

LINCOLN TRAIL AREA DEVELOPMENT DISTRICT
AREA AGENCY ON AGING

POLICIES AND PROCEDURES MANUAL

INTRODUCTION

The Federal Regulations for Title III, Older Americans Act of 1965, as amended, states that procedures will be established for the operations of the services to the elderly.

This Procedure Manual has been prepared for the day-to-day operations of the Lincoln Trail Area Agency on Aging and Independent Living and the agencies providing services through funding provided by the Area Agency on Aging and Independent Living. Additional contract agencies receive manuals relating to their specific areas of operation.

It is anticipated that this manual will assist all who are part of the Aging Program in the Lincoln Trail Area Development District to have a better understanding of the procedures of the program.

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Section I

LINCOLN TRAIL AREA AGENCY ON AGING

DEFINITIONS

“Greatest Economic Need”

The need resulting from an annual income level at or below the poverty threshold established by the Bureau of the Census.

PL 98-459

Sec. 306(a) (5) (A)

The poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Service (HHS).

“Greatest Social Need”

The need caused by non-economic factors which include physical and mental disabilities, language barriers, cultural or social isolation including that caused by racial or ethnic status which restrict an individual’s ability to perform tasks or which threaten his or her capacity to live independently.

PL 98-459

Sec. 306(a) (5) (A)

To be in the “greatest social need”, an individual should be in two of the following categories or clearly be within the above definition:

- minority individuals
- persons that live in outlying rural areas
- persons age 75 or older
- persons who live alone
- persons who have chronic physical or mental disability that restricts their daily activities

LIMITED ENGLISH PROFICIENCY (LEP)

As required by HHS Office for Civil Rights, participants and /or applicants to receive services shall be served regardless of language barriers.

Since its enactment, Title VI of the Civil Rights Act of 1964 has prohibited discrimination on the basis of race, color or national origin in any program or activity that receives Federal financial assistance. Title VI requires that recipients take reasonable steps to ensure meaningful access to their programs and activities by LEP persons.

The obligation to translate will depend on application of the four factors. In this context, vital information may include, for instance, the provision of information in appropriate languages other than English, or identifying where a LEP person might obtain an interpretation or translation of the document.

Some LEP persons may feel more comfortable when a trusted family member or friend acts as an interpreter. When an LEP person attempts to access the services of a recipient of federal financial assistance, who upon application of the four factors is required to provide an interpreter, the recipient should make the LEP person aware that he or she has the option of having the recipient provide an interpreter for him/her without charge, or of using his/her own interpreter.

Recipients should also consider the special circumstances that may affect whether a family member or friend should serve as an interpreter, such as whether the situation is an emergency, and concerns over competency, confidentiality, privacy, or conflict of interest.

Lincoln Trail Area Agency on Aging

FUNDING FORMULA FOR AGING SERVICES

This distribution takes into account 100 percent of the population age 60+ in each county, 100 percent of the population age 60+ below poverty level, 105 percent of the rural population age 65+ in each county, and 105 percent of the population age 75+ in each county. This formula makes services available to those populations of elderly persons emphasized in the Older Americans Act. Based on these decisions, allocations of Aging funds for each service are divided by the following process:

- 100% District Population Age 60+
- 100% District Population Age 60+ low income
- 105% District Population Age 65+ in rural areas
- 105% District Population Age 75+

The total of four categories for the district was divided into each of the county totals for the same four categories. The resulting percentage multiplied by the total funds available determined the portion of the service funds that should be expended in each county.

Low-income minority individuals will be served in at least the same proportion as the population of low-income minority individuals bears to the population of older individuals of the area served by the service provider.

Procedures for
Targeting Population To Be Served

- I. Services under the Older Americans Act shall be provided to persons age 60 or older and his/her spouse.

Service providers shall give preference in the delivery of the service to persons determined to be in the greatest “social or economic need” with particular attention give to low income minority individuals. A means test shall not be used.

Providers may use methods such as location of services and specialization in the types of services most needed by these groups to meet this requirement.

When the provider has reached maximum capacity in the delivery of services, additional persons requesting the service shall be placed on a waiting list. As an opening becomes available, persons from the waiting list will be selected based on those persons in greatest social and economic need with particular attention given to low-income minority individuals.

Outreach provided through the AAAIL shall place special emphasis on;

- Older individuals living in rural areas
- Older individuals with greatest economic need (with particular attention given to low income minority individuals.)
- Older individual with greatest social needs
- Older individuals with severe disabilities,
- Older person with limited English proficiency
- Older persons with Alzheimer’s Disease and related disorders
- Persons at risk of institutionalization.

When appropriate, preference is to be given to individuals with Alzheimer’s Disease and related dementias.

- II. Services under the Homecare Program shall be provided to:
- A. A person 60 years of age or older who’s functional limitations are such that the individual requires a sheltered environment with provision of meals and other social and health related services specific to his/her activities of daily living.
 - 1) Judged as impaired in at least two (2) physical activities of daily living (feeding, getting in/out of bed, dressing, bathing, toileting), or
 - 2) Impaired in at least three (3) IADL’s (meal preparation, light housework, heavy housework, laundry, shopping, taking medicine).
 - B. A person 60 years of age or older with an essentially stable medical condition requiring skilled health services along with services related to activities of daily living who would otherwise require an institutional level of care.

- C. A person age 60 years of age or older currently residing in a skilled nursing facility, an intermediate care facility or a personal care facility who can be maintained at home if appropriate living arrangements and support systems can be established.

III. Adult Day Care, Adult Day Health Care, and Alzheimer's Respite Services clients must meet the following criteria:

- 1) A person age 60+ who is physically disabled or frail as a result of medical condition or age and who needs supervision or assistance during part of the day.
- 2) A person age 60+ who is mentally confused and needs supervision to prevent injury and assure proper nutrition and medication use.
- 3) A person age 60+ who because of emotional or social needs, could benefit from the individualized attention and the social structure available through these services which are not otherwise available.
- 4) A person of any age with diagnosis of probable Alzheimer's or related disorder.

IV. Personal Care Attendant Program (PCAP) deems applicant eligible based on 910 KAR 8:090 which includes the following eligibility guidelines:

- 1) Age 18 or older with no upper age limit.
- 2) Be severely, physically disabled as defined by KRS 205.900.
- 3) Need not less than fourteen hours of attendant care per week or need an attendant at night.

Section I

Eligibility Criteria

To be eligible for participation in the personal attendant care services program, a person must meet both the physical eligibility standard and the income eligibility standard as set forth in this regulation.

Section II

Physical Eligibility Standard

To participate in the personal care assistance program, a person must be eighteen (18) years of age or older with permanent, temporary, or recurring functional loss of two (2) or more limbs, need not less than fourteen (14) hours a week of personal care assistance services or need an attendant at night, and have the ability to select and manage an attendant.

Section III

Income Eligibility

Income eligibility for receiving personal care assistance services shall be determined by formula. The formula considers gross income, medical/disability related expenses, family size and other factors, to determine income eligibility and cost sharing status. The DAIL SOP 18.16 details this formula.

V. Family Caregiver Program (FCP)

The Family Caregiver Support Program assists eligible family caregivers by educating them about care giving, informing them about available services in their communities, helping them to gain access to needed services, and supporting them throughout their care giving experiences.

There are two groups of caregivers that are eligible for the services of the Family Caregiver Support Program:

1. Family caregivers who provide unpaid care to individuals age 60 and over.
2. Grandparents, or other relatives age 55 or over, who are the primary caregivers of related children aged 18 and under.

VI. Kentucky Family Caregiver Program

The Kentucky Family Caregiver program provides assistance in the form of vouchers to grandparents who are primary caregivers of their grandchildren. Eligible participants can not receive Kinship Care and must have a household income that is less than 150% of poverty guidelines.

VII. Consumer Directed Option (CDO)

Medicaid Waiver members who receive, or are eligible to receive, Home and Community Based Waiver (HCB) services through the Kentucky Medicaid Waiver Program may choose to participate in the Consumer Directed Option. Additionally, members who are eligible under Acquired Brain Injury and Supports for Community Living may also participate. CDO allows members who choose who providers their non-medical care and allows for flexibility, choice and control.

The LTAAA provides Support Broker services. The Support Broker assists with enrolling participants in CDO, developing a care plan and a support spending plan, locating service providers and negotiating rates, coordinating with traditional providers and assist with transition back to traditional services as necessary or appropriate.

Additionally the LTADD provides fiscal intermediary services whereby the consumer/employee receives payroll services.

MINIMUM DATA SET (MDS) SECTION Q

Section Q of the Minimum Data Set, provides the opportunity to expand and support Nursing Homes usual discharge planning to include transition planning with the support of the AAAAIL/ADRC for residents who are interested in and determined to be reasonably capable of return to the community. The Lincoln Trail AAAAIL/ADRC will work collaboratively for effective discharge and transition planning to support a resident's choice to return to the community.

PROCEDURE

All long-term care facilities in the Lincoln Trail Region shall be provided an initial face-to-face site visit to discuss the Section Q referral process.

LTAAAIL shall provide written information regarding their role in the process and contact information for questions and referrals.

The LTAAAIL shall compile a Resource Directory containing information needed by persons planning to return to the community after having lived in a long-term care facility. This material will be available to the appropriate staff of the facility, as well as, to the resident interested in discharge.

The facility will be instructed to provide their referral utilizing the approved referral form, which is to be transmitted by facsimile or encrypted electronic transmission.

Upon receipt of the referral the LTAAAIL/ADRC assign staff to make a site visit to provide information to the resident regarding community resources.

The LTAAAIL will utilize trained case management staff to respond to facility referrals within the ten (10) working days allotted for our response to each referral.

The LTAAAIL will collect and report required demographic and client data.

SECTION II PROCUREMENT

The LTADD/AAAIL, under the direction of the Department for Aging Services and Independent Living, has developed the following process to be used in procurement when federal and state funds are involved in regard to the Title III aging program of the Older Americans Act of 1964 and all other programs administered by the LTADD/AAAIL.

POLICY

The LTADD/AAAIL shall follow all procurement requirements as set forth in OMB Circular A-102, "Uniform Administrative Requirements for Grants-in-Aid to State and Local Governments", in Coded Federal Regulations Title 45 Part 74, Subpart P "Procurements by Grantees and Subgrantees" and in the Area Agencies on Aging Financial Management and Accounting Manual (Birch & Davis Associates, Inc., September, 1982).

LTADD shall promote open and free competition to all qualified bidders/proposers who apply for funding in the aging program. The AAAIL shall not restrict or eliminate competition by placing unreasonable and/or unnecessary requirements on potential bidders/proposers.

PROCEDURE

- 1) The AAAIL Advisory Council determines service priorities based upon the most recent community opinion survey and local needs.
- 2) The AAAIL develops a Request For Proposal that specifies the services to be purchased for the contract period. The RFP is reviewed and revised as appropriate. AAAIL Advisory Council approval is secured prior to release of the RFP.
- 3) A legal notice is published in the newspapers soliciting agencies to submit a proposal for the services listed and for a specified amount of funding by a certain date. All requests for a Request For Proposal (RFP) application package must be in writing. Each agency submitting a proposal must meet the terms of the legal notice and the RFP requirements.
- 4) A pre-bidders meeting may be held to answer questions, explain the method utilized in calculating match and to discuss common mistakes on problem areas in preparation of the proposal.
- 5) Applications received by the AAAIL are considered to be "technical proposals". They are reviewed by the AAAIL staff and AAAIL Advisory Council Executive Committee to determine that each applicant is a "responsive and responsible bidder" and that the quality and quantity of service to be provided will be most advantageous to the area. A checklist of criteria is used to determine these factors.

- * A proposal will be considered responsive if all the following requirements are met:

- a) It is firm-fixed price as specified by specific RFP.
- b) It is submitted by the deadline stated.
- c) It has all appropriate signatures.
- d) Three copies are submitted, an original proposal, and two copies.
- e) All applicable sections are completed.
- f) The 15% match requirement or specified match is met.
- g) The bidder has provided, at a minimum, the number of units specified.
- h) No conflict of interest is present.

* Final selection of the proposal will be in accordance with applicable federal and state laws. Generally speaking, the selection by the ADD Board will be made to the applicant whose “price and other factors” are most advantageous to the LTADD. The factors considered therein determined by the Board in light of the staff evaluation, recommendation of the Area Agency Advisory Council, and the following relevant factors:

* A. Record of Performance

- 1. Delivery and Scope of Service
- 2. Quality of Service
- 3. Application of Program Funds and Assets
- 4. Preservation and Advancement of Program Objectives
- 5. Fulfillment of Contract Obligations

* B. Continuity of Service

- 1. Delivery and Scope of Service
- 2. Quality of Service
- 3. Application of Program Funds and Assets
- 4. Integration of Services

* Applicants may be asked to provide a presentation or undergo an interview by any or all of the following: The LTADD Board of Directors, Executive Committee; Area Agency Advisory Council, Executive Committee.

6) The AAAIL Advisory Executive Committee Council makes recommendations to the LTADD Board of Directors. The LTADD Board of Directors makes final selection.

Upon LTADD Board of Directors’ approval, the selections will be incorporated into the Lincoln Trail Area Plan for Aging Services and submitted to the Department for Aging and Independent Living.

A public hearing will be scheduled following the recommended DAIL procedure to provide an opportunity for public comments.

The AAA will engage in contract negotiations with the applicant agencies. No funds will be obligated or advanced until:

- a) The Area Plan for Aging Services and Independent Living is approved by the Lincoln Trail ADD Board of Directors.
- b) The Area Plan for Aging Services is approved by the Kentucky Department of Aging and Independent Living.

SECTION III
CONTRACT ADMINISTRATION

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- III.3 Contract Monitoring
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CONTRACT ADMINISTRATION

III.1 Contracts

The LTADD issues two types of contracts: cost reimbursement and fixed rate contracts. The type of contract is determined by the nature of the service and agency contracted to provide the service. Contracts are reviewed and may be revised as necessary.

- 1) A cost reimbursement contract is an agreement in which reimbursement is based upon actual costs, not service output. All allowable expenses are reimbursed (up to contract amount). In turn, the maximum number of services are produced during the contract period.
- 2) A fixed rate contract is an agreement in which reimbursement is based upon the Service Output (number of units of service completed). A reimbursement rate per unit of service and a maximum contract reimbursement have been agreed upon prior to beginning of the contract.

All contracts will be prepared by the Area Agency on Aging requiring signatures of the responsible agency personnel from both LTADD, the grantor, and the grantee. The contract will detail all aspects of the program including attachments regarding budget and standardized service definitions. The signed contract becomes effective July 1, the first day of each fiscal year and a copy is provided to each applicable agency and to the Department for Aging and Independent Living. The signed contract is a legal document therefore any changes will require a formal contract amendment beyond a 10% line item budget shift.

Subcontracts

Funds obligated under the contractual agreement between LTADD and the service provider will be made available for the provisions of service of an agency, organization or individual other than the service provider only after the service provider has executed the written subcontracts in accordance with the following provisions:

- 1) The service provider shall not subcontract responsibilities described within the contract without prior written approval of LTADD to such additional conditions and provisions as LTADD may deem necessary.
- 2) The service provider agrees to provide LTADD signed copies of all subcontracts initiated under the terms of the contract within 30 days after entering into the subcontract.
- 3) In compliance with Section 213 of Public Law 97-115, the service provider shall submit to LTADD for prior written approval any subcontract initiated under the terms of the contractual agreement with a profit-making organization.

III.2

Contract Amendments

Aging program contracts may be amended, and is stipulated by the Department for Aging and Independent Living, no more than a quarterly basis. Therefore, requests for amendments should include submission of appropriate forms and documentation for all program areas at the same time. A second contract amendment cannot enter the system until a prior amendment has been approved.

A formal contract amendment is required for any of the following conditions:

- A. Line item budget changes of 10% or more of the total budget;
- B. A reduction of 10% or more in the number of units of service;
- C. The addition or deletion of a significant objective;
- D. Waiver of any contract requirement.

