

2024



Non-Metro Area Agency on Aging

POLICY AND PROCEDURES MANUAL

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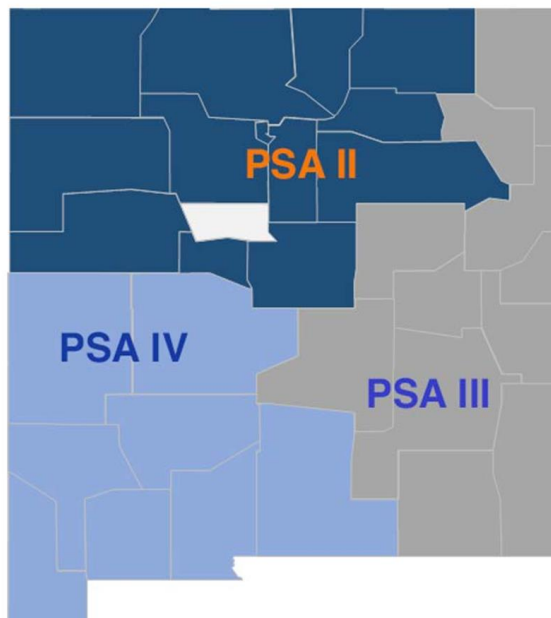
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1.0 Introduction

1.1 Purpose

The Non-Metro Area Agency on Aging (Non-Metro AAA) first began administering aging programs in 1974 within its eight-county economic development district region. That area was expanded to PSA II (13 counties in northern New Mexico) in 1987. In 2002, Non-Metro AAA assumed administration for PSA IV (eight counties in southern New Mexico), and in 2006, for PSA III (11 counties in eastern New Mexico). Through its sponsoring organization, the North Central New Mexico Economic Development District, and in partnership with service providers, Non-Metro AAA oversees the comprehensive delivery of community and home-based services in 32 of New Mexico's 33 counties. The Non-Metro AAA goal is to assist seniors in New Mexico in maintaining their independence and dignity.

This manual outlines the policy and procedures governing the administration, management, and implementation of community programs funded under the Older Americans Act. The manual guides the Aging and Long-Term Services Division (ALTSD) with the State of New Mexico and is implemented through the Non-Metro AAA.



2.0 Organization

2.1 Older Americans Act (OAA)

The OAA, enacted in 1965, focuses on planning and policy related to aging issues. The OAA establishes the “aging network,” consisting of the Administration on Aging (AoA), State Agencies on Aging (more commonly known as State Units on Aging), and Area Agencies on Aging. Later amendments in 1981, 1984, 1987, 1992, 2000, 2006, 2016, and 2020 added various services and supports for people aged 60 and over and their caregivers.

The legislation authorizes grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The aging network supports various social services and programs for older people.

Older Americans Act		
Title	Focus	Details
Title I	Objectives and Definitions	Sets policy objectives and defines terms under the act
Title II	Administration on Aging (AOA)	Establishes administrative functions for the executive branch under AOA led by the Assistant Secretary for Aging
Title III	Grants for State and Community Programs	Part B – Supportive Services and Senior Centers Part C – Congregate and Home Delivered Meals Part D – Evidence Based Disease Prevention and Health Promotion Part E - National Family Caregiver Support
Title VI	Activities for Health Independence and Longevity	Authorizes grants for training, research, innovation, and discretionary projects related to aging
Title V	Senior Community Service Employment	Authorizes grants to promote part-time opportunities in community service for unemployed older adults aged 55 and older
Title VI	Grants for Native Americans	Authorizes grants to tribal organizations for supportive and nutrition services to older Native Americans
Title VII	Elder Rights Protection	Authorizes grants to states and U.S. territories for vulnerable elder rights protection activities, including the long-term care ombudsman program

The Administration on Aging, within the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services (DHHS), administers all programs.

2.1.1 Objectives

OAA supports older Americans by helping them live with dignity and independence for as long as possible at home and in the community.

The Declaration of Objectives of Title I of the OAA ensures equal opportunity to the full and free enjoyment of:

- an adequate income in retirement;
- the best possible physical and mental health services without regard to economic status;
- suitable and affordable housing, selected, designed, and found concerning special needs of older people;
- restorative services and a range of community based long-term care services are needed to sustain older people in their communities and in their homes. This includes support for family members and others giving voluntary care to older people who need long-term care services;
- opportunity for employment without discrimination based on age;
- retirement in health, honor, and dignity;
- participation and contribution to civic, cultural, educational, and recreational opportunities;
- efficient community services that provide a choice in supported living arrangements and social assistance in a coordinated manner and are readily available, with emphasis on maintaining a variety of care for vulnerable older people;
- immediate benefit from proven research knowledge that can support and improve health and happiness;
- freedom, independence, and the exercise of self-determination; full participation in the planning and operation of community-based services and programs for their benefit; and
- protection against abuse, neglect, and exploitation.

2.1.2 Authority

New Mexico provides funds the State Legislature appropriates to all four of its AAAs. Each area agency plans, develops, and implements a system of services for individuals aged 60 and older. OAA Title VI programs for Native Americans may choose to serve adults 55 and older. All services are targeted to those with the greatest economic and social needs, with particular attention on minority older adults with low income and older adults residing in rural, Tribal, and frontier areas.

The Department's annual allotment of OAA Title III Funds is allocated from ALTSD to two of NM's four AAAs based on the intrastate funding formula. The two Area Agencies on Aging in the funding formula are the City of Albuquerque/Bernalillo County AAA (serving PSA 1) and the Non-Metro AAA (serving PSA 2,3 and 4).

The Navajo Area Agency on Aging receives OAA Title III funding through the state of Arizona and OAA Title VI funding directly from the Administration for Community Living (ACL).

NM's Pueblos and Apache Nations receive OAA Title VI funding directly from ACL.

Statutory Authority for OAA Programs in New Mexico includes the following Planning and Service Areas:

PSA 1 - Counties served - Bernalillo

PSA 2 - Counties served - Cibola, Colfax, Los Alamos, McKinley, Mora, Rio Arriba, San Juan, San Miguel, Sandoval, Santa Fe, Taos, Torrance, Velencia

PSA 3 - Counties served - Chaves, Curry, De Baca, Eddy, Guadalupe, Harding, Lea, Lincoln, Quay, Roosevelt and Union

PSA 4 - Counties served - Catron, Doña Ana, Grant, Hidalgo, Luna, Otero, Sierra and Socorro

PSA 5 - Navajo Nation. Services for older adults were officially established in the Navajo Nation in 1974 when the first congregate nutrition site opened in Chinle, Arizona. The Governors of Arizona, New Mexico, Utah, and the U.S. Administration on Aging created a tri-state agreement in October 1979, designating the Arizona State Unit on Aging as the entity through which the Navajo Area Agency on Aging receives federal OAA Title III funding. In NM, the ALTSD awards state general funds to the Navajo Area Agency on Aging.

PSA 6—The Indian Area Agency on Aging (IAAA). IAAA is designated under state authority, through the NM ALTSD, to develop a comprehensive and coordinated service system of senior centers and adult day care services in partnership with NM’s 19 Pueblos and 2 Apache Nations. The IAAA administers a “non-federally recognized” Area Agency on Aging, comprising 21 of NM’s 22 Tribal geographic service areas. IAAA’s general operational functions include contract management of state general funds, program compliance monitoring, and the provision of technical assistance, advocacy, and training.

2.3 Non-Metro Area Agency on Aging

The Non-Metro AAA operates under the umbrella of the North Central New Mexico Economic Development District (NCNMEDD). As a regional council of governments, NCNMEDD is subject to state and federal regulations regarding the use of public funds. A Board of Directors governs the NCNMEDD, and the Advisory Council consists of representatives of the 32 counties. The Non-Metro AAA is governed by contractual requirements with the State Unit on Aging (ALTSD).

