

Non-Metro Area Agency on Aging
Standards & Policy Manual

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SECTION I
Introduction
and
Structure

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Introduction and Purpose

The Non-Metro Area Agency on Aging (Non-Metro AAA) receives Federal funding through the process of the Older Americans Act of 1965 (OAA). This Act sets forth the laws and policies that must be met. The OAA mandates regulations on eligibility, services, and responsibilities of Area Agencies on Aging, State Agencies on Aging (New Mexico Aging and Long-Term Services Dept.) and Providers/Vendors.

State funds are appropriated by the New Mexico State Legislature and are used to match the Federal funds. In most cases, Federal Law and regulations are applicable to the use of the state funds.

Recipients receiving these federal and state funds have federal and state policies to adhere to. This includes the New Mexico Aging and Long-Term Services Department (NMALTSO), all Area Agencies on Aging and Providers/Vendors. The NMALTSO does have state policies that are very general. As stated previously the OAA sets the requirements.

The Non-Metro AAA is a pass-through agency of federal and state funds to local communities in the thirty-two (32) counties for the provision of services to older New Mexicans.

The Non-Metro AAA is charged with the responsibility to ensure compliance of both Federal and State regulations. In meeting this requirement, the Non-Metro AAA is responsible for developing policies to ensure the providers/vendors/vendors are adhering to policy. The Non-Metro AAA develops one policy for Providers/Vendors that are inclusive of the requirements of the OAA, NMALTSO, and Non-Metro AAA. The Non-Metro AAA policies are more specific to providing guidance to the Providers/Vendors on the delivery of services and acceptable financial controls to assist in contract compliance.

The policies written are consistent with the OAA and NMALTSO regulations. These policies are written when:

1. The OAA clearly gives the Area Agency on Aging authority;
2. The NMALTSO establishes a requirement;
3. The OAA or NMALTSO permits alternatives in implementing a specific program provision; or
4. The OAA and NMALTSO policy are silent and the Non-Metro AAA policies are consistent with other statutory or regulatory requirement.

Furthermore this manual includes the procedure that the Non-Metro AAA will use if a Provider/Vendor is found to be in non-compliance and provides the mechanism for a Provider/Vendor to appeal the actions of Non- Metro AAA. The policy manual has several sections as follows:

Section I. Structure and Guiding Principles

Section II. Non- Metro AAA Operations and Administrative Responsibilities

Section III. Amendments

Section IV. Contingency Plan

Section V. Program Operations and Management

Section VI. Financial Standards and Management

Section VII. Service Delivery

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Older Americans Act (OAA) 42 U.S.C. §3001

The Older Americans Act (OAA) was established in 1965 to provide Americans increased opportunities for participating in the benefits of American society. The older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist older people to the full and free enjoyment of the following objectives:

1. An adequate income in retirement in accordance with the American standard of living.
2. The best possible physical and mental health which science can make available and without regard to economic status.
3. Obtaining and maintaining suitable housing, independently selected, designed and located with reference to special needs and available at costs which older citizens can afford.
4. Full restorative services for those who require institutional care, and comprehensive array of community- based, long- term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
5. Opportunity for employment with no discriminatory personnel practices because of age.
6. Retirement in health, honor, dignity – after years of contribution to the economy.
7. Participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities.
8. Efficient community services, including access to low cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
9. Immediate benefit from proven research knowledge which can sustain and improve health and happiness.

10. Freedom, independence, and the free exercise of individual initiative in planning and operation of community based services and programs provided for their benefit and protection against abuse, neglect, and exploitation.

The Older Americans Act (OAA) is organized by Titles:

- Title I: Declaration of Objectives
- Title II: Administration on Aging
- Title III: Grants for State and Community Programs on Aging
 - Title IIIA: General Provisions
 - Title IIIB: Supportive Services and Senior Centers (including funding authorization)
 - Title IIIC: Nutrition Services
 - Title IIIC1: Congregate Nutrition Services (includes funding)
 - Title IIIC2: Home Delivered Nutrition Services (includes funding)
 - Title IIID: Health Promotion and Disease Prevention
 - Title IIIE: National Family Caregivers Support Program
- Title IV: Activities for Health Independence, and Longevity
 - Part A: Grant Purposes
 - Part B: General Provisions
- Title V: Community Service Senior Opportunities Act
- Title VI: Grants for Native Americans
 - Part A: Indian Program Findings
 - Part B: Native Hawaiian Program Findings
 - Part C: Native American Caregiver Support Program
 - Part D: General Provisions Administration
- Title VII: Allotment for Vulnerable Elder Rights Protection Activities
 - Subtitle A: State Provision
 - Subtitle B: Native American Organization and Elder Justice Provisions
 - Subtitle C: General Provisions

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**New Mexico Aging and Long Term Services Department
(NMALTSO)**

The role of New Mexico Aging and Long-Term Services Department is to develop programs and public policies which foster the delivery of integrated program services to adult needs, older persons with disabilities, and their families, throughout New Mexico. The Department is charged with creating a seamless, comprehensive, and efficient and cost- effectiveness array of program services, which emphasize home and community - based long - term care, healthy and productive aging, economic security, protection of rights and prevention of abuse neglect and exploitation. The Department has the authority to develop and manage budgets and programs, issue rules and regulations, and develop a statewide plan for addressing the needs of older New Mexicans and New Mexicans with disabilities.

The NMALTSO is the focal point for the federal and state funds that are contracted with Non-Metro Area Agency on Aging.

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Non-Metro AAA Advisory Council

The Older Americans Act (OAA) section 306(a)(6)(D) requires that Area Agencies on Aging establish advisory councils consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants (consumers) or who are eligible to participate in programs assisted under the Act, family caregivers of such individuals, representatives of older individuals, service providers/vendors, representatives of the business community, local elected officials, providers/vendors of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan.

Structure:

The Non – Metro Area Agency on Aging Advisory council consists of:

1. Thirty-two (32) members (and 32 alternates), of which at least eighteen (18) members must be 60 years of age or older.
2. Individuals with disabilities.
3. Individuals with the greatest economic or social need.
4. Participants (consumers)/representatives of programs administered under the area plan.
5. Local elected officials or their designated representative.
6. General public.

Selection Process:

1. Regular Membership. The Non-Metro AAA will select one (1) person from each county from nominations or applications received. Interested individuals must submit a brief resume, letter of interest and letters of support from local government entities, senior program(s) Directors and/or Directors of social service organizations.
2. Alternate Membership. The same process as regular membership will be used. This person will be a representative and have voting authority when the member cannot be present.
3. The Council shall include representatives from the following:

- a. Representative of Health Care provider organization;
 - b. Representative of Supportive Services provider organization.
4. Directors of programs that contract with the Non-Metro AAA to provide services to individuals age 60+ and people with disabilities shall serve as ex-officio members of the Council but shall have no power to vote.

Selection Criteria:

The following is the criteria to be used for nominating and/or appointing members and alternates for the Council:

1. Interest/familiarization in the organization's (services to individuals age 60+ or people with disabilities) mission and purpose.
2. Demonstrate leadership skills.
3. Ability to participate constructively in the give-and-take discussion of policy and program matter.
4. Represent fairly the needs of the individuals age 60+ and people with disabilities and not favor special interest inside or outside the Council.
5. Willingness to devote time to the Council.
6. Commitment to representing the needs of the individuals age 60+ and people with disabilities.
7. Ability to function as a group member.

Advisory Council Member's Role:

The Non-Metro AAA Advisory Members should provide their leadership and skills as follows:

1. Assist in identifying the needs and problems of individuals age 60+ and people with disabilities and to assist the Non-Metro AAA in establishing goals and objectives.
2. Assist in prioritizing needs and identifying resources available to meet these needs.
3. Assist in conducting public hearings and training presentations.
4. Make oral or written reports to the Council.

End of Number 103

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Non-Metro AAA Funding Process

The partnerships to make the funding available include the Federal Administration on Aging (AoA) and the New Mexico Aging and Long-Term Services Department (NMALTS&D). The flow of funds begins with the AoA allocating the federal funds to NMALTS&D who then contracts the federal funds to Non-Metro AAA. The New Mexico Legislature is the funding source for the state funds. The process continues with the Non-Metro AAA contracting federal and state funds to community Providers/Vendors throughout the designated areas, who provide the services to the senior population. See Exhibit 1 below.

Exhibit 1

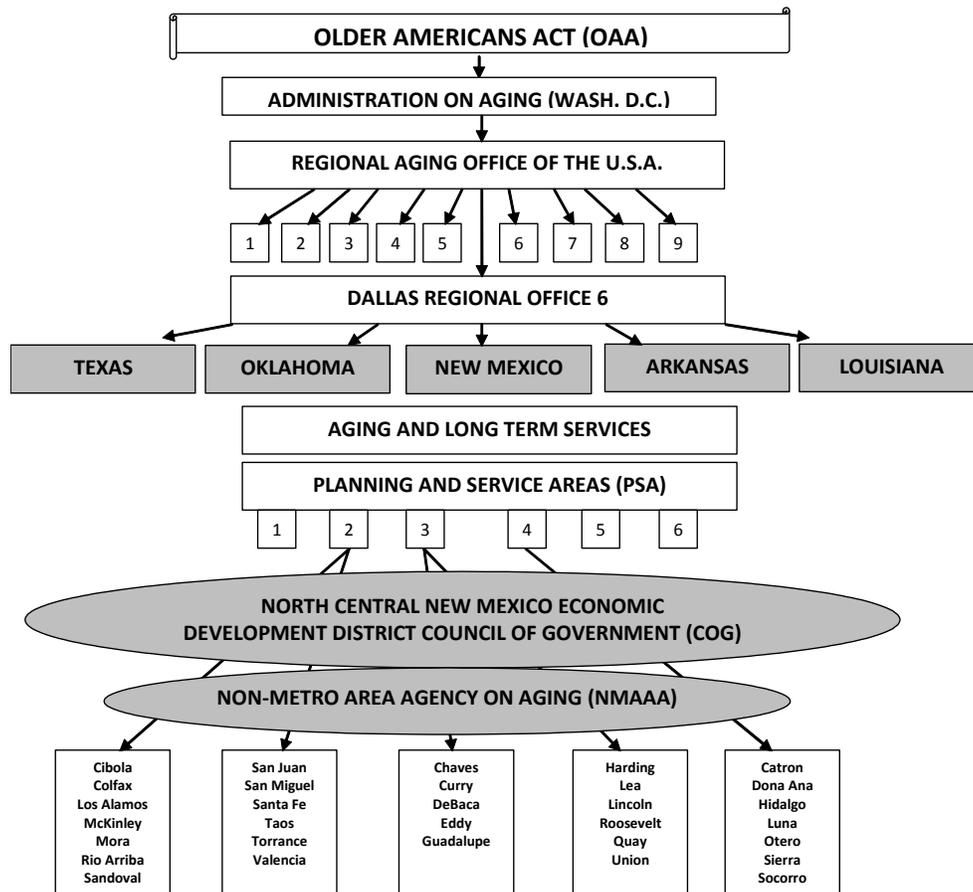


Exhibit 2 reflects the coordination and collaboration of the aging network as set forth in guidance by the OAA. The National Aging Services Network is inclusive of all consumers who, in one way or another, have an affiliation with the delivery of services to the elderly.

National Aging Services Network

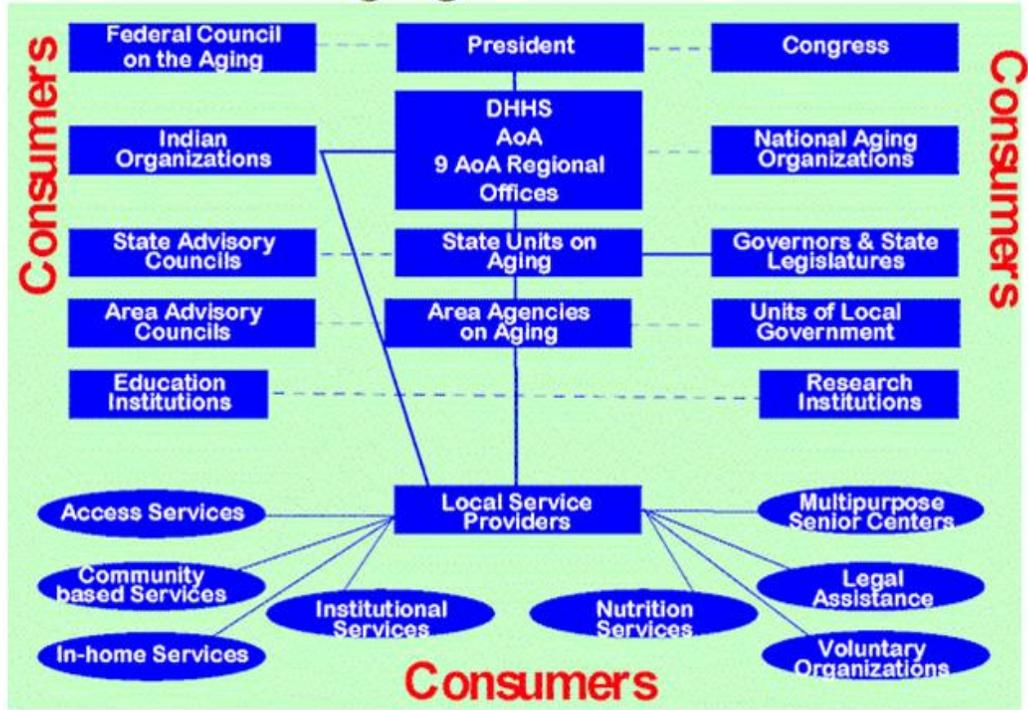
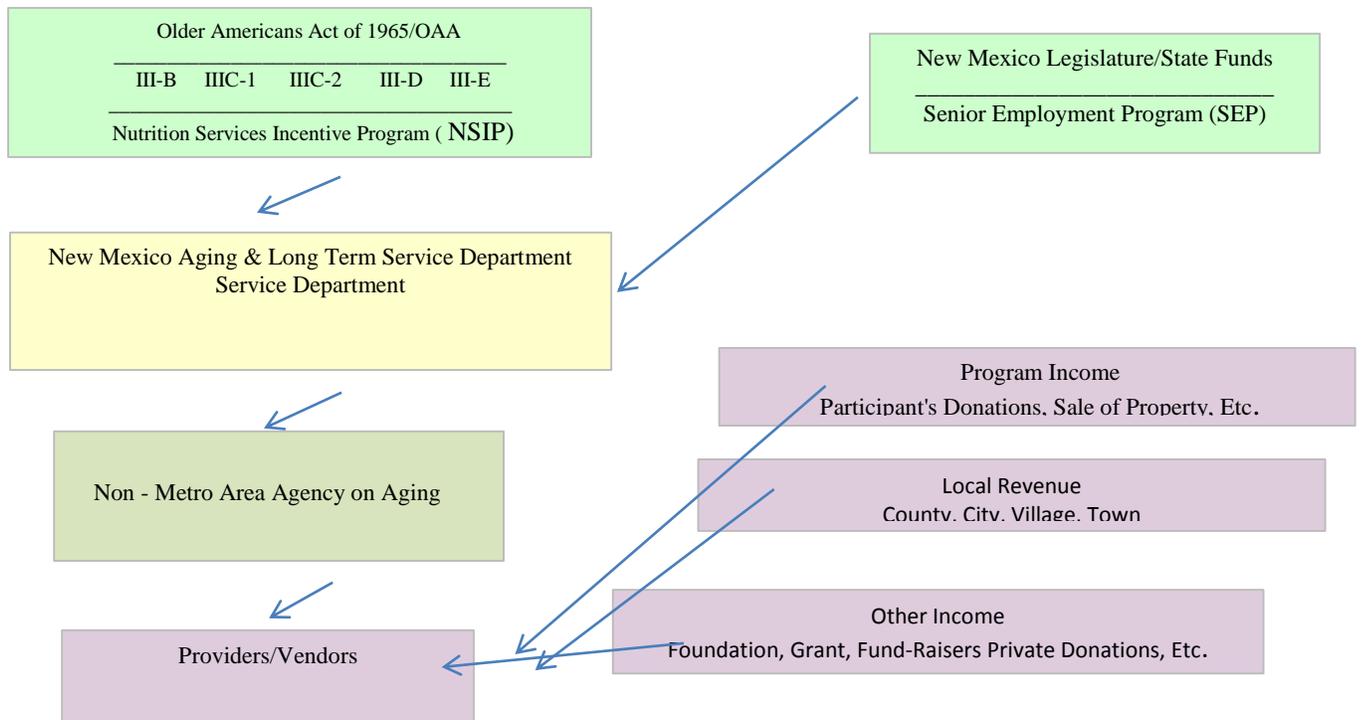


Exhibit 2

The chart below reflects the funding streams for Non-Metro AAA. This is inclusive of federal, state, local, donations, and other income.

NON- METRO AREA AGENCY ON AGING FUNDING SOURCES



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Reallocation of Funds

The Non-Metro AAA conducts semiannual financial reviews of Providers/Vendors to ensure that:

1. Providers/Vendors are meeting regulatory, contractual, and quality requirements to the greatest extent possible, and
2. All available funds are being allocated for the provision of the purchased services.

The following procedures are used:

1. The Non-Metro AAA will conduct periodic reviews to determine whether contracted units are being met.
2. The Non-Metro AAA will reallocate funds to Providers/Vendors who have justified needs, and/or exceeded performance levels, based upon thorough reviews made by the Non-Metro AAA.
3. The Non-Metro AAA will make the final determination whether any reallocation of funds will be one-time or ongoing.

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Contract Administration

The Non-Metro AAA issues fixed rate contracts, also referred to as Direct Purchase of Service (DPS) contract. DPS is an agreement in which reimbursement is based upon performance levels or 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 term and is fixed for the term of the contract.

All contracts will be prepared by the Area Agency on Aging requiring original and/or electronic signatures from the responsible agency personnel of both the Non-Metro AAA and the Provider/Vendor. The contract will detail all aspects of the program including attachments regarding budget and standardized service definitions. The executed contract becomes effective July 1 (the first day of each fiscal year). A copy is provided to each applicable agency. The signed contract is a legal document and any changes will require a contract amendment.

Subcontracts

Funds obligated under the contractual agreement between Non-Metro AAA and the Provider/Vendor will be made available for the provisions of service of an agency, or organization other than the service provider, only after the service provider has executed the written subcontracts in accordance with the following provisions:

1. The Provider/Vendor shall not subcontract responsibilities described within the contract without prior written approval of Non-Metro AAA to such additional conditions and provisions as Non-Metro AAA may deem necessary or unless under the direction of Non-Metro AAA consolidation efforts.
2. The Provider/Vendor agrees to provide Non-Metro AAA signed copies of all subcontracts.

Contract Amendments

Contracts may be amended for any of the following conditions at the discretion of Non-Metro AAA:

- a. A reduction or increase in funding levels.
- b. A reduction or increase in the number of units of service to be provided as it relates to funding modifications.
- c. The addition or deletion of a service.
- d. The addition or deletion of a sub-service.

1. All requests for contract amendments as identified above must be made to Non-Metro AAA by utilizing the Request for Recalculation form and Amendment to Service Plan documents. Documents must be submitted no later than eight weeks prior to the effective date of the proposed change. The last possible date an amendment may be submitted to Non-Metro AAA is April 15 of the current fiscal year. Time frames are subject to change as circumstances dictate.
2. Upon review and approval of the proposed revisions, Non-Metro AAA will generate an amendment to the contract and notification of grant award, if applicable.

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Disciplinary Procedures for Providers/Vendors

The disciplinary procedures for Providers/Vendors are mutually independent, i.e. the power of the NCNMEDD to implement a disciplinary procedure is not limited or modified by any other disciplinary procedures that may or may not be in place or have been imposed in the past.