Please note that any contract amendment also requires an amendment to the Area Plan. See the following procedure on Area Aging Plan Amendment.

1. All requests for contract amendments as identified above must be made in writing to LTADD no later than eight weeks prior to the effective date of the proposed change. The proposed amendment will be submitted to the Department for Aging and Independent Living (DAIL) at least six weeks prior to the effective date of the proposed change. The last possible date an amendment may be submitted to DAIL is March 31 of the current fiscal year. Time frames are subject to change as circumstances dictate.
2. A revised budget and necessary revisions in the original application and contract should be submitted to the AAA and reviewed by the AAA Advisory Council. The AAA Advisory Council will make recommendations for LTADD Board approval.
3. The amendment is forwarded to the Cabinet for Health and Family Services (if applicable) for approval.
4. Contract amendments will be issued from the LTADD after CHFS approval.
5. A public hearing process, if required, must be completed whether the amendment be programmatic and/or financial.

III.3

Contract Monitoring

The LTADD has the responsibility to conduct monitoring and evaluation of subcontractors. Monitoring is an on-going, internal process in which LTADD carefully reviews the subcontractor in both fiscal and programmatic activities. Evaluation is the appraisal or official valuation of the subcontractor to determine if any deficiencies exist

in the program’s operation to assure service quality and to assure contractual compliance. Being a comprehensive system, this activity is performed on site and through desk-top reviews utilizing the documentation of the activities of the subcontractor. The Department for Aging and Independent Living may also accompany the Aging Planner on the evaluation visit and may conduct a separate review.

Policy

All subcontractors will be monitored and evaluated annually by the LTADD/AAAIL in accordance with Section 306(a) (6) of OAA, the Program Administration Contract CFR 45 Part 74, Subpart J 74.81, OAS Policies and Procedures 830 and 830/1 and the Area Plan.

The Aging program staff will conduct monitoring of each subcontractor. The monitoring will take place at the subcontractor’s central office. Monitoring will be conducted more often if deficiencies are noted.

A. Frequency

The following chart provides a schedule of on-site program monitoring:

<u>Program</u>	<u>Frequency</u>
Title III Program	
Subcontractor Program Administration	Annually
Senior Citizens Centers (15)	Annually
Multi-Purpose Senior Citizen Centers (1)	Annually
Client Interviews	Quarterly
Homecare Program	
Subcontractor Program Administration	Annually
Client Interviews	Quarterly
Adult Day Care Program	
Subcontractor Program Administration	Annually
Client Interviews	Annually
Personal Care Attendant Program	
Subcontractor Program Administration	Annually
Client Interviews	Annually

Desk monitoring shall be conducted monthly, both programmatic and fiscal. The fiscal analysis shall be completed by AAAIL staff and LTADD Fiscal Officer to assure that the aging programs are expending within their approved budgets. The programmatic analysis shall be completed by AAAIL staff to assure service utilization is on target.

Efforts will be made to avoid duplicating Department for Aging and Independent Living monitoring of subcontractors.

B. Notification

Each subcontractor will be contacted at least one week in advance of the visit. A copy of the evaluation tool will be made available to the subcontractor in advance.

C. Monitoring Report

Each subcontractor will receive a findings report following the monitoring within 30 days.

CORRECTIVE ACTION

The Lincoln Trail Area Development District shall take corrective action when a subcontractor is not fulfilling its contract.

Subcontractors shall respond to Lincoln Trail Area Agency on Aging and Independent Living's monitoring with submission of and compliance with corrective action plans in accordance with Lincoln Trail Area Agency on Aging and Independent Living's specifications. The Lincoln Trail Area Agency on Aging and Independent Living shall monitor and follow-up with contractors to assure that required corrective action is taken.

PROCEDURE

Several courses of action shall be available to the Lincoln Trail Area Agency on Aging and Independent Living to assure contract compliance. The actions are presented in ascending order but are not necessarily to be performed in sequence, depending on the seriousness of the problem.

Upon identification of the deficiency, the Lincoln Trail Area Agency on Aging and Independent Living shall:

- 1) Notify the subcontractor, describing the precise nature of the problem, identify the corrective action desired and the time frame in which the action should be taken or the problem should be resolved. The contractor shall submit a written corrective action plan as specified by the Lincoln Trail Area Agency on Aging and Independent Living. In cases where subcontractor deficiencies appear to endanger or seriously affect the health or welfare of participants or staff, corrective measures shall be taken immediately;
- 2) Monitor and follow-up to assure that action was taken and the problem or deficiency resolved. The subcontractor shall submit documentation to confirm the problem or deficiency was resolved; and
- 3) Notify other licensing or regulatory agencies if the problems are within their jurisdiction.

In the event of the subcontractor's continued non-compliance, the following procedures shall be implemented.

- 1) The Lincoln Trail Area Agency on Aging and Independent Living shall notify the subcontractor of the continuing problem or deficiency and the action to be taken.
- 2) The Lincoln Trail Area Agency on Aging and Independent Living shall advise the Executive Director of the Lincoln Trail Area Development District of the problem and make a recommendation for Lincoln Trail Board action.
- 3) The subcontractor shall be advised of the actions that will be taken if noncompliance continues. Actions include but are not limited to the following:
 - a) Re-negotiation of the contract
 - b) Employment of financial sanctions
 - c) Cancellation of the contract

III.4

HEARING PROCEDURES FOR SUBCONTRACTORS AND APPLICANTS TO BE SUBCONTRACTORS

Hearing Procedures Relating to Area Agency on Aging and Independent Living Contractor Selection Actions under Title III of the Older Americans Act

Pursuant to Section 307(A) (5) of the Older Americans Act of 1965, as amended, it is the Procedure of the Department for Aging and Independent Living to provide an opportunity for a hearing to any applicant to provide services under Title III whose application to provide services is denied or not renewed, except as provided in 45 CFR Part 74; Subpart B 74.13. The purposes of these proceedings is to provide all Parties a full and fair opportunity to resolve any complaints or protests that may arise in contractor selection actions by Area Agencies on Aging and Independent Living under Title III and to create a complete, clear and accurate record for the formation of decisions regarding those selection actions.

Definitions

- (1) AAAIL means the Area Agency on Aging and Independent Living under each Area Development District.
- (2) Applicant means a person or entity making application to an Area Agency to provide services under an approved Area Plan.
- (3) Area Plan means a plan submitted by an Area Agency on Aging and Independent Living and approved by the Commissioner, Department for Aging and Independent Living, which enables the Area Agency to administer activities under Title III.
- (4) Burden of Proof means the duty of going forward-i.e., of producing evidence of a particular matter or fact in issue and the burden of persuasion that a particular matter or fact is true.
- (5) Commissioner means the Commissioner of the Department for Aging and Independent Living.
- (6) Complaint See "Protest" below.
- (7) Days mean calendar days, unless specified.
- (8) Department means the Department for Aging and Independent Living, Cabinet for Health and Family Services.
- (9) Director means the Director of the Department for Aging and Independent Living, Cabinet for Health and Family Services.
- (10) Hearing Officer means the person selected by the Commissioner of the Department for Aging and Independent Living, to conduct a hearing and to submit a written report based on that hearing to the Commissioner.
- (11) Local Administrative Review means an Area Agency's procedure for consultation and review with an Applicant or Provider.
- (12) Party means an Area Agency, an Applicant or Provider who has requested a hearing, the person or entity awarded the contract, the person or entity who submitted proposals in response to the RFP, and any other person or entity that is admitted into the proceedings and designated as a participant by the Hearing Officer.

- (13) Protest (Complaint) means a written objection by an Applicant or Provider to a proposed award or the award of a contract, or a written objection by a Provider to a decision to terminate or not renew its contract to provide services.
- (14) Provider means a person or entity that is awarded a contract from an Area Agency on Aging and Independent Living to provide services under an approved Area Plan.
- (15) RFP file means those documents that are maintained regarding a particular procurement. These documents shall include but not necessarily be limited to: the request for proposal (RFP), advertisements as published in the newspapers; each proposal received in response to the RFP; all correspondence pertaining to the RFP; the AAAIL's review, rating or scoring and selection documents; notice of award; and, the contract.
- (16) Title III means Title III of the Older Americans Act of 1965, as amended, and including the implementation of Federal regulations and directives.

Procedure for Sub-Contractor:

The procedure for complaints lodged by service providers or applicants to provide services who are subcontractors shall be as follows:

- (1) The service provider or unsuccessful applicant to provide services shall contact the contracting agency to try to work out a satisfactory solution.
- (2) If a complaint is filed, the complainant shall comply with the contracting agency's hearing procedures which shall include the following provisions:
 - (a) A service provider or unsuccessful applicant to provide services (e.g., unsuccessful bidder) aggrieved by an adverse action of a contracting agency shall, within ten (10) working days from receipt of notice of the adverse action, file a written complaint with the agency;
 - (b) The contracting agency shall notify all parties of interest that a complaint has been filed and determine a time and place for the hearing;
 - (c) An opportunity to review any pertinent evidence on which the adverse action was based;
 - (d) An opportunity to appear in person before a group which can render an impartial decision to refute the basis for the decision;
 - (e) An opportunity to be represented by counsel;
 - (f) An opportunity to present witnesses and documentary evidence;
 - (g) An opportunity to cross-examine all witnesses; and
 - (h) A written impartial decision rendered within ten (10) days of receipt of complaint that details the reasons for the decision, the evidence on which the decision is based, and a statement explaining the complainant's rights to appeal.

If the complainant is not satisfied with the decision of the contracting agency, the complainant shall file a notice of appeal within five (5) working days of the adverse action to the Area Development District. The Area Development District Board of Directors shall be responsible for the provision of a full evidentiary hearing within twenty (20) days of receipt of written notice of the complaint in order to render a final impartial decision. It shall be the responsibility of the Area Development District to provide an official transcript of the hearing at the final local appeal level to include all testimony, a copy of Findings of Fact, Conclusions of Law and Final Order,

along with any other evidence and exhibits submitted for the record. An impartial decision shall be made as soon as practicable or within ten (10) working days.

The hearing shall be limited to those issues included in the original complaint. Only those issues shall be addressed unless issues have been added, modified, or deleted through written agreement of the involved parties.

The complainant may drop the complaint if satisfied with the response of the Area Development District. If the complainant is not satisfied, the complainant may appeal to the Department for Aging and Independent Living for a State-level review within five (5) working days from the time the decision is received.

Procedure for Area Agency on Aging and Independent Living:

All decisions made by an AAAIL in the administration of Title III programs shall be in accordance with an approved Area Plan. Within seven (7) days of any decision which denies an Applicant its application to provide a service or which terminates or does not renew a Provider's contract to provide a service, an AAAIL shall deliver written notice of the decision to the affected Applicant or Provider by registered or certified mail.

The notice of decision -shall specify the reason for the adverse action and advise the Applicant or Provider that he or she has ten (10) days from receipt of the notice of decision to file a written complaint or protest with the AAAIL. The notice shall also advise the Applicant or Provider that failure to file a complaint or protest in a timely manner shall constitute a waiver of his or her opportunity for a hearing at the State agency level.

Local Administrative Review

An AAAIL shall conduct an administrative review promptly after receipt of a written complaint or protest from an Applicant or Provider. The Local Administrative Review shall be completed no later than twenty (20) days after the AAAIL receives the written complaint or protest.

This review shall provide the complaining or protesting Applicant or Provider an opportunity to review any pertinent evidence upon which the adverse action was based, including any competing proposals and scoring sheets. Applicant or Provider may request reconsideration of an award, if one has been made, and state in writing to the AAAIL the reason why the complaint or protest is filed and the factual circumstances and issues to be considered during the review.

The purpose of a Local Administrative Review is to provide the AAAIL and the Applicant or Provider an opportunity to resolve complaints and protests regarding administration of the Title III program at the local level. Accordingly, the AAAIL shall make a good faith effort to review the facts and issues and achieve an amicable resolution. During the pendency of the Local Administrative Review, the AAAIL shall not proceed further with the solicitation, award or termination involved, except under a contingency plan that has been approved by the Department. No request for a hearing at the State agency level shall be accepted until all administrative remedies have been exhausted at the local level.

The Local Administrative Review shall include but not be limited to the following:

- (1) An opportunity, to appear in person before an individual or a group of at least three (3) persons which can render an impartial decision;
- (2) An opportunity to present witnesses and documentary evidence;
- (3) An opportunity to be represented by counsel;
- (4) An opportunity to cross-examine all witnesses; and
- (5) A written impartial decision which sets forth the reasons for the decision, the evidence on which the decision is based, and a statement explaining the complainant's right to request a State-level hearing.

The AAAIL shall provide assurance that all service providers, regardless of contracting level, shall have in place a local administrative review process with the minimum requirements as described in (1) through (5) above, except that subcontractors have a right to a State-level review. Subcontractors of an AAAIL, and Applicants to be Subcontractors of an AAAIL, are afforded a de novo hearing by the AAAIL with an opportunity for appeal to the State-level for a review of the transcript. The AAAIL provides a transcript of the hearing to the State Agency if the complaint is not resolved, and a State-level review of the AAAIL hearing is requested.

A Contractor or "Provider" of an AAAIL or an Applicant to be a Provider of an AAAIL shall be afforded a de nova hearing at the State level when the request and grounds for hearing are in accordance with these procedures.

Each AAAIL shall develop and set forth in writing fair and adequate Local Administrative Review procedures in accordance with the above. The procedures shall be approved by the Department and all changes shall be approved by the Department prior to their adoption by the AAAIL.

The AAAIL shall promptly complete the Local Administrative Review and shall respond with particularity in writing by Certified Mail Return Receipt Required to the Applicant or Provider its findings and determinations on all issues raised in the complaint or protest no later than twenty (20) days after the AAAIL receives notice of the complaint or protest. A copy shall be forwarded to the Department. The AAAIL shall include in its response a written notice to the Applicant or Provider of the right to request a hearing with the Department as set forth below.

Request and Grounds for Hearing

If the complaint or protest is not resolved by the Local Administrative Review, or if the AAAIL does not respond to the complaint or protest within twenty (20) days as provided above, the Applicant or Provider may request a hearing at the State level on one or more of the following grounds:

- (1) Where there is reason to claim that an award has not been made in accordance with the applicable request for proposal (RFP).
- (2) Where there is reason to claim that that Local Administrative Review was not made in accordance with the AAAIL's approved procedures.
- (3) Denial by an Area Agency in whole or in substantial part of an application to provide services where there is reason to claim the denial is arbitrary, capricious, an abuse of discretion, biased, the result of a conflict of interest, not based upon substantial

evidence, or otherwise not in accordance with applicable Federal or State law, statute, or regulation.

- (4) Any action on the part of the Area Agency concerning non-renewal or termination of a contract to provide services, where there is reason to claim that the action is arbitrary, capricious, an abuse of discretion, biased, the result of a conflict of interest, not based upon substantial evidence, not in accordance with terms of the contract, if appropriate, or otherwise not in accordance with applicable Federal or; State law, statute, or regulation.

A written request for hearing by an Applicant or Provider shall set forth the grounds and their alleged factual basis for a hearing. It shall be mailed to the Director, Department for Aging and Independent Living, 275 East Main Street, Frankfort, Kentucky 40621 with a postmark no later than ten (10) days from the Applicant or Provider's receipt of the Local Administrative Review findings and determination. The Applicant or Provider shall also send a copy of the request for a State level hearing to the applicable AAAIL.

Upon receipt of a copy of the request, the AAAIL shall immediately forward to the Department a complete copy of the record of the Local Administrative Review, and a complete copy of the request for proposal (RFP) file relating to the particular procurement in question. These copies shall be provided to the Hearing Officer for inclusion in the record of the case.

Compliance with Procedures and Forfeiture of Opportunity for State-Level Hearing

Upon receipt of a written request for a hearing, the Commissioner shall cause an immediate determination to be made whether the request is in accordance with these procedures. If the request for a hearing complies with these procedures, Commissioner shall appoint a Hearing Officer.