2.3.1 Non-Metro AAA History

Since 1973, the senior citizens across the State of New Mexico have been a primary focus of what eventually developed into today’s Non-Metro AAA. Non-Metro AAA first began administrating aging programs within its eight-county development district region. That area was expanded to PSA II (13 counties in northern New Mexico) in 1987. In 2002, Non-Metro AAA assumed administration for PSA IV (eight counties in southern New Mexico), and in 2006, for PSA III (11 counties in eastern New Mexico). Non-Metro AAA remains dedicated to addressing the needs of the older and disabled population in the State of New Mexico.

2.3.2 Non-Metro AAA Objective

The Non-Metro AAA is the authorized agency for both federal and state funds that are made available to provide services to the designated population. The Non-Metro AAA receives federal funding through Title III of the OAA, as amended. These Federal funds are distributed via ALTSD through a funding formula to Non-Metro AAA. The New Mexico State Legislature provides significant funding to enhance the services to the elderly of New Mexico.

The OAA intends for the AAA to lead on all aging issues on behalf of all older individuals and family caregivers in the planning and service area. The Non-Metro AAA shall proactively carry out, under the leadership and direction of ALTSD, a wide range of functions, including advocacy, planning, coordination, inter-agency collaboration, information sharing, monitoring, and evaluation. Non-Metro AAA shall lead the development or enhancement of comprehensive and coordinated community-based systems in or serving each community in the planning and service area. These systems shall assist older individuals and family caregivers in leading independent, meaningful, healthy, and dignified lives in their homes and communities.

A comprehensive and coordinated community-based system shall:

1. Have a point of contact where anyone may go or contact for help, information, and/or referral on any aging issue
2. Provide information on a range of available public and private long-term care services and support options
3. Assure that these options are readily accessible to all older individuals and family caregivers, no matter what their income
4. Include a commitment of public, private, voluntary, and personal resources committed to supporting the system
5. Involve collaborative decision-making among public, private, voluntary, faith-based, civic, and fraternal organizations, including trusted leaders of communities in greatest economic need and greatest social need and older individuals and family caregivers in the community
6. **Have a comprehensive outreach strategy** which includes working with local communities, providers, and other organizations to offer special help or targeted resources for the most vulnerable older individuals, family caregivers, and those in danger of losing their independence
7. Provide effective referral from agency to agency to assure that information and/or assistance is provided, no matter how or where contact is made in the community
8. Evidence of sufficient flexibility to respond with appropriate individualized assistance, especially for vulnerable older individuals or family caregivers
9. Be tailored to the specific nature of the community and the needs of older adults in the community and
10. Have a board of directors comprised of community leaders, including leaders from groups identified as in greatest economic and social need, who have the respect, capacity, and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change, and plan community responses for the present and the future.

Non-Metro AAA shall serve as the public advocate for the development or enhancement of comprehensive and coordinated community-based systems of services in each community throughout and specific to each planning and service area and shall:

11. Monitor, evaluate, and comment on policies, programs, hearings, levies, and community actions that affect older individuals and family caregivers which Non-Metro AAA considers to be aligned with the interests identified in the OAA
12. Solicit comments from the public on the needs of older individuals and family caregivers

13. Represent the interests of older individuals and family caregivers to local level and executive branch officials, public and private agencies, or organizations
14. Consult with and support the State's Long-Term Care Ombudsman Program and Coordinate with public and private organizations, including entities, to promote new or expanded benefits and opportunities for older individuals and family caregivers

2.3.3 Non-Metro AAA Advisory Council

The 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 or who are eligible to participate in programs served by the OAA. The council shall carry out advisory functions that further the mission of developing and coordinating community-based systems of services for all older individuals and family and older relative caregivers specific to each planning and service area.

The council shall advise the Non-Metro AAA on developing and administering the area plan; ensuring the plan is available to older individuals, family caregivers, service providers, and the general public; conducting public hearings; representing the interests of older individuals and family caregivers; and reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers. Non-Metro AAA shall establish an advisory council subcommittee for each PSA. According to OAA 45 Code of Regulations, Subpart C, Sec. 1321.63, the composition of the council and PSA subcommittees, if appropriate, shall include individuals and representatives of community organizations who will help to enhance the leadership role of the AAA in developing community-based systems of services in each PSA they serve.

2.3.3.1 Structure

The Non-Metro AAA Advisory Council consists of:

1. More than 50 percent of older individuals, including minority individuals who are participants or who are eligible to participate in Non-Metro AAA programs, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);
2. Representatives of older individuals;
3. Family caregivers, which may include older relative caregivers;
4. Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
5. Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;
6. Persons with leadership experience in the private and voluntary sectors;
7. Local elected officials;
8. The general public and as available:
 - a. Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
 - b. Older relative caregivers, including kin and grandparent caregivers of children or adults aged 18 to 59 with a disability.

The advisory council shall not operate as a board of directors for Non-Metro AAA. Individuals may not serve on both the advisory council and the board of directors for the same entity.

2.3.3.2 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 an application packet to Non-Metro AAA, which includes a letter of interest, resume, and optional letters of support.
2. Alternate Membership. The same process as regular membership will be used. This person will be a representative with voting authority when the member cannot be present.
3. If Non-Metro AAA cannot secure a local elected official or tribal representative from the PSA on the Advisory Council or subcommittees, they shall provide proof to the ALTSD of their meaningful recruitment efforts to ensure representation.
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.

2.3.3.3 Selection Criteria

Members of the Council will be selected from nominations and applications. The following criteria are given preference when nominating and/or appointing members and alternates for the Council:

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

2.3.3.4 Advisory Council Member's Role

The role of the Non-Metro AAA Advisory Members should include:

1. Assist in identifying service needs, improvements, and service gaps and address constituent concerns.
2. Assist in prioritizing needs and identifying resources available to meet these needs.
3. Assist in identifying needs and opportunities for services for older adult populations.

4. Assist in conducting public hearings and training presentations.
5. Make oral or written reports to the Council
6. Attend or designate a representative to attend the Policy Advisory Committee meetings at least twice yearly.

Section 3 Responsibilities

Non-Metro AAA

3.0 Non-Metro AAA Responsibilities

Non-Metro AAA is contracted with ALTSD to serve as an Area Agency on Aging. Non-Metro AAA are bound by and adhere to contract requirements, Federal and state laws, rules, regulations, and the ALTSD Rules and Policies and Procedures (Title 9.2 NMAC). Non-Metro AAA is accountable for using funds obtained in the administration and delivery of services for older adults and other eligible individuals

3.1 Requests for Proposals

OAA pass-through funds are awarded openly, competently, and fairly via the Request for Proposals (RFP) process. The contracted funds (e.g., federal and state) are contingent upon the funds contracted between the ALTSD and Non-Metro AAA and must meet ALTSD procurement guidelines. Non-Metro AAA is required to seek proposals from Providers every four years. The RFP will be advertised in newspapers with general circulation in the Planning and Service Areas **60** days in advance. Awards are made to applicants whose proposals include components of the service(s) outlined in the RFP and who best meet the specifications of the RFP. The Non-Metro AAA is directly responsible for reviewing proposals and recommending the award of funds. Awarding funds through the RFP process during the plan cycle may be required when:

1. Funds are allocated to the AAA;
2. There is a significant expansion of service(s) already funded;
3. Funding a new service(s);
4. Funding of an existing service is transferred from a defunct or terminated provider or
5. A program is found in noncompliance with:
 - a. The terms, provisions, and conditions of the contract/agreement.
 - b. The approved Area Plan for the services to be rendered.
 - c. Any applicable federal and state laws and regulations.
 - d. Non-Metro AAA rules.

3.1.1 RFP Announcement

The Non-Metro AAA will develop specifications for each service to be procured, clearly defining the service and how units are measured, including minimum provisions, service area, and anticipated number served.

The announcement will include:

1. A listing of services for which funding is available and the geographic areas that must be covered for each service;
2. The location at which service specifications and proposal guide may be obtained;
3. The closing date and time for application submittal;
4. The name and telephone number of a person to contact for additional information;
5. The date, time, and location of the proposers' conference and notification that attendance at the conference must be considered for funding.

3.1.2 RFP Rating Criteria

The Non-Metro AAA will utilize rating criteria to review proposals fairly. The rating criteria will be published in the RFP and will include, but are not limited to, the applicant's qualifications/experience, financial capacity, staffing plan, and costs for services proposed.