Probation

Non-Metro AAA may place Providers/Vendors on probation, using the following procedures:

1. The Non-Metro AAA Director, with the concurrence of the NCNMEDD Executive Director, must determine that the Provider/Vendor:
 - a. Has not complied with the terms, provisions, and conditions of the contract/agreement.
 - b. Has not complied with the approved Area Plan for the services to be rendered.
 - c. Has not complied with applicable Federal or State laws or regulations, or Non-Metro AAA rules.
 - d. Has failed to provide adequate insurance coverage(s) for its program, service delivery or staff sufficient to meeting the requirements of the contract or any applicable Federal, State or local laws, regulations or ordinances.
 - e. Has failed to adequately safeguard its assets in such a manner that would adversely impact the interest of the intended recipients of the services to be performed under the contract and jeopardize their receipt of such services.
 - f. Has failed to meet the line item budgetary ceilings set in its approved budget for delivering the services contemplated in the contract.
 - g. Has failed to respond to Non-Metro AAA's inquiries.
2. The Non-Metro AAA Director and the NCNMEDD Executive Director will determine the length of the probationary status based on the severity of the issues.
3. The NCNMEDD Executive Director will inform the NCNMEDD Board of Directors.
4. Non-Metro AAA will notify the Provider/Vendor in writing of the probationary status, the reasons therefore, and the timeframe for corrective action.

5. The Providers/Vendors will have fifteen (15) working days after the notice is sent to show cause as to why probationary status should not occur.
6. The Provider/Vendor showing of cause will be reviewed by an Ad Hoc committee selected by the NCNMEDD Executive Committee.
7. The Provider/Vendor will be notified within fifteen (15) working days of the determination of the Ad Hoc committee.

Suspension

Non-Metro AAA may suspend a Provider/Vendor for non-compliance, using the following procedures:

1. The Non-Metro AAA must determine that the Provider/Vendor is in non-compliance with:
 - a. The terms, provisions, and conditions of the contract/agreement.
 - b. The approved Area Plan for the services to be rendered.
 - c. Applicable Federal or State laws or regulations, or Non-Metro AAA rules.
2. The Provider/Vendor will be notified of the intent to suspend the contract in thirty (30) days.
3. The Provider/Vendor will be given ten (10) days after receiving the 30-day notice to show cause as to why suspension should not occur.
4. The Provider/Vendor showing of cause will be reviewed by an Ad Hoc committee selected by the NCNMEDD Executive Committee.
5. The Provider/Vendor will be notified within fifteen (15) days of the final determination.

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Program Monitors and Temporary Management

Non-Metro AAA may appoint a program monitor, or place a Provider/Vendor under temporary management, using the following procedures:

1. The Non-Metro AAA Director or NCNMEDD Executive Director must determine that one or more of the breaches listed in the contractual agreement or probationary policy are substantial.
2. The Non-Metro AAA may appoint a program monitor for a specified time period to closely observe the Providers/vendors efforts to comply with obligations remaining under the agreement.
3. The Non-Metro AAA may appoint a temporary manager who shall have the responsibility to oversee the operation of the program, the delivery of services, and the financial transactions of the program, including the authority to make purchases (the details of the temporary management depend on the severity of the issues).

Hearings

Any Provider/Vendor whose contract or subcontract is terminated or not renewed, or any applicant to provide services whose application is denied, may appeal the action by the Non-Metro AAA by requesting a hearing. The Provider/Vendor or applicant must request a hearing within thirty (30) days. The thirty (30) day period is waived during the bid process and the timetable published in the Request for Proposal (RFP) will be followed.

The request for a hearing must be in writing and must state specific reasons for the appeal. The request must also include:

1. The date the adverse action was taken.
2. The names of any individuals or organizations believed to be involved in the adverse action, or believed to be relevant to the appeal.
3. A list of any facts, events, etc., including dates, believed to be relevant to the appeal.
4. Copies of any regulations, policies, etc. believed to be relevant to the appeal, and
5. A copy of the minutes of the appellant's governing body authorizing a person or persons to initiate and pursue the appeal.

The appellant may submit written amendments to the request for hearing to the Non-Metro AAA not less than ten (10) days prior to the date set for the hearing. During the bid process all dates in the RFP time schedule apply. The Non-Metro AAA may request additional information from the appellant at any time prior to the hearing.

The hearing will be conducted under the following procedures:

1. A mutually agreed upon hearing officer will be appointed to conduct the hearing, and to create a complete record of the hearing, including all evidence admitted, all facts noticed, and a preservation of the hearing by tape recording.
2. The hearing officer will determine a reasonable date, time, and location of the hearing, after consulting with the appellant.
3. The appellant will have the right to be represented by counsel.
4. The appellant will have the right to present all relevant evidence by means of witnesses and books, papers, documents and other evidence, and to examine all opposing witnesses who appear.
5. The hearing officer may admit and give probative effect to any evidence that is of a kind commonly relied upon by reasonably prudent people in the conduct of serious affairs.
6. The hearing officer will have discretion to exclude incompetent, irrelevant, immaterial or unduly repetitious evidence.
7. Rules of privilege shall be applicable to the same extent as in proceedings before the Courts in the State of New Mexico.
8. The hearing officer may take notice of judicially cognizable facts, and will notify the appellant either before or during the hearing of facts so noticed and their sources, and afford the appellant an opportunity to contest the facts noticed.

As soon as practicable after the hearing is complete, the appeal will be decided by the NCNMEDD Executive Committee. The Committee may request a report from the hearing officer, but all Committee members who participate in the decision will thoroughly familiarize themselves with the record before participating in the decision. The appellant will be notified in writing of the Committee's decision within ninety (90) days after the hearing is complete.

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SECTION II
Operations
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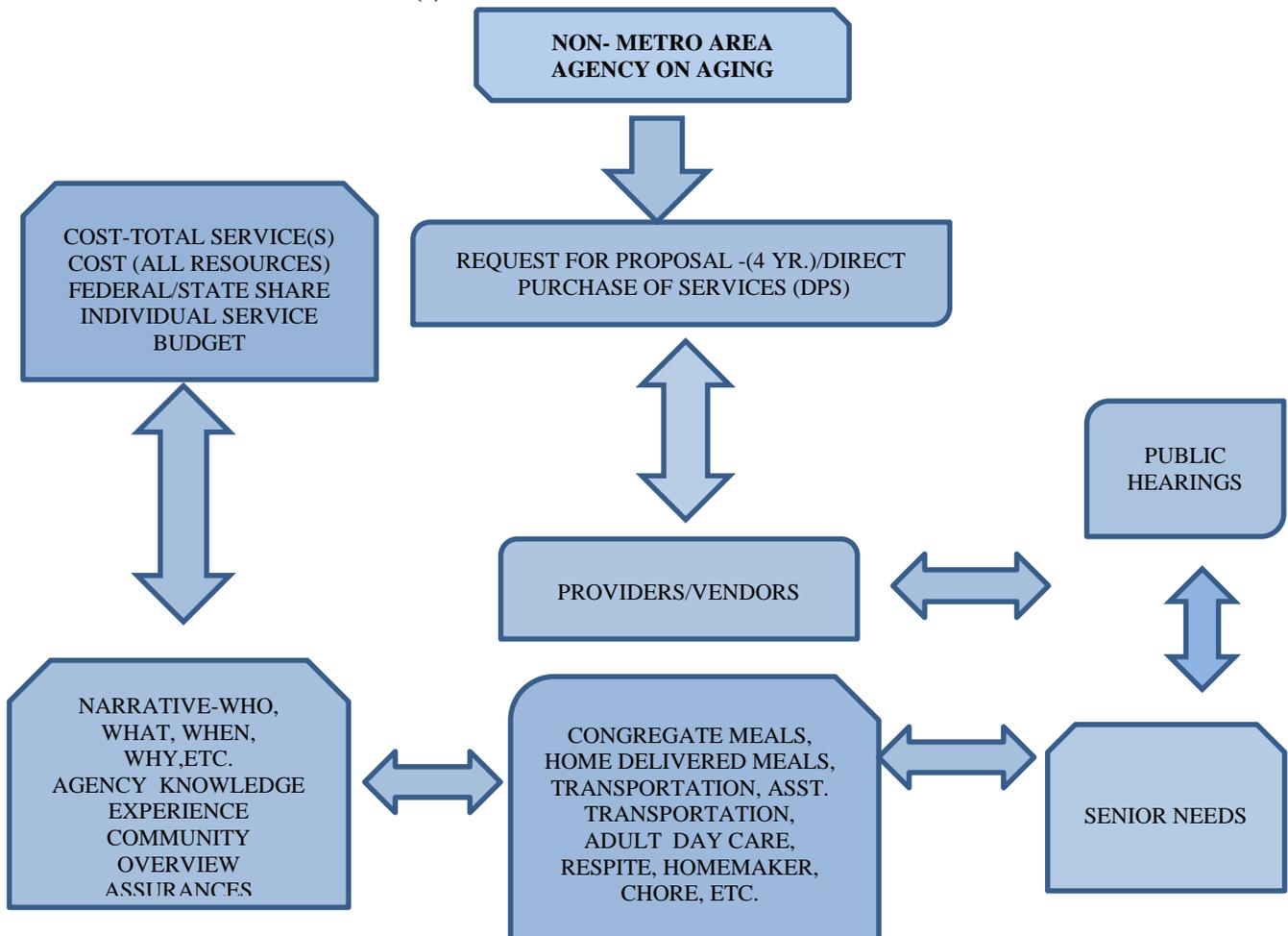
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Request for Proposal (RFP) /Direct Purchase of Service(s) (DPS)

The Non-Metro Area Agency on Aging (Non-Metro AAA) is required to seek proposals for potential Providers/Vendors every four-years. The practice is to advertise in as many local communities in the three (3) Planning and Service Areas (PSAs).

After the completion of the review and selection process of the RFP the Non-Metro AAA will award a one year contract (Direct Purchase of Service Agreement) to the selected Providers/Vendors. The contracted funds (e.g. federal, state) are contingent upon the funds being contracted between New Mexico Aging and Long-Term Services Department (NMALTS) and Non-Metro AAA. The annual contracting process for DPS continues with the Providers/Vendors. Non-Metro AAA is charged with the responsibility of monitoring Providers/Vendors; therefore if the Non-Metro AAA finds Providers/Vendors to be operating in non-compliance with the terms of the agreement, Non-Metro AAA may choose to seek another Provider/Vendor for identified service(s) if it is in the best interest of the targeted population.

Direct Purchase of Service(s) Process



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Public Hearing Process

Providers/Vendors are required to conduct an annual public hearing to provide older persons (age 60 and older) and caregivers, an opportunity to participate in the planning and operation of community-based services and programs provided for their benefit. The following is a suggested approach and trigger topics.

GENERAL GUIDELINES:

1. Select a location in the community that is accessible to all interested parties.
2. The method of announcement for the public hearing may include but is not limited to:
 - a. Flyers
 - b. Phone Calls
 - c. Electronic Mail
 - d. Media
 - e. Bulletin Board Notices
 - f. Newsletters
3. If appropriate, have someone available to translate information being provided.
4. The public hearing must be documented and all comments, concerns, suggestions should be part of the official written record.
5. General rules for the public hearing/forum: Rules must be announced to the audience prior to beginning the hearing/forum. Ask attendees to:
 - a. Stand if capable and state name.
 - b. Indicate group/organization, if representing a specific group.
 - c. Limit statement to three (3) minutes (depending upon time-frame of hearing and number in attendance).
 - d. Remain standing until the moderator has summarized the statement.
6. Compile the input received and have audience rank the importance of each comment, concern or suggestion.

Suggested Topics but not limited to the following:

1. **INCOME:** Public retirement, private retirement, railroad retirement, Social Security, Supplemental Security Income (SSI), Veterans Administration Policy, etc.

Comment: An adequate income in retirement in accordance with the American standard of living.

2. **PHYSICAL AND MENTAL HEALTH:** Problems with access, resource availability in the community (hospitals, doctors, specialists, nursing homes, boarding houses, skilled nursing facilities, mental health facilities, clinics, Veteran facilities, etc.). Treatment affordability (Medicare, Medicaid, private health insurance, public health insurance, retirement benefit health insurance, Veterans Administration benefits, etc.). Preventive health (screening, mental health programs, physical health programs, nutrition, etc.).

Comment: An older person should have access to and receive the best treatment for physical mental health.

3. **SUITABLE HOUSING:** Problems with obtaining (private housing, public housing, congregate housing, shared housing, senior housing, etc.). Maintaining (energy efficiency programs, weatherization programs, utilities, adapting current housing to special needs, insurance, telephone, property tax, emergency services).

Comment: An older person should be able to obtain and maintain suitable housing independently selected and located with reference to special needs and available at costs they can afford.

4. **RESTORATIVE SERVICES AND LONG TERM CARE SERVICES:** Restorative services (mental health specialists, mental health facilities, physical therapy specialists, physical therapy facilities, etc.). Community-based long term care services (skilled in-home care, homemakers, senior companions, adult day care centers, case management, transportation, respite care, hospice services, visiting, telephone reassurance, chore service, shopping service, home delivered meals, personal care, adult protective services etc.).

Comment: There should be full restorative services for those who require institutional care and a comprehensive array of community-based long term care services adequate to appropriately sustain older people in their communities and in their homes.

5. **OPPORTUNITY FOR EMPLOYMENT:** Job Training Partnership Act, Job Fairs, Senior Companions, Foster Grandparents, Title V and State Funded Senior Employment, public employment (federal, state, local), private employment, early retirement, Veteran employment, etc.

Comment: Older persons should have the opportunity for employment with no discriminatory practices because of age.

6. **PARTICIPATING AND CONTRIBUTING:** Civic Clubs, volunteer organizations, Retired Senior and Volunteer Program (RSVP), youth organizations, museums,

art/hobby clubs, vocational schools, community colleges, city recreation, senior recreations, craft classes, cultural classes, etc.

Comment: An older person should have the ability to participate in and contribute to meaningful activity within the widest range of civic, cultural, educational, training and recreational opportunities.

7. COMMUNITY SERVICES: Information and Referral Services, public transportation, private transportation, senior center vans, congregate meals, etc.

Comment: An older person should have efficient community services and access to low-cost transportation which provide a choice in supported living arrangements and social assistance in coordinated manner which are readily available when needed.

(42 U.S.C. 3001)

End of Number 201

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

<p><i>SECTION: II</i></p> <p><i>NUMBER: 202</i></p> <p><i>Approved 1/6/12</i></p>

Requests for Proposal (RFP)

At its discretion, Non-Metro AAA will issue an RFP every four years for all services, e.g. nutrition, social services, etc. In addition, Non-Metro AAA may issue an RFP prior to the four years covered by the Area Plan, if a program is found to be in noncompliance with:

1. The terms, provisions and conditions of the contract/agreement.
2. The approved Area Plan for the services to be rendered.
3. Any applicable federal and state laws and regulations.
4. Non-Metro AAA rules.

Non-Metro AAA will advertise the RFP in newspapers with general circulation in Non-Metro AAA planning and service areas (PSAs), and will act in accordance with the procurement guidelines set forth by ALTSD.

End of Number 202

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: II
NUMBER: 203
Approved 1/6/12
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Request for Proposal (RFP) Rating Criteria

The Non-Metro AAA will utilize rating criteria to fairly review proposals received. The rating criteria will be the basis utilized to award funds and will be published in the Request for Proposal (RFP) guidance “Evaluation Factors/Rating Criteria”. The rating criteria may be revised if the Non-Metro AAA deems necessary or suggested by the Non-Metro AAA Advisory Council and approved by the NCMEDD Board of Directors.

End of Number 203

Non-Metro Area Agency on Aging
Standards & Policy Manual

<p><i>SECTION: II</i></p> <p><i>NUMBER: 204</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Compliance Assessments

Non-Metro AAA will conduct annual compliance assessments of Providers/Vendors, using the following procedures:

1. Non-Metro AAA will determine when compliance assessments will be conducted, including more than once a year if necessary.
2. Non-Metro AAA will determine what type of assessments will be conducted (i.e. on-site or desk review).
3. Non-Metro AAA will rotate staff conducting assessments as determined by the Non-Metro AAA Director.
4. Except in unusual circumstances, Providers/Vendors will be notified in advance of the assessments to be conducted.
5. Non-Metro AAA will request Providers/Vendors to complete a self-assessment tool prior to the assessment visit.
6. Non-Metro AAA will discuss any concerns or issues identified during the compliance assessment process prior to issuing a written report. This discussion will normally occur during the exit conference.
7. Providers/Vendors will receive a written report of the concerns and recommendations within fifteen (15) working days after completion of the compliance assessment. If the assessment report will be late, Non-Metro AAA will notify the Provider/Vendor in writing.
8. Providers/Vendors will be given fifteen (15) working days to respond in writing to the concerns identified by Non-Metro AAA.
9. Non-Metro AAA will inform Providers/Vendors of the acceptance or non-acceptance of the written compliance assessment response within fifteen (15) working days after response is received.
10. Non-Metro AAA may withhold funding if corrective action is not taken within the time allowed.
11. Non-Metro AAA reserves the right to conduct follow up visits at any time.

Performance Measures

Non-Metro AAA will include performance measures in its compliance assessments of Providers/Vendors and evaluate the extent that Providers/Vendors:

1. Establish service objectives, target services to those in greatest need, and determine the best use of resources.
2. Integrate health promotion initiatives with other senior center programming by providing information and materials about health promotion, hosting special events, and conducting training on topics such as home safety, medication misuse, exercise and healthy eating.

3. Mobilize resources to help healthy, active seniors maintain their lifestyles and teach techniques for improving health status to others.
4. Provide nutrition education and encourage healthy eating and cooking in senior centers through the implementation of a certification program for cooks and provision of periodic training sessions.
5. Implement strategies for reducing service delivery costs by analyzing unit costs, especially for meals, implementing central purchasing initiatives for food and insurance, and continuing to provide training and technical assistance on effective service delivery methods.
6. Increase home and community-based long-term care services, especially adult day care, homemaker services and respite care.

Additional performance measures for Providers/Vendors who provide respite care services include the extent that the Providers/Vendors:

1. Expand services into un-served and rural areas.
2. Provide information, assistance and counseling services regarding family care issues, chronic care/disease management (including Alzheimer's disease and other dementias) and resources available to caregivers.
3. Standardize caregiver training and increase development of support groups.
4. Monitor and assess service contracts.

End of Number 204

**Non-Metro Area Agency on Aging
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<p><i>SECTION: II</i></p> <p><i>NUMBER: 205</i></p> <p><i>Approved 1/6/12</i> <i>Revised 12/2015</i></p>
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Monitoring and Technical Assistance

The Non-Metro AAA has the responsibility to monitor and provide technical assistance to its Providers/Vendors under 45 CFR 1321 and 9.2.6 NMAC.

The Non-Metro AAA shall:

1. Monitor, evaluate, and comment on all policies, programs, hearings which affect older persons.
2. Conduct public hearings on the needs of older persons.
3. Represent the interest of older persons to public officials, public and private agencies or organizations.
4. Coordinate planning with other agencies and organizations to promote new or expanded benefits and opportunities for older persons.
5. Develop and administer an area plan (service delivery plan) for a comprehensive and coordinated service delivery system in the planning and service areas, in compliance with all applicable laws and regulations.
6. Assess the kinds and levels of services needed by older persons in the planning and service areas, and the effectiveness of the use of resources in meeting these needs.
7. Award sub grants or enter into contracts to provide services.
8. Provide technical assistance, monitor, and periodically evaluate the performance of all Providers/Vendors.
9. Give preference in the delivery of services under the area plan to older persons with the greatest economic need.
10. Provide adequate and effective opportunities for older persons to express their views to Non-Metro AAA on policy development and program implementation under the area plan.
11. Utilize outreach efforts to identify older persons and inform them of the availability of services under the area plan.
12. Develop and publish the methods used for establishing priority services.

Non-Metro AAA provides technical assistance and monitoring of Providers/Vendors on an on-going basis through constant communication via electronic mail (e-mail), telephone, meetings, training events and site visits.

Procedure:

Non-Metro AAA carries out the responsibilities of monitoring its Providers/Vendors by performing the following:

1. Entering the consumer's assessments submitted by Providers/Vendors.
2. Entering the re-assessments submitted by Providers/Vendors.
3. Reviewing programmatic performance reports.
4. Review of the quarterly financial reports (i.e. trial balances, profit and loss financial statements, etc.).
5. Providing trainings as requested (if budget allows).
6. Providing technical assistance
7. Holding public hearings.
8. Conducting compliance assessments of Provider/Vendor.
9. Attending Meetings.
10. Reviewing Independent Audit Reports.
11. Site visits and observations.