Failure of the Applicant or Provider to comply with any of these procedures shall constitute a forfeiture of the opportunity for a State level hearing, except as provided below in "Waiver of Timeliness Requirements." Upon forfeiture, the Commissioner shall cause the request to be returned to the Applicant or Provider with a written explanation why it is not acceptable.

Waiver of Timeliness Requirements

The Commissioner may waive the timeliness requirements for requesting a hearing upon the written request of a Party and determination by the Commissioner in writing that good cause or exigent circumstances exist, including but not limited to "acts of God" such as tornadoes, floods and fires, or that the waiver is in the best interest of the aging program. The Commissioner shall promptly notify all affected Parties in writing regarding the reason for the waiver.

Notice of Hearing and Time Schedule

Each hearing shall be conducted and completed within 20 days of the date the Commissioner receives a request for a hearing unless an extension is granted. The Hearing Officer appointed by the Commissioner shall promptly notify by mail all Parties of the date, time and location of the hearing, and shall provide each Party with a copy of the request for a hearing.

Extension of Time

Upon written request by a Party, and for good cause shown, the Hearing Officer may reschedule the date and time for a hearing, or may grant a continuance, provided that extension or continuance does not delay service delivery. Any questions that the Hearing Officer has regarding service delivery shall be addressed to the Commissioner.

Expedited Scheduling

The Commissioner may expedite the scheduling of events under these procedures upon written determination that reduction of the timeframe is in the best interest of the aging program and that the rights of the Parties at the State-level hearing will not be prejudiced. The Director shall promptly notify all affected Parties of expedited scheduling and the reason.

Disqualification

A Hearing Officer who has a personal bias or prejudice with respect to any Party, or who has a conflict of interest in the matter pending, shall not participate in the conduct of a hearing. When any bias or interest is present, the Hearing Officer shall disqualify himself.

Any Party may suggest to the Commissioner, in writing, grounds for disqualification; however, the suggestion shall be made prior to the date set for the hearing. The decision of the Commissioner regarding qualification of the Hearing Officer shall be final.

Rights of Parties at the Hearing

The Parties shall have opportunity to present their perception of the matter in a full and fair hearing. Each Party has the right to:

- (1) Appear with legal counsel or other representative, at the Party's own expense;
- (2) Review any pertinent evidence on which the decision of the Area Agency was based;
- (3) Present evidence, both testimonial and documentary, at the Party's own expense and subject to the rulings of the Hearing Officer;
- (4) Rebut adverse evidence, through cross-examination and other appropriate means, including the presentation of evidence, at the Party's own expense and subject to the rulings of the Hearing officer;
- (5) Submit a brief or memorandum setting forth the position of the Party and substantiation for it to the Hearing Officer at the hearing;
- (6) Present oral argument, subject to the rulings of the Hearing Officer;
- (7) Have the decision based only upon evidence introduced into the record of the hearing; and,
- (8) Have access to the complete record of the hearing which shall consist of the following:
 - (a) the request for a hearing;
 - (b) a copy of the Local Administrative Review;
 - (c) a copy of the RFP file, when applicable;
 - (d) a transcript of oral testimony and arguments, when a transcript is made;

- (e) all documentary evidence and papers filed with the request for a hearing, and in the proceedings; and
- (f) any pre- and post-hearing motions, including written exceptions

Evidence

The Hearing Officer shall rule as to the admissibility of evidence, both testimonial and documentary. When ruling on admissibility, the Hearing Officer shall not be bound by courtroom rules of evidence; however, irrelevant, immaterial, and unduly repetitious or cumulative evidence shall be excluded. Substance rather than form shall prevail.

Notice shall be taken of judicially cognizable facts, decisions of courts and other tribunals, as well as generally recognized technical and scientific facts. Each Party shall be afforded an opportunity to contest the matters so noticed.

When the interests of the Parties will not be prejudiced substantially, any part of the evidence may be received in the form of deposition, affidavit, or stipulation.

The Hearing Officer shall arrange for the separation of witnesses, and may exclude any prospective witness or spectator from the hearing room when necessary or needed to ensure orderly and fair proceedings.

Additional Information

The Hearing Officer may seek a more definite and detailed statement of the issue involved. However, the Hearing Officer shall not communicate, directly or indirectly, with any person or Party regarding the issue, except upon notice to all Parties and opportunity for all Parties to participate.

Transcript of the Proceedings

All proceedings in a hearing shall be taped or recorded at a location provided by the Commissioner. The Commissioner shall ensure that a transcript of the proceedings is promptly developed if a Party requests a transcript, or as directed.

A copy of the transcript shall be made available to any Party upon written request and payment of a reasonable fee in accordance with the Kentucky Open Records Law.

Default

When a Party fails to appear at a hearing, the Hearing Officer shall notify said Party in writing that a default will be entered against the Party. The defaulting Party shall then have no more than five (5) days in which to seek a new hearing date. A new hearing date shall be granted only for good cause shown. If the Hearing Officer determines that good cause has not been shown, or five days expire without response, a default shall be entered as to the defaulting Party. Upon default, a decision may be rendered based on the evidence available, or the case may be dismissed with prejudice to the defaulting party.

Withdrawal

A Provider or Applicant may submit a written withdrawal of a request for a hearing at any time. The withdrawal shall constitute a waiver of an opportunity for a hearing at the State level on all of the matters and issues involved in the original request for a hearing.

Conduct of the Hearing

The hearing shall be conducted in an orderly but informal manner. The Hearing Officer shall preside over all proceedings, and shall rule on any preliminary motions and determine the order of presentation of evidence and all other procedural matters. The Parties shall indicate in advance of the hearing the names of any witnesses expected to be called and the expected duration of their testimony. At conclusion of the hearing, the Parties may submit in writing to the Hearing Officer proposed findings of fact and written exceptions to proposed findings of fact. The Hearing Officer shall rule on each proposed finding, and on all motions and objections. The burden of proof shall be with the Applicant or Provider who requested the hearing. The standard of proof shall be by a preponderance of the evidence.

Record of the Hearing

Within ten (10) days of the conclusion of the hearing, the Hearing Officer shall forward to the Commissioner the complete record of the hearing and a written report based on that record. The Commissioner may extend the time for filing the Hearing Officers Report upon request of the Hearing Officer and good cause shown.

The Hearing Officer's Report shall contain separate findings of fact, conclusions and recommendations. Each finding of fact shall be based exclusively on the record. Each conclusion shall be based solely on the finding of fact. Each recommendation shall be supported by the conclusion.

Exceptions to the Hearing Officer's Request

Within five (5) days of receipt of the Hearing Officer's Report, a Party may submit written exceptions to the Commissioner for consideration. However, no Party shall be entitled to a further hearing or to a hearing before the Commissioner on any matter or issue, which was the subject of the hearing.

Decision and Action by the Commissioner

Upon review of the Hearing Officer's Report and any timely filed exceptions to the Report, the Commissioner may remand the case back to the Hearing Officer for any proceedings deemed appropriate to assist the Commissioner in making a decision, such as further factual determinations. A written decision shall be rendered within twelve (12) days of receipt of the Hearing Officer's final Report. The Commissioner's decision shall approve, disapprove, or approve with deletions, additions and modifications each finding of fact, conclusion and recommendation in the Report.

The Commissioner may direct in the decision that appropriate action be taken, including but not necessarily limited to affirming the action of the AAAIL; directing that award be made to the next most advantageous proposal price, and the evaluation factors contained in the RFP considered; or, requiring the AAAIL to re-advertise its RFP. The Commissioner may authorize the Director to approve a contingency plan for delivery of services while the AAAIL takes action in conformance with the decision.

The decision of the Commissioner shall constitute the final administrative review of the matter and issue which was the subject of the hearing. Copies of the decision shall be promptly mailed or hand-delivered to all Parties. The Commissioner in accordance with applicable laws and regulations shall maintain the Commissioner's decision, together with the Hearing Officer's Report and a complete record of the hearing.

CLIENT GRIEVANCE

The LTADD/AAAIL has adopted the following process to be used for hearing complaints made by clients lodged against the subcontractor or service provider. Any and all clients have the privilege to submit or file a formal complaint against the direct service provider if the correct procedure is adhered to. All applicable, federal, and state regulations will be closely followed by the subcontractor. In all cases the LTADD / AAAIL encourages mediation and informal resolution rather than entry into a formal hearing process. A formal process will only be entered into when the prehearing conference is unable to satisfy the party requesting a hearing (per 13B 070)

PROCEDURE

- A. When a complaint is filed by a client/prospective client aggrieved by actions arising from service rendered by the subcontractor (service provider) the client is assured of a right to a hearing. Such assurance shall include an opportunity for an aggrieved client to request a hearing and to be heard and shall include the right to appeal to LTADD if the grievance is not resolved to the client's satisfaction by the subcontractor. The subcontractor charged must respond with corrective action within ten (10) days.
- B. The subcontractor must notify the LTADD Area Agency on Aging and Independent Living in writing when a grievance is filed for any reason or for any item that may be of state policy or under federal regulations.
- C. Area Agency on Aging and Independent Living Involvement.
 1. If after receiving corrective action of the subcontractor the client is still not appeased, the client may appeal within ten (10) days of receiving response of the subcontractor to the Area Agency on Aging and Independent Living for further review and consideration. A committee and the conclusion thereof. After receiving the committee's report, the LTADD will be asked to accept or confirm the committee's report and conclusion.

- D. For the benefit of further appeal the client may appeal the findings of the Board of Directors to the Department for Aging and Independent Living within 10 days of receiving the written notification of the Board of Directors.

NOTE: LTADD will assure compliance with the Cabinet's Fair Hearing process.

LINCOLN TRAIL AREA DEVELOPMENT DISTRICT

Client Grievance Procedures

Fair Hearing Process

Introduction

Under Title III, of the Older Americans Act, IV-B, IV-C, IV-E, Section 504, Rehabilitation Act of 1973, as amended, American Disabilities Act of 1990 and Title XX of the Social Security Act, as amended, the Area Agency on Aging responsible for the program is required by Federal Regulation (45 CFR 205.10) to provide a hearing to any applicant or recipient who is aggrieved by any agency action resulting in denial, suspension, reduction, discrimination, exclusion or termination of services.

Definitions

Applicant for Services – means a person who has applied for services from the Area Agency on Aging and Independent Living or subcontract agency by means of signing the Application for services.

Client – is synonymous with recipient and means a person who has been determined to be eligible to receive services from the Area Agency on Aging and Independent Living/subcontract agencies.

Complainant – means the applicant for services, or client, who after submitting their written complaint, is entitled to a fair hearing.

Fair Hearing – means an administrative hearing held pursuant to federal regulation, 45 CFR 205.10 and Kentucky Administrative Regulation 905 KAR 1:320, conducted following the procedures set forth in this section and the general rules of procedures related to administrative hearings.

Hearing Officer – means a person who is trained in administrative hearing procedures.

Local Resolution Conference – is an informal process that gives the complainant the opportunity to discuss the complaint and an attempt is made to resolve the issues in the complaint.

Local Resolution Facilitator – is person who conducts the local resolution conference.

The Area Agency on Aging and Independent Living has assured the Department for Social Services through contractual agreements, that it shall comply with the provisions of the Civil Rights Act of 1964, as amended, Section 504, Rehabilitation Act of 1973, as amended, American Disabilities Act of 1990 and with 45 CFR 205.10. The Area Agency on Aging and Independent Living hereby affirms its compliance and expects its staff to act accordingly. The Area Agency on Aging and Independent Living shall not on the basis of race, color, national origin, sex, age, religion or handicap:

1. Deny any individual aid, care, services or other benefits of the Area Agency on Aging and Independent Living, either directly or through contractual or other agreements.
2. Provide any aid, care, services or other benefits to an individual which is different or is provided in a different manner from that provided to others.
3. Subject an individual to segregation or separate treatment in any matter related to his receipt of any aid, care, services or other benefits.
4. Restrict an individual in any way in the enjoyment of any advantage or privilege enjoyed by others receiving aid, care, services or other benefits.
5. Treat an individual differently from others in determining whether he/she satisfies eligibility or other requirements or conditions which individuals shall meet in order to receive aid, care, services or other benefits; and,
6. Deny an individual an opportunity to participate in the program through the provision of services or otherwise afford him an opportunity to do so which is different from that afforded others.

Staff Responsibility to Inform Clients of Rights

Staff of the Area Agency on Aging and Independent Living or subcontract agency shall have the responsibility of advising applicants, and clients of their right to a fair hearing.

Procedure

1. Each new applicant or client shall be given a written notice of their right to a hearing during intake (see Form for Fair Hearing Request).
2. At the time of approval, staff shall give new clients a written notice of their right to a fair hearing under (3) three circumstances: when a case is opened, services changed or denial or discontinuance of services.
3. The right to a fair hearing and the method by which the client may obtain a hearing shall be restated in writing to the client during any action affecting services. If a Request for Hearing is made within ten (10) days of the notice of an action affecting services, services shall be continued until a decision is rendered

after a hearing, unless staff determines that continuation of the services or delay of the action endangers the health or well-being of the client or staff.

In cases of intended action to discontinue, terminate or suspend or reduce services, staff shall give the client timely and adequate notice thereof and an opportunity to object, see Notification To Client form. Timely means that the notice is mailed at least ten (10) days before the date of the action, except in the case of need for adequate written notice to be given no later than the date of the action if staff determines that delaying the action endangers the health or well-being of the client, or that the health or well-being of staff may be endangered if prior notice is given.

The date of a notice given by mail is the date of mailing the notice.

Special emphasis shall be placed on the fact that the applicant, client, shall not suffer retaliation or sanction as a request for a hearing.

Notice of Right to a Hearing

A notice of the client's right to a hearing shall be displayed prominently in each Area Agency on Aging subcontractors office and congregate service site in a location easily accessible to clients.

The notice of right to a hearing shall state:

If you are dissatisfied with the action taken, you may request a fair hearing within ten (10) days the date of the action by filing a written request or completing a Request for Hearing form and mailing to Lincoln Trail Area Agency on Aging and Independent Living; P.O. Box 604; 613 College Street Road; Elizabethtown, KY 42702-0604. You may be represented by an attorney or other spokesman.

A client shall be entitled to a hearing on the following actions:

1. A denial, reduction, material modification, suspension, discontinuance, exclusion from or termination of a service.
2. Dissatisfaction with a service received, inappropriate or inadequate treatment.
3. Failure of the Area Agency on Aging and Independent Living/subcontract agency to act upon a request for service with reasonable promptness.
4. Failure of the Area Agency on Aging and Independent Living/subcontract agency to take into account a client's choice of service or a determination that the individual shall participate in a service program against his wishes (except where required by law).
5. Discrimination against a client by Area Agency on Aging and Independent Living/subcontract agency staff on account of age, sex, race, national origin, handicap or religion.

The following issues shall not be considered through the hearing procedure described herein:

1. Complaints related to legal issues such as actions involved in court cases, court orders or the interpretation of any statute or regulation;
2. A complaint that has not been filed in writing with the Area Agency on Aging and Independent Living;
3. A complaint that has been abandoned by failure of the complaint to carry forward with their complaint, to furnish information requested by the Hearing Officer, or to appear at the hearing scheduled for him or her;
4. Discrimination practices and personnel issues in relation to Area Agency on Aging and Independent Living personnel policies and procedures. These grievances shall be handled per instructions in the Personnel Manual.
5. A report of Abuse or Neglect.

Request for Hearing

All requests for hearing shall be in writing or filed on the Request for Hearing Form and contain:

- a. Specific allegations or complaints against the Area Agency on Aging and Independent Living/subcontract agency;
- b. Name of the Area Agency on Aging and Independent Living or subcontract staff person or persons involved, if known;
- c. Circumstances under which the alleged act occurred; and,
- d. Date and place of alleged act.