Service Providers shall include how they intend to satisfy the service needs of those identified as in greatest economic and social need and greatest social need, including attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider.

Service providers shall:

- a. allow recipients to contribute to the cost of the service as provided and, to the extent feasible, for the furnishing of services under the OAA through self-direction.
- b. ensure there are appropriate processes to get an older adult who may be in imminent danger to Adult Protective Services or other officials.
- c. ensure, where feasible and appropriate, arrangements for the availability of services to older
- d. assist participants in taking advantage of benefits under other programs.
- e. assure that all services funded under this part are coordinated with other appropriate services in the community and that these services do not constitute an unnecessary duplication of services provided by other sources.

3.2 Contracts

Non-Metro AAA utilizes a cost reimbursement system. Before the contracting period, an allocation is set based on the Non-Metro AAA funding formula. Providers submit an estimated budget for review based on the needs and goals of the participants. In coordination with ALTSD, Non-Metro AAA may use cost reimbursement or set rates for each service and each provider. Non-Metro AAA reserves the right, in consultation with the state, to establish reimbursements for certain situations. Rates are reviewed annually.

Non-Metro AAA will prepare all contracts and require original and/or electronic signatures from the agency personnel responsible for both Non-Metro AAA and the Provider. 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; any changes require a contract amendment.

3.2.1 Subcontracts

Funds obligated under the contractual agreement between Non-Metro AAA and the Provider 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 by the following provisions:

1. The Provider 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 unless under the direction of Non-Metro AAA consolidation efforts.
2. The Provider agrees to provide Non-Metro AAA signed copies of all subcontracts.

3.2.2 Amendments

All requests for contract amendments must be made in writing to Non-Metro AAA. Documents must be submitted no later than eight weeks before the proposed change's effective date. The last date an amendment may be submitted to Non-Metro AAA is February 15th of the current fiscal year. Time frames are subject to change as circumstances dictate.

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.

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

1. A reduction or increase in funding levels.
2. A reduction or increase in the number of units of service to be provided as it relates to funding modifications.
3. The addition or deletion of a service.
4. The addition or deletion of a sub-service.

3.2.3 Contract Violations

Providers contracted with Non-Metro AAA found needing assistance, improvement, or continued development to improve the quality of services delivered or regarding programmatic audit findings may require an improvement plan or correction.

Violations of programs that Non-Metro AAA provides or oversees may result in a loss of future contracts or the return of funds to the AAA or the State. Serious violations include but are not limited to, embezzlement, misappropriation of funds, provision of services to ineligible consumers, or acts that negatively impact the health or safety of consumers.

3.3 Monitoring and Technical Assistance

The Non-Metro AAA is responsible for monitoring and providing technical assistance to its providers under 45 CFR 1321 and 9.2.6 NMAC. Non-Metro AAA provides technical assistance and continuous monitoring of providers through constant communication via electronic mail (e-mail), telephone,

meetings, training events, and site visits. Non-Metro AAA shall utilize a standard monitoring tool for all contracted providers.

3.3.1 Monitoring Procedure

Non-Metro AAA carries out the responsibilities of monitoring its Providers by performing regular assessments of administrative and fiscal requirements including, but not limited to:

1. Adequacy of provider accounting and internal control systems
2. Fiscal process documentation standards.
3. Compliance with fiscal stipulations of subcontract.
4. Compliance with procedures for collection, processing, and accounting of consumer contributions and program income.
5. The validity of the service units and expenses reported by the Contractor and the proper maintenance of financial records for subcontract funds.
6. Review at a minimum the lesser of 40 random consumer files or a 10% sample of consumer files for evidence of adherence to the Non-Metro AAA's policies and procedures, OAA regulations, and the Department's rules and policies and procedures.
7. Review of regular audits and special audits performed.
8. Validation of provision of services.
9. Review provider compliance with applicable laws and licensure, including food handling, code compliance, New Mexico Environment Department (NMED) compliance, quality assurance, quality improvement, and background check requirements.
10. Review of adherence to health and safety requirements for all facilities and vehicles utilized for program functions, as well as review of capital outlay needs for each provider.

3.3.2 Provider Audits

Non-Metro AAA will randomly select providers for quarterly audits. The audit shall include the following items: general ledgers, purchase orders, and invoice documents for monthly expenditures. Findings will be mitigated with appropriate technical assistance, additional monitoring, and/or corrective action plans as needed.

3.4 Property

Non-Metro AAA and Title III projects shall follow Federal policy governing title, use, and disposition for real and tangible personal property whose acquisition cost was borne in whole or in part as a direct charge to Title III funds.

1. Non-Metro AAA shall follow all policies outlined in the United States Department of Health and Human Services (USDHHS) Federal Regulation 45, Code of Federal Regulations (CFR) Part 74, Subpart O.
2. Non-Metro AAA shall follow all policies outlined in the Federal Register Office of Management and Budget (OMB) Uniform Guidance 2CFR Part 200.
3. Non-Metro AAA shall utilize documentation to maintain a physical inventory of equipment purchased with Title III funds in compliance with Federal regulations. The Area Agencies on Aging (AAA) may use a hard copy or a computer-generated inventory version. However, the computer-

generated format must include all the information pertinent to the reporting requirements of the Area Agencies on Aging (AAA).

3.5 Waitlists

The Non-Metro AAA may develop and use wait lists for in-home services based on the criteria below. The waitlist process will ensure that the OAA targeted populations are a priority and that people in emergency situations where the applicant's health, safety, and welfare are in jeopardy will be prioritized. Non-Metro AAA will review provider waitlists monthly and monitor the information. Non-Metro AAA will continue to work with providers to develop waitlist reduction strategies.

3.5.1 Waitlist Criteria

1. Wait lists shall be a last resort, and all efforts must be made to increase service delivery.
2. Waitlist procedures must be consistent for all eligible consumers.
3. Non-Metro AAA will utilize the consumer prioritization rating scale based on the requested service.
4. Consumers must meet eligibility guidelines for in-home services before placement on a waitlist.
5. Consumers on a waitlist for more than six months should be contacted to see if the service is still needed or if the consumer's priority has changed.
6. When a consumer is removed from a waitlist, the reason for removal must be documented.

3.6 Title VI Coordination

Non-Metro AAA will coordinate with Title VI programs in the service area according to OAA Regulations § 1321.53 . Coordination means ongoing outreach and notice. Non-Metro AAA will include Title VI directors within the PSA on regular communication regarding training, referrals, events, information sharing, meetings, funding, general advising, public hearings, and support.

Technical assistance will be provided to the tribes in applying for Title III Funding before the application deadline and opportunities to serve on advisory councils, workgroups, and boards, including AAA advisory councils, must be shared.

Non-Metro AAA and providers will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII and referrals for services within the PSA. Services must be provided in a culturally appropriate and trauma-informed manner.

Non-Metro AAA, with ALTSD, will coordinate emergency and disaster preparedness with Title VI programs in their PSA. Non-Metro AAA must coordinate with Title VI programs within their jurisdiction and have policies and procedures, developed in communication with the relevant Title VI program directors as outlined in § 1322.13(c), in place for how they will communicate and coordinate with Title VI programs regarding emergency and disaster preparedness planning, response, and recovery.

3.7 Conflict of Interest

The Non-Metro AAA shall identify, avoid, remove, and remedy conflicts of interest for employees of the Title III programs. Non-Metro AAA shall:

1. Not have a financial interest in a Title III program;
2. Remove and remedy actual, perceived, or potential conflicts that arise due to an employee's financial interest in a Title III program;
3. Monitor and conduct periodic reviews to identify conflicts of interest in a Title III program;
4. Ensure that no individual or member of the immediate family of an individual involved in the administration or provision of a Title III program has a conflict of interest;
5. Takes reasonable steps to suspend or remove Title III program responsibilities of an individual who has a conflict of interest or who has an immediate family member with a conflict of interest, which cannot be adequately removed or remedied;
6. Ensure that no organization which provides a Title III service is subject to a conflict of interest;
7. Prohibit the officers, employees, or agents of the Title III program from soliciting or accepting gratuities, favors, or anything of monetary value from grantees, contractors, and/or sub-recipients, except where policies and procedures allow for situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value;

Individual conflicts include an employee or immediate member of an employee's family maintaining ownership, employment, consultancy, or fiduciary interest in a Title III program organization or awardee when that employee or immediate family member is in a position to derive personal benefit from actions or decisions made in their official capacity.