End of Number 205

Non-Metro Area Agency on Aging
Standards & Policy Manual

<p><i>SECTION: II</i></p> <p><i>NUMBER: 206</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Transfer of Equipment

Equipment (computers, desks, chairs, etc.) may be transferred from the Non-Metro AAA administrative office to local Providers/Vendors. Non-Metro AAA Providers/Vendors may request such equipment through the following process:

1. Providers/Vendors will be notified of the availability of equipment through regularly scheduled meetings, telephone or correspondence.
2. Providers/Vendors must submit a written request for available equipment.
3. A transfer document must be completed, including:
 - a. Type of equipment.
 - b. Serial number or identification number.
 - c. Name of agency receiving the equipment.
 - d. Signature of Non-Metro AAA employee.
 - e. Signature of Provider/Vendor employee authorized to pick up equipment.
4. Providers/Vendors must include the equipment received from Non-Metro AAA in their inventory listing records.

End of Number 206

SECTION III
Amendment Process

Non-Metro Area Agency on Aging
Standards & Policy Manual

<p><i>SECTION: III</i></p> <p><i>NUMBER: 300</i></p> <p><i>Approved 1/6/12</i> <i>Revised 12/2015</i></p>

Amendment Policy – [See also Section I, Number 107, Contract Administration]

The amendment process is to be used when a Provider/Vendor discovers that the approved plan (DPS) requires change(s). There are various factors that mandate a change to the current process that is to be initiated by the Provider/Vendor.

Provider/Vendor anticipated more or less cash than originally budgeted:

1. Local revenues - (City, County, Village).
2. Revenues from Other Grants or Foundations.
3. Program income (contributions from consumers).
4. Fundraising revenue.

The Provider/Vendor shall submit to the Non-Metro AAA office in Santa Fe, a full justification explaining the changes, with supporting documentation. The process described must be adhered to:

1. Amendment to the Service Plan.
2. Recalculation of Service Cost.
3. Narrative.
4. Additional supporting documentation (e.g. local government notification, insurance reimbursements, etc.).

After reviewing the information submitted, the Non-Metro AAA will make the final determination and, if necessary, will proceed with the changes. Non-Metro AAA will initiate an amended contract to the Provider/Vendor with all required revisions (e.g. persons, units, cost, etc.). Amendments will only be considered twice per year. Providers/Vendors should closely monitor budget and performance levels (units) and if necessary, submit a request for amendment to Non-Metro AAA.

End of Number 300

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

***SECTION: III
NUMBER: 301
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Recalculation of Service Cost

Providers/Vendors will be required to complete the recalculation of service cost form when an amendment becomes necessary as described in the amendment process.

It will be the ultimate responsibility of the Provider/Vendor to initiate and complete the recalculation of service cost when the Provider/Vendor has determined that it is essential due to changes in revenues originally budgeted. (Refer to www.ncnmedd.com to access form).

End of Number 301

SECTION IV
Contingency Plan

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: IV

NUMBER: 400

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Contingency Plan

The purpose of a contingency plan is to allow Providers/Vendors to return to their daily operations as quickly as possible after an unforeseen event and minimizing negative service delivery impacts to the consumers. Using a “what if” process, Providers/Vendors should develop contingency plans to identify unknown scenarios that may affect their operations and describe how each scenario will be responded to.

Examples of possible situations are listed below:

Physical Damage to Facilities

1. Weather Damage
2. Fire
3. Structural Issues
4. Condemnation of Property

Operational Issues

1. EID Problems (contamination, general compliance issues, etc.)
2. Other regulatory agency problems (Construction Industries, State Fire Marshall, etc.)
3. Labor Issues (sudden loss of employees without available replacement, etc.)
4. Community Issues (facility problems, radical changes in community needs, change in targeted population, etc.)
5. Stolen Assets

Financial Issues

1. Loss of state or local funding
2. Loss of major in-kind contributions (utilities, insurance, etc.)

Notification: Providers/Vendors will be required to submit contingency plans with signed contract agreements at the beginning of each fiscal year. Plans may be reviewed during the compliance assessment process and in the event of an unforeseen circumstance, notification to the Non-Metro AAA office, by the Provider/Vendor, must be made as soon as reasonable possible.

End of Number 400

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: IV

NUMBER: 401

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Emergency and Inclement Weather Plan

Providers/Vendors with Non-Metro AAA are required to develop and implement an emergency service delivery plan to ensure that at-risk consumers receive critical services during emergencies or inclement weather.

- A. The plan may be part of a community disaster plan that describes the procedures that will be adhered to during emergencies. The procedure should include, but not limited to, the provision of home delivered meals.

- B. Examples of emergencies may include, but not limited to:
 - 1. Forest Fires
 - 2. Tornadoes
 - 3. Sand Storms
 - 4. Natural gas leaks
 - 5. Water line breaks
 - 6. Blizzards
 - 7. Hard freeze

- C. An emergency plan and inclement weather plan must be submitted to Non-Metro AAA at the beginning of the fiscal year with the contract.

- D. An emergency and inclement weather plan must include, but not be limited to, the following:
 - 1. If facility is being renovated, what alternate site will be used to provide services?
 - 2. What alternative plans are in place for delivering services to consumers?
 - 3. If inclement weather is expected, how far in advance will consumers be notified of changes in service delivery?
 - 4. If inclement weather is expected, how far in advance will meals be delivered to home delivered consumers?
 - 5. What agencies (i.e. Cities, Counties, Red Cross, etc.) will the program work with during severe emergencies?

End of Number 401

SECTION V
Program Operations
and
Management

Non-Metro Area Agency on Aging
Standards & Policy Manual

<p>SECTION: V</p> <p>NUMBER: 500</p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>
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Providers/Vendors' Advisory Councils

Providers/Vendors must ensure that eligible consumers have input into the operations of the programs. This may be accomplished through City Councils, County Commissions, etc. However, because City Councils and County Commissions do not focus exclusively on Senior Citizens' issues and programs, the Non-Metro AAA requires Providers/Vendors to form Advisory Councils.

Advisory Councils should be formed with no less than three (3) members and no more than fifteen (15) members, depending upon the size of the Provider/Vendor agency. At least one-half (50%) of the membership of each Provider/Vendor Advisory Council must be older individuals, with Providers/Vendors attempting to include eligible consumers, especially older individuals with the greatest economic and social need. The remaining membership may be composed of representatives of older individuals, local elected officials and the general public.

Members of the Advisory Council must participate fully in their work by meeting regularly and maintaining meeting minutes. The mission of the Advisory Council, its authority, responsibility, role and limitations, as well as the relationship and line of communication between the Advisory Council, program staff and sponsoring agency, must be defined in the by-laws.

Providers/Vendors with proven mechanisms of securing consumer input into program development may request a waiver of this policy requirement. The Non-Metro AAA Community Services Director may also award a waiver to Providers/Vendors for the requirement of advisory councils if the intended purpose, as described in this policy is not being fulfilled. Requests for waivers are required to be submitted annually.

End of Number 500

Non-Metro Area Agency on Aging
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<p><i>SECTION: V</i></p> <p><i>NUMBER: 501</i></p> <p><i>Approved 1/6/12</i> <i>Revised 12/2015</i></p>

Bilingual Notices

Signs and posters posted for consumer notice must be bilingual, if necessary, including:

1. A notice containing the name of a person who is available to assist those who cannot communicate in English.
2. Title VI Civil Rights Act of 1964.
3. Rehabilitation Act of 1973 Section 504.
4. Age Discrimination Act of 1977.
5. Voluntary contribution policies.
6. Use of program income.
7. Notices of meetings, functions, events, etc.
8. Any notices of concern.
9. Any other notices referenced in this policy manual.

End of Number 501

Non-Metro Area Agency on Aging
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<p><i>SECTION: V</i></p> <p><i>NUMBER: 502</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>
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Bingo and Games of Chance

2011 New Mexico Statutes

Chapter 30: Criminal Offenses

Article 19: Gambling, 30-19-1 through 30-19-15

Section 30-19-7.2: Recreational bingo exception

Nothing in this chapter or in the New Mexico Bingo and Raffle Act [60-2B-1 NMSA 1978] prohibits a senior citizen group from organizing and conducting bingo at a senior citizen center, provided that no person other than players participating in the bingo game receive or become entitled to receive any part of the proceeds, either directly or indirectly, from the bingo game, and no minor is allowed to participate in the organization or conduct of games or play bingo. As used in this section, “senior citizen group” means an organization in which the majority of the membership consists of persons who are at least fifty-five years of age and the primary activities and purposes of which are to provide recreational or social activities for those persons.

- A. Providers/Vendors who allow recreational games of chance, such as bingo, at sites must ensure that:
 - 1. No person other than players participating in the game receive or become entitled to receive, either directly or indirectly, any part of the proceeds from the game.
 - 2. No minor is allowed to either play the game or participate in the organization or production of games.

- B. Providers/Vendors who are governmental entities must follow their rules, regulations and laws for games of chance held on their premises or within their organizations.

- C. Any Provider/Vendor operating Bingo with a New Mexico State Bingo License must adhere to all state laws, procedures and policies.

End of Number 502

Program Code of Conduct

Providers/Venders must comply with the Code of Conduct Policy. Program employees, volunteers, board members and other program personnel will adhere to the following:

1. Maintain the highest standards of personal ethics and conduct at all times;
2. Not directly or indirectly accept compensation, gifts, loans, favors, gratuities, a promise of future employment, or anything having a value greater than that fixed by law, regulation, etc., for the performance of any service or duty in relation to their job;
3. Prevent unfairness to consumers or other persons within the program, including:
 - a. Abuse- the intentional or negligent infliction of physical pain, injury/mental anguish, etc.,
 - b. Neglect- the failure of an individual or caregiver to provide for basic needs, and
 - c. Exploitation- the improper and unauthorized use of funds, property or other resources for another's profit or advantage.
4. Not use privileged or confidential information for private gain, nor engage directly or indirectly in a financial transaction for private gain related to information obtained through their position with the program;
5. Not use their position to intimidate, coerce or threaten seniors into performing any act, which the senior would not otherwise perform; AND
6. Immediately report any violations listed above (1 through 5) to:
 - a. The local Adult Protective Service (APS) office,
 - b. The immediate supervisor, AND
 - c. The Non-Metro AAA.

Implementation:

Providers/Venders must implement this Code of Conduct by designating an individual to:

1. Inform seniors that financial exploitation will not be tolerated by persons within the Aging Network, by:
 - a. Posting large, easily read notices cautioning seniors about exploitation.
 - b. Encouraging seniors and others to report problems to a designated program staff person.

2. Train all program persons on code of conduct requirements and general expectations of appropriate behavior, and keep documentation of the training; and
3. Educate the public through workshops, presentations and written materials about the identification and prevention of adult abuse, neglect and exploitation.

Enforcement:

Providers/Venders **must develop procedures** for enforcing this Code of Conduct, to include:

1. The designation of a staff person to:
 - a. Receive reports
 - b. Forward the reports to Non-Metro AAA and APS
 - c. Direct the person making the report to give an independent report to the local APS office.
2. The immediate reporting to APS.
3. The confidentiality of the process, including referral to APS, the outcome of the APS investigation, and all actions taken regarding substantiation of the report.
4. The procedures for dealing with program person(s) (paid or unpaid) accused of code of conduct violations, including determining the accused person's employment status during the APS investigation, disciplining the accused person, and providing for appeals.
5. The Program/Vender must post the Program Code of Conduct in a conspicuous area at each site. When appropriate the policy should be posted in both English and Spanish.

End of Number 503

**Non-Metro Area Agency on Aging
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<p>SECTION: V</p> <p>NUMBER: 504</p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>
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Quality Survey – Consumer Input

Providers/Vendors of the Non-Metro AAA are required to conduct a quality survey. The survey ensures Providers/Vendors are including the consumer in the development of services that will assist them. The survey instrument must also be designed to monitor and measure the quality of services delivered by the Provider/Vendor.

- A. Providers/Vendors must use the survey results to:
 - 1. Improve and/or enhance individual service(s).
 - 2. Manage the quality of services.
 - 3. Ensure compliance of quality services delivered.
 - 4. Use as a planning tool.

- B. The survey must include, but not limited to:
 - 1. Age, gender and marital status
 - 2. Number of persons in household.
 - 3. Caregiver for other family members (i.e. grandchildren, disabled adult, etc.).
 - 4. Services needed to maintain self-independence.
 - 5. Health concerns.

- C. The analysis of data must include the number of surveys issued, number returned and the results of each question posed.

- D. Provider/Vendor must develop a plan of action to address issues identified through the survey.

- E. Documentation and the final report of each survey performed must be maintained for a period of three (3) years and must be available for review by Non-Metro AAA. Review of the quality survey documentation may occur during the compliance assessment process or upon request.

End of Number 504

**Non-Metro Area Agency on Aging
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SECTION: V
NUMBER: 505
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The Rights of Eligible Consumers to Equal Opportunity and Access to Service

Providers/Venders must abide by all federal and state laws, rules, regulations and executive orders of the Governor of the State of New Mexico pertaining to equal opportunity to service. In accordance with all such laws of the State of New Mexico, the Provider/Vender must assure that no person(s) shall, on the grounds of race, religion, color, national origin, ancestry, sex, physical or mental disability be excluded from participation in or be denied the benefits of, or otherwise subject to discrimination under any program or activity performed under the Non-Metro AAA (North Central New Mexico Economic Development District NCMEDD) Service Agreement.

Notification:

The Provider/Vendor must post the above policy in a conspicuous area at each site. When applicable, the policy should be posted in both English and Spanish.

End of Number 505

Health Insurance Portability and Accountability Act (HIPAA)

Providers/Vendors are subject to the requirements of HIPAA. In particular, Providers/Vendors may not disclose medical information about consumers without their informed consent. This requires that consumers who disclose medical information not only receive HIPAA notices, but also understand them, and it is the Providers/Vendors responsibility to ensure that the consumer understands the notice.

End of Number 506

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: V

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Incident Reporting

Providers/Vendors must report in writing to the Non-Metro AAA any incidents related to the programs funded through the agreement with the Non-Metro AAA or the ALTSD. This includes but is not limited to:

1. Personal injuries.
 2. Vehicle accidents, vandalism, fires, or other property damage.
 3. Program or funds mismanagement.
 4. Other circumstances that might lead to litigation.
- A. Incidents must be reported by phone upon discovery, and in writing (including all supporting documentation) within five (5) working days of discovery. Providers/Vendors must also develop an internal incident reporting policy that promotes compliance with this policy.
- B. In addition to this process, all incidents must be reported to appropriate local authorities, (i.e., Adult Protective Services, Police, Child Protective Services, etc.).

End of Number 507

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: V

NUMBER: 508

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Notification

Providers/Vendors must notify Non-Metro AAA, in writing, within ten (10) days of:

1. A change in Director or Administrator.
2. A change in the location or mailing address of the agency's office or service delivery site.
3. A change in operating hours or closure of facilities that affects services.

End of Number 508

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: V

NUMBER: 509

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Political Activity

Providers/Vendors must develop policies on the process for political activity at the senior centers. An example is available at www.ncnmedd.com. These policies must be approved by the program's governing body and must address:

1. Prior notification of political activity.
2. Time frames, including equal time for all candidates.
3. Allowable presentation processes, e.g. one on one, groups, forums.
4. Distribution of material.
5. Procedures for donations from political candidate(s) or their representatives.
6. Special rules for non-partisan agency representatives.
7. Enforcement of the policies by the director or a designated employee.

End of Number 509

Non-Metro Area Agency on Aging
Standards & Policy Manual

<p><i>SECTION: V</i></p> <p><i>NUMBER: 510</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>
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Provider Personnel Requirements

Staffing

Providers/Vendors must have staff qualified to carry out their jobs and the agreement effectively and must follow equal opportunity guidelines, including the implementation of an affirmative action plan.

- A. Providers/Vendors must receive concurrence from Non-Metro AAA for key personnel changes.
 - 1. No commitment to hire can be made until Non-Metro AAA concurrence is received in writing.
 - 2. A copy of the job description and qualifications for the positions of Director and Financial person must be submitted to the Non-Metro AAA prior to advertisement.
- B. Request for concurrence must include the following documentation:
 - 1. Advertisement of position vacancy.
 - 2. Job Description.
 - 3. Copies of top three candidate resumes and applications.
 - 4. Providers/Vendor's choice of the three, and criteria used.

Personnel Standards

Providers/ Vendors must have a staffing plan, a job description on file for each employee, and a Personnel Policy Manual that contains at the minimum the following:

- 1. Hiring procedures.
- 2. Firing procedures.
- 3. Grievance procedures.
- 4. Promotion/demotion procedures.
- 5. Fringe benefits to include:
 - a. Vacation policy.

- b. Sick leave policy.
- c. Compensatory time off policy.
- d. Education Leave.
- e. Holiday policy.

- 6. Performance evaluation procedures.
- 7. Hours of work.
- 8. Compensation rates.
- 9. Pay periods.
- 10. Disciplinary action procedures.
- 11. Time accountability procedures and documentation.
- 12. Conduct policies – to include sexual harassment.
- 13. Non-discrimination policy.
- 14. Drug free workplace.

End of Number 510

**Non-Metro Area Agency on Aging
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SECTION: V
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Training

Providers/Vendors must have qualified staff to carry out the Agreement effectively. **The program has the responsibility** to ensure that all training is completed and properly documented. Documentation verifying required training will be maintained by providers, and must include date, time and the source of provider training hours. The in-house recommended training should not be limited to these suggested topics. This is a process that must be on-going in order to successfully manage a good program. It is the sole responsibility of the Provider/Vendor to ensure that necessary training for all staff, volunteers, advisory councils and board of directors is completed and properly documented.

Required Certified Training

In-House Training

Older Americans Act	Nutrition/Meal Preparation
Non-Metro AAA Policies & Procedures	Kitchen Safety
Contract Compliance	CPR /First Aid/Emergency
Financial Management	Vehicle Safety/Maintenance
SAMS Overview	Code of Conduct *
Reporting Process	Proper Documentation
Advisory Council Training	Sanitary Methods
Board of Director's Training	Provider Policy & Procedure Compliance
Customer Service *	Confidentiality/HIPAA *
Program Code of Conduct *	Customer Service *
Service Definitions *	Personnel/Supervisory
Confidentiality/HIPAA *	Fire Safety/Prevention/Evacuation, Etc.
Legislative Process	

* Designates training topic in both Required Certified Training and In-House Training.

Training Plan:

The annual training plan, at a minimum must contain:

- a. Topic
- b. Scheduled Date
- c. Facilitator/Presenter
- d. Personnel to attend (i.e. kitchen staff, in-home service staff, administrative staff).

Documentation:

Documentation verifying completed training must be maintained and must include at a minimum:

- a. Name of Staff, Volunteer, Advisory Council Member, Board of Director Member, etc.
- b. Date of training
- c. Training location
- d. Length of training time per topic
- e. Number of hours completed
- f. Presenter's Name

Training Topics:

The required certified training topics are the minimal standards set forth by Non-Metro AAA. These trainings may be provided by Non-Metro AAA staff or other persons/agencies with equivalent expertise (Fire Department, Environmental Department, Nutritionists, Dieticians, Adult Protective Services (APS), Aging & Long-Term Service Department staff, etc.).

As a Provider/Vendor, if you are unsure if an individual or agency qualifies to provide such training, contact the Non-Metro AAA. A minimum of twenty-four (24) hours is required to complete the certified training process on an annual basis.

Specific Training for Service Delivery Personnel:

In-Home Services Staff Training Requirements – Home Delivered Meals, Chores, Homemaker and Respite (8 hours per year):

- a. Safety
- b. First Aid
- c. Indicators and detection of abuse, neglect and exploitation
- d. Documentation and reporting requirements

Nutrition Staff (8 hours per year):

- a. Sanitation
- b. Health
- c. Fire and Safety regulations
- d. Safe food handling
- e. Food Borne illness

- f. Hygienic Practice
- g. Equipment Sanitation
- h. Dishwashing Procedures
- i. Facility Sanitation
- j. Safety Rules

Home Delivered Meal Staff and Volunteers:

- a. Home Delivered Meal Handbook
- b. Documentation and reporting requirements
- c. Indicators and detection of abuse, neglect and exploitation
- d. Safety Rules
- e. Sanitation
- f. Safe Food Handling
- g. Food Borne illness

Transportation Staff:

- a. Defensive Driving
- b. Safety
- c. First Aid
- d. Documentation and reporting requirements
- e. Indicators and detection of abuse, neglect and exploitation

Adult Day Care Staff:

State Policies Title 7 Health – Chapter 13 Adult Day Care – Part 2 Requirement (7.13.2.58).