The complainant or legal guardian shall sign the request and submit it to the Lincoln Trail Area Agency on Aging and Independent Living. Upon request, Area Agency on Aging and Independent Living and subcontract staff shall assist individuals in preparation and submission of a request for hearing. Staff shall not assume responsibility for mailing request.

Procedure

Request shall be filed with Lincoln Trail Area Agency on Aging and Independent Living; P.O. Box 604; Elizabethtown, KY 42702-0604, within ten (10) days after the alleged act or notice of a decision affecting services. If the notice is mailed, the date of the notice shall be the date mailed; otherwise it shall be the date of delivery. In cases where the request is filed after the thirty (30) day period, a decision as to acceptance or denial of the complaint for action shall be made by the Executive Director of the Area Development District or a designee named by the Executive Director.

Within five (5) working days of the receipt of the complaint, the Area Agency on Aging and Independent Living shall notify the complainant of the receipt of the request and the Area

Agency on Aging and Independent Living's policy of attempt at local resolution before a hearing is scheduled.

The results of the Area Agency on Aging and Independent Living or subcontractors efforts to achieve local resolution of the complaint shall be mailed to the Executive Director not more than thirty (30) days after the filing of the requests for hearing. The report shall contain:

- a. Nature of the Complainant (with specific issues);
- b. Date of Resolution Conference;
- c. Persons present at the Conference; and,
- d. The results of the Conference

A copy of the local resolution report to include a specific statement of any issues not resolved shall be sent to the complainant and involved staff. If the complainant is resolved, the complainant shall sign an acknowledgement to be attached to the report.

Hearing Before the Area Agency on Aging

In the event the complainant is not resolved within thirty (30) days after filing, it shall be referred to a Hearing Officer of the Area Agency on Aging and Independent Living to conduct a hearing. The hearing shall be held within thirty (30) days after referral.

If the complainant agrees to an extension of time, the time for final administrative action shall be correspondingly extended.

Location of Hearing

The hearing shall be conducted at a reasonable location selected by the Hearing Officer.

Notice of Hearing

The complainant and representatives, as appropriate, the Area Agency on Aging and Independent Living or subcontract staff named in the complaint and their representatives, shall be given at least seven (7) working days written notice prior to the hearing.

The following information shall be contained in the Hearing Officer's notice to the complainant and his/her representative:

1. The specific complaint to be heard at the hearing. The complainant shall be asked to notify the Hearing Officer in writing within five (5) working days of the receipt of the notice if the complaint issues have not been correctly stated. The Hearing Officer shall then make a determination as to whether to modify the complaint issues.
2. Individuals to be present at the hearing.

3. The complainant's option of presenting his case himself or with the aid of an authorized representative, such as legal counsel, relative, friend or other spokesman.
4. That the Area Agency on Aging and Independent Living shall not be responsible for any legal fees incurred by the complainant related to the hearing.
5. The nature and conduct of the hearing, e.g., orderly but informal manner, opportunity to present witnesses and to cross examine opposing witnesses, etc.
6. The complainant's right to examine the contents of his case file and all documents and records to be used by the agency at the hearing at a reasonable time before the date of the hearing and instructions on how to access such material.

The following information shall be contained in the Hearing Officer's notice to staff involved in the complaint:

1. The specific complaint to be heard at the Hearing.
2. Individuals to be present at the Hearing,
3. The nature and conduct of the Hearing, e.g., orderly but informal manner, opportunity to present witnesses and to cross examine opposing witnesses, etc.
4. Staff's option of presenting the case themselves or with an authorized representative. Staff shall be responsible for making arrangements for representation at the hearing.

Attendance at the Hearing

Attendance at the hearing shall be limited to the complainant and representatives, if any; staff named in the complaint and their representatives, if any; the Area Agency on Aging and Independent Living's attorney; a representative of the Area Agency on Aging and Independent Living; the Hearing Officer; and a person to operate the recording equipment and any witness called by either the complainant or Area Agency on Aging and Independent Living.

Conduct of the Hearing

The hearing shall be conducted in an orderly, but informal manner, following the rules of procedure applicable to administrative hearings generally. All facts relevant to the issue shall be received.

Procedure

1. The Hearing Officer shall open the hearing by:
 - (1) Describing the purpose of the hearing,
 - (2) Explaining the role of the Hearing Officer, and
 - (3) Introducing parties to the hearing,
 - (4) The Hearing Officer may direct or grant a continuance for good cause shown,
 - (5) The Hearing Officer shall clarify the issues to be heard.
The issues shall be the same as those in the written notification of the hearing.
2. Before receipt of testimony, the Hearing Officer shall administer the oath. KRS 194.025 provides that the Secretary of the Cabinet for Human Resources or his designated representatives may administer oaths and affirmations.
3. The Hearing Officer shall arrange for the separation of witnesses. Only the complainant and representatives, staff involved in the complaint and their representatives, if any; the Area Agency on Aging and Independent Living's attorney; a representative of the Area Agency on Aging and Independent Living; the Hearing Officer; and a person to operate the recording equipment are entitled to be in the hearing room throughout the entire hearing. The Hearing Officer may permit others to remain throughout the entire hearing if circumstances dictate.
4. Each witness shall complete direct testimony and then shall answer questions on cross examination by the adverse party.
5. The complainant shall have the burden of proof and shall testify first and may present pertinent evidence, including testimony of witnesses and documents.
6. Upon completion of the case for the complainant, the respondents may testify and present other evidence including testimony of witnesses and documents.
7. Upon completion of the case for the respondents, the complainant may present additional evidence in strict rebuttal of the evidence presented by respondents. Additional evidence may be presented at the discretion of the Hearing Officer.
8. The Hearing Officer may, if necessary to secure full information on the issue, postpone the hearing, examine each party who appears, and his witnesses, The Hearing Officer may take any additional evidence which he deems necessary including excerpts from the case record.

9. As both parties to the hearing have been given ample opportunity to present all their testimony and evidence, the Hearing Officer shall give each party an opportunity to summarize the salient points of their cases.
10. Upon completion of the hearing, the hearing record shall be closed unless the Hearing Officer grants an exception under proper motion.
11. The Hearing Officer shall advise the parties that a decision shall be rendered by the Executive Director or his/her designee, within twenty (20) days from the close of the hearing.
12. Ex parte communications with the Hearing Officer is prohibited. Any ex parte communications shall be shared with all parties to the hearing and become a part of the official record.

Hearing Officer's Report and Recommended Decision

Within ten (10) days after the close of the hearing, the Hearing Officer shall file a written report with the Area Agency on Aging and Independent Living. The report shall contain:

1. Statement of the complaint;
2. Persons present at the hearing, including witnesses;
3. Findings of fact based solely on the evidence introduced at the hearing;
4. Conclusions as to whether or not the Findings support the complaint, citing appropriate statutes, policies and procedures and practices, and a (recommended decision on issues); and,
5. Recommendations state here as to action to be taken, on the complaint.

Decision Letter

Within ten (10) days after receipt of the Hearing Officer's Report by the Area Agency on Aging and Independent Living, the Executive Director or designee, shall render a written decision on the complainant. The written decision shall be sent to the complainant by certified mail, return receipt requested, and to the staff involved, and shall contain the following information.

- a. Statement of the complaint issues;
- b. Findings of Fact and Conclusion with applicable statutes, policies, procedures and practices in regard to complaint; and
- c. Decision and action to be taken based on Finding of Fact.

Corrective Action

After reviewing the Findings of Fact and recommendations of the Hearing Officer, if the Executive Director or designee feels that corrective action is warranted, a memorandum shall be forwarded to the appropriate individuals requesting that corrective action be initiated. Corrective action deemed necessary shall be initiated within ten (10) days.

Hearing Record

The transcript or recording of testimony and exhibits, or an official report containing the substance of the testimony introduced at the hearing, together with all exhibits, papers and requests filed in the proceeding ex parte communications and the report of the Hearing Officer shall constitute the exclusive record and shall be available at the Area Agency on Aging office at any reasonable time in accordance with the open records law.

The record of the fair hearing shall be maintained in a locked file separate from the case record of the complainant.

Appeal Process

If the complainant is dissatisfied with the written decision rendered by the Area Agency on Aging and Independent Living, the complainant has ten (10) days from the date of the agency's decision of appeal. The agency, if requested, shall assist the complainant in filing an appeal of the decision. An appeal is mailed to the Commissioner, Department for Aging and Independent Living.

The procedure utilized by the Department for Aging and Independent Living upon receipt of an appeal is as follows.

The Commissioner shall forward the appeal of the decision to the Quality Assurance Branch to be reviewed by a Hearing Officer. After reviewing the decision made by the Area Agency on Aging and Independent Living, the Hearing Officer shall file a written report with the Commissioner which shall contain:

- (1) Conclusions as to whether or not the Area Agency on Aging and Independent Living's findings support the complaint, citing appropriate policy and procedure; and
- (2) Recommendations as to action taken, if any, on the complaint.

After receipt of the Hearing Officer's report, the Commissioner or the Commissioner's designee shall render a written decision on the complaint. The written decision shall be sent to the render a

written decision on the complaint. The written decision shall be sent to the complainant by certified mail, return receipt requested, and shall contain the following:

- (1) Statement of the appeal; and
- (2) Decision and action to be taken.

Implementation of Decision

Upon receipt of the written decision from the Department for Social Services on the complaint, the Area Agency on Aging and Independent Living shall develop a plan to implement the decision of the Commissioner or the Commissioner's designee.

Subcontract Agencies

Subcontract agencies of the Area Agency on Aging and Independent Living shall follow procedures outlined in this manual section when a client has a complaint related to civil rights, discrimination or service delivery.

III.5 TECHNICAL ASSISTANCE

REFERENCE: Older Americans Act PL 98-459 Sec. 306(a) (6) (B)

PROCEDURE

- A. The Area Agency on Aging and Independent Living will provide technical assistance to:
 - 1. Subcontractors
 - 2. Public and Private organizations interested in developing or expanding programs for elderly.
 - 3. Organizations where joint agreements are in effect.
 - 4. Voluntary groups/organizations interested in serving elderly.

- B. Technical assistance will be provided to subcontractors in the areas of:
 - 1. Program design and delivery of services.
 - 2. Coordination and pooling activities.
 - 3. Administrative and management functions.
 - 4. Fiscal accountability.
 - 5. Recordkeeping and recording.
 - 6. Cost policies.
 - 7. Staff development.
 - 8. Affirmative action.
 - 9. Accomplishment of program objections.
 - 10. Meeting time frame for completion of objectives.
 - 11. Carrying out other provisions of the subcontracts.
 - 12. Financial self-sufficiency.

- C. Technical assistance needed may be identified through:
 - 1. Phone request.
 - 2. Formal request in writing.
 - 3. Review of Monthly Program Performance Reports.
 - 4. Review of Monthly Financial Report.
 - 5. County meetings.
 - 6. On-site visits.
 - 7. Formal Assessment.
 - 8. Application for funds.

- D. Records of technical assistance will be maintained:
 - 1. Visits are followed up with written communication and/or recommendations as appropriate.
 - 2. Files will be maintained on technical assistance provided.

III.6 EQUIPMENT INVENTORY

PROCEDURE

A. Purchase of Equipment and Supplies

1. Equipment or supplies to be purchased under unit cost of \$5,000 should be included in initial proposal for funding for inclusion in Area Plan on Aging for approval.
2. Equipment and supplies to be purchased over a unit cost of \$5,000 should be included in initial proposal for funding and must receive prior approval from Department for Aging and Independent Living.
3. For items not included in initial proposal, a request for a contract and proposed amendment must be requested from the Lincoln Trail Area Development District.

B. Equipment Management Requirements

1. Property records are to be maintained. For each item of equipment, records should include:
 - a. Description of equipment with manufacturer's model number.
 - b. An identification number.
 - c. Information needed to calculate federal share of item.
 - d. Date purchased and unit cost.
 - e. Location, use and condition of equipment, and date of last inventory.
2. A physical inventory of equipment must be completed annually.
3. A control system shall be in effect to ensure adequate safeguards to prevent loss, damage or theft of the equipment. Any loss, damage or theft of equipment shall be investigated and fully documented and reported to the Lincoln Trail Area Development District.
4. A complete inventory must be made available to the Lincoln Trail Area Development District and updated annually.

C. Disposition of Equipment

Equipment must be disposed of in accordance with CFR Title 45 Part 74.34.

D. Transfer of Equipment

To the transferring of all items of equipment, inventoried as property of the program, to a new provider, if a new provider is selected as a result of competition, or if the contract is terminated by the provider, or LTADD/AAAIL and a new provider is secured. Such equipment and/or supplies shall be transferred to LTADD/AAAIL if no new provider has been secured. In the event of termination of the contract or selection of a new provider, the transfer shall be made within thirty (30) days from the date of receipt of notice of LTADD/AAAIL, such notice to be by Certified Mail, Return Receipt Requested. All other requirements of 45 CFR Part & 74, Subpart O, Property, shall be applied.

E. Developing an Inventory

An equipment inventory record sheet should include the following information:

1. Item description
2. Quantity
3. Serial number
4. Model number
5. Assigned number
6. Purchase date
7. Price
8. Description of condition
9. Salvage Value
10. Disposition/Transfer Date
11. Disposition Method
12. Transfer Location
13. Date Inventory Conducted
14. Person who conducted inventory
15. Location of equipment

III.7

PROGRAM INCOME

Meaning of Program Income

Program income means gross income earned by a subcontractor for activities, part or all, of the costs of which is either borne as a direct cost towards meeting a cost sharing or matching requirement of a grant.

Definition

General Program Income means all program income accruing to a subcontractor the period of the contract.

Use of Program Income

Recipients of contracts for Title III, Older Americans Act Funds, and all other programs administered by the LTADD/AAAIL shall report Program Income to the LTADD. Program Income will be used for the expansion of the project or program. Program Income must be expended by the LTADD in the same fiscal year as collected.

REFERENCE: Older Americans Act
PL 98-459
Sec. 307 (13) © (i)

Federal Register Part IV
Grants for State and Community Programs on Aging
Subpart H – Service Requirements
1321.111 Contributions for Services Under the Area Plan

PROCEDURE

1. Each person will be provided with a free and voluntary opportunity to contribute to the cost of the service.
 - A. The Lincoln Trail Aging Advisory Council shall review a suggested donation for services as recommended by the subcontractor. The suggested donation, along with the cost of the service, shall be explained to older persons.
 - B. Subcontractors of the Area Agency shall provide documentation that the contribution system has been explained to the older person.
 - C. Contribution schedule may be posted in obvious spots in review of program participants.
2. The privacy of each participant will be protected with respect to his or her contribution.
 - A. A covered container will be made available for the participant to place their contributions in. It is encouraged that this be in an area separate from meal sign-in sheets as not to imply a required contribution.
 - B. Reports on contributions will be given periodically to the elderly to inform of how their contributions are being used.
3. Means tests may not be given to the participant to determine the amount of the contributions.
4. Subcontractors of the Area Agency on Aging and Independent Living may not deny any older person a service because the older person will not or cannot contribute to the cost of the service.

5. Subcontractors of the Area Agency on Aging and Independent Living will establish appropriate procedures to safeguard and account for all contributions.
 - A. Two persons will be designated to count the receipts daily.
 - B. Receipts will be kept in a locked box or a safe until deposit is made.
 - C. Cash receipts will be recorded and deposited as frequently as possible.
 - D. Adequate precautions are taken to prevent theft of cash receipts.
6. Participants' contributions will be accounted for according to generally accepted accounting principles. Title 45 CFR Part 74; Subpart 4; 76.61 Standards.
7. Reports will be made to the Area Agency on Aging and Independent Living on the Monthly Summary and Financial Report forms.
8. Accumulation of large balances of income will be avoided.

Fund Raising

Title 45 CFR Part 74 – Appendix F – Section G – Item 18 (b)

- (b) Costs of organized fund raising, including financial campaigns, endowment drives, solicitation of gifts and bequests, and similar expenses incurred solely to raise capital or obtain contributions, are unallowable.