3.8 Cyber Security

Non-Metro AAA must ensure training on protecting sensitive electronic consumer information as required by all applicable state and federal rules and regulations, ALTSD policies and procedures, and any amendments. Should a security breach occur, providers must notify Non-Metro AAA, and Non-Metro AAA must notify ALTSD as soon as they are aware of the breach and must include as much detailed information as possible (date and time of the breach, users of the systems affected, potential data compromised, etc.).

Section 4

Provider Responsibilities

4.0 Provider Program Responsibilities

4.1 Outreach

Providers are expected to serve as an extended arm of the Older Americans Act and carry out the OAA assurances to older Americans. To do this, the service providers must conduct targeted outreach to vulnerable, at-risk, and minority residents age 60 and up, including populations with the greatest social need, which may include physical and mental disabilities, language barriers, and isolation. Additional focus should include coordination and outreach with Native American populations and Title VI programs.

Providers shall create standard operating procedures to address targeted outreach to expand services and add additional consumers. Documentation of outreach activities will be monitored by Non-Metro AAA.

4.2 Public Hearing

Providers must conduct an annual public hearing to provide older persons (age 60 and older) and caregivers an opportunity to participate in the planning and operating community based services and programs provided for their benefit. The following is a suggested approach.

4.2.1 General Guidelines

1. Select a location in the community 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 the provided information.
4. The public hearing must be documented, and all comments, concerns, and suggestions should be part of the official written record.
5. General rules for the public hearing/forum: Rules must be announced to the audience before the hearing/forum begins. 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 the 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 the audience rank the importance of each comment, concern, or suggestion.

4.2.2 Public Hearing Suggested Topics

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

Comment: An adequate retirement income per the American standard of living.

2. PHYSICAL AND MENTAL HEALTH: Problems with access and 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 and 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, and emergency services).

Comment: An older person should be able to obtain and maintain suitable housing independently selected and located, considering 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: Full restorative services should be provided for those requiring institutional care, and a comprehensive array of community-based long-term care services should be adequate to sustain older people appropriately in their communities and 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 employment opportunities 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 be able 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 a coordinated manner, which are readily available when needed. (42 U.S.C. 3001)

4.3 Provider Advisory Councils

Providers 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 encourages providers to form advisory councils or non-profit boards that allow citizens the opportunity to receive feedback via surveys or public hearings.

4.4 Notice

The following notice must be made available to consumers and offered bilingual, if necessary, including:

1. A notice containing the name of a person available to assist those and, if necessary, a contact for 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.

4.5 Consumer Rights

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 Service

Agreement. Providers must comply with federal and state laws, rules, regulations, and executive orders about consumer rights.

1. The right to be treated with respect and dignity.
2. The right to voice a grievance regarding services without discrimination or reprisal due to voicing such a 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.

4.5.1 Consumer Rights Documentation

Providers must have the following policies available for consumers to access either in a congregate or in-home setting:

1. The right to participate in the development of care plans.
2. The right to be informed in advance about each in-home service provided and about any change in services.
3. The right to have the property of such consumer treated with respect.
4. The right to be fully informed (orally and in writing) of such consumer's rights and responsibilities before receiving an in-home service.
5. 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 a program of services designed to promote personal independence.
6. The consumer must sign and date a consumer rights document at the time of the consumer assessment and maintain it in the consumer's file.

4.6 Consumer Grievance

Any consumer who is dissatisfied with or denied services by Providers 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. The designated individual will make every effort to resolve the situation within fourteen (14) days of the 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 should be 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 thirty (30) days of notification by the governing entity. Non-Metro AAA will utilize regional managers to log complaints and maintain a report of complaints and follow-up actions. Non-Metro AAA will submit the final determination to the participant. If needed, assistance from the Non-Metro AAA Advisory Council and ALTSD will be requested to arrive at a final decision.
4. Written policy and procedures must note the Non-Metro AAA mailing address and telephone numbers.

4.7 Code of Conduct

4.7.1 Misconduct

Providers 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

4.7.2 Procedure

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.

4.7.3 Dismissal

The policies must also address:

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

4.7.4 Implementation

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

1. Inform consumers that violation of the code of conduct will not be tolerated by persons within the Aging Network by:
 - a. Posting large, easily read notices cautioning consumers about exploitation.
 - b. Encouraging them to report problems to a designated program staff person.
2. Train all program personnel on the code of conduct requirements and general expectations of appropriate behavior and document the training.
3. Educate the public through workshops, presentations, and written materials about the identification and prevention of adult abuse, neglect, and exploitation.

4.7.5 Enforcement

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

1. Designation of a staff person to:

- a. Receive reports.
 - b. Forward the reports to Non-Metro AAA
 - c. Report to Adult Protective Services (APS) if necessary according to NM Stat § 27-7-17.
 - d. Direct the person making the report to give an independent report to the local APS.
 - e. Immediate (not to exceed 24 hours) report to APS.
2. 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.
 3. 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 appeals.

4.8 Quality Survey

Providers of the Non-Metro AAA are required to conduct an annual quality survey. The survey ensures providers include consumers in developing services that will assist them. Providers will conduct the survey using a standard Survey Form to monitor and measure the quality of services the Provider delivers.

1. Providers must use the survey results to:
 - a. Improve and/or enhance individual service(s).
 - b. Manage the quality of services.
 - c. Ensure compliance with quality services delivered.
 - d. Use as a planning tool.
2. The survey must include, but is not limited to:
 - a. Age, gender, and marital status
 - b. Number of persons in the household.
 - c. Caregiver for other family members (i.e., grandchildren, disabled adult, etc.).
 - d. Services needed to maintain self-independence.
 - e. Health concerns.
3. Data analysis must include the number of surveys issued, the number returned, and the results of each question posed.
4. The provider must develop a plan of action to address the issues identified in the survey.
5. The documentation and final report of each survey must be maintained for three (3) years and available for review by Non-Metro AAA. The quality survey documentation may be reviewed during the compliance assessment process or upon request.

4.9 Incident Reporting

Providers must maintain a log and 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.
5. Circumstances that require modification of services
6. Emergency Incidents

Incidents must be reported by phone upon discovery and in writing (including all supporting documentation and resolution) within five (5) working days of discovery. Providers must also develop an internal incident reporting policy that promotes compliance with this policy.

In addition, incidents must be reported according to New Mexico Statutes, Chapter 27—Public Assistance, Article 7—Adult Protective Services, Section 27-7-17—Adult Protective Services System, or other applicable authorities, such as police or child protective services.

4.10 Provider Personnel Requirements

4.10.1 Staffing

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

1. Providers must notify Non-Metro AAA at the time of hire for key personnel changes, such as Directors, financial staff, data staff, and other key roles.
2. The following documentation must be available if requested from Non-Metro AAA:
 - a. Advertisement of position vacancy.
 - b. Job Description.
 - c. Copies of top three candidate resumes and applications.
 - d. Providers choice of the three and criteria used.

4.10.2 Personnel Standards

Providers 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.

4.10.3 Background Checks

To improve the safety of vulnerable persons served by the OAA, Non-Metro AAA Providers shall pay for and conduct criminal background checks on their employees, volunteers, and providers of non-vouchered services.

The following one-to-one services require personnel to clear a federal background check in compliance with the New Mexico Caregivers Criminal History Screenings Act:

1. Adult day services;
2. Chore services that are provided through a contracted agency;
3. Evidence-based service leaders
4. Home delivered meals;
5. Homemaker services
6. Long-term Care Ombudsman Services;
7. One-to-one counseling;
8. One-to-one legal services;
9. Personal care services;
10. Respite care;
11. Support group leaders; and,
12. Transportation

The service providers listed in this section must maintain clearance documentation in their personnel records and wear identification badges while performing services.