End of Number 511

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: V

NUMBER: 512

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Building and Facility Policy

Providers/Vendors must be in lawful possession of all facilities, as evidenced by contracts or deeds.

1. All facilities and operations must be adequately insured to cover all claims and losses that may arise in connection with the performance of Non-Metro AAA contract.
2. All facilities must meet American's with Disabilities Act (ADA) requirements for external and internal accessibility.
3. All facilities must meet fire, safety, health, sanitation, construction, and all other relevant codes, and must be currently licensed as deemed appropriate by the ALTSD for the services to be provided.
 - a. Evacuation procedures (fire drills) must be conducted and documented at least twice per year.
 - b. A fully stocked basic first aid kit must be on the premises at all times.
 - c. Fully charged fire extinguishers, with current inspection tags, must be on the premises at all times. All staff and volunteers must be trained in the proper use of extinguishers (this activity must be documented).
4. All facilities must be properly maintained to be in good operating condition, and must be secured by locks and any other security systems necessary.
5. All facilities must be maintained in a clean, safe and comfortable manner.

Required Postings:

1. All facilities -
 - a. The rights of consumers to equal opportunity and access to services
 - b. Consumer grievance procedures noting the Non-Metro AAA mailing address and phone numbers
 - c. Fire inspection reports
 - d. Drug Free Workplace
 - e. Consumer Code of Conduct
 - f. Program Code of Conduct
 - g. Fund Raising Policy (if applicable)
 - h. Evacuation plan and exit signs posted or installed throughout the facility.

2. Nutrition sites –

In addition to the postings noted above, the following notices must also be posted in a conspicuous location.

- a. The full cost of the meal for ineligible individuals.
- b. A policy for serving guest and staff who are ineligible for services.
- c. The recommended contribution amount for consumers and how the contributions (program income) are used.
- d. Menus in large print for a minimum of one week in advance of serving.
- e. EID inspection report.
- f. Food Service Permit.

End of Number 512

Non-Metro Area Agency on Aging
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<i>SECTION: V</i>
<i>NUMBER: 513</i>
<i>Approved 1/6/12</i>
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Vehicle Usage

Providers/Vendors must ensure that program vehicles purchased with Federal, State, or other matching funds are used for the intended purposes, with priority given to providing essential services to eligible consumers in accordance with State rules, laws and regulations. To this end, Providers/Vendors must develop written vehicle usage policies. These usage policies must be approved by the governing body, and must address the following:

1. Use by staff or non-seniors.
2. Liability issues/concerns, such as use by other community organizations.
3. Out of state travel.
4. Use for gambling trips.
5. Transportation to establishments where the predominant commerce is the sale of alcoholic beverages.
6. Handicap use, accessibility and ADA.

Maintenance of Vehicles and Equipment

Providers/Vendors must develop written policies regarding maintenance of program vehicles and other program equipment such as refrigerators, freezers, stoves, etc. Vehicle maintenance policies must address:

1. Schedules for program vehicle maintenance, how they are determined, what types of maintenance are done by whom, and record retention.
2. Procedures for drivers, e.g. job descriptions, daily logs, maintenance inspections, and documentation and reporting procedures.
3. Compliance with State requirements such as registrations and inspections.

Equipment maintenance policies must address:

1. Schedules for equipment maintenance, how they are determined, what types of maintenance are done by whom, and record retention.

2. Schedules for code compliance inspections and procedures for addressing findings, e.g. rating deficiencies as critical, serious, fair, etc., and including repairs in capital outlay requests.

Maintenance records and documentation must be reviewed at least annually and deficiencies must be corrected. The annual review and corrections must be documented.

Vehicle and Equipment Control

The Providers/Vendors have the responsibility to safeguard its assets acquired as a result of receiving federal and state funds and/or matching funds. To ensure that services rendered under contractual agreements are not jeopardized the following should be done:

1. Vehicles and equipment must have identification tags and appropriate physical security measures must be taken.
2. Providers/Vendors must carry insurance against loss.
3. Providers/Vendors must maintain a current inventory list including all items with a value of two hundred dollars (\$200) or more, with the source(s) of funds for each item indicated.
4. The list must be reconciled at least annually with a physical count. In-kind donations must be inventoried and accurately valued.

Providers/Vendors must have prior approval from the Non-Metro AAA before disposing of vehicles or equipment with a value of five hundred dollars (\$500) or more.

1. The request for approval must be in writing.
2. Must identify the item.
3. The funds used when the items were acquired.
4. The reason for disposal.
5. The process used for disposal.
6. Must retain all relevant documentation from the disposal.

If program funds were used to acquire the equipment or vehicles, any proceeds including insurance settlements, of equipment or vehicle disposition, must be recognized as program income. The proceeds must then be used within the fiscal year to benefit the same program(s) that provided the funds for acquisition.

Purchases of vehicles or equipment with an individual unit value of five hundred dollars (\$500) or more AND a useful life greater than two years are considered capital outlays. Capital outlay purchases are subject to the requirements of the NM State Purchasing Policy. Further, capital outlays must be approved through the original annual budget.

End of Number 513

Capital Outlay

Non-Metro AAA Local Governments/Providers may submit a request (if necessary) for Capital Outlay to both Non-Metro AAA and New Mexico Aging and Long Term Services Department (NMALTSO) annually. Non-Metro AAA will review Capital Outlay requests and provide the results to the Capital Outlay Subcommittee of the Non-Metro AAA Advisory Council for comments. Upon completion of the review, recommendations will be submitted to NMALTSO.

In order to qualify for Capital Outlay projects, Providers/Vendors must adhere to the specific guidance set forth by NMALTSO. The NMALTSO following requirements and documentation must be submitted as part of the local government/provider capital outlay application:

1. Compliance with the Executive Order 13-006 which identifies adequate accounting methods and procedures to expend state grant funds in accordance with applicable law and account for and safeguard funds and assets acquired by grant funds. [E.O. ¶2(A)(3)(a)].
2. Applicants must submit a Local Infrastructure Capital Improvement Plan (ICIP), which establishes priorities for anticipated capital outlay projects. This plan is designed for the local governments/providers to develop a capital outlay plan that establishes planning priorities for future capital projects.
3. Each application must have a signed certification by a chief official of the governmental entity serving as the fiscal agent.
4. The capital outlay request package must be complete with all required specifications and required application forms.
5. Only one form request per facility/site. May request multiple requests per site; i.e. Construction, meals equipment, vehicles, etc.
6. All required back-up documentation must be provided, i.e., quotes, code compliance letter, scope of work, lease agreement if applicable, etc.
7. Include Asset Management Forms.

Disposition of Property:

Chapter 13, Article 1 and 6 NMSA 1078 sets forth state statute to consider when disposing of obsolete, worn-out or unusable tangible personal property.

End of Number 514

SECTION VI

Financial Standards and Management

Non-Metro Area Agency on Aging
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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 600</i></p> <p><i>Approved 1/6/12</i></p>

Procurement Policy

All funds received by the Non-Metro AAA, and Non-Metro AAA Providers/Vendors, regardless of their source, are considered to be Non-Metro AAA funds. These funds must be expended in a manner consistent with federal and state laws and the New Mexico Procurement Code. The Non-Metro AAA is not required to use the State Purchasing Agent for all purchasing, but all other requirements of the State Procurement Code apply. Therefore, all procurement must be achieved by competitive sealed bid, except:

1. **PURCHASES OF \$5,000 OR LESS:** Authorized personnel may procure services, construction, or items of tangible personal property valued at five thousand dollars (\$5,000) or less, by issuing a direct purchase order, based upon the best obtainable price.
2. **PURCHASES OF ITEMS OF TANGIBLE PERSONAL PROPERTY, CONSTRUCTION AND NONPROFESSIONAL SERVICES:** Whenever practical, for purchases of nonprofessional services, construction, or items of tangible personal property valued over five thousand dollars (\$5,000) but less than twenty thousand dollars (\$20,000), no fewer than three (3) businesses shall be solicited to submit written quotations that are recorded and placed in the procurement file.
3. **SMALL PURCHASES OF PROFESSIONAL SERVICES:** Authorized personnel may purchase professional services valued at thirty thousand dollars (\$30,000) or less.
4. **SOLE SOURCE:** If authorized personnel make a determination, after conducting a good-faith review of available sources, that there is only one source for the required service, construction, or item of tangible personal property.
5. **EMERGENCY PROCUREMENT:** Authorized personnel may procure services, construction or items of tangible personal property when a threat to public health, welfare, safety or property requires procurement under emergency conditions; provided that emergency procurements are as competitive as is practicable under the circumstances.
6. **PROCUREMENT UNDER EXISTING CONTRACTS:** Authorized personnel may contract for services, construction, or items of tangible personal property at prices equal to or less than a current federal supply contract (GSA), or with a business that has a current price agreement with the state purchasing agent or the procuring agency.

End of Number 600

Allowable and Disallowable Costs

Providers/vendors of Non –Metro AAA will be required to follow and use the Office of Management and Budget Circulars A-122 or A-87 as the authoritative documents in determining allowed expenditures.

A. A cost is allowable if it:

1. Is reasonable (see below) for the performance of the award and can be allocable (see below) thereto under these principles.
2. Conforms to any limitations or exclusions set forth in these principles or in the award as to types or amount of cost items.
3. Is consistent with policies and procedures that apply uniformly to both federally financed and other activities of the organization.
4. Is accorded consistent treatment.
5. Is determined in accordance with generally accepted accounting principles.
6. Is not included as a cost or used to meet cost sharing or matching requirement of any other federally financed program in either the current or prior period.
7. Is adequately documented.

B. A cost is reasonable if, in its nature or amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the costs. In determining the reasonableness of a particular cost, consideration shall be given to:

1. Whether the cost is of a type generally recognized as ordinary and necessary for the performance of the award.
2. The restraints or requirements imposed by such factors as generally accepted sound business practices, arm's length bargaining, federal and state laws and regulations, and terms and conditions of the award.
3. Whether the individual concerned acted with prudence in the circumstances, considering their responsibilities to the organization, its members, employees, consumers, the public at large and the Government.
4. Whether significant deviations from the established practices of the organization may have unjustifiably increased the award costs.

C. A cost is allocable to a particular cost objective, such as a grant, project, service, or other activity, in accordance with the relative benefits received. A cost is allocable to a Government award if it is treated consistently with other costs incurred for the same purpose in like circumstances and if it:

1. Is incurred specifically for the award.

2. Benefits both the award and other work and can be distributed in reasonable proportion to the benefits received.
 3. Is necessary to the overall operation of the organization, although direct relationship to any particular cost objective cannot be shown.
- D. Any cost allocable to a particular award or other cost objective under these principles may not be shifted to other federal awards to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the award.

Expenditure Control

- A. Expenditure controls must be sufficient for preparation of reports required by regulation, policies and statutes, and documentation must be retained that proves that expenditures have not violated restrictions or prohibitions.
- B. Typical documentation may include but is not limited to:
 1. Canceled checks
 2. Annotated paid bills
 3. Payroll records
 4. Time and Attendance records
 5. Contracts
 6. Grant award documents
- C. Before checks are signed, the Director or other authorized senior program manager must review proposed expenditures for allowability, authorization, and allocability to a specific contract. In particular, if other programs share the same service, the Older Americans Act program must only be charged its fair share. Any use of resources for any other purpose than for which it was granted requires reimbursement to the sponsoring agency.

End of Number 601

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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 602</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Time Study

Providers/Vendors must conduct a time study of all staff to determine an accurate allocation of time per employee as it relates to the service(s) purchased from Non-Metro AAA. Refer to www.ncnmedd.com for the sample form.

Providers/Vendors must adhere to the following when conducting the time study:

1. Conduct time studies at “least” semi-annually.
2. Time study is to be reviewed by management/supervisor to ensure accuracy.
3. Utilize the time study for the basis of budgeting:
 - a. Allocating personnel/fringe to individual service budgets (i.e. congregate, home delivered, transportation, homemaker, adult day care, etc.).
 - b. Allocating other operating costs to individual service budgets (i.e. audit, utilities, insurance, etc.).
4. Time Studies should be readily available for review by Non-Metro AAA staff.

End of Number 602

Non-Metro Area Agency on Aging
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<i>SECTION: VI</i>
<i>NUMBER: 603</i>
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Nutrition Production Study

Providers/Vendors must conduct a productivity study of both congregate and home delivered meals programs. This will ensure appropriate use of federal and state funds. The nutrition production study will take into consideration all employees time regardless of funding sources (i.e. in-kind, volunteers, etc.). Refer to www.ncnmedd.com for the form and instructions to complete the study.

1. The Nutrition Production Study is to be conducted at “least” semi-annually if not quarterly.
2. The Nutrition Production Study should be used a “management tool” for the programs.
3. Once the Nutrition Production Study is conducted and completed it should be reviewed and monitored on an on-going basis to ensure:
 - a. Productivity study is acceptable; (i.e. number of meals prepared are more than 10 meals per hour).
 - b. Personnel hours including volunteers are justifiable.
 - c. Necessary changes are implemented – for example:
 - ii. Personnel hours.
 - iii. Redistribution of personnel.
 - iv. Food Inventory – for example: are prepared foods ordered vs. are foods prepared from scratch?
 - v. Reallocation of budget.
4. Frequent use of the production study will assist the program in more realistic projections of meal goals and assist in accurate allocation of funding sources and employee’s time.
5. Production studies should be conducted for one full month.

End of Number 603

**Non- Metro Area Agency on Aging
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<p style="text-align:center">SECTION: VI NUMBER: 604 Approved 1/6/12</p>

Cost Allocations

Providers/Vendors of Non-Metro AAA must ensure a process and/or method is in place to accurately and equitably distribute costs to programs in accordance with Office of Management and Budget (OMB) A-87 or A-122.

- A. The cost allocation plan should summarize in writing the methods and procedures that the provider/vendor will use to allocate costs to various programs, grants, contracts and agreements.
- B. The general approach should be as follows:
 - 1. All allowable direct costs are charged directly to programs, grants, activity, etc.
 - 2. Allowable direct costs that can be identified to more than one program are prorated individually as direct costs using a cost allocation plan that results in an equitable distribution.
- C. The cost allocation plan should be made available for review upon request by the Non-Metro AAA.

End of Number 604

**Non-Metro Area Agency on Aging
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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 605</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Budgeting

The budget contained in the Area Plan is a control document for all line-item expenditures. The budget must be based on performance or productivity data, including the development of unit cost when appropriate or specifically required in the grant. The budget for each Title III program must include all expenditures for that program, including those that are funded with in-kind non-budgeted resources such as County, Local, Foundation, Senior Employment Program (SEP), Nutrition Service Incentive Program (NSIP), fund-raising, and Retired Senior Volunteer Program (RSVP).

Providers/Vendors of Non-Metro AAA are required to use time studies, nutrition production studies, and cost allocation plans to develop operating budgets.

1. The budgets are to be maintained by individual service(s) (i.e. congregate, home-delivered, transportation, homemaker, adult day care, etc.) purchased from Non-Metro AAA.
2. The budgets must also identify the revenues by each individual funding source (i.e. Federal IIIB, IIIC1, IIIC2, State, NSIP, SEP, Program Income, Local, etc.).
3. The budget forms provided by Non-Metro AAA during the Area Plan Process/ Request for Proposal (RFP) are to be utilized by current and potential Providers/Vendors.
4. Non-Metro AAA must be notified of changes to the original budget submitted affecting the cost of the contracted service. Refer to Section I, Number 107 of this manual.

End of Number 605

Non-Metro Area Agency on Aging

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Cash Control

Cash is the asset most susceptible to improper diversion and use. In addition, a great many transactions either directly or indirectly affect its receipt or payment. It is therefore essential that cash be effectively safeguarded by special controls.

- A. Providers/Vendors must maintain only one bank account unless approved in writing by Non- Metro AAA.
- B. All receipts must be categorized by type, e.g. Grants, Program Income, Fund Raising or Donations.
- C. A competent person, who does not also sign the checks, must promptly and completely reconcile the bank statements.
- D. Personnel who handle cash and other liquid assets must be bonded.
- E. Providers/Vendors must have a separate change fund used only for giving change to consumers.
 1. One individual with no other cash handling duties will maintain the fund in a secure location.
 2. The balance in the fund should be verified by a second person each time the change is replenished.
 3. The change fund must always maintain its original balance.
- F. Providers/Vendors may establish a separate petty cash fund to be used for expenditures, and must adhere to the following:
 1. One individual with no other cash handling duties will maintain the fund in a secure location.
 2. The fund should be used **only** for small purchases that do not warrant a check.
 3. All disbursements must be evidenced by a voucher containing:
 - a. The name and signature of the payee.
 - b. The signatures of the fund custodian and a third person who authorized the expenditure.
 - c. The date and amount of the disbursement.
 - d. The purpose of the disbursement.
 - e. Classification codes or chart of account codes.
 4. Whenever a receipt is available, it must be attached to the voucher.
 5. The fund must be reconciled whenever it is replenished using a standard, signed reconciliation form.
 6. All vouchers and reconciliation forms must be retained.

End of Number 606

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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 607</i></p> <p><i>Approved 1/6/12</i> <i>Revised 12/2015</i></p>
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Consumer Contributions

Each eligible consumer shall have an opportunity to voluntarily, confidentially and free from pressure, contribute toward the cost of any service provided with OAA funds and/or matching funds.

1. Providers/Vendors must insure confidentiality of contributions.
2. Providers/Vendors shall determine contribution levels by taking into consideration the income ranges of eligible consumers being served.
3. Providers/Vendors shall post the suggested contributions in a conspicuous location and describe how the contributions are utilized. (This must be in large print).
4. Specific requirements (such as means test, required membership fees, and membership requirements), which discourage or prohibit the participation by certain groups of eligible consumers, are prohibited when state and/or federal funds are used to support **any portion** of the cost of providing services.
5. An eligible consumer under no circumstances may be denied services based on a personal decision not to contribute for services.
6. Program contributions must be budgeted and spent within the program year that it is earned.
7. Program contributions must be budgeted and expended where it is derived from, for example: IIIB – transportation, IIC-1 – congregate meals, IIC-2 – home delivered meals.
8. Providers/Vendors must maintain acceptable documentation for program income received, with two different signatures (log sheets, receipts, etc.).
9. Program income must be deposited on a daily basis unless otherwise approved by the Non-Metro AAA in writing.

End of Number 607

Non-Metro Area Agency on Aging
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SECTION: VI

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Lock Box Procedure for Consumer Contributions

Non-Metro AAA Providers/Vendors must have a lock box for receiving contributions from consumers and payments from ineligible individuals partaking in a service. The box must be placed in a location that is convenient but also ensures confidentiality, and must remain locked during the lunch period. Total meal cost must be determined, and collected from all ineligible individuals, including staff under age 60.

Providers/Vendors must ensure that each eligible consumer has an opportunity to voluntarily, confidentially and free from pressure, contribute toward the cost of any service. An eligible consumer may never be denied services because of a personal decision not to contribute. To ensure these policies, conspicuous notices must be posted at each meal site, including:

1. The rights of eligible consumers to equal opportunity and access to services.
2. The full cost of the meal for ineligible persons.
3. A policy for serving guests and staff who are ineligible for services.
4. The recommended contribution amount for consumers and how the contributions are used.

Contributions for home delivered meals must be identified as such and may be deposited into the lock box. The money in the lock box may not be used for any other purpose, such as replenishing the petty cash fund. This is necessary to ensure the confidentiality of the contributions.

The following procedure should be adhered to:

1. The contents of the lockbox must be deposited intact.
2. One person has the key to the lock box.
3. The key is to be stored in a safe location.
4. Two persons count the receipts each day and prepare and sign a daily count sheet.
5. The person with the key also retains the documentation, i.e. the count sheet and the customer copy of the deposit ticket.
6. The person without the key retains the lock box and makes the deposit. This person should not be involved in the counting of money.
7. All cash receipts must be deposited daily, unless otherwise approved in writing by the Non-Metro AAA.

End of Number 608

Non-Metro Area Agency on Aging
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SECTION: VI

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Program Income

Providers/Vendors are required to maintain separate accounting records for program income. Consumer's contribution is program income. Program income is defined as income from any activity or asset, if any of the direct costs of the activity or asset were paid by Federal or State grant money. Program incomes includes, but is not limited to:

1. Income from fees or voluntary contributions for services performed (i.e. meals, transportation, etc.).
2. Use of rental of real or personal property acquired under federally or state funded programs.
3. Sale of commodities or items as a result of receiving federal and/or state revenues.
4. License fees and royalties on patents and copyrights.
5. Interest on loans made with federal and/or state funds.
6. Interest earned on federal/state funds.