Title III funds, including personnel expenses, are used to provide services to older persons. As is stated in Title 45 Part 74, employees paid from Title III may not be paid for fund raising activities. Any funds that may be generated by Title III employees during work hours shall be considered Program Income and included in the Title III budget.

**SECTION IV
GUIDELINES FOR
IN-KIND RESOURCES**

Definition of In-Kind

In-Kind resources represent the value of property or services which benefit a grant-supported project/program and which are contributed by non-federal third parties without charge to the grantee. The contributions used as match must meet federal requirements for match and in-kind resources as stated in Part 74, Subpart G, Sections 74.50 – 74.57 of the Federal Regulations Title 45.

In-Kind Used as Match

In-Kind contributions are often required for match. This situation occurs when the state money, available local cash, and program income are not enough to provide the match required to obtain maximum federal funds.

In-Kind Contributions – Example

1. Value of donated property/space (with and without transfer of title).
2. Value attributable to the services of volunteers.
3. Value of donated equipment.
4. Value of donated supplies.

FEDERAL REGULATIONS ON IN-KIND CONTRIBUTIONS (USED AS MATCH)

1. The contributions must benefit the grant-supported program (congregate meals, home delivered meals, social services).
2. The contributions must come without charge from a non-federal third party. (There are very few exceptions to this. If any contributions are questionable, a written approval should be obtained).
3. The contributions may not count toward a matching requirement on more than one federal grant.
4. Contributions must be “verifiable from the records of the recipients”. The records must show the value and how the value was determined. Volunteer services should be supported by the same written documents as paid personnel, when feasible.
5. Volunteers’ time should be valued at rates consistent with similar work at the recipient’s organization, if possible.
6. Otherwise, volunteers’ time should be valued at rates consistent with rates paid by other employers for similar work in the same labor market.
7. If another employer furnishes a volunteer service from the employer’s normal line of work, the value rate would be that of the employee’s rate of pay.
8. Donated supplies are valued at the market value of the supplies at the time of donations.
9. Donated equipment or space (where no title transfers) is valued at its fair rental rate.
10. Donated equipment or space (where title transfers) is valued at its fair market value.
11. Conditional approval of value placed on donated items is required. (This approval does not mean that the value is fair and reasonable.)
12. The granting agency may require that market value or fair rental value be determined by a certified real property appraisal.
13. The contributions shall count toward satisfying a matching requirement only where if the recipient of the contribution were to pay for them with Title III funds, the payments would be allowable costs.

SUGGESTIONS FOR DOCUMENTING IN-KIND

1. The form should be easily auditable.
2. Any document form should be supported by original bills, time sheets, etc., when applicable.
3. A simple documentation system that can be easily maintained is recommended.
4. The documents in this packet are suggested forms.
5. We recommend that the following items be included on a documentation form:
 - a. project/site
 - b. donor
 - c. what donated
 - d. donate item's value (\$) to the project/site
 - e. method used to determine value
 - f. purpose for which item is needed
 - g. signature of donor when possible
 - h. approval of signature at ADD level

OTHER SUGGESTIONS

1. The in-kind contribution must be identifiable in the project's records. A standardized documentation system is recommended.
2. The donated item is necessary for the achievement of a project's objectives.
3. The value is to be reasonable and not to exceed the amount allowable if the item was actually purchased.
4. The value is to be allocated proportionately to the time the item was available for use by the project.
5. The value is to be claimed only after the in-kind resource is actually used by the project. (Pro-rate if used in different budget years.)
6. The in-kind cannot be included as contributions for any other federally assisted program.
7. Records equal to that of non-donated resources should be kept. (Example – If time sheets are kept for paid employees, time sheets should be kept for volunteers.)
8. Records should be kept in a manner that permits audit (easily traceable records).
9. Indirect in-kind is unallowable in most cases. This should be handled on a case-by-case method.

**SUGGESTED DOCUMENTS
FOR USE AT PROJECT/SITE**

**ESTIMATED IN-KIND (MATCH) CONTRIBUTIONS
FOR BUDGETING**

ADD: _____

Site: _____

Page: No. ____ of ____

Quantity	Description	Donor	Purpose to Site	Valuation Method	Budgeted \$ Value

Prepared By: _____

Approved By: _____

Date: _____

IN-KIND (MATCH) CONTRIBUTION OF STAFF SERVICES

(To be completed after services are provided.)

TO: _____
Project Name

FROM: _____
Donor

Street Address City County

The below described personal services are committed for use by your project for the period from _____ until _____.

Description of Position

Position Title	Hourly Rate of Annual Salary	Number of Hours Worked	Value To Project
_____	_____	_____	_____

Valuation Method (attach back-up): _____

Purpose to site: _____

I certify that the time devoted to the project was not performed during my normal working hours.

These services are not included as contributions for any other federally assisted program or any federal contract and are not borne by the federal government directly or indirectly under any federal grant or contract.

Donor

Donor Signature Date

Prepared By

Approved By Date

IN-KIND (MATCH) CONTRIBUTION OF SPACE (TITLE TRANSFERS)

(To be completed after services are donated.)

TO: _____
(Project Name)

FROM: _____
(Donor Name)

Street Address City County

The below describes space is committed for use by your project the period from _____ until _____.

Description of space: _____
Street Address City

Valuation method (attached back-up): _____

Prior OAS approved from: _____ on _____, 20__

Latest acquisition cost \$ _____

Total square feet donated \$ _____

Value to site \$ _____

Purpose to site:

This space is not included as contribution for any other federally assisted program or any federal contract and is not borne by the federal government directly or indirectly under any federal grant or contract.

Donor Donor Signature Date

Prepared By Approved By Date

IN-KIND (MATCH) CONTRIBUTION OF SPACE (NO TITLE TRANSFER)

(To be completed after services are donated.)

TO: _____
(Project Name)

FROM: _____
(Donor Name)

Street Address _____ City _____ County _____

The below described space is committed for use by your project for the period from _____ until _____.

Description of space: _____
Street Address _____ City _____

Valuation method (attach back-up): _____

Complete I or II

- I. Space donated by owner
 - A. total square footage _____
cost per square for floor \$ _____
 - B. number of square feet used _____
cost of square footage used \$ _____
 - C. percentage of time project will have control of space _____
value to project \$ _____

- II. Rent to be paid by a third party donor
 - A. monthly rental value of space \$ _____
 - B. number of month rent to be paid _____
 - C. value to project \$ _____

Purpose to site:

This space is not included as contribution to any other Federally assisted program or any Federal grant or contract.

Donor _____ Donor Signature _____ Date _____

Prepared By _____ Approved By _____ Date _____
IN-KIND (MATCH) CONTRIBUTIONS OF OTHER GOODS AND SERVICES

(To be completed after services are donated.)

TO: _____
(Project Name)

FROM: _____
(Donor Name)

Street Address _____ City _____ County _____

The below described space is committed for use by your project for the period from _____ until _____.

Purpose to site:

Description of goods and/or services:

Valuation method (attach back-up): _____

Value to be claimed by project: \$ _____

These goods and/or services are not included as contributions for any other federally assisted program or any federal contract and are not borne by the federal government directly or indirectly under any federal grant or contract.

Donor

Donor Signature Date

Prepared By

Approved By Date

IN-KIND (MATCH) VOLUNTEER PERSONNEL

(To be completed after services are provided.)

Project Name: _____

The below described positions were filled by volunteers recruited by this project.

Description of Positions

	<u>Name</u>	<u>Position</u>	<u>Hourly Rate</u>		<u>Hours</u>	=	<u>\$ Value to Project</u>
1.	_____	_____	_____	X	_____	=	_____
2.	_____	_____	_____	X	_____	=	_____
3.	_____	_____	_____	X	_____	=	_____
4.	_____	_____	_____	X	_____	=	_____
5.	_____	_____	_____	X	_____	=	_____
6.	_____	_____	_____	X	_____	=	_____

Equivalent hourly rates were determined by (attach needed back-up):

_____ Rates for comparable positions within our own agency.

_____ Rates for comparable positions within our local agencies.

_____ Minimum wage

_____ Other (please specify) _____

Purpose to Site:

Signatures (Volunteers)

1. _____ Date: _____

2. _____ Prepared By: _____

3. _____ Approved By: _____

IN-KIND (MATCH) CONTRIBUTION OF EQUIPMENT

(To be completed after donation)

SITE: _____

DONOR: _____

Street Address

City

County

The below described equipment is committed for use by your project from the period

From _____ until _____.

Description of Item	Purpose to Site	Valuation Method (attach back-up)	\$ Value to Site
1.			
2.			
3.			
4.			
5.			
6.			

Total Value Claimed _____

This equipment is not included as contribution for any other Federally assisted program or any Federal contract and it not borne by the Federal Government directly or indirectly under any Federal grant or contract.

Donor

Donor Signature Date

Prepared By

Approved By

COMMITMENT OF CASH CONTRIBUTION

TO: _____
(Project Name)

FROM: _____
(Donor Name)

Street Address City County

Cash in amount of \$_____ is committed for use by your project for the current year. This donation will be made in _____ payment(s) of \$_____ each, beginning on or before _____ and being completed on or before _____.

This cash is not included as contribution for any other federally assisted program or any federal contract and is not borne by the federal government directly or indirectly under any federal grant or contract.

Donor Signature Date

Received By

Approved By

SUGGESTIONS FOR RECORDING IN-KIND (IN ACCOUNTING RECORDS)

1. Most entries should involve an expense account (e.g. personnel) and an income account (in-kind contribution).
2. If the contributions involve more than one report period, they must be pro-rated. (For this purpose only, the Office for Aging Services considers the report period as one fiscal year.) If pro-rated proper inventory records must back-up the pro-rating.
3. Since the Office for Aging Services permits complete reimbursement and/or contribution value to be reported when purchased and/or received, depreciation is not expensed nor used as in-kind match on OAS records.
4. If a large number of in-kind contributions are used, a subsidiary book is recommended.
5. The expense must always equal income (in-kind contribution) claimed.

EXAMPLES FOR RECORDING IN-KIND

1. Volunteers

Debit salary expense
Credit in-kind contributions

2. Donated Space

Debit rent expense
Credit in-kind contributions

3. Donated Food

A. If used in same period:

Debit raw food expense
Credit in-kind contributions

B. If not used in same period:

1st period:

Debit raw food expense (for amount used).
Credit in-kind contributions (for amount used).
Debit raw food contributed (unused amount).
Credit unused in-kind contributions (unused amount).

2nd period:

Debit unused in-kind contributions.
Credit raw food contributions.
Debit raw food expense.
Credit in-kind contributions.

SOURCES

Title III and VII of the Older Americans Act, State of Florida, November 20, 1978.

Administration of Grants, Federal Regulations, Part 74, August, 1978.

Project Accounting Manual, Virginia Office on Aging.

Guide to Effective Project Operations, HEW, AoA, April, 1973.

Taylor, Ferguson, Department for Human Resources, auditor.

SECTION V AUDIT

If the applicant receives over \$300,000 in Federal funds, a copy of the full agency audit will be submitted to the Lincoln Trail Area Development District in accordance to OMB A-133. Match will be verified by certified statements for those programs not covered by audit.

PROCEDURE SHOULD AUDIT REQUIREMENTS APPLY

1. Due Date

A copy of the audit properly certified by a CPA will be submitted to LTADD no later than 60 days after the end of the program's current fiscal year or 60 days after June 30.

2. Audit Exceptions

The subcontractor shall be responsible for fiscal and program exceptions established by the audit and will make an effort to promptly settle any audit exceptions by methods approved by LTADD.

3. Final Report

The subcontractor must submit a final fiscal report, reconciled with the audit, no later than 60 days after the ending of the project date (usually June 30). In the event of termination or cancellation, a final audited report shall be submitted no later than 60 days after notice of such termination or cancellation.

4. Final Payment

LTADD maintains the right, as stipulated in the contract, to deny payment for any fiscal report not submitted in accordance with the previous provision as explained above in part 3.

5. Waiver

Request for waiver regarding time frames must be made in writing with justification as to inability to comply.

- In addition to the audit requirements in the CHS MOA Mandatory Clauses, the applicant shall meet audit requirements for programs funded by state funds, which are Homecare, Adult Day/Alzheimer's Respite and Personal Care Attendant Program, as follows; contracts and subcontractors that receive a combined total of \$50,000 or more in State Funds for these programs shall procure a financial and compliance audit of these funds.

6. The applicant is required to provide at a minimum the final expenditure report for each program not subject to audit requirements outlined in the CHS MOA Mandatory

Clauses. In addition, an Agreed-Upon Procedures Report is to be submitted to Lincoln Trail District Area Development District (LTADD) on or before September 1 for the contract period ended June 30. The following items represent the contents of the agreed-upon procedures between LTADD and its subrecipient:

1. Reconcile contract amount (units and dollars) to annual report filed with LTADD
2. Reconcile periodic (monthly/quarterly) reports to annual report
3. Audit Compliance with program specifics:
 - a.) Units provided – audit units provided per annual report to program participant records
 - b.) Eligibility – audit program participants for eligibility for services provided (If applicable)
 - c.) Program Income/Matching – audit matching requirements

SECTION VI CONFIDENTIALITY AND DISCLOSURE

Federal regulations require that all client information be handled in a private and confidential manner. This must be strictly enforced in order to ensure the individual client's privacy.

All Aging Program subcontractors and LTADD/AAAAIL must handle client information in a confidential manner. All subcontractors are required to have a written policy regarding client confidentiality. All client records must be kept in a locked file.

Agencies shall assure that staff are familiar with and abide by the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191,

PROCEDURE

A. Notification of Subcontractor Staff

All staff of the subcontractor should be informed of the written policy. Documentation of this action must be on file.

B. Client Consent

The Area Agency on Aging and Independent Living and the subcontractors shall insure that no information about, or obtained from an individual, and in possession of an agency providing services to such individuals shall be disclosed in a form identifiable with the individual without the individual's consent; however, written consent is preferable, and an effort must be made to obtain written consent in advance.

Subcontractors must assure that lists of older persons compiled shall be used solely for the purpose of providing social services, and only with the informed consent of each individual on the list.

The Area Agency on Aging and Independent Living may share pertinent information concerning a client with agencies under contract with the AAAIL assuring confidentiality of all such information provided that the agency has a direct, tangible, and legitimate interest in the individual.

SECTION VII TRAINING

Training is an important component for all levels of staff including administrative, indirect, and direct personnel and for volunteers. Training opportunities that are appropriate for the persons employed in the Aging Program may be provided by DAIL, the AAAIL, service provider agencies or outside agencies/organizations.

Training is offered throughout each program year at various times for both the AAAIL and the service provider staff. Participation/attendance at these training seminars or workshops is mandatory because it keeps employees current on policies, definitions, standards, new services and programs, etc.

PROCEDURE

- A. When a training event is planned and scheduled, the sponsoring agency shall notify all appropriate persons/agencies in a timely manner.
- B. Every effort should be made to arrange the activity to cause the least disruption in regular services.
- C. When staff turnover occurs at the service provider level, it is the responsibility of the service provider agency to orient and train on an individual basis. The same applies to volunteer training. It is the sole responsibility of the service provider agency to train volunteers under its supervision.
- D. All county coordinators or their representative must attend the Annual Center Directors Workshop sponsored by DAIL/AAAILs.
- E. When appropriate, the necessary volunteers shall attend training sessions. This decision may need to be determined jointly by the AAAIL and the service provider.

SECTION VIII COORDINATION

Coordination is defined as groups working together to reach a common goal. In this case, it means that subcontractors will work together and with other agencies to ensure that seniors are provided needed and available services.

All subcontractors must develop a plan to coordinate with other services and service agencies in the area. Coordination activities are not limited to service agencies, but can include civic and social clubs and organizations, churches, local businesses, industries, etc. that provide different types of service to persons aged 60 or over.

PROCEDURE

1. Coordination System

Minimally, each subcontractor must have a written procedure in place of which identifies the method used in determining when a referral is to be made, steps to make the referral and follow-up.