4.11 Training

The Provider is responsible for ensuring that necessary training for all staff, volunteers, advisory councils, and board of directors is completed and properly documented. Providers will maintain documentation verifying required training, which must include the date, time, and source of provider training hours.

4.11.1 Annual Training

An annual training plan must contain the training topic, the scheduled date, the presenter/facilitator, and attending personnel. Documentation from training events must include, at a minimum:

1. Name of attendee
2. Training location
3. Length of training time per topic

4. Number of hours completed
5. Presenter's Name

4.11.2 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, NMED, Nutritionists, Dieticians, Adult Protective Services (APS), Aging and Long-Term Service Department staff, etc.).

As a Provider, 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 annually.

4.11.2.1 All Personnel

All personnel are required to participate in 8 hours of the following training:

1. Safety
2. First Aid
3. Indicators and detection of abuse, neglect and exploitation
4. Documentation and reporting requirements
5. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

4.11.2.2 Personnel Who Transport

Personnel who transport must have these additional trainings:

1. Defensive Driving

4.11.2.3 Personnel Who Handle Food

Personnel who handle food must have these additional trainings:

1. Sanitation
2. Safe Food Handling
3. Food Borne illness

4.11.2.4 Personnel Who Handle and Prepare Food

Personnel who handle and prepare food must have these additional trainings:

1. Sanitation
2. Safe Food Handling
3. Food Borne illness
4. Health
5. Fire and Safety regulations
6. Hygienic Practice
7. Equipment Sanitation
8. Dishwashing Procedures
9. Safety Rules

4.12 Notification

Providers must notify Non-Metro AAA, in writing, immediately for:

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

4.13 Political Activity

The OAA prohibits using OAA funds for political contributions, activities, and lobbying.

4.13.1 Political Activity for Employees

Employees of the Non-Metro AAA and its contracted providers are encouraged to exercise their rights and obligations in the political process as private citizens.

Employees and providers may not engage in any political activity prohibited by state (N.M. Code R. § 1.7.6.10) or federal 5 U.S.C. 7323(a) and 7324(a)) law nor engage in any political activities while on duty or during any period during which the employee is expected to perform services compensated by state or federal funds.

Non-Metro AAA and providers shall ensure that all staff are informed of the above policy, provisions, and regulations. An employee's failure to comply with statutory and policy restrictions on political activities is grounds for disciplinary action, which, in case of deliberate or repeated violations, may include dismissal. An employee in doubt as to whether any activity is prohibited should present the matter in writing to the immediate supervisor before engaging in the activity and shall refrain from such activity until the supervisor advises that it is permissible. The supervisor shall secure assistance and interpretation from appropriate management in responding to the employee's request or questions.

4.13.2 Political Activity at OAA Provider Sites

Providers must ensure an atmosphere of political neutrality with no bias or favoritism.

Permitted Activities:

- a. Congregate sites are encouraged to inform seniors about and provide information on voter education and voter registration drives. These activities must be carried out in a non-partisan manner. Local nonpartisan groups may explain sample ballots and voting procedures.
- b. Candidates or their representatives may mingle informally at any time so long as they abide by all provisions of this policy and do not disrupt activities.
- c. Seniors may wear candidate promotional attire as they have the right to express their political beliefs.
- d. Candidates may provide gifts to sites for all seniors, such as healthy refreshments or flowers, but these items may not bear political slogans, candidate names, or candidate pictures.
- e. Congregate sites may schedule approved transportation, provided by drivers in authorized site vehicles to polling locations to allow seniors time to vote.

Prohibited Activities:

- a. Congregate site office materials for political campaign activities may not be used.
- b. Staff shall not provide participant registries or mailing lists.
- c. Petitions, political speech, campaign presentations, partisan materials, or any other solicitation is prohibited at congregate sites.
- d. Candidates or their representatives may not display political messages, slogans, advertisements, or candidate names on-site property at any time. This includes any display on buttons, t-shirts, caps, vehicles, etc.
- e. Candidates may not provide gifts with political messages, slogans, advertisements, candidate photographs, or names
- f. Political or campaign materials may not be distributed on-site property or at any senior event by any person. This includes literature, buttons, signs, posters, and other materials.
- g. Political or campaign materials may not be posted, distributed, or left in congregate sites.
- h. Staff may not endorse any candidate, party, or issue.
- i. Campaign contributions may not be solicited within the congregate sites.

The program's governing body must approve political activities, guests, gifts, and materials to ensure compliance with the policy.

4.14 Building and Facilities

Providers must legally possess all facilities, as evidenced by contracts or deeds.

4.14.1 Policy

1. All facilities and operations must be adequately insured to cover all claims and losses that may arise concerning the performance of a Non-Metro AAA contract.
2. All facilities must meet Americans 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 yearly.
 - 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 necessary security systems.
5. All facilities must be maintained in a clean, safe, and comfortable manner.

4.14.2 Required Postings

4.14.2.1 All Facilities

- a. Please see section 4.3 of this manual

4.14.2.2 Nutrition Sites

In addition to the postings noted above (4.13.2.1), the following notices must be posted in a conspicuous location.

- a. The full cost of the meal for ineligible individuals.
- b. A policy for serving guests 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 posted for a minimum of one week in advance of serving.
- e. NMED Environmental Health Bureau Food Establishment Inspection Report.
- f. Food Service Permit.

4.15 Vehicle Use

Providers 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 per State rules, laws, and regulations. To this end, Providers must develop written vehicle usage policies. The governing body must approve these usage policies 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.

4.15.1 Maintenance

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

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.
4. Schedules for equipment maintenance, how they are determined, what types of maintenance are done by whom, and record retention.
5. 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

4.15.2 Equipment Control

The Providers have the responsibility to safeguard the 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. Insurance:
 - a. Providers must carry insurance against loss.
 - b. Vehicles valued at \$10,000 or more must have full coverage.
 - c. All vehicles registered in the State of New Mexico must have Liability coverage.
 - d. An annual Certificate of Insurance must be provided to Non-Metro AAA
3. Providers must maintain a current inventory list including all items with a value of two hundred and fifty dollars (\$250) or more (N.M. Code R. § 10.25.10.18), with the source(s) of funds for each item indicated.
4. The list must be reconciled annually with a physical count. In-kind donations must be inventoried and accurately valued.
5. Providers must maintain a listing of equipment disposed of. The listing must identify the item, the type of funds used, when the items were acquired, and the disposal process.

4.16 Capital Outlay

Non-Metro AAA may assist in identifying provider capital outlay needs and may assist providers in submitting capital outlay requests. Additionally, providers may submit a request (if necessary) directly to the ALTSD for capital outlay requests. Requests must be submitted according to the ALTSD requirements.

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

1. Compliance with Executive Order 13-006, which identifies adequate accounting methods and procedures to expend state grant funds per applicable law and account for and safeguard funds and assets acquired by grant funds. [E.O. ¶12(A)(3)(a)].
2. Applicants who are local governments must submit a Local Infrastructure Capital Improvement Plan (ICIP), which establishes priorities for anticipated capital outlay 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 and documentation according to ALTSD process 5-7.

4.17 Health Insurance Portability and Accountability Act (HIPAA)

All laws governing the protection of personal health information, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), shall be followed. Prior to the provision of any direct service, there shall be documentation of the release of medical information given by the

consumer to provide service. As a direct service provider, Non-Metro AAA handles sensitive patient data and is responsible for protecting the client's privacy and trust.

Sensitive information shall be secured and limited to authorized users. All staff with access to sensitive client information should receive annual training on HIPAA regulations, security protocols, and best practices for handling and protecting client information.

4.18 Cyber Security

Providers and provider subcontractors must be trained on protecting sensitive consumer information as required by all applicable state and federal rules and regulations, ALTSD policies and procedures, and any amendments. Should a security breach occur, the Contractor shall notify the Non-Metro AAA as soon as the provider is aware of the breach and must include as much detailed information as possible (date and time of the breach, users of the systems affected, potential data compromised, etc.).

4.19 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 policy 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 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.