Program income must be used within the same program that generated it, so if IIIB funds were used to purchase a van, the proceeds from the sale of the van must be used within the IIIB program. Further, it must be used in the same fiscal year it is received.

Program income derived from consumer's contribution should be used towards the purchase of raw food. After food purchases have been allocated to program income any balances should then be allocated to NSIP to the extent allowable. These are the first two sources of revenues that need to be utilized prior to allocating to federal, state, local, etc.

End of Number 609

Fundraising Policy

Providers/Vendors conducting fundraising and thrift shop activities, e.g. bingo, ceramic sales, gift shop, must develop policies and procedures to address the following issues:

1. Who is in charge of fundraising?
2. What will the proceeds to be used for?
3. What internal controls, e.g. accounting and banking procedures, will be followed?
4. Who will keep the books of account and the bank account, and
5. How often the funds will be audited?

All proceeds of fundraising activities that use any Federal or State resources, including facilities, equipment, staff, etc. are considered program income, unless the Provider/Vendor has given the Non-Metro AAA a written allocation plan that insures a fair allocation of funds between program income and unrestricted funds. The proceeds of fund raising activities that do not use any Federal or State resources, i.e. facilities, equipment, staff, etc. are considered unrestricted funds. All fundraising activities must be in compliance with state regulations (NMSA 1978 Section 57-22-6.3).

End of Number 610

Non - Metro Area Agency on Aging
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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 611</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Nutrition Service Incentive Program (NSIP)

NSIP funds are available to Providers/Vendors who serve or deliver hot meals at least five (5) days each week, and also receive Title IIIC1 or Title IIIC2 funds. Allocation of NSIP funds to Providers/Vendors is based upon the meal counts from the prior year.

1. NSIP funds must be used to purchase domestically (i.e. United States) produced food. Although it is possible that coffee, tea, or cocoa (chocolate) may be domestically produced, NSIP funds must not be used for purchases of these items to prevent any possible violation of the terms of the NSIP Grant Program.
2. Bananas may be purchased with NSIP funds only if the Provider/Vendor verifies that they are domestically produced.
3. Providers/Vendors must use NSIP funds for the purchase of raw food (produced in the United States) prior to using Title IIIC1 or Title IIIC2 funds (Federal or State).
4. Separate accounting records must be maintained for both the NSIP revenue and expenditures.

End of Number 611

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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 612</i></p> <p><i>Approved 1/6/12</i></p> <p><i>D. Disruption Mitigation</i></p> <p><i>approved 3/20/14</i></p> <p><i>Revised 12/2015</i></p>

Senior Employment Program

A. Eligibility and Recruitment

1. To be eligible for the Regional Senior Employment Program (SEP), an individual must:
 - a. Be 55 years of age or over.
 - b. Be a resident of a county within Planning Service Areas 2, 3 or 4.
 - c. Meet the low-income eligibility criteria established by the Department of Health & Human Services, not to exceed 125% of the Federal Poverty level.
 - d. Provide proof of income for all members of the household for the past twelve (12) months, and
 - e. Provide complete information as required in the employment application.

2. Providers/Vendors with SEP programs must recruit enrollees and ensure that information about the program is disseminated throughout the Provider's/Vendor's service area. The following methods of outreach may be utilized:
 - a. Notify the NM Department of Labor that your program is a Provider/Vendor for the State funded Senior Employment Program.
 - b. Advertise SEP vacancies at meal sites and focal points in the community.
 - c. Disseminate SEP informational flyers, brochures and posters throughout the service area (e.g. meal sites, non OAA service provider agencies, newsletters, presentation(s) at community and civic organizations).
 - d. Utilize Public Service Announcement at local radio, newspapers, community bulletin boards and newsletters.
 - e. Establish and maintain a pool of eligible applicants for SEP to be available when a position is vacated.

B. Hiring Exceptions

1. The Non-Metro AAA may allow Providers/Vendors to hire enrollees on a temporary basis, not to exceed ninety (90) days, in the following circumstances:
 - a. Another enrollee has been granted extended sick or administrative leave.
 - b. The Provider/Vendor determines that contracted funds for SEP will not be fully expended.
 - c. The Provider/Vendor determines that a position is needed for a short term.

2. The temporary hire request must be in writing and must clearly explain the circumstances and the term of employment. The Non-Metro AAA will respond within ten (10) working days of receiving the request. The temporary enrollee may

not be retained longer than the temporary term approved by the Non-Metro AAA, except if the host agency makes a written request for a continuation and the continuation request is approved by Non-Metro AAA.

3. The Non-Metro AAA may allow Providers/Vendors to hire an enrollee who does not meet the income requirement, if the income requirement is not exceeded by:
 - a. \$125 per month (\$1,500 per year) in the case of a one person household,
or
 - b. \$180 per month (\$2,160 per year) in the case of a two person household.
4. The income waiver request must be in writing and must clearly explain the circumstances. The Non-Metro AAA will respond within 10 working days of receiving the request.
5. The Non-Metro AAA may allow emergency hires for the Senior Employment Program in extraordinary circumstances such as:
 - a. The Provider/Vendor has exhausted all recruitment avenues.
 - b. The Provider/Vendor does not have sufficient funding to hire needed staff.
 - c. Services will be impacted negatively if an emergency hire is not authorized.
6. In these circumstances, the Provider/Vendor must submit a written request to Non-Metro AAA, including an explanation of the circumstances. The Non-Metro AAA will respond within 10 working days of receiving the request. If approved, the Provider/Vendor must place the approval notice in the enrollee's personnel file, and the Non-Metro AAA will monitor the circumstances to determine the length of employment or termination date.

C. Hiring, Orientation, Benefits Screening, and Support

1. Prospective enrollees may be hired and placed in work sites only after receiving written approval from the Non-Metro AAA. Providers/Vendors must notify the Non-Metro AAA immediately of any vacancies that occur and request permission to advertise to refill the position. At that time, the Non-Metro AAA will determine if the position will remain with the Provider/Vendor and grant permission to proceed with the application process.
2. Providers/Vendors must provide orientation for enrollees, SEP supervisors and SEP liaisons within 30 days of job placement (Federal Regulation rules and regulation 641.308). At a minimum, the orientation must cover these topics:
 - a. Overview of Aging Network Structure
 - b. History and Focus of Senior Employment Program
 - c. Host Agency Responsibilities
 - d. Enrollee Responsibilities
 - e. Fringe Benefits
 - f. Training
 - g. State Health Insurance Assistance Program (SHIP) and supportive services
 - h. Political activity at Senior Program(s)
 - i. Transition to unsubsidized employment.

3. Providers/Vendors must screen enrollees for SHIP benefits within the current fiscal year. SHIP screening shall be conducted by a certified SHIP staff person. Documentation must be kept in the enrollee's personnel file for review at annual assessment. In addition, providers/vendors must perform ongoing screening for public benefits such as:

- a. Medigap health insurance
- b. Medicare
- c. Medicaid
- d. Supplemental Security Income (SSI)
- e. Energy Assistance

D. Disruption Mitigation

NCNMEDD Non-Metro AAA will make every effort to mitigate disruption to older worker trainees when a host agency ceases to be a viable contractor/vendor. This will be accomplished by entering into a transitional agreement with the new host agency, or, if Non-Metro AAA determines to enter into direct service management, trainees will be automatically transferred to Non-Metro AAA host agency oversight.

End of Number 612

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<i>SECTION: VI</i>
<i>NUMBER: 613</i>
<i>Approved 1/6/12</i>
<i>Revised 12/2015</i>

Performance Tracking – Social Assistance Management System (SAMS)

A. Purpose of Section

1. This section outlines the requirements for consumer assessments and performance tracking in accordance with the record keeping and reporting requirements for consumers and services imposed by the Federal Administration on Aging and the New Mexico Accountability in Government Act, 6-3A-1 to 6-3A-8 NMSA 1978.
2. Ensures compliance with the New Mexico Aging Program Information System (NewMAPIS) Policy of the Aging & Long-Term Services Department (ALTSD).
3. Outlines general requirements of the Non-Metro SAMS Standardization Procedures.

B. All services performed under contract agreement with the Non-Metro AAA require performance reporting and assessments of consumers. The standards set forth in this section are minimum requirements for service provisions and performance tracking standards.

C. The ALTSD has specified software, variously called SAMS or NewMAPIS, to meet this requirement. The latest version of the software is called Harmony for Aging (HFA) or Next Gen and is published and maintained by Harmony for Aging (HFA) or Next Gen and is published and maintained by Harmony Information Systems, Inc. Providers/Vendors should use the tutorial and help functions in HFA. The Non-Metro AAA works in conjunction with the ALTSD to administer and maintain the state-wide database as well as train and provide technical assistance to SAMS /HFA users.

D. Each Provider/Vendor must identify/assign a staff person(s) who shall be responsible for data collection, consumer registration/assessment and act as the SAMS Liaison to the Non-Metro AAA on behalf of the Provider/Vendor.

E. Privacy and Consumer Confidentiality:

1. Users must follow confidentiality procedures established in the ALTSD Confidentiality Agreement:
 - a. Reading and understanding the ALTSD privacy policies.
 - b. Signing the ALTSD Confidentiality Agreement.
2. Securing all confidential material at all times.

F. Using SAMS/Harmony for Aging Next Gen:

1. The number of users for SAMS/HFA is limited, as purchased by the NMAPALTS. Users may be identified at the Provider/Vendor level based on need and use of SAMS/HFA. Vendors assigned a SAMS/HFA will be assigned:
 - a. A SAMS/HFA User ID
 - b. A SAMS/HFA User Password
2. Users must keep their User IDs and passwords secure and confidential, and must not use them to give any other person access to the system.
3. Users must log off the system whenever they leave their workstation unattended.
4. Users must notify the NewMAPIS administrators, at both the Non-Metro AAA and the ALTS, whenever they believe the security of the system has been compromised. Communication must be immediate by telephone and followed-up in writing.
5. Non-Metro AAA will facilitate training, in which all SAMS/HFA software users must participate, as indicated below:
 - a. General uses of SAMS (mandatory)
 - b. Generating Reports (mandatory)
 - c. Printing Consumer Records (mandatory)
 - d. Using Routes (mandatory)
 - e. Using SAMS generated Rosters as sign-in sheets (optional)
 - f. Recording of Service Delivery Units in SAMS (mandatory)
 - g. Activities and Referrals (mandatory)

G. Providers/Vendors must post a Notice of Consumer Registration display, poster size notice to include:

- a. The location for seniors to register or sign-in.
- b. The dates and times when seniors can register or sign-in.
- c. An encouraging statement, e.g. "Eligible seniors are encouraged to register to maintain or increase funding and to help identify needed services."

H. Vendors/Providers are responsible for managing consumers using the methods and policies outlined herein:

1. Consumers may be served by multiple Providers/Vendors. Each Provider/Vendor serving a consumer may request an update to the consumer record, including the "Default Provider". The "Default Provider" is determined by the permanent residence of the consumer or the level of care being provided. Any temporary residence of the consumer is to be identified under the locations field in the consumer details section of the consumer record.
2. To eliminate duplication of consumers, Providers/Vendors must search the State-wide database, to determine if the consumer is already registered. Consumers who are already registered should not be re-registered, and cannot be denied services because they are registered with another Provider/Vendor.

I. Consumer Registration (Intake), Assessment, Reassessment

1. Forms to be used for initial intake/Assessment:
 - a. Assessor's Consumer Assessment Checklist.
 - b. Non-Metro AAA Consumer Assessment form (version 4.0).
 - c. Nutritional Health Screening.
 - d. ADL/IADL.
 - e. Consumer Journal Notes/Service Plan (required for in-home services) which consists of confidential consumer information, i.e., Service Plan notes.
 - f. Consumer Record Notes, which consists of non-confidential consumer information, i.e., "has large dog, enter through back door", Short Form, referrals and any service delivery notes.
 - g. Permanent Condition Waiver (when applicable).
 - h. Rating scale (required for all in-home services).

The forms mentioned above are located in the Non-Metro AAA Assessment Workbook.

2. Forms to be used for reassessment:
 - a. Assessor's Consumer Assessment Checklist.
 - b. 2-page Consumer Record printed from SAMS/HFA.
 - c. Nutritional Health Screening.
 - d. ADL/IADL.
 - e. Consumer Notes Page (required for in-home services) which consists of confidential consumer information, i.e., Service Plan notes.
 - f. Permanent Condition Waiver (when applicable).
 - g. Rating Scale (required for all in-home services).

The forms mentioned above are located in the Non-Metro AAA Assessment Workbook with the exception of the 2-page Consumer Record which must be printed from SAMS/HFA.

3. Conducting initial intake/assessment and reassessments in accordance with ALTSD NewMAPIS Policy:
 - a. Conducted by authorized, trained employee or volunteer.
 - b. Face-to-face, one-on-one in private to ensure confidentiality.
 - c. Obtain all information on the Non-Metro AAA Consumer Assessment Form.
 - d. Reassessments are conducted in accordance with Service Requirements in Section VII of this manual.
4. In Home Service Assessment Requirements:
 - a. All consumers who will be receiving in-home services based on eligibility and need must be registered using the Non-Metro AAA Consumer Assessment Form(s) (version 4.0) prior to receiving services.
 - b. Assessed in their home of residence.
 - c. Based on Need (outcome of needs assessment).
 - d. Need is documented on Consumer Notes Page.
 - e. Notes entered in the Consumer Journal in SAMS/HFA.
 - f. In the rare event that services must begin immediately before an assessment can be conducted (example: hospital release), services may begin while every effort is being made to schedule the assessment within 24 hours.

K. Changes to Consumer Record

1. Assessment/Reassessment must be up-to-date.
2. Submit request to change consumer's basic record using the Consumer Change form to Tucumcari Data Management Center.
 - a. Merge Duplicate Consumer Records.
 - b. Changes to services.
 - c. Change in Default Provider.
 - d. Changes to consumer personal information.

L. Tracking Units of Service

1. Providers/Vendors must use best practice tracking methods to document the provision of services as contracted for by the Non-Metro AAA to include properly maintained documentation such as:
 - a. Driver logs
 - b. Sign-in sheets or rosters
 - c. Route sheets
 - d. Other alternate forms of manual documentation which provides an audit trail for services provided at the discretion of the Provider/Vendor with written approval of the Non-Metro AAA.
2. Providers/Vendors are required to maintain original documentation per site.
3. Units of Service must be balanced and reconciled:
 - a. Prior to submitting SAMS Monthly Reports to the Tucumcari Data Management Center.
 - b. Providers/Vendors shall thoroughly review data for accuracy and make any/all corrections necessary prior to submission.
4. Unregistered Consumers (rare)
There shall not be unregistered consumers for in-home services to exceed twenty (20) days.

M. Consumer Groups

1. Consumer Groups are established by the Non-Metro AAA to capture units of service not required to be recorded directly to an individual, for example: Nutrition Education.
2. Under 60 Guest and Staff meals must be tracked and reported monthly; whereas, the units are recorded in SAMS/HFA in either the Aggregate Staff Consumer Group or Aggregate Guest Consumer group using the service as Congregate Meals and the subservice CM Un-reimbursable.

End of Number 613

General Reporting Requirements

Providers/Vendors must retain all documentation supporting the provision of services provided resulting from their contractual obligation. It is imperative that Providers/Vendors comply with report due dates set forth by Non- Metro AAA.

Reports

Due at Non-Metro AAA

Daily:

Consumer Assessment & Reassessments Within seventy-two (72) hours of completion

Monthly:

SA-1 Report (SEP, NSIP, etc.) 5th working day of each month

Program Income & Local Revenue Report (PILR) 5th working day of each month

SAMS Reports (Consumer tracking service documentation) 2nd working day of each month

Verified & Reconciled SAMS Reports for payment 7th working day of each month

Quarterly:

NM Senior Employment Quarterly Report 5th working day following the end of the quarter

Quarterly Profit & Loss Financials or Trial Balance 15th working day following the end of the quarter

Quarterly Monitoring Report 15th working day following the end of the quarter

In addition to the reports, Providers/Vendors must provide:

1. A Final Report of Expenditures (SA-1, NSIP, Program Income Report) by the end of July (the beginning the next fiscal year), and
2. Financial statements, with an independent auditor's report thereon, within one hundred twenty (120) days after contract close or other date if negotiated in the contract agreement.

Providers/Vendors must also provide other special reports upon request by the New Mexico Aging and Long Term Services Department and the Non-Metro AAA.

Required Federal and State Reports

Required reports must be submitted timely as mandated by State and Federal laws. Withheld taxes and fees must be paid in a timely fashion as well. Penalties, interest and late fees may **not** be paid from Federal, State, program income or matching funds. For example:

1. CRS-1 Report (NM State/City Tax Report)
2. ES903A (Employers Quarterly Wage and Contribution Report, Schedule A)
3. WC-1 (Workers' Compensation Fee)
4. Form 941 (Employer's Quarterly Federal Tax Return)
5. W-2 (Wage and Tax Statement)
6. W-3 (Transmittal of Wage and Tax Statement)
7. 1099-Misc (Miscellaneous Income)
8. Form 990 (Return of Exempt Organization From Income Tax)
9. Form 940 (Employer's Annual Federal Unemployment Tax)
10. NM New Hire Reporting Form

End of Number 614

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<p><i>SECTION: VI</i></p> <p><i>NUMBER: 615</i></p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 12/2015</i></p>

Payment Methodology/Basis of Payments

Non-Metro AAA compensates Providers/Vendors for services provided to eligible consumers as described in each Providers’/Vendors’ contract agreement.

1. Payments are generated monthly upon Provider/Vendor submission of required reports (see Section VI, Number 614 of this manual).
2. Payments for services rendered shall not exceed those listed in the contract agreement.
3. Payments are transmitted electronically through the Automated Clearing House (ACH) Network.

End of Number 615

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Records Retention

Providers/Vendors of Non-Metro AAA shall maintain detailed time and expenditure records, but not limited to, consumer records, books, supporting documents pertaining to services provided, that indicate the date, time, nature and cost of services rendered during the Agreement's term and effect and retain them for a period of three (3) years from the date of final payment under the Vendor Agreement. The records shall be subject to inspection by the Agency, the Department of Finance and Administration and the State Auditor. The Agency shall have the right to audit billings both before and after payment.

End of Number 616

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Independent Audit

Providers/Vendors will provide an annual financial and compliance audit report to the Non-Metro AAA. The audit report must include a copy of the Auditor's management letter. The audit shall be conducted in accordance with generally accepted auditing standards and shall encompass the following provisions:

1. The Provider/Vendor expending \$750,000 or more in combined federal funds shall have an audit conducted in accordance with Revised Circular A-133, which incorporates the 1996 Single Audit Act amendments. A fair allocation of the audit costs may be charged to both federal and state funds.
2. Governmental Providers/Vendors expending less than \$500,000 in combined federal awards shall continue to follow the guidance of the New Mexico State Auditor.
3. Non-governmental Providers/Vendors expending between \$25,000 in federal and state funds combines and less than \$500,000 in federal funds, shall have an audit conducted in accordance with the GAO Government Audit Standards.
4. Audit reports shall include a schedule or supplementary report that identifies the final units of service provided and final number of unduplicated persons served.
5. Providers/Vendors that expend less than \$15,000 in federal and state dollars, no audit is required. The close out for these Providers/Vendors will be based on information required by Non-Metro AAA, such as financial reports (i.e. trial balances, general ledgers, etc.).
6. Submittal of the audit report for government entities shall be within ten (10) working days after release by the New Mexico State Auditor's Office.
7. Submittal of the audit report for non-governmental entities is due four (4) months after the end of the entity's fiscal year.
8. Audit report must include a schedule of administrative and program expenses for each individual program (Title IIIB, Title IIIC1, Title IIIC2, Title IIID, Title IIIE, etc.) which facilitates a reconciliation of audited costs to the final report.
9. Audit report must include the final units of services provided and the final number of persons served.