2. Coordination Agencies

The following is a list of suggested agencies with which coordination efforts should exist; however, the list is potentially endless.

1. Area health departments
2. Hospitals and Home Health agencies
3. Mental health facilities
4. Long-Term Care facilities
5. Elderly housing authorities
6. Social Security Administration
7. Department for Social Insurance
8. Department for Social Services
9. Libraries
10. Area clubs and organizations

3. Lincoln Trail Service Providers Meeting

Contract agencies and coordination agencies shall meet monthly to discuss programs, updates on service delivery, and potential coordination activities.

SECTION IX VOLUNTEERS

Most of the Aging Program services are able to utilize volunteers and are encouraged to do so whenever possible.

The LTADD AAAIL supports and encourages volunteer participation in all contracted services, including the Long-Term Care Ombudsman program. The AAAIL staff will work closely with DAIL and service providers to further the effort.

PROCEDURE

1. Recruitment

Prior to soliciting volunteers, the subcontractor should identify the various types of work that the volunteers will be expected to perform and the minimum level of skill needed to successfully perform the job. The development and utilization of job descriptions for the volunteer positions is an effective method in determining the best placement of each volunteer. A job description also serves as an outline alerting the volunteer to know exactly what duties he/she is expected to perform.

The recruitment of potential volunteers may be obtained through various types of work that the volunteers will be expected to perform and the minimum level of skill needed to successfully perform the job. The development and utilization of job descriptions for the volunteer positions is an effective method in determining the best placement of each volunteer. A job description also serves as an outline alerting the volunteer to know exactly what duties he/she is expected to perform.

2. Assignment of Duties

Volunteers will be screened and personally interviewed by the program supervisor of the subcontractor. After reviewing the information acquired from the interview, the volunteer will be assigned a specific area of work.

3. Training

The subcontractor will then orient and train new volunteers. This orientation and training needs to be done by the staff person directly over the particular program. Each volunteer must receive training regarding the Aging Program's organizational structure and his/her job responsibilities. Other opportunities for training should be offered on a regular basis and continued for all volunteers, old and new.

4. Utilization

Volunteers may be utilized in any position, if all federal, state, and local requirements are met. An example is when a volunteer provides home health services that the volunteer must have the appropriate credentials and training.

SECTION X PROGRAM COMPONENTS

OUTREACH

Outreach is a service designed to reach out, locate, or re-establish contact with older persons and seek out potential clients, inform them of the available services and to assist them in gaining access to the services.

Title III subcontractors must have an identifiable outreach program that is put into effect over the eight county area. Records of this activity must be documented and on file.

PROCEDURE

1. Identify and seek out potential clients.
2. Identify client needs.
3. Assist or encourage clients to utilize available services.
4. Conduct follow-up.
5. Review, update, and maintain resource files.
6. Plan activities necessary to provide the service and/or assess the needs of the individual.

Outreach services must place special emphasis on reaching older individuals with the greatest economic and/or social needs with particular attention to the low-income minority individuals, including outreach to identify older Indians in the service area and to inform such older Indians of the availability of assistance under the Act.

OUTREACH TRAINING AND COORDINATION

Persons responsible for providing outreach in each of the senior citizens centers will be instructed in identifying clients in need of services, providing information and encouraging the use of appropriate services.

Senior center directors will encourage participants at senior citizens centers in assisting with the identification and location of those eligible persons in the service area.

Senior center directors will contact other community agencies informing them of available services and resources.

INFORMATION AND ASSISTANCE (I AND A)

Information and Assistance is a service to inform older persons of the opportunities and services of which are available to them and assist them in taking advantage of such opportunities and services. Assistance places individuals in contact with appropriate services and follow-ups to determine whether services were received and met the identified.

Appropriate subcontractors must have an identifiable information and referral program in each county, assuring reasonable access to the service. Records of this activity must be maintained and kept on file. All data utilized in the information and referral system must be updated and current.

PROCEDURE

The following components should be included whenever providing information and assistance services:

- A. Provide concrete information to a client in response to an inquiry by phone or in person about available public and voluntary services and resources (including name and telephone number).
- B. Respond to requests by a client to determine a service need; find an appropriate community resource; direct or assist a client in applying to a community resource; and follow-up to determine whether the service was received.
- C. Review, update, and maintain resource files.
- D. Plan activities necessary to provide the service and/or assess the needs of the individual.
- E. Recruit, train, and support volunteers for the program.
- F. Maintain client records to establish priority for services and for filling existing service gaps.
- G. Follow confidentiality requirements.

INFORMATION AND ASSISTANCE TRAINING AND COORDINATION

Persons responsible for providing I&A service in will be instructed in informing older persons of the opportunities and services which are available to them and assist them in taking advantage of such opportunities and services.

Subcontractor will make available current information on services being offered within the area.

The provider will maintain a list of individuals who are currently in need of services if service opportunity is not available at present time.

Provider agency will adhere to sub-contract agreement assuring the confidentiality of all information whether written or verbal about any client who seeks information and assistance service.

TRANSPORTATION

The LTADD/AAAIL, under the direction of the Kentucky Office of Aging Services, has adopted the following: Policy 925.34, Transportation

“Transportation shall be in the carriage of older persons to or from community resources in order that they may access or receive needed services.”

“Transportation shall be provided in compliance with all federal, state, and local regulations in order to ensure a safe journey from the point of departure to destination. Vehicles used shall be safe and accessible to older persons and properly insured to protect the participants in accordance with state laws.”

“For federal reporting purposes, one unit shall be one, one-way trip per participant. For contact purposes, a unit may equal one mile.”

PROCEDURE

- A. The subcontractor will provide transportation service in each of the LTADD counties. The transportation provider is responsible for “establishing procedures for the selection and training of drivers,” as stated in OAS Policy 925.35, Transportation Drivers.
- B. The transportation provider, senior center director, nutrition site director, the adult day care center director, and the Homecare escort driver(s) must insure that all seniors who need a ride to and/or from the facility are picked up in a timely manner, assisted in and out of the vehicle if needed, and treated in a friendly, respectful way.

INTAKE AND ELIGIBILITY DOCUMENTATION

The LTADD Area Agency on Aging and Independent Living has been instructed by the Department for Aging and Independent Living to document certain necessary facts of which support the eligibility of all seniors receiving services in Title III. A separate policy exists for these programs; therefore, this policy only addresses Title III.

The Older Americans Act, Section 307(a)(13)(A) states that, “each project providing nutrition services will be available to individuals aged 60 or older and to their spouses, and may be made available to handicapped or disabled individuals who have not attained 60 years of age, but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided”; and,

The Older Americans Act, Section 307(a)(13)(I) states that, “the area agency shall establish procedures that will allow nutrition project administrators the option to offer a meal on the same basis as meals provided to elderly participants, to individuals providing volunteer services during the meals hours and to individuals with disabilities who reside at home with and accompany older individuals who are eligible under this Act.”

45 CFR Part 1321.17(f)(12) states that, “Individuals with disabilities who reside in a non-institutional household with and accompanies a person eligible for congregate meals under this part shall be provided a meal on the same basis that meals are provided to volunteers pursuant to Section 307(a)(13)(1) of the Act.”

All subcontractors are required to obtain applicable information that determines eligibility for recipients of Title III services on an ongoing basis. The Title III Project Manager shall serve as the primary agency responsible for verifying age and eligibility and for maintaining the documentation.

PROCEDURE

- A. When a new participant visits the center and/or receives services, subcontractors shall obtain the necessary information and/or update the existing information required to determine eligibility of Title III participants. This is an ongoing process and must be conducted on each new participant throughout the year.
- B. This intake of participant information is required only once even though the participant may receive both supportive and nutrition services. If an intake form needs changes, simply date the form when it is amended and place in the current records.
- C. Utilize the Title III Assessment Tool (depending on the service) and the Title III Age Verification Form.
- D. If a participant receives services from different subcontractors who need age verification, the subcontractors may contact the primary agency (the Title III Project Manager) to confirm that age and other factors have been verified.
- E. In the event of a new subcontractor, arrangements are made for the transfer of the verification information.
- F. To be valid, each verification form must be signed by the staff person completing the form.

SERVICE IMPLIMENTATION

All clients assessed as eligible for Homecare/Title III, services will be assigned a case manager to be responsible for arranging and documenting appropriate Homecare and Adult Day Care needs and services. Efforts shall be made to secure and utilize informal supports for each client and every effort will be made to partner with other agencies to provide more resources or alternate resources as appropriate. A case manager’s caseload shall not exceed allowable parameters.

PROCEDURE

Referrals shall be accepted through a central intake process.

Screening procedures shall identify all programs the applicant may qualify for.

Persons eligible for like services through other funding sources shall be referred to those services and not be placed on waiting lists for DAIL funded program. ONLY in the event that the necessary service is not available, shall the applicant be offer assistance with a service funded though other sources. All such special cases shall have the approval of the AAAIL Director.

The case manager shall develop the initial Plan of Care (POC), with input from the consumer and/or family. The POC shall relate to the assessed problem(s), and the goal(s) to be achieved. The POC shall identify the specific services needed, the scope, duration and units of services required to help meet the needs and shall identify the provider of service, a plan for reassessment and shall be signed by the client (or designee) and the case manager.

Following the assessment and Notification of Eligibility to the client, the Assessor shall make arrangements for services as determined by the POC with a call to the provider(s) and with a follow-up Service Request Form mailed or delivered to each service provider.

The Case Manager shall monitor each client with alternating face-to-face home visits and a telephone call monthly. Additional home visits or phone calls shall be conducted as warranted.

Case Managers shall comply with all current and approved Homecare Policies and Procedures as required by the Department for Aging and Independent Living.

The Case Manager shall conduct a reassessment with each consumer every six (6) months.

PARTICIPANT FEEDBACK AND SATISFACTION

The LTAAAIL and its contract agencies shall strive to meet clients' expectations and provide services that improve the quality of life for each participant. In addition to meeting all program requirement and service standards, the goal of the provider shall be to meet participant needs and expectations. Periodic participant surveying must be completed to assure participants are aware of their ability to provide feedback and to state their level of satisfaction with services.

PROCEDURE

Service providers shall submit their satisfaction surveys to the LTAAAIL for review prior to distributing the survey to participants.

Participants shall be surveyed quarterly.

All survey results will be available to the LTAAAIL upon request

Surveys will be compiled and submitted to the LTAAAIL on a regular basis.

Annual surveys must be compiled by January 30th for the preceding twelve-month period. The AAAIL is obligated to compile the results received from all providers on or before February 28th for submission to the DAIL by March 15th of the current contract year.

Surveys must assure collection of information sufficient to assure the calculation of compliance with program outcomes.

CLIENT DAILY CONTACT

All clients assessed as eligible for Homecare/Title III, services will be assigned case manager to be responsible for arranging and documenting appropriate Homecare and Adult Day Care needs and services. In the event that the case manager identifies clients in need of daily contact, efforts shall be made to secure and utilize informal supports to provide this level of care. Volunteers utilized for this service shall comply with the Volunteer requirements of this manual.

PROCEDURE

The Case Manager shall monitor each client with alternating face-to-face home visits and a telephone call monthly. Additional home visits or phone calls shall be conducted as warranted.

The case manager shall include the input of the volunteer working with the client as they determine ongoing needs for this level of intensive service. Contact with the volunteer shall be documented in the client's chart.

Case Managers shall comply with all current and approved Homecare Policies and Procedures as required by the Department for Aging and Independent Living.

The Case Manager shall conduct a reassessment with each consumer every six (6) months.

INCIDENT REPORTING

In the course of daily operations, when an event occurs that is out of the ordinary and has potential for serious consequences, that event shall be identified to the LTAAAIL.

PROCEDURE

Staff shall notify their supervisors in the event of an incident occurrence.

The person who observed the incident shall document the event, identifying, at a minimum:

- Name of the client involved
- Date of the incident
- Time and duration of the incident
- Persons and/or place of the incident

Within twenty-four (24) hours the observer shall complete the documentation with a narrative description of the incident.

The incident report will be transmitted to the AAAIL Director for action.

The AAAIL Director shall review the report, request additional information or action if needed.

All incident reports will be filed and maintained by both the agency involved and the LTAAAIL.

Any unreported incidents that the AAAIL becomes aware of shall require a corrective action plan on the part of the provider agency who neglected to report the incident.

PARTICIPANT RESPONSIBILITIES

In order to receive services from any program or service administered by the LTAAAIL a participant must agree to receive services, sign appropriate application, agree to provide information necessary to complete a plan of care participate in the development of a plan of care and cooperate with service providers.

Participants and their providers are to treat each other with mutual respect. Neither of the parts shall subject the other to physical abuse, sexual harassment, or verbal abuse. Neither party shall subject the other to possible physical harm through display or handling of a weapon, nor shall they endanger the other through the presence actions of an animal.

PROCEDURES

All participants shall complete an appropriate application and meet program requirements. Participant responsibilities shall be explained. In the event of an incident which is determined to be disrespectful of the service provider the following actions shall be taken:

LTAAAIL or service provider staff shall reiterate verbally the obligation of acting with mutual respect. The client will be provided the Participant Responsibilities form, which will be review by the program representative, and both the representative and the participant shall sign and date the agreement.

The participant shall be notified that any further action on their part in violation of the agreement will result in service termination.

In the event that the offense is determined to be threatening to the health, safety or welfare of the provider, termination can be imposed.

Provider staff recommending termination must be prepared to met with the LTAAAIL Director and / or designated staff to discuss the recommendation.

In all cases, the participant shall be afforded an opportunity to appeal any termination of services.

ELDER ABUSE REPORTING

All suspected incidents of abuse, neglect, and/or exploitation shall be reported to the Department of Community Based Services, Division of Protection and Permanency (DPP). DPP is responsible for investigating and providing preventive services to individuals that are reported to be the alleged victim of abuse, neglect or exploitation according to KRS 209.020(7,8 and 15).

PROCEDURE

Upon becoming suspicious, or aware of any possible incident of elder maltreatment, staff will report their concerns to the Division of Protection and Permanency. The call will be documented and follow up will be made with DPP to assure that the report was processed.

In the event that staff from a contractor agency report elder maltreatment concerns to LTAAAIL staff, the observer will be instructed to report the concern to DPP and the case manager will follow up with the staff person or their supervisor regarding the status of the report.

Staff is to be ever vigilant during contact with vulnerable elders and assure to the best of their ability, that our consumers are safe in their homes and communities.

SPECIAL PRECAUTIONS

The AAAIL shall ensure service delivery to client according to their assessed needs and plan of care.

In the course of providing services to clients it is crucial that the health and safety of employee, service provider and client are always a consideration. To that end staff (both AAAIL staff and contractor employees) shall be aware of and follow universal precautions and shall take all reasonable action to avoid cross contamination. In the event that conditions exist that require special precautions the Homecare Coordinator and the AAAIL director will be notified of the circumstances.

PROCEDURE

LTAAAIL and contracted agencies shall assure that staff are educated regarding universal precautions.

All persons providing care under the direction and funding of the LTAAAIL shall have supplies provided necessary to follow universal precautions.

Reasonable action shall be taken to assure that anyone with potential for interaction with a client who has health issues or a dangerous home environment shall be alerted within the allowable opportunities for disclosure.

BEDBUG INFESTATION

In the event that bedbug infestation is identified in a client's home the case manager shall work with the client and the provider agency to assure services continue while precautions are taken to assure the infestation is mitigated and that bugs are not transferred to others.

PROCEDURE

In the event that bedbugs are infesting a client's home all providers shall be notified of the infestation.

The case manager will work with the provider to assure safe delivery of services.

The case manager will discuss with the client and/or their designee, the most appropriate method of eradicating the infestation.

During active eradication, precautions will be taken to assure the safety of the client and others who may risk exposure to chemicals or other methods of bed bug extermination.