Providers who allow recreational games of chance, such as bingo, at sites must ensure that:

1. No person other than players participating in the game receives or becomes entitled to receive, either directly or indirectly, any part of the proceeds from the game.
2. No minor is allowed to play or participate in the organization or production of games.

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

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

Section 5

Emergency Preparedness

5.0 Emergency Preparedness and Continuity of Operations Planning

Emergency Preparedness and Continuity of Operations Planning (EP) will facilitate consumers' continued health, safety, and welfare, especially consumers deemed "vulnerable" during declared emergencies. The New Mexico Department of Homeland Security and Emergency Management is the conduit for disaster assistance in the state, including weather, wildfires, flooding, health crises, and domestic attacks. DHSEM coordinates with all levels of law enforcement and works to distribute communication and funding for mitigation and recovery. <https://www.nmdhsem.org/>

ALTSD shall establish a plan for the continuity of operations and all-hazards emergency response, which will coordinate activities between the AAAs, service providers, local emergency response, relief organizations, local governments, other state agencies, and other disaster relief institutions. In the event of a disaster of such proportions that the President approves an Executive Order declaring any county within a Planning and Service Area (PSA) a "Federal disaster area," the State Unit on Aging (SUA) may be notified by the ACL of the availability of "disaster funds." These funds, if awarded, are typically granted without matching requirements

Non-Metro AAA shall designate staff as Emergency Preparedness and Continuity of Operations (EP) Coordinators. Emergency Preparedness and Continuity of Operations (EP) Coordinators are responsible for emergency preparedness and continuity of operations planning and proactively bringing the likely needs of older adults in their regions to the attention of county emergency managers to ensure the health, safety, and welfare of OAA consumers. The Emergency Preparedness and Continuity of Operations (EP) Coordinator is the primary point of contact with the State Unit on Aging (SUA).

5.1 Designation

Emergency Preparedness and Continuity of Operations (EP) Coordinators shall identify the community persons responsible for emergency planning and services in the Planning and Service Area (PSA); at a minimum, this includes the local Office of Emergency Management and county emergency managers. The Emergency Preparedness and Continuity of Operations (EP) Coordinator shall inform these officials of the role of Area Agencies on Aging (AAA), including, but not limited to, the services provided (by city), the size of the OAA and eligible population, and any special concerns such as isolated or frail older adults. Other entities that Area Agencies on Aging (AAA) may wish to consult include local governments, the American Red Cross, the Salvation Army, and Interfaith Task Forces.

5.2 Agreements

Emergency Preparedness and Continuity of Operations (EP) Coordinators will coordinate planning with providers (including Title III and Title VI) in the PSA. Non-Metro AAA will ensure that providers add documentation to their program policy to ensure emergency and disaster planning. As appropriate, Emergency Preparedness and Continuity of Operations (EP) planning shall be part of the signed contracts between Area Agencies on Aging (AAA) and providers at the beginning of each fiscal year. Provider plans shall include at least the following:

1. If the facility is out of commission, 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?
6. The names and contact information of emergency managers.

5.3 Weather/Emergency Planning

Emergency Preparedness and Continuity of Operations (EP) Coordinators shall plan for the availability of services to older adults in weather-related and other emergencies, where feasible and appropriate, within their Planning and Service Area (PSA). The plan may be part of a community disaster plan that describes the procedures to be adhered to during emergencies. Emergencies may include, but are not limited to:

1. Forest Fires
2. Tornadoes
3. Sand Storms
4. Natural gas leaks
5. Water line breaks
6. Blizzards
7. Hard freeze

5.4 Emergency Activities

Emergency Preparedness and Continuity of Operations (EP) Coordinators shall follow the emergency plan when notified by State or local officials that an emergency has occurred or has been officially declared and shall carry out the following activities as feasible and appropriate:

1. Determine the impact of the emergency on the Area Agencies on Aging (AAA) network and the services provided;
2. Make immediate arrangements to handle incoming calls from emergency officials, older adults, and their families;
3. If an emergency manager cannot enact their contingency plan during an emergency, they shall contact and partner with Non-Metro AAA to ensure continued service.

4. Communicate with the emergency manager of the affected area under the Area Agencies on Aging (AAA) Emergency Preparedness and Continuity of Operations (EP) Plan;
5. Determine the special needs of vulnerable older adults known to the Area Agencies on Aging (AAA) and offer the resources of the Area Agencies on Aging (AAA) to assist with these special needs of vulnerable older adults;
6. Provide information and make referrals to incoming inquiries, including follow-up when requested to incoming inquiries;
7. Provide outreach and transportation services;
8. Provide follow-up to older adults; and,
9. Report to the SUA and ACL on emergency-related activities when requested by the SUA and/or ACL.

6.0 Financial Operations

6.1 Procurement

Entities receiving federal and/or state funds from Non-Metro AAA must ensure that funds used to procure goods, services, or capital improvements are expended consistent with federal and state laws and the New Mexico Procurement Code/New Mexico Administrative Code. Non-Metro AAA Providers must include procurement policy in their approved financial manuals.

6.2 Budget

Non-Metro AAA will submit their annual budget to ALTSD for approval based on contract guidelines.

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 “other” resources such as County, Local, Foundation, Senior Employment Program (SEP), Nutrition Service Incentive Program (NSIP), and fund-raising.

Non-Metro AAA providers must develop operating budgets using time studies, nutrition production studies, and cost allocation plans.

1. The budgets must be maintained by individual service(s) funded by non-Metro AAA (e.g., congregate, home-delivered, transportation, homemaker, adult day care, etc.).
2. The budgets must also identify each funding source's revenues (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.
4. Changes to the original budget must be submitted to the Non-Metro AAA through a budget adjustment request.
5. Expenditure line-item categories include personnel, fringe benefits, travel, maintenance and repair, supplies, contraction, and other operating costs.
6. Indirect costs may not exceed 10% of Title III and State award.

6.3 Allowable Costs

Non–Metro AAA providers must follow and use the Uniform Guidance 2 CFR 200 as the authoritative document in determining allowed expenditures.

6.3.1 Allowed Costs

A cost is allowable if it:

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

6.3.2 Reasonable Costs

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 organization's established practices may have unjustifiably increased the award costs.

6.3.3 Allocable

A cost is allocable to a particular cost objective, such as a grant, project, service, or other activity, following 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 the award and other work and can be distributed proportionally to the benefits received.

3. Is necessary to the organization's overall operation, although a direct relationship to any particular cost objective cannot be shown.

6.3.4 Cost Shifting

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.

Administration on Aging award funds cannot supplant state, local, or tribal funds. In other words, federal funds are not permitted to take the place of or replace the state and local funds used to offer those programs and services. Therefore, federal funds must only supplement existing state, local, or tribal funds for program activities.

6.3.5 Line-Items

Expenditure line-item categories include personnel, fringe benefits, travel, maintenance and repair, supplies, contractual, and other operating costs as listed in the OAA Summary of Budgeted Expenses document.

6.4 Expenditure Control

Expenditure controls must be sufficient to prepare reports required by regulations, policies, and statutes, and documentation must be retained proving that expenditures have not violated restrictions or prohibitions.

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

Before checks are signed, the Director or their designee must review proposed expenditures for allowability, authorization, and allocability to a specific contract. In particular, if other programs share the same service, the OAA 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.

6.5 Cash Control

Cash is the asset most susceptible to improper diversion and use. In addition, many transactions directly or indirectly affect its receipt or payment. It is, therefore, essential that special controls effectively safeguard cash. Cost principles for Non-Profit organizations are found in OMB Circular No. A-122

1. Providers must maintain only one bank account unless approved in writing by Non-Metro AAA.

2. All receipts must be obtained for any expenses paid from a cash fund and categorized by type, e.g., Grants, Program Income, Fund Raising, or Donations.
3. Providers must maintain a “segregation of duties,” meaning the that at a minimum 2 people are involved in financial processes. For Example, the person who distributes funds cannot also be the person who reconciles the account.
4. Personnel who handle cash and other liquid assets must be bonded.
5. Providers with cash funds must adhere to the following:
 - a. One individual with no other cash-handling duties will maintain the fund in a secure location.
 - b. Establish a set amount for the cash fund and maintain that balance after reconciliation.
 - c. The balance in the fund should be verified by a second person each time it is replenished.
 - d. Establish a threshold for what purchase amounts may be made in cash
 - e. All disbursements must be evidenced by a voucher containing:
 - i. The name and signature of the payee.
 - ii. The signatures of the fund custodian and the person who authorized the expenditure.
 - iii. The date and amount of the disbursement.
 - iv. The purpose of the disbursement.
 - v. Classification codes or chart of account codes.
 - f. Whenever a receipt is available, it must be attached to the voucher.
 - g. The fund must be reconciled whenever it is replenished using a standard, signed reconciliation form.
 - h. All vouchers and reconciliation forms must be retained.