Required Annual Audit

An independent annual audit must be conducted in compliance with OMB-110, OMB-122 or OMB –133. In addition to an audit of the financial statements, the "Single Audit Act" requires the auditor to express an opinion about whether:

1. The financial statements of the agency present fairly its financial position and the results of its financial operations in accordance with generally accepted accounting principles.
2. The organization has internal accounting and other control systems to provide reasonable assurance that it is managing federal financial assistance programs in compliance with applicable laws and regulations.
3. The organization has complied with laws and regulations that may have material effect on its financial statements and on the operation of each major assistance program.

End of Number 617

SECTION VII
Service Delivery

Non-Metro Area Agency on Aging
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<p>SECTION: VII</p> <p>NUMBER: 700</p> <p><i>Approved 1/6/12</i></p> <p><i>Revised 5/24/13 (#5)</i></p> <p><i>Revised 12/2015</i></p>

Eligibility Policy

Providers/Vendors must use the criteria below (References: New Mexico Administrative Code (NMAC), Title 9, Chapter 2, Part 3 and Older Americans Act) for determining eligibility of individuals to receive services:

1. Individuals aged 60 or older and their spouses (regardless of age) are eligible for Non-Metro AAA services.
2. Individuals aged 60 or older who have been determined to be frail, without other significant support systems (including access to persons that are able and willing to perform the needed services), in greatest economic need, in greatest social need, and meeting Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) requirements, are eligible for in-home services.
3. Individuals with disabilities as defined in the Older Americans Act (OAA) [Section 102(13)] 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, are eligible for congregate meals services.
4. Individuals with disabilities, regardless of age, who reside with or accompany eligible individuals to obtain services, are eligible.
5. Individuals, regardless of age, providing volunteer services during meal hours, may be eligible based on the following criteria:
 - a. Volunteer meals will NOT be used for the purpose of meeting negotiated goals;
 - b. Must have assigned duties/responsibilities that are documented, if volunteer is providing services three (3) or more days a week;
 - c. Must be provided the opportunity to make a donation for the meal AND the meals must never be offered in a form of payment for volunteer services;
 - d. Volunteer(s) must NOT consume a meal prior to the eligible consumers;
 - e. Volunteer(s) consuming meals WILL NOT deprive an eligible consumer from a meal;
 - f. Volunteers who are recruited in groups (i.e. students, boy scouts, girl scouts, etc.) MAY NOT be recruited for the purpose of meeting goals/units;
 - g. Providers/Vendors who provide more than 72 meals in a single quarter to volunteers must be able to justify such need.
 - h. Community service workers are not considered volunteers and must pay the full cost of the meal.
6. Individuals aged 60 or older, who have been determined to be homebound because they are unable to leave their home due to a disabling physical, emotional, or environmental condition, are eligible for home delivered meals.

- a. Determination must be based on an assessment of need which assesses functional ability, adequate support systems and risk. At a minimum, the following criteria must be included in the assessment of need:
 - i. Individual must be homebound, that is unable to leave home due to a disabling physical, emotional or cognitive impairment.
 - ii. Individual must be unable to participate in a congregate meal because of impairment or lack of appropriate transportation.
 - iii. Individual is unable to obtain food and prepare a nutritious meal.
 - iv. Individual has no family, friends or community support able and willing to assist in meal preparation.
 - b. The spouse of a homebound individual is eligible if receipt of a meal is in the best interest of the home delivered meals program consumer.
7. In the case of the surviving spouse of an eligible consumer, where the surviving spouse is under 60, services may be continued after the eligible consumer's death, providing that the surviving spouse has not remarried a person younger than age 60.
8. Individuals eligible to receive Title III E National Family Caregiver Support Program services are:
- a. Individuals, regardless of age, who serve as informal caregivers for persons 60 or older.
 - b. Individuals, regardless of age, who serve as unpaid caregivers for persons with Alzheimer's disease (regardless of age).
 - c. Grandparents or older relative caregivers (55 years of age or older) caring for a child related by blood, marriage, or adoption.
9. Individuals eligible to participate in the Senior Employment Program (SEP) are:
- a. Individuals 55 years of age or over, and
 - b. Resident of a county within Planning Service Areas 2, 3 or 4, and
 - c. Meet the low-income eligibility criteria established by the Department of Health & Human Services, not to exceed 125% of the Federal Poverty level.

End of Number 700

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Fee for Service

Providers/Vendors who intend to implement fee for service programs (also known as sliding fee scale services and cost sharing) must have prior written approval from the Non-Metro AAA and adhere to the following:

1. Proposed sliding fee scale services must be fully described in the area plan and approved by the Non –Metro AAA and Aging and Long- Term Services Department (ALTSD). The plan to provide a sliding fee scale service must be reviewed in a local public hearing prior to implementation. ALTSD may grant short-term approval of such a plan to test the concept. The specific sliding fee scale must be annually reviewed and approved by the Provider/Vendor agency.
2. Title III Federal funds and State funds used to match Title III Federal funds may be used to support the following activities: transportation, assisted transportation, chore, housekeeping, respite care, adult day care, physical fitness/exercise, education/training and home safety/accident prevention.
3. Providers/Vendors of sliding fee scale services must establish policies and procedures to implement the fee scale. These policies must address the circumstances that allow the Provider/Vendor to waive the fee for service and also address when an individual or family net income may be considered rather than gross income.
4. The basis for the scale will be the U.S. Administration on Aging's annual issuance of "Estimated Poverty and Near Poverty Thresholds". Near-Poverty for this Guidance is 125% of poverty. Individuals and families whose income is at or below the Near-Poverty threshold must not be charged for services. The income scale will increase in increments established by the program and approved by the Non-Metro AAA and ALTSD.
5. The consumers receiving service must be informed that services provided are on a fee for service basis and notified of the criteria used in the sliding fee scale. Determination of a consumer's fee for service shall be based on the consumer's self declaration of individual or family income, without verification. Assets, savings, or other property owned may not be considered when determining the fee for a service.
6. Provider/Vendor must protect the privacy and confidentiality of each consumer with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual.

7. Provider/Vendor may not deny any service due to the consumer's income or the consumer's failure to pay a fee.
8. Separate financial accounting must be established for each fee-for service program. Each fee-for-service program must pay its fair share of costs including administration and overhead.
9. Fees will be determined by the Provider/Vendor and approved by the Non-Metro AAA based on actual cost to provide the service. Fees cannot exceed the actual cost of providing the service. Revenues generated by a fee-for-service program must be used to enhance the overall program. All revenues must be budgeted in the area plan and may only be carried forward to another program year upon approval of the Non-Metro AAA and ALTSD.
10. When a sliding fee scale for service is used, a description of the scale, its criteria, policies and payments must be written in language(s) reflecting the reading abilities of consumers served and posted in high visibility areas. Such posting must include a statement that no services will be denied for failure to pay any fee.

End of Number 701

Consumer Rights Policy

Providers/Vendors must comply with, and post in a conspicuous location, the following guidelines that promote the rights of each consumer:

1. The right to be treated with respect and dignity.
2. The right to voice a grievance regarding services, without discrimination or reprisal as a result of voicing such grievance.
3. The right to confidentiality of records.
4. The right to receive needed support and services in an atmosphere of sincere interest and concern.

In addition to the rights listed above, in-home service providers/vendors must comply with, and provide each in-home consumer with a written document stating the rights of each consumer who receives an in-home service:

5. The right to participate in the development of care plans.
6. The right to be informed in advance about each in-home service provided and about any change in services.
7. The right to have the property of such consumer treated with respect.
8. The right to be fully informed (orally and in writing), in advance of receiving an in-home service, of such consumer's rights and responsibilities.
9. The right to be encouraged and supported in maintaining one's independence to the extent that conditions and circumstances permit and to be involved in program of services designed to promote personal independence.
10. A Consumer Rights document must be signed and dated by the consumer at the time of the consumer assessment and must be maintained in the consumer's file.

End of Number 702

**Non-Metro Area Agency on Aging
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SECTION: VII

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Consumer Code of Conduct

A. Providers/Vendors must develop policies that will address the issue of misconduct by consumers, including:

1. Substance abuse, including alcohol abuse
2. Fighting
3. Abusive language
4. Harassment
5. Weapons
6. Self gain

B. The policies must also address:

1. Where the policies govern, (e.g. sites, vans, trips, consumers' homes).
2. Determining who the victim is.
3. Procedures the victim should follow.
4. Procedures for dealing with the offender.
5. Procedures for getting outside help for the victim and the offender.

C. The policies must also address:

1. When consumers may be dismissed from receiving services.
2. How and when consumers will be allowed to begin to receive services.

Implementation

Providers/Vendors must implement this code of conduct by designating an individual to:

D. Inform consumers that financial exploitation will not be tolerated by persons within the Aging Network, by:

1. Posting large, easily read notices cautioning consumers about exploitation.
2. Encouraging them to report problems to a designated program staff person.

E. Train all program persons on code of conduct requirements and general expectations of appropriate behavior, and keep documentation of the training.

- F. Educate the public, through workshops, presentations and written materials about the identification and prevention of adult abuse, neglect and exploitation.

Enforcement

Providers/Vendors must develop procedures for enforcing this code of conduct, including:

G. Designation of a staff person to:

1. Receive reports.
2. Forward the reports to Non-Metro AAA, and Adult Protective Services (APS).
3. Direct the person making the report to give an independent report to the local APS.
4. Immediate (not to exceed 24 hours) report to APS.

H. The process must be kept confidential, including referral to APS, the outcome of the APS investigation, and all actions taken regarding substantiation of the report.

I. Procedures for dealing with program person(s) (paid or unpaid) accused of code of conduct violations, including determining the accused person's employment status during the APS investigation, disciplining the accused person, and providing for appeals.

End of Number 703

**Non-Metro Area Agency on Aging
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Consumer Grievances

Any consumer who is dissatisfied with or denied services by Providers/Vendors of the Non-Metro AAA should:

1. Present an original complaint or grievance in writing to the designated individual (Site Manager, Director, etc.) within five (5) days of the occurrence, and the designated individual will make every effort to resolve the situation within fourteen (14) days of complaint/grievance.
2. If the participant is not satisfied with the results, a written report of the complaint or grievance should be submitted to the local Advisory Council or Board, and a copy of that report forwarded to the Non-Metro AAA. The local Advisory Council or Board will have fourteen (14) days to resolve the complaint/grievance.
3. If these procedures prove unsuccessful, the Non-Metro AAA will attempt to resolve the complaint/grievance within seven (7) days of notification by the local Advisory Council/Board, and the Non-Metro AAA will submit the final determination to the participant. If needed, assistance of the Non-Metro AAA Advisory Council and ALTSD will be requested to arrive at a final decision.

Written policy and procedures must note the Non-Metro AAA mailing address and telephone numbers.

End of Number 704

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Prioritization Rating Scale - Services

Non-Metro AAA requires Providers/Vendors to utilize a prioritization rating scale for all in-home services (refer to Section VII of this manual) to be provided. The rating scale includes the targeted language reflected in the Older Americans Act of 1965 (OAA) section 306 (a) (particular attention to low – income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas and older individuals at risk for institutional placement).

The Providers/Vendors will utilize the Non-Metro AAA prioritization rating scale as follows:

1. To be used in conjunction with the consumer's care plan and assessment.
2. To be used as a tool to determine the level and types of service(s) for the consumer; and/or referrals on behalf of the consumer.
3. To be used in prioritizing consumer(s) to receive service(s) due to Providers/Vendors limited budget, (i.e. waiting lists).

The prioritization rating scale is located in the **Non-Metro AAA Assessment Workbook**.

End of Number 705

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Permanent Condition Waiver for In-Home Service Consumers

The Permanent Condition Waiver allows Providers/Vendors to perform an annual reassessment on an in-home service consumer rather than performing a reassessment every three or six months. In- Home Services are: Home Delivered Meals, Homemaker Service, Chore Service and Respite Service.

1. Consumers with the following conditions can be considered for the Permanent Condition Waiver:
 - a. Bedridden
 - b. Wheel chair confinement
 - c. Amputee
 - d. Alzheimer's disease
 - e. Dementia or other cognitive disorder
 - f. Other social or intellectual challenge
 - g. Blindness
 - h. Degenerative Disease leading to physical incapacity
 - i. Renal failure
 - j. Multiple Sclerosis
 - k. Traumatic Brain Injury (TBI)
 - l. Is on Hospice
 - m. Schizophrenia
2. Conditions or special circumstances not listed above may be submitted to the Non-Metro AAA Community Services Director for consideration.
3. Providers/Vendors must have written policies and procedures to monitor the status of the consumer prior to invoking a Permanent Condition Waiver. The policies and procedures:
 - a. Must be submitted to the Tucumcari Data Management Center
 - b. Will be reviewed during the Non-Metro AAA compliance assessment process.
 - c. Not intended to circumvent the consumer reassessment process.
4. The approved waiver must be noted on the Non-Metro AAA Consumer Assessment form and maintained in the consumer's file.

End of Number 706

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NUMBER: 707

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Adult Day Care:

- A. **Definition:** A supervised, protective, congregate setting in which social services, recreational activities, meals, personal care, rehabilitative therapies and/or nursing care are provided to dependent adults. Facility must be licensed by the State of New Mexico.
- B. **Unit of Service:** 1 Hour
- C. **Service Standards:**
 - 1. An eligible individual must be age sixty (60) or over. The target population includes frail older individuals who have a physical or mental disability, including having Alzheimer's Disease or a related disorder with a neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. In determining eligibility for services, special consideration must be given to older individuals in greatest economic need, with particular attention to low-income minority individuals.
 - 2. All service Providers/Vendors must be in compliance with rules, regulations, policies and procedures set forth by the New Mexico Department of Health, Public Health Division, Health Facility Licensing and Certification Bureau (Adult Day Care Facilities 7 NMAC 13.2, Section 8).
 - 3. Consumer Assessments:
 - a. Non-Metro AAA Consumer Assessment form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**).
 - b. Reassessments must be performed every six months.
- D. **Program Contribution/Program Income:** Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.
- E. **Required Documentation:**
 - Documentation of Service Units
 - a. Development of a consumer care plan appropriate to any recommendations by the consumer's personal physician.
 - b. Development and maintenance of an individual consumer file.
 - c. Record of provision of information on, and referral to, other service resources.

- d. Service Providers/Vendors must document;
 - i. the name of the consumer;
 - ii. the consumer's signature or mark indicating the date, time in and time out for their participation.

End of Number 707

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Case Management:

- A. **Definition:** Assistance either in the form of access or care coordination in circumstances where the older person is 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 such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required. Note: This is an ongoing process including assessing needs of a consumer and effectively planning, arranging, coordinating and following-up services which most appropriately meet the identified needs as mutually defined by the consumer, staff, and where appropriate, a family member(s) or other caregiver(s).
- B. **Unit of Service:** 1 Hour
- C. **Service Standards:**
1. An eligible individual must be age sixty (60) or over and must demonstrate a need which requires development of a coordinated care plan, follow-up, and/or advocacy; and/or has multiple or complex problems which are often chronic in nature and which may affect the ability of that individual to live independently; and/or has potential need for multiple services; and/or has presented problems which are vague or ill-defined; and/or has insufficient informal supports to care for his or her needs. In determining eligibility for services, special consideration must be given to older individuals in greatest economic need, with particular attention to low-income minority individuals.
 2. Consumer Assessments:
 - c. Non-Metro AAA Consumer Assessment form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**).
 - d. Reassessments must be performed every six months.
 3. Care Plan Development: A written plan of care will be prepared for each consumer utilizing appropriate and available formal and informal resources, using a standardized form. The care plan will identify available services and problem solving efforts to meet the consumers' determined needs and to enable the consumer to live with maximum possible independence. A copy of the care plan will be given to the consumer and/or consumers' family and/or significant individual, and so documented in the consumers' file.

4. Care Plan Implementation: A referral of the applicant/consumer to an appropriate resource for service provision and/or problem resolution will be made and documented in the applicant(s)/consumer(s) file. If the referral is made to an informal network (family, friends, etc.), the service and/or problem-solving arrangements agreed to regarding duties and responsibilities will be documented in the consumer(s) case plan. The following activities will be performed for each consumer, as appropriate and needed:
 - a. Active intervention and advocacy on behalf of the consumer to access necessary services from community organizations and to resolve problems experienced by the consumer;
 - b. Establishment of linkages with service providers for the prompt and effective delivery of services needed by the consumer, including submission of instructions for service delivery to the appropriate service providers; and
 - c. Encouragement of informal care given by individuals, family, friends, neighbors, and community organizations, so that publicly supported services supplement rather than supplant the roles and responsibilities of these natural support systems.
5. Review and evaluation of consumer status shall occur through periodic monitoring conducted through telephone or face-to-face contact to ensure prompt and effective service delivery and response to changes in the consumer(s) needs and status. All follow-up will be documented in the consumer's file.
6. Case closure will occur in the following instances:
 - a. Death of a consumer.
 - b. Relocation out of the geographic service area.
 - c. Consumer cannot be located.
 - d. Consumer is hospitalized, enters a group care facility, is institutionalized or is not available for services for more than ninety (90) consecutive calendar days.
 - e. Consumer is no longer in need of case management services because of changes in the consumer's condition or circumstances.
 - f. Consumer refuses services.
 - g. Consumer requests termination.
 - h. Consumer refuses to cooperate in the provision of case management services.
7. Provider/Vendor shall maintain a current comprehensive resource or service directory that includes case management services as well as other community based long-term care services available within the service area, and has access to information on resources outside of the service area. The directory will be kept current including a mechanism for exchanging updated information at least annually.
8. Provider/Vendor shall maintain a procedure for providing objective information to consumers on their options for services and resources available.

D. Program Contribution/Program Income: Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.

E. Required Documentation:

1. Documentation of Service Units: A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Time worked on case in hours, documented to the quarter hour
 - d. Signature of consumer verifying service

2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan
 - c. Letter of Agreement/Understanding
 - d. Signed copy of In-Home Consumer's Rights
 - e. Record of referral(s) and request(s)
 - f. Correspondence related to case
 - g. Formal case notes
 - h. Consumer Code of Conduct
 - i. Discontinuance of Service Form, if applicable

End of Number 708

SECTION: VII

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Chore Service

- A. **Definition:** Assistance with heavy housework, yard work or sidewalk maintenance at a person's place of residence.
- B. **Unit of Service:** 1 Hour
- C. **Service Standards:**
1. An eligible person must be age sixty (60) or over. The target population includes frail older individuals who have a physical or mental disability, that restricts their ability to perform normal daily tasks or which threatens their capacity to live independently. In determining eligibility for services, special consideration must be given to older individuals in greatest economic need, with particular attention to low-income minority individuals.
 2. Consumer Assessments:
 - a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**).
 - b. Reassessments must be performed every six months unless a permanent condition waiver is in effect.
 3. Program Contribution/Program Income: Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 606, 607 and 608.
 4. Staffing:
 - a. Background Checks: All in-home service personnel must clear a federal background check in compliance with the Caregivers Criminal History Screening Act.
 - b. Identification: All in-home service personnel must be provided and wear identification badges while performing services.
 - c. Training: All in-home service personnel must receive a minimum of 8 hours of documented formal training per year. Training topics shall include:
 - i. Safety.
 - ii. First Aid.
 - iii. Indicators and detection of abuse, neglect and exploitation.
 - iv. Actions to be taken in case of accidents or emergencies.
 - v. Documenting and reporting requirements.

5. Determination of service level need: A rating system must be used to determine the need for service. This tool is documentation in the development of the Care Plan which outlines the service activities and time (number of hours/days) that service is required for each consumer. The tool must also determine the length of service, temporary vs. permanent. (Refer to the **Non-Metro AAA Assessment Workbook**).

D. Required Documentation:

1. Documentation of Service Units: A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Time in and time out
 - d. Duties performed during service
 - e. Condition of consumer at the time of service
 - f. Signature of consumer verifying service

2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan
 - c. Letter of Agreement/Understanding
 - d. Signed copy of In-Home Consumer's Rights
 - e. Progress Notes
 - f. Determination of service level need (Prioritization Rating Scale)
 - g. Consumer Code of Conduct
 - h. Discontinuance of Service Form, if applicable

End of Number 709

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SECTION: VII

NUMBER: 710

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Evidence-Based Health Promotion and Disease Prevention

PURPOSE: Title IIID of the Older Americans' Act (OAA) is intended to support evidence-based health promotion and disease prevention/management programs. Title IIID services must be evidence-based programs at the highest criteria level, defined by OAA as follows:

- a. Demonstrated through evaluation to be effective for improving health and wellbeing or reducing disease, disability and/or injury among older adults;
- b. Proven effective with the older adult population, using experimental or quasi-experimental design;
- c. Research results published in a peer-review journal;
- d. Fully translated in one or more community site(s);
- e. Include developed dissemination products available to the public.

