADULT SERVICES

CONTRACT OBLIGATION FOR SFY 2011

REGION 9	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 ALERTS	INCREASE (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
1. STATE ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
2. OAA ADMIN. III C-1	\$ -	\$ -	\$ -	\$ -	\$ -
3. OAA ADMIN. III-E	\$ -	\$ -	\$ -	\$ -	\$ -
4. SSBG ADMIN.	\$ -	\$ -	\$ -	\$ -	\$ -
5. TITLE III-B	\$ -	\$ -	\$ -	\$ -	\$ -
6. TITLE III-C1	\$ -	\$ -	\$ -	\$ -	\$ -
7. TITLE III-C2	\$ -	\$ -	\$ -	\$ -	\$ -
8. TITLE III-D	\$ -	\$ -	\$ -	\$ -	\$ -
9. TITLE III-E CAREGIVER	\$ -	\$ -	\$ -	\$ -	\$ -
10. NSIP	\$ -	\$ -	\$ -	\$ -	\$ -
11. TITLE VII ELDER ABUSE	\$ -	\$ -	\$ -	\$ -	\$ -
12. TITLE VII FED. OMB	\$ -	\$ -	\$ -	\$ -	\$ -
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 1,385,346.00	\$ 1,385,346.00	\$ -	\$ 1,385,346.00
14. STATE OMBUDSMAN	\$ -	\$ -	\$ -	\$ -	\$ -
15. STATE RESPITE	\$ -	\$ -	\$ -	\$ -	\$ -
16. SSBG (SERVICES)	\$ -	\$ 1,118,877.00	\$ 1,133,108.00	\$ 97,515.00	\$ 1,230,623.00
17. S.H.I.P.	\$ -	\$ -	\$ -	\$ -	\$ -
18. SENIOR PATROL	\$ -	\$ -	\$ -	\$ -	\$ -
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ 2,504,223.00	\$ 2,518,454.00	\$ 97,515.00	\$ 2,615,969.00

DIVISION OF AGING & ADULT SERVICES						
CONTRACT OBLIGATION FOR SFY 2011						
STATE TOTAL	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 AWARDS	INCREASE/ (DECREASE) SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS	
1. STATE ADMIN.	\$ -	\$ 1,242,401.00	\$ 1,242,401.00	\$ -	\$ 1,242,401.00	
2. OAA ADMIN. III C-1	\$ -	\$ 2,088,166.00	\$ 2,088,166.00	\$ -	\$ 2,088,166.00	
3. OAA ADMIN. III-E	\$ -	\$ 316,739.00	\$ 316,739.00	\$ -	\$ 316,739.00	
4. SSBG ADMIN.	\$ -	\$ 309,772.00	\$ 309,772.00	\$ -	\$ 309,772.00	
5. TITLE III-B	\$ -	\$ 7,611,185.00	\$ 7,611,185.00	\$ -	\$ 7,611,185.00	
6. TITLE III-C1	\$ -	\$ 6,033,968.00	\$ 6,033,968.00	\$ -	\$ 6,033,968.00	
7. TITLE III-C2	\$ -	\$ 4,627,937.00	\$ 4,627,937.00	\$ -	\$ 4,627,937.00	
8. TITLE III-D	\$ -	\$ 405,272.00	\$ 405,272.00	\$ -	\$ 405,272.00	
9. TITLE III-E CAREGIVER	\$ -	\$ 2,850,663.00	\$ 2,850,663.00	\$ -	\$ 2,850,663.00	
10. NSIP	\$ -	\$ 2,173,561.00	\$ 2,173,561.00	\$ -	\$ 2,173,561.00	
11. TITLE VII ELDER ABUSE	\$ -	\$ 72,858.00	\$ 72,858.00	\$ -	\$ 72,858.00	
12. TITLE VII FED. OMB	\$ -	\$ 327,666.00	\$ 327,666.00	\$ -	\$ 327,666.00	
13. STATE IND. LIVING SUPPORTS	\$ -	\$ 9,905,483.00	\$ 9,905,483.00	\$ -	\$ 9,905,483.00	
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)	\$ -	\$ 4,422,561.00	\$ 4,397,869.00	\$ -	\$ 4,397,869.00	
17. S.H.I.P.	\$ -	\$ 561,721.00	\$ 561,721.00	\$ -	\$ 561,721.00	
18. SENIOR PATROL	\$ -	\$ 128,824.00	\$ 128,824.00	\$ -	\$ 128,824.00	
19. AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -	
20. NAVAJO SENIOR CTR.	\$ -	\$ -	\$ -	\$ -	\$ -	
21. REFUGEE	\$ -	\$ 104,000.00	\$ 104,000.00	\$ -	\$ 104,000.00	
22. DIRECT CARE CURRICULUM	\$ -	\$ 40,000.00	\$ 40,000.00	\$ -	\$ 40,000.00	
23. TITLE III-C1 STIMULUS	\$ 239,216.00	\$ -	\$ 239,216.00	\$ -	\$ 239,216.00	
24. TITLE III-C1 ADMIN. STIMULUS	\$ 35,453.00	\$ -	\$ 35,453.00	\$ -	\$ 35,453.00	
25. TITLE III-C2 STIMULUS	\$ 144,378.00	\$ -	\$ 144,378.00	\$ -	\$ 144,378.00	
26. ALZHEIMER'S CAREPRO	\$ 173,256.00	\$ 317,000.00	\$ 173,256.00	\$ -	\$ 173,256.00	
27. SCSEP (TITLE V)	\$ 55,500.00	\$ 1,317,168.00	\$ 1,372,668.00	\$ 570,924.00	\$ 1,943,592.00	
28. SCSEP2	\$ 536,137.00	\$ -	\$ 561,353.00	\$ -	\$ 561,353.00	
29. LIFESPAN RESPITE	\$ -	\$ -	\$ 75,250.00	\$ -	\$ 75,250.00	
30. ENHANCEFITNESS	\$ -	\$ -	\$ -	\$ 92,000.00	\$ 92,000.00	
31. ADRC CARE TRANSITION	\$ 140,672.00	\$ -	\$ 140,672.00	\$ -	\$ 140,672.00	
TOTAL	\$ 1,324,612.00	\$ 46,133,061.00	\$ 47,216,447.00	\$ 662,924.00	\$ 47,879,371.00	