6.6 Cost Allocation

Providers of Non-Metro AAA must ensure a process and/or method is in place to accurately and equitably distribute costs to programs per 2 C.F.R. Part 2 uniform administrative requirements, cost principles, and audit requirements for Federal awards.

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

6.7 Payment Methodologies/Basis of Payments

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

1. Payments are generated monthly upon the provider's submission of required reports (see Section 7 of this manual).
2. Payments for services rendered shall not exceed those listed in the contract agreement.

3. Payments are transmitted by check or electronically through the Automated Clearing House (ACH) Network.
4. Overpayment or other erroneous or improper payment shall be corrected and repaid immediately upon discovery. A written, detailed description of the funding sources affected and appropriate supporting documentation shall be provided to ALTSD within five (5) calendar days of the discovery of the erroneous or improper payment.
5. If a provider does not receive payment from Non-Metro AAA, the non-payment must be reported immediately or by the 5th calendar day of the following month for investigation. To ensure valid and appropriate funds, Non-Metro AAA will not be held responsible for Errors not reported in this timeline.

6.8 Customer Contributions

Non-Metro AAA Providers must have a lock box for receiving contributions from consumers and payments from ineligible individuals partaking in a service. The box must be placed conveniently, ensure confidentiality, and remain locked during lunch. Total meal cost must be determined and collected from all ineligible individuals, including staff under age 60.

6.8.1 Provider Responsibilities

Providers must ensure that each eligible consumer has an opportunity to contribute toward the cost of any service voluntarily, confidentially, and free from pressure. 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 ineligible for services.
4. The recommended contribution amount for consumers and how the contributions are used.

6.8.2 Customer Contribution Procedures

Contributions for home-delivered meals must be identified as such and may be deposited into the lockbox. The money in the lock box may not be used for other purposes, 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 lockbox.
3. The key is to be stored in a safe location.
4. Two persons count the receipts daily 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 counting money.

7. All cash receipts must be deposited daily unless otherwise approved in writing by the Non-Metro AAA.

6.9 Program Income

Providers are required to maintain separate accounting records for program income. Consumer contributions are 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 income 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 due to 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 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 contributions should be used to purchase raw food. After food purchases have been allocated to program income, any balances should be allocated to NSIP to the extent allowable. These are the first two sources of revenues that need to be utilized before allocating to federal, state, local, etc.

6.10 Fundraising

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

1. Who is in charge of fundraising?
2. What will the proceeds be used for?
3. What internal controls will be followed, e.g., accounting and banking procedures?
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 has given the Non-Metro AAA a written allocation plan that ensures a fair allocation of funds between program income and unrestricted funds. The proceeds of fundraising activities that do not use any Federal or State resources, i.e., facilities, equipment, staff, etc., are considered unrestricted funds. All fundraising activities must comply with state regulations (NMSA 1978 Section 57- 22-6.3).

6.11 Nutrition Service Incentive Program (NSIP)

The NSIP is authorized by Section 311 of the OAA. NSIP grants states, territories, and eligible tribal organizations with support for the OAA Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. Grantees can choose to receive their grant as cash, commodities (food) from the United States Department of Agriculture (USDA), or a combination of cash and commodities. If a program chooses to use commodities, USDA assesses an administrative fee that is taken from the grant.

6.11.1 NSIP Requirements

NSIP allocations are available to states and territories that provide nutrition services in adherence to the requirements of the OAA, which include:

1. Serving meals to an individual eligible to receive services under the OAA.
2. Serving meals to someone who has not been means-tested to receive services.
3. Serving meals that meet the requirements of the OAA, including meals that meet the Dietary Guidelines for Americans (DGAs) and Dietary Reference Intakes (DRIs) as indicated in OAA Section 339.
4. Serving meals to individuals who have been provided the opportunity to contribute to the cost of service.
5. Meals are served by an eligible agency, i.e., an agency with a grant or contract with a SUA or AAA.

6.11.2 NSIP Allocations

New Mexico receives funding for nutrition services for Title III C1 (congregate), Title III C2 (home-delivered), and NSIP. Of these allocations, NSIP is about 16% of total OAA nutrition services funding.

New Mexico is required to distribute funds promptly based on meal count data submitted in the State Program Report (SPR).

NSIP allocations may only be used to purchase domestically produced food that is part of a meal, such as milk, fruit, vegetables, or protein products. NSIP allocations may not be used to pay for administration, indirect costs, or other nutrition services such as education, counseling, oral nutrition supplements, groceries, specialized utensils, etc. NSIP allocations may not be used to buy bags of groceries (food boxes, etc.) for program participants, as these do not constitute a meal.

Examples of how to expend NSIP funds include:

1. Allocation of a percentage of funds from NSIP to pay for a portion of the cost of a meal.
2. Payment for a larger portion of previously served meals.
3. Purchase of domestically produced food to supplement a partial meal that on its own does not meet OAA nutrition requirements (e.g., some shelf-stable meals) to ensure that it makes a complete meal that meets OAA nutrition requirements. For example, if a meal lacks a dairy component or has insufficient vegetables or fruit, NSIP funding might be used to add a carton

- of milk, a packet of non-fat dry milk, or a domestically produced piece of fresh fruit to meet the OAA NSIP meal requirements and be reported as an NSIP meal.
4. Purchase domestically produced protein sources such as milk and/or meat.
 5. 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.
 6. Bananas may be purchased with NSIP funds only if the Provider verifies they are domestically produced.

6.12 Accounting Systems

Accounting System Requirements

1. Non-Metro AAA Providers shall establish and maintain an efficient accounting system that adequately identifies each revenue source and the allocation of funds.
2. The Provider's accounting records shall contain information pertaining to projects, subcontracts, authorizations, obligations, unobligated balances, assets, liabilities, outlays, expenditures, and revenue. Each funding source shall bear only reasonable and allowable costs.
3. Transactions shall be clearly documented. Documentation shall be readily available and provided for examination by persons authorized by the Non-Metro AAA.
4. The Provider shall establish and maintain internal control systems and standards that apply to the organization's operation.
5. Administrative costs/fees shall only be provided as allowable by the OAA and New Mexico law, policies, and regulations. Administrative costs may only be provided as reimbursement costs, not advanced costs.
6. Providers shall not spend federal or state funds on staff recognition or employee gifts.
7. Non-Metro AAA and providers shall implement financial management standards under the Federal standards outlined in the United States Department of Health and Human Services Federal Regulation 45 CFR Part 75, 2 CFR Uniform Grants Guidance Part 200, and New Mexico Fiscal Requirements.
8. The Department will not recognize the use of federal and state funds for employee incentive compensation based on cost reduction, efficient performance, suggestion awards, safety awards, etc., as a reimbursable expense.

6.13 Audit

Non-Metro contracted providers shall adhere to all requirements of Title 2, Subtitle A, Chapter II, Part 200, CFR, guidance §200.501 Audit requirements Uniform Grant Guidance, Administrative Requirements, Cost Principles, and 45 CFR Part 75 Audit Requirements for US Department of Health and Human Services Awards.

6.13.1 Audit Requirements

Providers will submit an annual financial and compliance audit report to the Non-Metro AAA for the period July 1 to June 30, regardless of the amount of federal funding the provider receives. The audit report must include a copy of the Auditor's management letter. The audit report shall

include a schedule of administrative and program expenses for each separate federal title or program (Title IIIB, Title IIIC-1, Title IIIC-2, Title IIID, Title IIIE, NSIP, etc.), which facilitates a reconciliation of audited costs to the final report. 3. 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. For non-governmental entities, the audit report is due per provider contract requirements.