The Provider/Vendor must assume responsibility for administration of the programs in compliance with the entity that developed and/or licenses the programs. Providers/Vendors are responsible for the fidelity to program design to include:

- a. Preserving fidelity to original program design, providing quality control during implementation, and collecting and reporting service delivery data. The program must be provided according to the specifications of the organization that developed the program. Contact with the developer is necessary to determine program requirements. Requirements may include purchase and maintenance of a license, purchase of equipment/materials, specific training and credentialing of staff, and specific record keeping and reporting.
- b. Ensure that all instructors and trainers of evidence-based programs (employees, contract staff and volunteers) have the required training, licensure, credentialing and/or certification.
- c. Ensure that service data is entered into the SAMS/Harmony database.

End of Number 710

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SECTION: VII

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Health Promotion and Disease Prevention (State Funded)

A. **Definition:** *Health activities such as health fairs, physical fitness activities conducted by an exercise professional, (i.e. Aerobics' Instructor), evidence-based health promotion programs, medication management that is inclusive of monitoring, screening and education to prevent incorrect medication usage and adverse drug reaction. Home safety/accident prevention that involves a home assessment, assistive devices, accident prevention training, assistance with home modifications to prevent accidents/facilitate mobility, and/or follow-up services to determine effectiveness of modifications/assistive devices.*

1. **Education/Training** - Formal or informal opportunities for consumers to acquire knowledge or experience, increase awareness, promote personal or community enrichment and/or increase or gain skills.
2. **Health Screening** - Pre-nursing home admission screening and/or routine health screening.
3. **Home Safety Services** - Home assessment, assistive devices, accident prevention training, assistance with modifications to prevent accidents/facilitate mobility, and/or follow-up services to determine effectiveness of modifications/assistive devices.
4. **Medication Management** - Monitoring, screening and education to prevent incorrect medication usage and adverse drug reactions.
5. **Physical Fitness/Exercise** - Individual or group exercise activities (with or without equipment), such as walking, running, swimming, sports and/or Senior Olympics physical conditioning/training.

B. **Unit of Service:**

- a. 1 Participant Hour - Education/Training
- b. 1 Hour - Health Screening
- c. 1 Contact - Home Safety
- d. 1 Participant Session - Medication Management and Physical Fitness/Exercise

C. **Service Standards:**

1. An eligible person must be age sixty (60) or over.
2. Consumer Assessments: The Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**).

3. Service Provider/Vendor is required to coordinate with local health departments and any other similar health planning agencies in the development and implementation of services.
4. Program Contributions/Program Income: Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.

D. Required Documentation:

1. Documentation of Service Units:
 - a. A consumer sign-in sheet must be used as verification of service delivery. Minimum required information:
 - i. Consumer's name
 - ii. Date of service
 - iii. Title of activity/service
 - iv. Facilitator name (if applicable)
 - v. Time started and the time program ended (if applicable)
 - b. Home Safety services must be documented with a timesheet or progress notes form. Minimum required information:
 - i. Consumer's name
 - ii. Consumer's address
 - iii. Date of service
 - iv. Time in and time out
 - v. Duties performed during service
2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Consumer files of individuals receiving Home Safety Services must contain a form that describes and documents the service(s) provided (e.g. installation of grab bars, hand rails, repair toilet seat, etc.)

End of Number 711

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Homemaker/Housekeeping

- A. **Definition:** Assistance with meal preparation, shopping, managing money, making telephone calls, light housework, doing errands and/or providing occasional transportation.
- B. **Unit of Service:** 1 Hour
- C. **Service Standards:**
1. An eligible person must be age sixty (60) or over. The target population includes frail older individuals, who have a physical or mental disability that restricts their ability to perform normal daily tasks, or which threatens their capacity to live independently. In determining eligibility for services, special consideration must be given to older individuals in the greatest economic need, with particular attention to low-income minority individuals.
 2. Consumer Assessments:
 - a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to **Non-Metro AAA Assessment Workbook**).
 - b. Reassessments must be performed every six months unless a permanent condition waiver is in effect.
 3. Program Contribution/Program Income: Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.
 4. Staffing:
 - a. Background Checks: All in-home service personnel must clear a federal background check in compliance with the Caregivers Criminal History Screening Act.
 - b. Identification: All in-home service personnel must be provided and wear identification badges while performing services.
 - c. Training: All in-home service personnel must receive a minimum of eight 8 hours of documented formal training per year. Training topics shall include:
 - i. First aid
 - ii. Safety
 - iii. Indicators and detection of abuse, neglect and exploitation
 - iv. Actions to be taken in case of accidents or emergencies
 - v. Documenting and reporting requirements

5. Determination of service level need: A rating system must be used to determine the need for service. This tool is documentation in the development of the Care Plan which outlines the service activities and time (number of hours/days) that service is required for each consumer. The tool must also determine the length of service and whether service is temporary or permanent. (Refer to the Non-Metro AAA Assessment Workbook).

D. Required Documentation:

1. Documentation of Service Units: A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Time in and time out
 - d. Duties performed during service
 - e. Condition of consumer at the time of service
 - f. Signature of consumer verifying service
2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan
 - c. Letter of Agreement/Understanding
 - d. Signed copy of In-Home Consumer's Rights
 - e. Progress Notes
 - f. Determination of service level need (Prioritization Rating Scale)
 - g. Consumer Code of Conduct
 - h. Discontinuance of Service Form, if applicable

End of Number 712

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SECTION: VII

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National Family Caregiver Services

PURPOSE: To provide for a multifaceted system of support services for (1) family caregiver; and (2) for grandparents or older individuals that are relative caregivers. The intent of the program is to provide information, support and assistance to family caregivers. The target population for Title III E services are informal caregivers, who provide care and/or grandparents, or other relatives 55 years of age or older, who are caring for a child 18 years of age or younger.

1. Caregivers of individuals with Alzheimer's Disease (regardless of age)
2. Grandparents or older relative caregivers (55 years of age or older) caring for a child related by blood, marriage, or adoption
3. Child is an individual not more than 18 years of age, or an individual with a disability (adult children w/disability)

The term **Family Caregiver** means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with severe disabilities, Alzheimer's disease or a related disorder.

The term **Grandparent or older individual who is a relative caregiver** means a grandparent, step grandparent or a relative of a child by blood, marriage or adoption, who is fifty-five (55) years of age or older and lives with the child, 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 has a relationship to the child, as such, legal custody or guardianship, or is raising the child informally.

A. Service Standards:

1. Providers/Vendors must give priority for services to:
 - a. Family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction
 - b. Grandparents or older individuals who are relative caregivers, who provide care for children with severe disabilities
 - c. Caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income individuals) and older individual providing care to individuals with severe disabilities, including children with severe disabilities.

2. **Coordination of Services:** Provider/Vendor will make use of trained volunteers to expand the provision of available services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or consumers (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service) in community settings.
3. **Community Planning Activities:** Providers/Vendors will develop a mechanism to receive ongoing input and discussion about service and training needs from family caregivers who provide informal in-home and community care to older individuals and from grandparents raising grandchildren.
4. **Consumer Assessments:**
 - a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to **Non-Metro AAA Assessment Workbook**).
 - b. Reassessments must be performed every six months.
5. **Program Contribution/Program Income:** Service provider/vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.

B. Required Documentation: See each individual service below for specific requirements.

Caregiver Access Assistance

- A. **Definition:** A service that assists caregivers in obtaining access to the services and resources that is 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.]
- B. **Unit of Service:** 1 Contact
- C. **Required Documentation:**
 1. **Documentation of Service Units:** A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 - a. Consumer’s name
 - b. Date of service
 - c. Beginning and ending time of service
 - d. Outcome of assistance.

2. **Consumer Files:** Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan, if applicable
 - c. Progress Notes
 - d. Consumer Code of Conduct
 - e. Discontinuance of Service Form, if applicable.

Caregiver Counseling Services

- A. **Definition:** 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).
- B. **Unit of Service:** 1 Session per Participant
- C. **Required Documentation:**
 1. **Documentation of Service Units:** A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 1. Consumer's name
 2. Date of service
 2. **Consumer Files:** Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan, if applicable
 - c. Progress Notes, if applicable
 - d. Consumer Code of Conduct
 - e. Discontinuance of Service Form, if applicable

Caregiver Information Services

- A. **Definition:** 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 publications, conducting media campaigns, and other similar activities.]
- B. **Unit of Service:** 1 Activity. Mass media activities - Number of potential consumers known and potential caregiver consumers (x) event = number of units. Note: When providing information as "mass media" the contractor must estimate how many actual and potential caregivers will receive the information.
- C. **Required Documentation:**
 1. **Documentation of Service Units:** A service log must be used as verification of service delivery. Minimum required information:

- a. Consumer's name
 - b. Date of service
2. Consumer Files: If possible, individual consumer files must be maintained in an orderly manner and include at a minimum:
- a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan, if applicable
 - c. Progress Notes, if applicable
 - d. Consumer Code of Conduct
 - e. Discontinuance of Service Form, if applicable

Caregiver Respite Care – See Respite Care, Number 717

Caregiver Supplemental Services

- A. **Definition:** 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.
- B. **Unit of Service:** 1 Distribution Event
- C. **Required Documentation:**
1. Documentation of Service Units: A service log must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Item(s) described
 2. Consumer Files: If possible, individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan, if applicable
 - c. Progress Notes, if applicable
 - d. Consumer Code of Conduct
 - e. Discontinuance of Service Form, if applicable

End of Number 713

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SECTION: VII

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Nutrition Service

PURPOSE: Nutrition services assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation through a program coordinated with other supportive services. As outlined in the Older Americans Act, the intent of this service is to:

1. Reduce hunger and food insecurity;
2. Promote socialization of older individuals; and
3. Promote the health and well-being of older individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

A. Service Standards: See individual service (Congregate and Home Delivered Meals).

B. All Nutrition Service Providers/Vendors must:

1. Comply with all applicable federal, state and local health, fire, safety, building, zoning and sanitation laws, ordinances, or codes. This includes laws protecting/providing for individuals with disabilities. (Rehabilitation Act Section 504)
2. Ensure annual inspection of meal site(s) by both the N.M. Environment Department and a State or local fire marshal. The inspection reports must be posted in a conspicuous location for review, and providers/vendors must take any action necessary to correct deficiencies. Providers/Vendors must also keep a current copy of the New Mexico Environment Department (NMED) regulations and review these annually with staff.
3. Locate meal sites in as close proximity to the majority of eligible persons with the greatest social and economic needs.
4. Non-Discrimination practices will be observed for participation. Facilities operated by specific groups such as churches, social organizations, senior housing developments, etc. shall not limit participation to their own membership or otherwise show preferential treatment for such membership.
5. Develop and utilize procedures that will assure that the facility is clean, safe and comfortable. This includes but is not limited to:

- a. Perform and document monthly site inspections/evaluations. Issues must be addressed with a written action plan. Reports must be signed and dated by the individual conducting the inspection/evaluation. At a minimum, the site inspection/evaluation must include:
 - i. Cleanliness of kitchen and equipment
 - ii. Ensure that all equipment is functioning properly
 - iii. Staff and volunteers adhering to rules, regulations, and laws (use of hairnets, gloves, apron usage, etc.)
 - iv. Sample inventory
 - v. Ensure temperature logs are maintained and current
 - vi. Safety check of facility (no standing water, exit lights working, etc.)
 - vii. Required postings are visible and up-to-date
 - viii. Required reports are current and posted (Food Service Permit, EID)
 - ix. Check fire extinguisher tags
 - x. Check first aid kits
 - xi. Observe preparation and packing procedures
 - xii. Review home delivered temperature route sheets

 - b. Conducting and documenting evacuation procedures (fire drills) on a bi-annual basis. Documentation of drill must include: date of drill, time of day, staff involved, comments on performance of drill, signature of staff person and witness.
 - c. Maintaining a fully stocked basic first aid kit on the premises at all times.
 - d. Maintaining charged fire extinguishers, with current inspection tags, on the premises at all times. All staff and volunteers must be trained in the proper use of extinguishers (this activity must be documented).
 - e. Tables and chairs will be available for all consumers and will be sturdy and appropriate for older persons.
 - f. Adequate aisle space will be provided between tables for persons with crutches, walkers or wheelchairs.
 - g. Obtaining the views of consumers about the services they receive. This can be accomplished through annual Consumer Surveys.
6. All meal sites must have the following notices posted in a conspicuous location:
- a. The rights of eligible consumers to equal opportunity and access to services.
 - b. The full cost of the meal for ineligible persons that are served a meal.
 - c. A policy for serving guests and staff who are ineligible for services.
 - d. The recommended contribution amount for consumers and how the contributions (program income) are used.
 - e. Menus in large print for a minimum of one week in advance.
 - f. Consumer grievance procedures noting the Non-Metro AAA mailing address and phone numbers.
 - g. EID assessment/report.
 - h. Food Service Permit.
 - i. Fire Inspection Reports.
 - j. Drug Free Workplace.
 - k. Carry-out Meals Policy

- l. Consumer Code of Conduct.
 - m. Program Code of Conduct.
 - n. Fundraising Policy (if applicable).
 - o. Evacuation plan and exit signs posted or installed throughout the facility.
7. Providers/Vendors must have prior written approval from Non-Metro AAA to cancel services by closing a site or reducing the number of days a site is open.
8. Providers/Vendors must develop an Emergency and/or Inclement Weather policy addressing how services will be delivered in an emergency or inclement weather situation. The Provider/Vendor must inform the Non-Metro AAA by phone or e-mail within 24 hours of emergency or closure.
9. Providers/Vendors must develop and implement policies and procedures to report to the personnel of appropriate agencies such as Adult Protection Services: the conditions or circumstances which place an individual or the household at risk. Suspected cases of abuse, neglect and exploitation must be reported within twenty-four (24) hours to the New Mexico Adult Protective Services.
10. Providers/Vendors must follow appropriate procedures to preserve nutritional value and food safety when purchasing, storing, and preparing food product and while serving or delivering meals.
11. Providers/Vendors shall develop menus, where feasible and appropriate, to meet the particular religious requirements, ethnic or cultural backgrounds of eligible consumers.
12. Providers/Vendors must provide meals that meet the Dietary Reference Intake (DRI). The Older American's Act (OAA) requires all meals served in the senior program to provide at least 1/3 of the dietary reference intakes (DRI) and to comply with the Dietary Guidelines for Americans (DGA). DRI is the set of nutrient and energy standards developed by the Food and Nutrition Board of the National Academy of Sciences for persons over the age of 51. These nutrients may be averaged over a one week period. All meal programs have the option to use the Nutrient Standards or the Nutrient Standards for Diabetes Menu Planning. Menus must clearly specify which option is being used. Only meals that meet the minimum of 1/3 of the DRI are reimbursable by Non-Metro AAA.
 - a. A minimum of 1/3 of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the participant is offered one meal per day;
 - b. A minimum of 2/3 of the allowances if the participant is offered two meals per day; and
 - c. 100 percent of the allowances if the participant is offered three meals per day.

13. Providers/Vendors must prepare and publicize menus that meet the requirements at least one month in advance. Menus must be submitted to the Non-Metro AAA with the required analysis and dietary guidelines. Non-Metro AAA is required to have on file for each nutrition program the menu used each month and must be evaluated indicating the progress towards meeting the current DRI. Menus must be developed using one of the following methods:

- a. Computer software such as Nutritionist Pro or Foodworks listing serving sizes and food items with DRI nutrient standards clearly stated with a plan for improvements (if needed). The daily DRI are:

Nutrient Standards-Menu Planning:

	<i>Daily</i>	<i>1/3</i>
K calories		
Lunch	2100	700
Breakfast		450
Protein g	56-190	19-63
Carbohydrates g	270-300	90-100
Fiber g	≥30	≥10
Total Fat g	49-86	16-63
Saturated Fat g	24	8
Calcium mg	1200	400
Iron mg	8	2.6
Sodium mg	1500	1000
Vitamin A RAE	900	300
Vitamin C mg	90	30
Vitamin B 12 ug	2.4	0.8

Nutrient Standards-Diabetic Menu Planning:

	<i>Daily</i>	<i>1/3</i>	
K calories			
Lunch	2100	700	
Breakfast		450	
Protein g	56-190	19-63	15-25% of total Kcal
Carbohydrates g	270-300	90-100	45-55% of total Kcal
Fiber g	≥30	≥10	
Total Fat g	49-86	16.-63.	25-35% of total kcal
Saturated Fat g		<10	
Calcium mg	1200	400	
Iron mg	8	2.6	
Sodium mg	1500	1000	
Vitamin A RAE	900	300	
Vitamin C mg	90	30	
Vitamin B 12 ug	2.4	0.8	

*Sodium standard is 1500 per day however 1000 is allowed with an effort to decrease over next 3 years.

- b. Standard or Diabetes meal pattern: In addition, during the annual site assessment a computer software evaluation shall be conducted (listing serving sizes and food items with DRI and DGA nutrient standards clearly stated) to include at least two (2) weeks each year for each meal site plan for improvements (if applicable).

- i. Standard Meal Pattern requirements; Breakfast
(when served in combination with a lunch)
One and One-half (1 ½) servings of bread or cereal
One (1) serving of non-starchy vegetable
Eight (8) fluid ounces of low-fat milk or the equivalent
Two (2) ounces of cooked meat or meat alternate
Two (2) teaspoons fat
- ii. Standard Meal Pattern requirements; Lunch
Two (2) servings of bread (whole grain or enriched desirable)
One (1) serving fruit.
Two (2) serving of non-starchy vegetable
Eight (8) fluid ounces of low-fat milk or the equivalent
Three (3) ounces of cooked meat or meat alternate
One –Two (1-2) teaspoons fat (optional)
- iii. Diabetes Meal Pattern requirements; Breakfast
(when served in combination with a lunch)
One and One-half (1 ½) servings of bread or cereal
One (1) serving of non-starchy vegetable (at the breakfast meal this may be substituted with an additional two (2) ounces of meat alternate)

Eight (8) fluid ounces of low-fat milk or the equivalent.
Two (2) ounces of cooked meat or meat alternate
One (1) teaspoons fat
- iv. Diabetes Meal Pattern requirements; Lunch
Two (2) servings of bread (whole grain or enriched desirable).
One (1) serving fruit
Two (2) serving of non-starchy vegetable
Eight (8) fluid ounces of low-fat milk or the equivalent
Three (3) ounces of cooked meat or meat alternate
Two (2) teaspoons fat (optional)

- c. A registered dietitian has evaluated the menu and signed a New Mexico Aging and Long Term Services Department (ALTSD) Nutrient Standards Assessment Form or the equivalent. It is now a requirement that an approval/recommendation form should be signed and dated by the registered dietitian and attached to each menu and/or meal cycle.
- d. A registered dietitian has developed menus and has agreed to work towards meeting the Nutrient Standards. The registered dietitian must be provided with the Nutrient Standards guidelines and the Nutrient Standards for Diabetes guidelines as well as be familiar with the most recent Dietary Guidelines for Americans.

14. Menu Planning: In planning and developing the menus, Providers/Vendors must:

- a. Encourage consumer input.
- b. Repetition of entrees must be kept at a minimum and duplication of menu items on consecutive days is not allowed.

- c. If a cycle menu is utilized, there shall be at least three cycles per year.
- d. Substitutions may be made using the Substitution Guide found on the website www.ncnmedd.com
- e. When feasible and appropriate, provide special menus to meet special dietary needs arising from health, religious or ethnic requirements of the consumer. Feasibility and appropriateness are determined by whether:
 - i. A sufficient number of persons need the special menus to make their preparation practical;
 - ii. The food and skill necessary to prepare the special menus are available to the program; and
 - iii. The special menu does not adversely affect the program's budget.
- f. Therapeutic diets may be provided if:
 - i. The need has been determined, as evidenced by written diet orders signed by a physician and placed in the consumers' file;
 - ii. The necessary resources are available to the program; and
 - iii. Supervision is provided by a registered dietitian or the meals are purchased from a qualified agency (hospital or similar facility) whose meal preparation is supervised by a registered dietitian.
- g. Menus must be kept on file with all documentation of Non-Metro AAA approval, including any changes noted in writing, for at least three years.