The following precautions will be recommended for in-home service aides who go into the home to provide services:

- Wear shoe coverings (paper shoes), suit, gloves and hair protection
- Remove all protective wear upon exiting the home and seal it in a plastic bag for disposal.
- Follow recommended cleaning methods to assist in avoiding re-infestation

SECTION XI INCOMPATIBLE ACTIVITIES

Because of the public trust placed in governmental employees, employees in the Aging Program, which includes Title III, Homecare, Adult Day Care and any other aging aspect, must avoid actions of which create a conflict of interest or are illegal. The following policies are designed to assure that both the employee and the Aging Program are protected from charges of improper or illegal actions.

PROCEDURE

A. GIFTS, GRATUITIES, LOANS, OR PURCHASES

1. Employees shall not accept gifts, gratuities, loans, nor purchase any item(s) at a special/reduced price from any item(s) at a special/reduced price from any organizations, business concerns, individuals, clients/participants or their families with whom the Aging Program has official business relationships.
2. These limitations do not apply to acceptance of articles or negligible value of which are distributed generally; nor do they prohibit employees from obtaining loans from regular lending institutions.
3. Employees with LTADD Area Agency on Aging and Independent Living and/or any subcontractor (service provider/agency) shall avoid, prevent and/or prohibit the exploitation of clients/participants and always treat them with personal regard and respect. An employee shall never take undue advantage of the elderly whether real or apparent. The AAAIL/service providers' staff and the client/participant and family shall treat one another with "mutual respect."
4. Should either party feel that an offense has occurred, recourse shall be sought through the mediation, grievance, or complaint procedure established by the service provider, LTADD/AAAIL or the Cabinet for Health and Family Services.

The offense, i.e., exploitation, must be substantiated by the AAAIL/service provider. A referral should then be made to the Department for Social Services. If necessary, the appropriate law enforcement agency should also be notified. (For further reference – OAS Policy 811, #18).

B. POLITICAL ACTIVITY

1. Employees shall not violate Section 12-A of the Hatch Act by:
 - a. Using official authority or influence for the purpose of interfering with an election or nomination to office, or affecting the results thereof; or
 - b. Directly or indirectly coercing or attempting to coerce, commanding or advising any other officer or employee to pay, lend, or contribute any part of his/her salary or compensation or anything of value to any party of committee, organization, agency, or person for political purposes; or
 - c. Becoming a candidate for any political office at the level from which members of the Aging Program are chosen; or
 - d. Take any action that will place the Aging Program in a partisan position.
2. Employees may join or affiliate with civic organizations of a partisan or political nature, attend political meetings, and advocate or support the principles or policies of civic or political organizations.

C. CONFLICT OF INTEREST

It is the responsibility of all Aging Program employees to avoid getting any personal interest, either direct or indirect, which is compatible or in conflict with the discharge of the employee's function, duty or responsibility to the Program.

If in doubt, inquiry should be made of the Executive Director or appropriate authority prior to the contemplated action(s).

SECTION XII WAITING LIST

Prospective clients will be served on a first-come, first-served basis until the program reaches capacity. At capacity, referrals will be accepted; prospective clients will receive case management or contact periodically and opened as services become available based on a Priority basis determined during the initial screening process.

PROCEDURE

1. Each waiting list for services shall be reported to the AAAIL as part of the regular program reporting system.
2. Waiting lists shall be updated monthly and shall include persons awaiting assessment; those assessed eligible, and those for whom additional services are needed.
3. The system shall be based on an approved objective method to prioritize applicants.
4. Applicants shall be advised and presented with the written procedures and method of facilitating the waiting list developed by the subcontractor. Methods must be approved by LTADD.
5. Applicants who are determined to be potentially eligible based on prescreening information gathered by the subcontractor/case manager may be placed on a waiting list.

**SECTION XIII
FISCAL ADMINISTRATION**

PROCEDURE

Financial Reports Due from Subcontractors

Financial reports are due from subcontractors on a monthly schedule unless agreed otherwise. The reports shall contain accurate and timely information and shall document the monthly expenditures, local match and federal and state funds received. Reports shall be completed on forms prescribed by the LTADD.

Local match (cash and in-kind) shall be retained at the contract agency office unless otherwise agreed. Documentation for this match shall be maintained by the contract agency and available for review by the LTADD.

Financial reports shall be submitted according to the due date cited in each contract. It should contain a legible, original signature and year-to-date financial information unless otherwise noted.

Monthly and Year End Reimbursement Under Contracts

I. Advance Payments

1. At the beginning of the fiscal year, the AAAIL shall notify subcontractors of the opportunity to advance a percentage of the contract funds.
2. The subcontractor must then make a written request to the LTADD of the advanced payment.
3. Advance payment to subcontractors is contingent upon the availability of funds and fiscal disbursement actions taken by the Department for Aging and Independent Living, Program Management Branch of Department for Health and Family Services.

II. Monthly and Year End Reimbursement Under Contracts

Monthly reimbursement shall be made only after receipt of a financial report from the subcontractor. The amount of the reimbursement shall be figured as follows:

- A. Determine the percentage of the contract budget that consists of the total Federal and/or State funds.
- B. Multiply the current month's expenses, less any fee for services billed, by the percentage determined by Step A.
- C. This total will be the Federal and/or State allocation due to the subcontractor for the current month.

- D. The AAAIL shall purchase additional meals, with earned NSIP funds, to be served in the meal program with most need and additional units in the service where fee for services are imposed.

III. Year End Reimbursements

Monthly reimbursements shall continue to the maximum contract amount. The Federal Share of a project cost is earned only when the cost is accrued and the non-federal share is contributed. Receipt of Federal funds (either through advance or reimbursement) does not constitute earning of these funds.

Any funds remaining un-encumbered for allowable expenditure upon termination of the contract shall be refunded to the LTADD after an audit is completed.

Interest Income

1. Any interest income earned by the LTADD on any portion of the funds advanced under contract with Department for Aging and Independent Living will be used to expand services in the program in which the interest was earned.
2. Any interest income earned by the subcontractor on any portion of the funds advanced under contract with the LTADD will be required to remit interest earned to LTADD.
3. If any interest income is not expended for services in the same fiscal year in which it is earned, the funds shall be returned to the Cabinet for Health and Family Services, Department for Aging and Independent Living upon request.
4. Any interest income earned or remitted to the LTADD will be monitored on a monthly basis. The LTADD will follow contract amendment procedures in disbursing funds.

Financial Reports Due from Providers not under contractual agreement with the LTADD

Use of Providers not under contractual agreement with the LTADD shall be limited and approved by the Associate Director prior to any obligation of funds. In accordance with KRS 45A expenditures under this type of agreement shall not exceed twenty thousand dollars (\$20,000). Obligations of funding in excess of this amount require completion of a competitive bid process.

Providers shall meet the standards required by their funding source.

Financial reports are due from providers on a monthly schedule unless agreed otherwise. The reports shall contain accurate and timely information and shall document the monthly expenditures. Reports shall be completed on forms prescribed by the LTADD.

Financial reports shall be submitted on the tenth day of the month following the month of service. It should contain a legible, original signature and year-to-date financial information unless otherwise noted.

Monthly reimbursement shall be made only after receipt of a financial report from the subcontractor.

PROCESS

Providers will receive instructions regarding billing procedures. This information shall be provided by the Aging Program Specialist. Bills received shall be date-stamped by the Administrative Assistant who then routes to the Aging Program Specialist. The Aging Program Specialist shall provide program staff with any supportive documentation necessary to assist in legitimizing the billing.

The Aging Program Specialist shall prepare an invoice which will be signed by the Associate Director for Aging Services and submitted to the Fiscal Officer for payment.

SECTION XIV
Lincoln Trail Aging Advisory Council

Available for review, by appointment, at the Lincoln Trail Area Development District.

SECTION XV
DAIL STANDARD OPERATING PROCEDURES

Available for review, by appointment, at the Lincoln Trail Area Development District.

SECTION XVI
GENERAL DEFINITIONS

AREA AGENCY ON AGING AND INDEPENDENT LIVING (AAAIL) – The AAAIL is the local agency designated by the Governor of Kentucky under the provisions of Title III of the Older Americans Act to provide planning and administer funds received under Title III for a given planning and service area. The AAAIL also administers funding under the Kentucky Homecare Program, Adult Day Services and Personal Care Attendant Program HCFA/HICA for the service area. LTADD is the designated AAAIL for the Lincoln Trail service area.

AREA PLAN – The plan submitted by the Area Agency on Aging and Independent Living for approval by the Kentucky Department of Health and Family Services, Department for Aging and Independent Living of which provides for payment of funds under contract for the delivery of Aging Services.

LTADD SERVICE AREA – The LTADD counties of Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson, and Washington located in the State of Kentucky. Only the Personal Care Attendant Program provides services under contract with the LTADD in counties beyond these eight.

MAY – means permissive. However, the words “no person may” means that no person is required, authorized, or permitted to do the act prescribed.

NAPIS – At which time the National Aging Program Information System (NAPIS) requires the use of a specific reporting system the LTADD will require service providers to be compatible with this reporting system. Until that time, the LTADD will continue to develop and format reports to be used by service providers in order to meet these Federal requirements

DAIL/OAS/DAS – Office of Aging Services and Division of Aging Services refer to the state agency responsible for state wide aging services. During FY’99, the former Division became the Office of Aging Services; in 2007, the Office became the Department for Aging and Independent Living. For the purpose of these proposals these terms are interchangeable.

REQUEST FOR PROPOSALS – All documents, whether attached or incorporated by reference, utilized for soliciting proposals in accordance with the procedures set forth in governing procurement procedures.

RESPONSIBLE APPLICANT – The persons or entity who has the capability in all respects to perform fully the contract requirements, and the integrity and reliability of which will assure good faith performance.

SHALL – means imperative.

SUCCESSFUL APPLICANT – The applicant awarded contract for services.

**SECTION XVII
TAXONOMY**

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

STATE OMBUDSMAN

Ombudsman (1 Activity) - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations (1 Activity)** - Unduplicated would be the number of presentations held.

**SERVICE AND UNIT DEFINITIONS FOR
OLDER AMERICANS ACT SERVICES**

TITLE III B CLUSTER I

Adult DayCare/Adult Day Health (1 Hour) - Personal care for dependent elders in a supervised, protective and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health. [Requires an assessment, care plan and ongoing case management]

Assessment (1 Hour) - See Assessment portion of Case Management definition.

Case Management (1 Hour) - Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

Chore (1 Hour) - Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.

Homemaker (1 Hour) - Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. [Requires an assessment, care plan and ongoing case management]

Personal Care (1 Hour) - Providing personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform one or more of the following activities of daily living: eating, dressing, bathing, toileting, transferring in and out of bed/chair and walking. [Requires an assessment, care plan and ongoing case management]

TITLE III B CLUSTER II

Escort (Assisted Transportation) (1 One-Way Trip) – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

TITLE III B CLUSTER III (other services)

Advocacy (1 Hour) - Action taken on behalf of an older person to secure his/her rights or benefits. Includes receiving, investigating and working to resolve disputes or complaints. Does not include service provided by an attorney or person under the supervision of an attorney.

Cash & Counseling (1 Activity) This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Escort (Assisted Transportation) (1 One-Way Trip)** – Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
- **Homemaker (1 Hour)** Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. [Requires an assessment, care plan and ongoing case management]
- **Respite (1 Hour)** - Care provided to an eligible person by an approved caregiver for a designated time period because of absence or need for relief of those normally providing care. [Requires an assessment, care plan and ongoing case management]
- **Transportation (1 One-Way Trip)** - Transportation from one location to another. Does not include any other activity.

Counseling (1 Hour) - Uses the casework mode of relating to a client (via interview, discussion, or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses encountered by them. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff. (For nutrition, see Nutrition Counseling Title III-C).

Education/Training (1 Hour) - Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group events designed to

increase awareness in such areas as nutrition, crime, or accident prevention; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job, or occupation. Does not include wages or stipends. (For nutrition, see Nutrition Education Title III- C).

Employment Services (1 Hour) - Services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral, and placement.

Friendly Visiting (1 Contact) - Going to see a client in order to comfort or help. [Requires an assessment (documentation of need) and care plan]

Health Promotion (1 Session) Services which include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person sixty (60) or older.

Example: health promotion includes programs relating to chronic disabling conditions (including osteoporosis and cardiovascular disease) prevention and reduction of effects, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, physical fitness programs such as walking programs, exercise programs, and music, art, and dance-movement therapy, and assisting participants in understanding health insurance policies.

Note: See Title III D on page 7.

Examples of reporting additional items under Health Promotion: Coalition building: Units: count the number of contacts (organizations, agencies) made in conducting a coalition-building activity. Number served: estimate the number of 60+ who would benefit from the program/service. Advocacy related to health issues: Units: the number of contacts made in conducting the advocacy. Number served: estimate the number of 60+ who would benefit from the advocacy.

Home Health Aide (1 Hour) - Providing assistance to persons and/or families whose routines have been disrupted by long or short term illness, disability or other circumstance through paraprofessional aides who provide personal health care services including assisting in administering medications, teaching the client and/or caregiver in self-care techniques, observing, recording, and reporting on the client's status and any observed changes. [Requires an assessment, care plan and ongoing case management]

Home Repair (1 Activity) - Performance of tasks for minor home adaptations including additions to or modifications of the home environment to enable the elderly to maintain independent living in the home or to ensure health, safety, or facilitate mobility.

Information and Assistance (1 Contact) - A service for older individuals that (A) provides individuals with current information services available within the communities, (B) links individuals to the services and opportunities that are available; (C) to the maximum extent practicable establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied. [Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities)

should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).]

Legal Assistance (1 Hour) - Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Public Information (1 Activity) – Provision of information, assistance or outreach to a group of individuals. Involves contact with several current or potential client/caregivers.

Ombudsman (1 Activity) - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations (1 Activity)** - Unduplicated would be the number of presentations held.

Outreach (1 Contact) - Interventions with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

[Note: The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile (Optional).]

Recreation (1 Contact) - Provision of activities which foster the health or social well being of individuals through social interaction and the satisfying use of leisure time.

Respite (1 Hour) - Care provided to an eligible person by an approved caregiver for a designated time period because of absence or need for relief of those normally providing care. [Requires an assessment, care plan and ongoing case management]

Telephone Reassurance (1 Contact) - Phoning in order to provide comfort or help. [Requires an assessment (documentation of need) and care plan]

Transportation (1 One-Way Trip) - Transportation from one location to another. Does not include any other activity.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting.**

(d) Project management.

**SERVICE AND UNIT DEFINITIONS FOR
OLDER AMERICANS ACT SERVICES**

TITLE III C-1 CONGREGATE MEALS (CLUSTER II)

Congregate Meals (1 Meal) - Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients.

Nutrition Counseling (1 session per participant) - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

Nutrition Education (1 session per participant) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of "Nutrition Education".] [Nutrition education must occur at least once a month]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting.**
- (d) Project management.**

SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III C-2 HOME DELIVERED MEALS (CLUSTER I)

Home Delivered Meals (1 Meal) - Provision, to an eligible client or other eligible participant at the client's place of residence, a meal which: (a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); (b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences; (c) provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and, (d) provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meals shall be balanced and proportional in calories and nutrients. [Requires an assessment, care plan and ongoing case management]

Nutrition Counseling (1 session per participant) - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.