DIVISION OF AGING & ADULT SERVICES					
CONTRACT OBLIGATION FOR SFY 2011					
STATE TOTAL	SFY 2010 CARRYOVER	INITIAL SFY 2011 ALERTS	TOTAL SFY 2011 AWARDS	REVISED SFY 2011 ALERTS	REVISED TOTAL SFY 2011 AWARDS
STATE ADMIN.	\$ -	\$ 1,242,401.00	\$ 1,242,401.00	\$ -	\$ 1,242,401.00
OLDER AMERICANS ACT	\$ -	\$ 24,334,454.00	\$ 24,334,454.00	\$ -	\$ 24,334,454.00
OLDER AMERICANS STIMULUS	\$ 419,047.00	\$ -	\$ 419,047.00	\$ -	\$ 419,047.00
STATE (ILS, CB, RSP, OMB, DCC)	\$ -	\$ 11,221,599.00	\$ 11,221,599.00	\$ -	\$ 11,221,599.00
SSBG REGIONS 1-9	\$ -	\$ 4,732,333.00	\$ 4,707,641.00	\$ -	\$ 4,707,641.00
S.H.I.P./SENIOR PATROL	\$ -	\$ 690,545.00	\$ 690,545.00	\$ -	\$ 690,545.00
NSIP	\$ -	\$ 2,173,561.00	\$ 2,173,561.00	\$ -	\$ 2,173,561.00
LIFESPAN RESPITE	\$ -	\$ -	\$ 75,250.00	\$ -	\$ 75,250.00
ENHANCEFITNESS	\$ -	\$ -	\$ -	\$ 92,000.00	\$ 92,000.00
AZPOMS	\$ -	\$ -	\$ -	\$ -	\$ -
REFUGEE	\$ -	\$ 104,000.00	\$ 104,000.00	\$ -	\$ 104,000.00
ALZHEIMER'S	\$ 173,256.00	\$ 317,000.00	\$ 173,256.00	\$ -	\$ 173,256.00
SCSEP TITLE V	\$ 591,637.00	\$ 1,317,168.00	\$ 1,934,021.00	\$ 570,924.00	\$ 2,504,945.00
ADRC CARE TRANSITION	\$ 140,672.00	\$ -	\$ 140,672.00	\$ -	\$ 140,672.00
BELOW-THE-LINE SUBTOTAL	\$ 1,324,612.00	\$ 46,133,061.00	\$ 47,216,447.00	\$ 662,924.00	\$ 47,879,371.00
NAVAJO SENIOR CTR. TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 1,324,612.00	\$ 46,133,061.00	\$ 47,216,447.00	\$ 662,924.00	\$ 47,879,371.00
NOTE: The following list reflects the most recent ALERTS issued to support the amounts reflected:					
ALERT	FUND SOURCE		DATE ISSUED		
1. ALERT 11-1A	TITLE III/VII STIMULUS CARRYOVER FROM SFY 2010		7/16/2010		
2. ALERT 11-2A	SSBG ALLOCATIONS FOR SFY 2011		4/16/2010		
3. ALERT 11-3	STATE ALLOCATION FOR SFY 2011		2/26/2010		
4. ALERT 11-4	STATE OMBUDSMAN ALLOCATION FOR SFY 2011		2/26/2010		
5. ALERT 11-5	SCSEP PLANNING LEVELS FOR SFY 2011		7/16/2010		
6. ALERT 11-5A	SCSEP CARRYOVER FROM SFY 2010		7/16/2010		
7. ALERT 11-6	NSIP ALLOCATION FOR SFY 2011		2/26/2010		
8. ALERT 11-7	SHIP & SENIOR PATROL ALLOCATIONS FOR SFY 2011		2/26/2010		
9. ALERT 11-8	STATE RESPITE ALLOCATION FOR SFY 2011		2/26/2010		
10. ALERT 11-11B	LIFESPAN RESPITE LEVELS FOR SFY 2011		4/16/2010		
11. ALERT 11-11C	ALZHEIMER'S CAREPRO FOR SFY 2011		5/12/2010		
12. ALERT 11-11D	SCSEP2 PLANNING LEVELS FOR SFY 2011		5/12/2010		
13. ALERT 11-11E	ENHANCEFITNESS LEVELS FOR SFY 2011		7/16/2010		
14. ALERT 11-11F	ADRC CARE TRANSITION LEVELS FOR SFY 2011		7/16/2010		