15. Food Preparation, Temperatures and Storage:

- a. All food must be obtained from an approved source. Fresh or frozen meat, poultry or fish must be processed at an establishment that complies with all food packaging and safety requirements. Home prepared or home canned food is not allowed with the exception of cakes for birthday parties, etc. Fast foods are not allowed.
- b. All food items must be stored a minimum of six (6) inches above the floor.
- c. Hot foods must be brought to an internal temperature of at least 165 degrees F. during cooking or reheating. To retain nutrients, vegetables and fruits must not be over-cooked. Hot foods must be maintained at 140 degrees F. or higher and cold foods must be maintained at 41 degrees F. or lower. Milk must be kept at 38 degrees F. or lower until served.
- d. Prepared food must be served within 30 minutes after preparation or the food must be refrigerated until ready to serve.
- e. Temperature logs for freezers, refrigerators, steam tables, dishwashers and storage areas must be maintained daily. Both the inside and outside temperatures must be recorded for the freezers and refrigerators.
- f. Commercially packaged food must be in its original containers with labels and must be stored at appropriate temperatures at all time. All stored food must be dated and labeled. Fresh or frozen meat, poultry or fish must be processed at an establishment that complies with all food packaging and safety requirements. Fresh produce, purchased or donated, must be in good condition, free from spoilage, filth or contamination, and must be safe for human consumption.
- g. Frozen meals must be dated and labeled.

- i. If sectioned aluminum trays are used, frozen meals must be delivered within two (2) weeks.
- ii. If a heat sealed packaging method is used, frozen meals can be stored up to forty-five (45) days.
- h. Steam tables may not be used to reheat or cook food.
- i. Leftovers must be brought down to 40 degrees F. All leftovers must be covered, labeled, dated and served within 48 hours if proper food handling techniques are followed.
- j. For congregate meals, the temperature of both cold and hot foods must be checked and documented daily at the time of service and in the case of catered food, at the time of food arrival and at the time of service.
- k. For home delivered meals, the temperature of both cold and hot foods must be recorded and documented. Temperatures must be recorded after the first delivery on the route and just before the last delivery.

16. Packaging and Packing Standards for Home Delivered Meals:

- a. All meals packaged at nutrition sites must be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported or frozen immediately.
- b. Containers must be designed to maintain the integrity and safety of the food. All meals must be packaged in containers that can be sealed and allow for easy opening. Hot foods must be sent out in aluminum, reusable or sealing trays. Styrofoam may not be used for hot meals.
- c. Cold and hot foods must be packaged and packed separately.
- d. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.
- e. Meal carriers must be cleaned and sanitized daily, or a sanitized liner replaced daily.
- f. Hot food must be transported and maintained at a temperature of 140 degrees F. or above. Cold food must be transported and maintained at a temperature of 40 degrees F. or lower.
- g. Only Providers/Vendors using temperature controlled vehicles may exceed a two hour route time. During a route that takes two hours or more the quality of the food delivered must be maintained and should not be compromised due to the longer delivery routes.

17. Food Inventory and Control:

- a. A perpetual inventory system must be maintained for each site and location where food and nutrition supplies are stored. The Provider/Vendor is required to develop and use procedures for tracking and controlling food and supplies.
- b. Production forecasting is required for all meal preparation sites. A Meal Variance Report must be completed daily. The report must indicate the total number of meals prepared for the day, the total number of meals served, and the number of meals used for frozen meals (if applicable). The variance must not exceed 10%. Leftovers must be minimized by developing accurate production forecasting and excluding margin for oversized portions or second servings.

18. Food Borne Illness Complaint Reporting Requirements: In the event that a nutrition service provider/vendor receives a complaint or report of symptoms of food borne illness, the nutrition provider/vendor must:
 - a. Notify the local health department immediately to initiate an investigation.
 - b. Notify the Non-Metro AAA within 24 hours of the investigation.
 - c. Thereafter provide the Non-Metro AAA with periodic updates regarding the progress and findings of the investigation.

19. Nutrition Service Workforce:
 - a. Staff and volunteers working in the food preparation and food serving area shall be under the supervision of a person who will ensure the application of proper hygienic techniques and practices in food handling, preparation, service and delivery.
 - b. While preparing food, staff and volunteers must wear hairnets or hats that cover all hair. Gloves must be worn when handling food and changed when an activity changes.
 - c. Suitable serving utensils, disposable gloves, or both, shall be used in conjunction with proper hand washing to minimize bare hand contact during the processing or serving of food.
 - d. Staff and volunteers shall maintain a high degree of personal cleanliness and shall conform to good hygiene practices. All staff and volunteers must wear clean clothes and clean aprons.
 - e. Staff and volunteers must attend nutrition and food service training at least two (2) hours per quarter or eight (8) hours per year. Topics shall include: sanitation, health, fire and safety regulations, safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dish washing procedures, facility sanitation and rules for working safely. State or local public health officials shall be involved in the development of training materials and programs where feasible or possible.

20. Nutrition Education, Counseling and Other Nutrition Services: Each nutrition program shall provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal consumers.
 - a. Nutrition education must be provided to consumers on a quarterly basis for at least fifteen (15) minutes. Materials shall be provided to both congregate and home delivered consumers. The purpose of nutrition education is to inform consumers about available facts and information that will promote improved food selection, eating habits, nutrition and health related practice.
 - b. Providers/Vendors are encouraged to coordinate with community resources in the provision of nutrition education services.
 - c. Written documentation is required of all educational programs presented and the documentation must include: Congregate consumers--date, topic, presenter and sign-in sheet. Home Delivered consumers--copies of all materials and literature, date sent home to consumers and number of consumers receiving information.

- d. Nutrition outreach shall be performed at least annually or more often as needed to ensure that the maximum numbers of eligible persons, especially those at high nutritional risk, have the opportunity to participate.
- e. Solicit the advice of dieticians or other nutrition professionals to provide individualized nutrition counseling to consumers as needed or requested.

21. Required Provider/Vendor Policies: The following are required policies that must be developed and maintained.

- a. Monthly Site Inspection/Evaluation policy, procedure and form.
- b. The Rights of Eligible Persons to Equal Opportunity and Access to Services.
- c. Policy for serving guests and staff who are ineligible for services.
- d. Consumer Grievance procedures noting the Non-Metro AAA mailing address and phone numbers.
- e. Policy and procedures for implementing and maintaining a perpetual inventory system of all food and kitchen supplies.
- f. Policy for annual training plan and procedures for the documentation of training.
- g. Policy and procedures for emergency and inclement weather plan for services.

End of Number 714

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: VII

NUMBER: 715

*Approved 1/6/12
Revised 12/2015*

Congregate Meals

- A. **Definition:** A hot or other appropriate meal served to an eligible consumer which meets one-third (1/3) of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and which is served in a congregate setting five (5) or more days per week. There are two types of congregate meals:

Standard meal – A regular meal from the standard menu that is served to the majority of the consumers.

Therapeutic meal or liquid supplement – A special meal or liquid supplement that has been prescribed by a physician and is planned specifically for the participant by a dietician (e.g., diabetic diet, renal diet, tube feeding).

- B. **Unit of Service:** 1 meal. Meals must meet 1/3 of the DRI (see Meal Requirements) to be considered reportable and reimbursable.

C. **Service Standards:**

1. Consumers eligible to receive nutrition services at a congregate nutrition site include:

- a. Individuals age sixty (60) or over.
- b. The spouse, regardless of age, of an individual sixty (60) or over. In the case of the surviving spouse of an eligible individual where the spouse is under 60, nutrition services may continue to be provided even after the eligible person's death if the living spouse has not remarried a person younger than 60.
- c. Individuals with disabilities as defined in the Older Americans Act (OAA) [Section 102(13)] 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.
- d. Individuals with disabilities regardless of age, who reside with or accompany eligible individuals.
- e. Individuals under the age of 60 providing volunteer services during the meal hours. Community Services Workers are not considered volunteers and are required to pay the full cost of the meal.

2. Consumer Assessments:

- a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed for each consumer participating in congregate meals program. (Refer to **Non-Metro AAA Workbook**).
 - b. Reassessments must be performed annually unless a consumer has a nutrition score of six (6) or higher then a reassessment must be performed every six months. The assessor must indicate in the assessment notes section of the assessment tool that assistance with available services, referrals and follow-up has been provided to the consumer.
3. Program Contribution/Program Income: Service Provider/Vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.
 4. Ineligible individuals, including staff, may consume a meal if doing so will not deprive an eligible consumer of a meal, and must pay the full cost of the meal.
 5. Provider/Vendor must exercise discretion in permitting leftover food from a meal to be taken from the meal site by a consumer. Items that the consumer plans to eat at a later time should be wrapped or placed in a suitable carryout container.

D. Required Documentation:

1. Documentation of Service Units: A daily sign-in sheet must be used as verification of service delivery for all consumers.
 - a. The congregate Meal Sign-in Sheet for eligible consumers must document:
 - i. Name of consumer and date of service
 - ii. Consumer's signature
 - b. The congregate Meal Sign-in sheet for ineligible individuals, including staff must document:
 - i. Name of individual and date of service
 - ii. Individual's signature
2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Completed SAMS re-assessment forms
 - c. Consumer Code of Conduct
 - d. Discontinuance of Service Form, if applicable

End of Number 715

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: VII

NUMBER: 716

Approved 1/6/12
Revised 12/2015

Home Delivered Meals

- A. **Definition:** Hot, cold, frozen, dried, canned or supplemental food (with a satisfactory storage life) which provides a minimum of one-third (1/3) of the dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences and complies with the Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and is delivered to an eligible person in the place of residence. The objective is to assist the recipient sustain independent living in a safe and healthful environment five (5) or more days per week. Home delivered meals may be served as breakfast, lunch, dinner or weekend meals.
- B. **Unit of Service:** 1 meal. Meals must meet 1/3 of the DRI (see Meal Requirements) to be considered reportable and reimbursable.
- C. **Service Standards:**
1. Consumers eligible to receive home delivered meals include:
 - a. Individuals age sixty (60) or older who have been determined through the SAMS Consumer Assessment process to be homebound because they are unable to leave their home due to a disabling physical, emotional, or environmental condition.
 - b. The spouse of the eligible person, regardless of age or condition, may receive a home delivered meal if receipt of the meal is in the best interest of the eligible individual.
 - c. Individuals with disabilities who reside at home with the eligible individual may receive a home delivered meal if receipt of the meal is in the best interest of the eligible individual.
 2. Consumer Assessments:
 - a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed for each person requesting home delivered meals to determine need and eligibility. (Refer to the **Non-Metro AAA Assessment Workbook**).
 - b. The assessment must document the consumers' situation, condition, state the reason(s) for eligibility and indicate if the condition is temporary or permanent.
 - c. Reassessments must be performed every six (6) months or sooner if circumstances change.
 3. Program Contribution/Program Income: Service provider/vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.

4. All home delivered meals must be delivered by an employee, volunteer or a designated individual of the program, wearing appropriate identification, e.g. a name tag.
5. Persons delivering meals must be trained utilizing the Non-Metro AAA “Handbook for Delivering Meals.” This training must be documented.
6. Beginning with the first meal delivered, each consumer must receive, once a month, written instructions for proper storage and heating of foods that are not consumed immediately.
7. Each delivery must be recorded in a log. The temperatures at time of delivery must be recorded for the first and last delivery of each day. The total time from the beginning of the loading of the meals until the last delivery, as well as the condition of the last meal delivered, must also be recorded.
8. When a person delivering a meal notices a significant change in the consumer’s physical or mental condition or environment, it must be reported to a designated staff person that same day. Appropriate investigation and action must be taken and documented, no later than the next working day.
9. Determination of service level need: A rating system must be used to determine the need for service. This tool is documentation in the development of the Care Plan which outlines the service activities and time (number of hours/days) that service is required for each consumer. The tool must also determine the length of service, temporary vs. permanent. (Refer to the **Non-Metro AAA Assessment Workbook**).

D. Required Documentation:

1. Documentation of Service Units: A daily route sheet must be used as verification of service delivery. All routes and meals delivered must be documented and the route sheet must contain:
 - a. Name of consumer
 - b. Address
 - c. Date of service
 - d. Identification of the type of meal delivered (e.g. lunch, breakfast, evening, weekend lunch, weekend breakfast, etc.)
 - e. Hot and cold temperature documented for the first meal on the route and last meal delivered
 - f. Verification from driver as to whether the meal was delivered
 - g. Driver’s signature verifying service delivery
2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0) which includes ADL(s) and IADL(s) and Nutrition Health Screening

- b. Letter of Agreement/Understanding
- c. Signed copy of In-Home Consumer's Rights
- d. Determination of service level need (Prioritization Rating Scale)
- e. Referral information and follow-up (if applicable)
- f. Completed SAMS re-assessment forms
- g. Discontinuance of Service Form, if applicable

End of Number 716

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: VII

NUMBER: 717

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Respite Care

- A. **Definition:** 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.
- B. **Unit of Service:** 1 Hour 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.
- C. **Service Standards:**
1. An eligible individual must be age sixty (60) or over and assessed as eligible. The target population includes frail older individuals who have a physical or mental disability, including having Alzheimer's Disease or a related disorder with a neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. In determining eligibility for services, special consideration must be given to older individuals in greatest economic need, with particular attention to low-income minority individuals.
 2. Consumer Assessments:
 - a. Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**). Both the caregiver and the care recipient must be assessed.
 - b. Reassessments must be performed every six months unless a permanent condition waiver is in effect.
 3. Program Contribution/Program Income: Service provider/vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608 and 609.

4. Staffing:
 - a. Background Checks: All in-home service personnel must clear a federal background check in compliance with the Caregivers Criminal History Screening Act.
 - b. Identification: All in-home service personnel must be provided and wear identification badges while performing services.

5. Training: All in-home service personnel must receive a minimum of eight (8) hours of documented formal training per year. Training topics shall include:
 - a. First aid
 - b. Safety
 - c. Indicators and detection of abuse, neglect and exploitation
 - d. Actions to be taken in case of accidents or emergencies
 - e. Documenting and reporting requirements

6. Determination of service level need: A rating system must be used to determine the need for service. This tool is documentation in the development of the Care Plan which outlines the service activities and time (number of hours/days) that service is required for each consumer. The tool must also determine the length of service, temporary vs. permanent. (Refer to the **Non-Metro AAA Assessment Workbook**).

D. Required Documentation:

1. Documentation of Service Units: A timesheet or progress notes form must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Time in and time out
 - d. Duties performed during service
 - e. Condition of consumer at the time of service
 - f. Signature of consumer verifying service

2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Care Plan
 - c. Letter of Agreement/Understanding
 - d. Signed copy of In-Home Consumer's Rights
 - e. Progress Notes
 - f. Determination of service level need (Prioritization Rating Scale)
 - g. Consumer Code of Conduct
 - h. Discontinuance of Service Form, if applicable

End of Number 717

Non-Metro Area Agency on Aging
Standards & Policy Manual

SECTION: VII

NUMBER: 718

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Transportation Service

PURPOSE: Services designed to transport older persons to and from medical and health care services, social services, meal programs, senior centers, shopping and recreational activities so such service will be accessible to eligible individuals who have no other means of transportation or are unable to use existing transportation.

There are two methods of providing transportation services:

Demand/Response-transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need.

Fixed-Route-transportation service that operates along a prescribed route, according to a fixed schedule. The fixed-route does not vary and the provider strives to reach each transit stop at the scheduled time. The older individual does not reserve a ride as in a demand-response system; the individual simply goes to the designated location and at the designated time to gain access to the transit system.

A. Service Standards:

1. An eligible person must be age sixty (60) or over.
2. Consumer Assessments: The Non-Metro AAA Consumer Assessment Form (version 4.0) must be completed before services are eligible for reimbursement. (Refer to the **Non-Metro AAA Assessment Workbook**).
3. Drivers of senior transportation vehicles must:
 - a. Have a valid and properly classified New Mexico driver's license.
 - b. Have demonstrated ability to exercise reasonable care in the safe operation of a motor vehicle on a driving test.
 - c. Have the following annual training: Refer to the Non-Metro AAA Standards and Policy Manual Section V, Number 511.
 - i. First Aid
 - ii. Defensive Driving
 - iii. Actions to be taken in case of accidents or emergencies
 - iv. Documenting and reporting requirements
4. All vehicles must have appropriate insurance coverage.
 - a. The insurance package must meet minimum coverage requirements established by the State of New Mexico.

- b. When applicable, the Provider/Vendor will seek an annual review of the agency's insurance package to secure the most comprehensive and cost-effective policy available.
5. A volunteer driver, using his/her own vehicle to transport individuals, must have a valid and properly classified New Mexico driver's license and have adequate insurance coverage.
6. The operation of vehicles must be conducted in a safe and cost efficient manner. Providers/Vendors must:
 - a. Develop and implement procedures to maintain vehicles. Regular maintenance must be scheduled, which is not less than what is recommended by the manufacturer. Maintenance reports must be maintained and on file for each vehicle.
 - b. Perform daily safety inspections of all vehicles used. Record of inspections must be dated, signed and on file.
7. Vehicle design must be safe, comfortable, appropriate and accessible.
 - a. Vehicle seating will be designed to accommodate adults
 - b. If the ground to the first step exceeds twelve (12) inches, an acceptable retractable or portable step will be used
 - c. All steps will be covered with a non-skid material
 - d. A fire extinguisher will be provided in plain view, accessible to the driver and passengers
 - e. A first aid kit will be visible and easily accessible
 - f. Available seating will not exceed the maximum rated capacity of the vehicle
 - g. The driver will assist each consumer on and off the vehicle, where required.
8. Written procedures will exist and a copy located in each transportation vehicle for the driver in the case of:
 - a. Medical emergency
 - b. Vehicular accident scene
 - c. Vehicle failure
9. An adequate system must be in operation for accepting rider requests.
 - a. The points where trip requests are received must be publicized
 - b. There must be good communication between where requests are received and points where service is dispatched or routed
 - c. There must be a workable routing and scheduling system
 - d. The method of service must meet the particular needs of the area through use of one of the following:
 - i. Demand/Response
 - ii. Fixed routes and schedules
 - iii. Combination of above two methods

- e. A periodic study and necessary adjustments must be made of the routes, schedules and methods of service employed to ensure the system is flexible to meet special needs such as those of the frail elderly, medical needs, disabilities, and the geographical area.
10. Program Contribution/Program Income: Service provider/vendor must follow the Non-Metro AAA Standards and Policy Section VI Numbers 607, 608, and 609.

End of Number 718

**Non-Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: VII

NUMBER: 719

***Approved 1/6/12
Revised 12/2015***

Assisted Transportation

- A. **Definition:** Providing assistance and transportation, including escort, to an older individual who has difficulties (physical or cognitive) using regular vehicular transportation. The “trip” includes the following: assisting the older individual from preparation for the trip, to assisting the older individual from their place of residence into the vehicle providing transportation, assisting the older individual from the transporting vehicle to the destination, such as the doctor’s office staying with the older individual at the point of destination; and the reverse for a return trip.
- B. **Unit of Service:** 1 One-way trip
- C. **Required Documentation:**
1. Documentation of Service Units: A Transportation Log and/or Ride Request Form must be used as verification of service delivery. Minimum required information:
 - a. Consumer’s name
 - b. Date of service
 - c. Destination(s)
 - d. Total number of units provided
 - e. Driver’s signature
 2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Annual Reassessment forms
 - c. Consumer Code of Conduct
 - d. Discontinuance of Service Form, if applicable

End of Number 719

**Non- Metro Area Agency on Aging
Standards & Policy Manual**

SECTION: VII

NUMBER: 720

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Transportation

- A. **Definition:** Taking an older person from one location to another. This does not include any other activity.
- B. **Unit of Service:** 1 One-way trip
- C. **Required Documentation:**
 - 1. Documentation of Service Units: A Transportation Log and/or Ride Request Form must be used as verification of service delivery. Minimum required information:
 - a. Consumer's name
 - b. Date of service
 - c. Destination(s)
 - d. Total number of units provided
 - e. Driver's signature
 - 2. Consumer Files: Individual consumer files must be maintained in an orderly manner and include at a minimum:
 - a. Completed SAMS Consumer Assessment form (version 4.0)
 - b. Annual Reassessment forms
 - c. Consumer Code of Conduct
 - d. Discontinuance of Service Form, if applicable

End of Number 720