Nutrition Education (1 session per participant) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise. [Note: this is the only service of the 14 listed services in the SPR where the unit measure (one session) refers to either an individual or group service. In this case, for example, a group of people attending a session on nutrition issues for the elderly would count as one unit of "Nutrition Education".] [Nutrition education must occur at least once a month]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Training, staff meeting.**
- (c) Project management.**

THESE DEFINITIONS END JUNE 30, 2011

SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III D PREVENTIVE HEALTH

Health Promotion shall include the provision of one or more of the following services: community-based health promotion, provider involvement, collaboration, advocacy related to health issues, substance abuse prevention, medication misuse, mental health promotion, injury risk reduction, and cardiovascular health promotion. Contact may be directly with or on behalf of the client in either group or individual activities. [Note: Subservices must be mapped to main service]

Information (1 Contact)

- Counseling
- Education
- Information

Health Promotion (1 Session)

- Exercise
- Self-Help
- Stress Management
- Weight Loss

Risk Assessment (1 Session)

- Health
- Injury Control
- Medication
- Nutrition

Medication Management (1 Session)

- Screening
- Education

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting.**

THESE DEFINITIONS TO BE USED JULY 1, 2011

SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III D PREVENTIVE HEALTH

Health Promotion shall include the provision of one or more of the following services: community-based health promotion, provider involvement, collaboration, advocacy related to health issues, substance abuse prevention, medication misuse, mental health promotion, injury risk reduction, and cardiovascular health promotion. Contact may be directly with or on behalf of the client in either group or individual activities. [Note: Subservices must be mapped to main service]

Definitions were taken from 42 U.S.C. Section 3002. Definitions, and OAA as amended in 2006.

Information and Counseling (1 Contact)

- Mental Health - Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services.
- Information - concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction.
- Counseling – Counseling regarding social services and follow up health services based on any of the services described in 42 U.S.C. Section 3002(14)(A through K). Also includes gerontological counseling.
- Education – Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

Health Promotion (1 Session)

- Evidence-Based Health Promotion - Programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.

- Physical Fitness – Group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education and a local educational agency, as defined in Section 8801(1) of title 20 or a community-based organization.

Risk Assessment (1 Session)

- Routine Health Screening –May include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening; nutrition counseling and education for individuals and their primary caregivers; and injury control screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.
- Nutrition Counseling and Education – Services for individuals and their primary caregivers.
- Injury Control – Services include screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.

Medication Management (1 Session)

- Screening and Education - to prevent incorrect medication and adverse drug reactions.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (d) Review, update or maintenance of resource or agency files.**
- (e) Travel time incurred in the delivery of services.**
- (f) Training, staff meeting.**
- (g) Project management.**

SERVICE AND UNIT DEFINITIONS FOR OLDER AMERICANS ACT SERVICES

TITLE III E NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

The term “child” means an individual who is not more than 18 years of age or an individual 19-59 years of age who has a severe disability. The term relates to a grandparent or other older relative who is a caregiver of a child.

The term “caregiver” means an adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.

The term “grandparent or other older relative caregiver of a child” means a grandparent, step-grandparent or other relative of a child by blood or marriage who is **55** years of age or older and:

- (A) lives with the child,
- (B) 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 child, and
- (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

In providing services the State shall give priority to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and to older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

For family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State shall give priority to caregivers who provide care for older individuals with such disease or disorder; and for grandparents or older individuals who are relative caregivers, the State shall give priority to caregivers who provide care for children with severe disabilities.

CAREGIVERS:

FCSP Access Assistance Caregiver (1 Contact) - A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

FCSP Individual Counseling Caregiver (1 session per participant) - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]

- **FCSP Caregiver Training Caregiver (1 Session)** - 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.
- **FCSP Support Groups Caregiver (1 Session)** - Services 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.

FCSP Information Services Caregiver (1 Activity) - A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publication, conducting media campaigns, and other similar activities.]

FCSP Respite Caregiver (1 Hour) - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

FCSP Supplemental Services Caregiver (1 Activity) - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (Services purchased by vouchers are to be counted under Cash and Counseling)

FCSP Cash & Counseling Caregiver (1 Activity) - This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Individual Counseling (1 session per participant)** - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]
- **Respite (1 Hour)** - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for

caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

- **Supplemental Services (1 Activity)** - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

GRANDPARENTS:

FCSP Access Assistance Grandparents (1 session per participant) - A service that assists grandparents in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to grandparents is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

FCSP Individual Counseling Grandparents (1 Session) - Counseling to grandparents to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual grandparents and families).

- **FCSP Caregiver Training Grandparents (1 Session)** - 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.
- **FCSP Support Groups Grandparents (1 Session)** - Services roles assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

FCSP Information Services Grandparents (1 Activity) - A service for grandparents that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential grandparents such as disseminating publication, conducting media campaigns, and other similar activities.]

FCSP Cash & Counseling Grandparents (1 Activity) This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. (Services purchased by vouchers are to be counted under Cash and Counseling)

- **Individual Counseling (1 session per participant)** - Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). [Note: Subservices must be mapped to main service]
- **Respite (1 Hour)** - Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
- **Supplemental Services (1 Activity)** - Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

FCSP Respite Grandparents (1 Hour) - Services which offer temporary, substitute supports or living arrangements for grandparents in order to provide a brief period of relief or rest for the grandparents. Respite Care includes: (1) In-home respite (personal care, homemaker and other in-home respite); (2) Respite provided by attendance of the care recipient at a senior center or other nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

FCSP Supplemental Service Grandparents (1 Activity) - Services provided on a limited basis to complement the care provided by grandparents. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. (Services purchased by vouchers are to be counted under Cash and Counseling)

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service: review, update or maintenance of resource or agency files; travel time incurred in the delivery of services; training, staff meeting; and project management.

TITLE VII ELDER ABUSE and OMBUDSMAN PROGRAMS
(Ombudsman for Title III will be under part B Supportive Services)

Elder Abuse Prevention (1 Activity) - Prevention of Elder Abuse, Neglect, and Exploitation. Activities include: (1) Development and strengthen community activities to prevent and treat elder abuse, neglect, and exploitations; (2) Use a comprehensive approach to identify and assist older individuals subject to abuse, neglect and exploitation; (3) Coordinate with other state and local programs and services to protect vulnerable adults, particularly older individuals.

Ombudsman (1 Activity) - Activities include: 1. identifying, investigating, and resolving complaints that are made by, or on behalf of, residents; 2. relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents; 3. Monitoring the development and implementation of federal and state policies and regulations related to long-term care facilities; and 4. Providing information.

- **Presentations (1 Activity)** - Unduplicated would be the number of presentations held.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) **Review, update or maintenance of resource or agency files.**
- (b) **Travel time incurred in the delivery of services.**
- (c) **Training, staff meeting.**
- (d) **Project management.**

ADRC SERVICES

Information Referral and Awareness (1 Contact) The information, referral and awareness function of an ADRC is defined by the ADRCs ability to serve as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn to for objective information on the full range of long-term service and support options. It is also defined by its ability to promote awareness of the various options that are available in the community, especially among underserved, hard-to-reach and private paying populations, as well as options individuals can use to “plan ahead” for their long-term care. ADRCs should also have the capacity to help individuals be aware of their Medicare benefits and other state and federal programs by partnering with State Health Insurance Assistance Programs (SHIPs) and Benefit Outreach and Enrollment Centers where they exist. Finally, ADRCs should have the capacity to link consumers with needed services and supports – both public and private – through appropriate referrals to other agencies and organizations.

Options Counseling and Assistance (1 Contact) The options counseling and assistance function is defined by the ADRCs ability to provide counseling and decision support, including one-on-one assistance, to consumers and their family members and/or caregivers. The main purpose of options counseling and assistance is to help consumers assess and understand their needs, and to assist them in making informed decisions about appropriate long-term service and support choices – as well as their Medicare options – in the context of their personal needs, preferences, values and individual circumstances. Options counseling and assistance also entails helping consumers to develop service plans and arranging for the delivery of services and supports, including helping individuals to hire and supervise their direct care workers. Individuals and families who receive options counseling should be in better position to make service and support choices that optimally meet their needs and preferences, and be able to make better use their own personal and financial resources in the short term and over time.

Intake/Assessment (1 Hour) Assistance either in the form of access or care coordination in circumstance where the older person or persons with disabilities and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include gathering personal information, assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

Outreach (1 Contact) Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

SHIP Counseling (1 Contact) - Counselor's time with or on behalf of a client.

- **Presentations (1 Activity/Event)** – A SHIP counselor/coordinator connects with an audience concerning any information. Can be an audience of their peers or for the purpose of outreach to beneficiaries.
- **Media Activity (1 Activity)** – Connecting with Medicare beneficiaries through various media sources including but not limited to radio, newspaper, television and material/publications. Involves identifying the most appropriate ways to reach underserved populations with greatest need for education and information on Medicare issues.
- **Counselor Training (1 Hour)** – Total number of counselor hours in initial training(s) and total number counselor hours in update trainings.

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting (other than direct SHIP training).**
- (d) Project management.**

ADULT DAY CARE SERVICE WILL END JUNE 30, 2011

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

ADULT DAY CARE

Adult Day Care (1/2 Hour) – Adult day care is a supportive and therapeutic social program of supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and for: assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.

Adult Day Care (NonAlzheimers) (1/2 Hour) - **Supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.**

Alzheimers Respite in Day Care (1/2 Hour) - **Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a center to enable the caregiver temporary relief from care giving duties.**

Alzheimers Respite In Home (1/2 Hour) - **Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a client's home to enable the caregiver temporary relief from care giving duties.**

Assessment (1/2 Hour) - **Collection of information and evaluation about a person's situation and functioning which identifies needs and resources so that a comprehensive plan of care may be developed.**

Case Management (1/2 Hour) - A process for ensuring that participants receive appropriate, comprehensive, and timely services to meet their needs as identified in the assessment process; planning; referring the participant to appropriate agencies and individuals in the informal care giving systems; monitoring; and advocacy through case work activities in order to achieve the best possible resolution of individual needs.

[Note: All services requires an assessment, care plan, and ongoing case management]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting.**
- (d) Project management.**

THESE DEFINITIONS TO BE USED JULY 1, 2011

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

ADULT DAY CARE

Adult Day Care (NonAlzheimers) (1/2 Hour) – Adult day care is a supportive and therapeutic social program of supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and for: assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities.

Adult Day Care (Alzheimers) (1/2 Hour) - **Supervision and care provided to an eligible adult during a part of the day, but for less than twenty-four (24) hours; and assistance with self-administration of medication; personal care services; self-care training; social activities; and recreational opportunities to Alzheimer’s clients.**

Alzheimers Respite in Day Care (1/2 Hour) - **Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a center to enable the caregiver temporary relief from care giving duties.**

Alzheimers Respite In Home (1/2 Hour) - **Supervision and care provided to a client with Alzheimer's disease or related dementing disease in a client's home to enable the caregiver temporary relief from care giving duties.**

Assessment (1/2 Hour) - **Collection of information and evaluation about a person's situation and functioning which identifies needs and resources so that a comprehensive plan of care may be developed.**

Case Management (1/2 Hour) - A process for ensuring that participants receive appropriate, comprehensive, and timely services to meet their needs as identified in the assessment process; planning; referring the participant to appropriate agencies and individuals in the informal care giving systems; monitoring; and advocacy through case work activities in order to achieve the best possible resolution of individual needs.

[Note: All services requires an assessment, care plan, and ongoing case management]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.**
- (b) Travel time incurred in the delivery of services.**
- (c) Training, staff meeting.**
- (d) Project management.**

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

HEMOCARE PROGRAM

Assessment (1/2 Hour) - The collection and evaluation of in-depth information about a person's situation and functioning capacity including formal and informal resources (present and potential) for the purpose of identifying needs and developing a comprehensive plan of care.

Case Management (1/2 Hour) - The process of planning, referring, monitoring and advocating to assure that appropriate, comprehensive, timely and cost-effective services are provided to meet the client's individual needs as identified in the assessment.

Chore (1/2 Hour) - The performance of heavy housecleaning, minor household repairs, yard tasks, and other activities needed to assist in the maintenance of a functionally impaired elderly person in his own home.

Escort (1/2 Hour) - The accompaniment of a person who requires such assistance for reasons of safety or protection to or from his physician, dentist, or other necessary services.

Homemaker (1/2 Hour) - General household activities, including but not limited to nonmedical personal care, shopping, meal preparation, and routine household care, provided by a trained homemaker when the person regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself or others in the home..

Home Delivered Meals (1 Meal) - The provision of a nutritionally sound meal, that meets at least one-third (1/3) of the current daily recommended dietary allowance, to a functionally impaired elderly person who is homebound by reason of illness, incapacity, or disability.

- **Nutrition Counseling (1 session per participant)** - Individualized guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.
- **Nutrition Education (1 session per participant)** - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

Home Health Aide (1/2 Hour) - The performance of simple procedures, including but not limited to personal care, ambulation, exercises, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's condition and needs, and completing appropriate records.

Home Repair (1 Activity) - The provision of minor home adaptations, additions, or modifications to enable the elderly to live independently or safely or to facilitate mobility including, where appropriate, emergency summons systems.

Personal Care (1/2 Hour) - Services directed toward maintaining, strengthening or safeguarding the functioning of a person in the home; includes helping a person with the activities of daily living such as bathing, eating, dressing, grooming, transferring, and toileting.

A unit is defined as ½ hour of direct service, except for home-delivered meals, where one unit equals a meal.

Respite (1/2 Hour) - Care provided by an approved caregiver or agency for a designated time period because of absence or need for relief of a primary caregiver.

[Note: All services require an assessment, care plan and ongoing case management]

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (a) Review, update or maintenance of resource or agency files.
- (b) Travel time incurred in the delivery of services.
- (c) Training, staff meeting.
- (d) Project management.

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

KY FAMILY CAREGIVER PROGRAM

KY Grandparent Information (1 Contact) - A service for grandparents that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential grandparents such as disseminating publication, conducting media campaigns, and other similar activities.]

KY Grandparent Assistance (1 Contact) - A service that assists grandparents in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to grandparents is an access service, i.e., a service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.]

KY Grandparent Individual Counseling (1 Session) - Counseling to grandparents to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals.

KY Grandparent Support Group (1 Session) - Services to assist the grandparents in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

KY Grandparent Caregiver Training (1 Session) - to assist the grandparents in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

KY Grandparent Supplemental Services (1 Activity) – Services provided to meet identified needs of grandparents raising grandchildren including the following (when using vouchers, each voucher is counted as one unit):

KY Grandparent Supplemental Services are for vouchers up to \$500 per grandchild with a maximum of \$1,500 per household, unless an exception request is approved. The exception request cannot go beyond \$500 per grandchild.

- **Respite (1 Activity)** care provided by a caregiver or agency approved by a district for a designated time period; and to temporarily relieve a grandparent who serves as primary caregiver to a grandchild.
- **Legal Assistance (1 Activity)** relates to the grandchild’s safety and stability and excludes unlawful activity.

- **Child Clothing and Personal Care Needs (1 Activity)**
- **Educational Supplies/Assistance (1 Activity)** - is documented by the grandchild's school of attendance.
- **Medical and Dental (1 Activity) - Co pays and premiums are prohibited.**
- **Furniture (1 Activity) - Bed or dresser to be used by the grandchild.**
- **Other (1 Activity)**

Note: The following activities facilitate the delivery of services but shall not be reported as units of service except where required for a specific service:

- (e) Review, update or maintenance of resource or agency files.**
- (f) Travel time incurred in the delivery of services.**
- (g) Training, staff meeting.**
- (h) Project management.**

SERVICE AND UNIT DEFINITIONS FOR KENTUCKY STATE PROGRAM

PERSONAL CARE ATTENDANT PROGRAM

Subsidy (1 Hour) - A financial reimbursement provided by the cabinet for personal care services granted to any adult who has a severe physical disability, needs not less than fourteen (14) hours of personal care assistance to prevent or remove an adult from inappropriate placement in an institutional setting, and who qualifies under KRS 205.910.

Evaluation and Program Coordination (1 Hour) – Provide an evaluation by a team as defined in KRS 205.900(2) of an applicant or participant for personal care services to determine eligibility, reevaluate at least biennially to determine the continued needs, and report findings and recommendations to the Cabinet. A program coordinator shall assist with completion of the application process, maintain a waiting list, prescreen applicants, assist participants with training of attendants, provide training to participants, review results of the evaluation team, assist participants in developing a care plan, assist with developing work agreements, assist with recruitment of attendants, and maintaining and submitting all required reports.