7.0 Tracking

7.1 Purpose

The ACL OAA Performance System (OAAPS) collects information on Older Americans Act (OAA) Title III, VI, and VII programs. States, AAAs, and American Indian, Alaskan Native, and Native Hawaiian organizations submit comprehensive program reports annually to provide detailed information on OAA program participants, services, and expenditures. Access to data entry and analysis tools is restricted to authorized users. The information is reported annually and can be viewed by visiting the Aging, Independence, and Disability (AGID) Program Data Portal website.

A statewide contracted IT vendor will meet the performance tracking requirements for ACL. In addition, consumer assessments and case management tracking protocols will be followed per ALTSD guidance. Records management and retention guidelines are found under the New Mexico Accountability in Government Act, NMSA 1978 6-3A-1 et seq.

7.2 Records Retention

Providers of Non-Metro AAA shall maintain detailed time and expenditure records, including but not limited to, consumer records, books, and 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 Provider Agreement. The records shall be subject to inspection by Non-Metro AAA, ALTSD, the Department of Finance and Administration, and the State Auditor. Non-Metro AAA shall have the right to audit billings before and after payment.

7.3 Performance Tracking

All services performed under a contract agreement with the Non-Metro AAA require performance reporting and consumer assessments. The standards outlined in this section are minimum requirements for service provisions and performance tracking standards.

9. Software

The ALTSD will identify the specified software to meet the OAA reporting requirement. Providers should use the tutorial and help functions from the current vendor. The Non-Metro AAA works with the ALTSD to administer and maintain the state-wide database and train and provide technical assistance to software users. Software specifics are included in Appendix B of this document.

10.Key Staff

Each provider must identify/assign a staff person(s) who shall be responsible for data collection and consumer registration/assessment and act as the software liaison to the Non-Metro AAA on behalf of the provider.

11.Privacy and Consumer Confidentiality

Users must secure confidential material at all times and follow confidentiality procedures established in the ALTSD Confidentiality Agreement:

1. Read and understand the ALTSD privacy policies.
2. Sign the ALTSD Confidentiality Agreement.

12.Software User Accounts

The number of software users is limited; therefore, providers will identify users based on need. Users assigned an account will be assigned:

1. A User ID
2. A User Password

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. Users must log off the system whenever they leave their workstation unattended. Users must notify the Non-Metro AAA and the ALTSD administrators whenever they believe the system's security has been compromised. Communication must be immediately by telephone and followed up in writing.

13.Software Training

Non-Metro AAA will facilitate training, in which all software users must participate, as indicated below:

1. General uses of Software (mandatory)
2. Generating Reports (mandatory)
3. Printing Consumer Records (mandatory)
4. Using Routes (mandatory)
5. Using system-generated Rosters as sign-in sheets (optional)
6. Recording of Service Delivery Units (mandatory)
7. Activities and Referrals (mandatory)

7.3.6 Consumer Notice

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

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

7.3.7 Managing Registered Consumers

Providers are responsible for managing consumers using the methods and policies outlined herein:

1. Multiple Providers may serve consumers. Each Provider 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 must search the Statewide database to determine if the consumer is registered. Consumers who are already registered should not be re-registered and cannot be denied services because they are registered with another Provider.

7.4 Consumer Tracking: Registration, Intake, Assessment and Reassessment

7.4.1 Assessment Policy

Initial intake assessments and reassessments must be conducted by ALTSD Policy:

1. Conducted by authorized, trained employee or volunteer.
2. Face-to-face, one-on-one, in private to ensure confidentiality.
3. Obtain all information on the Universal Assessment Tool.
4. Reassessments are conducted by Service Requirements in Section VII of this manual.

7.4.2 In-Home Assessment Policy

1. All consumers receiving in-home services based on eligibility and need must be registered using the Non-Metro AAA Consumer Assessment Form(s) before receiving services.
2. Assessed in their home of residence.
3. Based on Need (outcome of needs assessment).
4. Need is documented on the Consumer Notes Page.
5. Notes entered in the Consumer Journal in Consumer Electronic Record.
6. In the rare event that services must begin immediately before an assessment can be conducted (for example, hospital release), services may begin. At the same time, the provider shall make every effort to schedule the assessment within 24 hours.
7. Only Providers who receive Title III E Family Caregiver funds should complete the Family Caregiver section.

7.4.3 Assessment Forms

Forms will be part of the Universal Assessment Tool and accessible from the Non-Metro AAA website.

7.4.3.1 Intake and Initial Assessment

- a. Assessor's Consumer Assessment Checklist.
- b. Non-Metro AAA Consumer Assessment form (Non-Metro AAA OAAPS Compliant).
- c. Nutritional Health Screening.
- d. Activities of Daily Living (ADLs) and Instrumental. Activities of Daily Living (IADLs)
- e. The Consumer Care Plan (required for in-home services) consists of confidential consumer information, such as service notes.
- f. Consumer Notes Page consists of non-confidential consumer information, i.e., "has a large dog, enter through the back door," Short Form, referrals, and any service delivery notes.
- g. Rating scale (required for all in-home services)

7.4.3.2 Reassessment

- a. Assessor's Consumer Assessment Checklist.
- b. 2-page Consumer Record printed.
- c. Nutritional Health Screening.
- d. ADL/IADL.
- e. Consumer Notes Page (required for in-home services) consists of confidential consumer information, i.e., Service Plan notes. (printed from the record)
- f. Rating Scale (required for all in-home services).

7.4.4 Eligible Visitors

Eligible visitors may be in-state or out-of-state residents who do not receive services regularly. Visitors must complete the Eligible Visitor Form (a.k.a. Short Form)

7.4.5 Care Plans

Care Plans or Service Plans are based on the need for service and entered into the consumer's record in the approved software database. A care plan will be developed to identify formal and informal resources using the Non-Metro AAA template. The 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 the consumer's family and/or significant individual and be documented in the consumer's file.

Care Plans may include a referral of the applicant/consumer to an appropriate resource for service provision and/or problem resolution, which 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 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:

1. Active intervention and advocacy on behalf of the consumer to access necessary services from community organizations and to resolve problems experienced by the consumer;

2. 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
3. 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.

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 consumer(s) needs and status changes. All follow-ups will be documented in the consumer's file.

7.4.6 Waitlist Documentation

In cases where the Provider is funded for service but is at capacity, the Provider must register the consumer to document the need until services can be provided. In this situation:

1. Indicate in the Consumer Notes portion of the assessment that the consumer will be on a "waiting list" and provide the specific service(s) needed.
2. Complete the rating scale tool and utilize the information from the rating to determine the level of need for services.
3. Document the waitlist position
4. Further waitlist protocol and tools are found in Appendix C of this policy

7.4.7 Referrals

In cases where the Provider does not provide the needed service, the Provider shall then refer the consumer to the appropriate agency in their community or to the Aging and Disability Resource Center (ADRC). Referrals must be documented in the Consumer Notes.

Providers shall maintain a current comprehensive resource or service directory that includes case management services and other community based long-term care services available within the service area. Providers may provide 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.

Providers shall maintain a procedure for providing objective information to consumers on their options for services and resources available.

7.4.8 Data Submission

Any assessment conducted at intake or reassessment should be uploaded or entered into the approved software system within 72 hours from the assessment date.

Service units must be entered daily into the software system.

7.4.9 Updates and Deactivation

Providers must review their consumer listings every quarter to determine if records need updating or deactivated. Providers shall confirm demographic information and update as needed. Consumers who have not received services within the last twelve (12) months or less, with Provider discretion, or deceased consumers shall be deactivated.

7.5 Tracking Units

See Reporting Requirements and Unit Definitions in Section 10.

Providers must use best practice tracking methods to document the provision of services contracted by the Non-Metro AAA to include properly maintained documentation. Providers are required to maintain the original documentation on-site, including:

7.5.1 Documentation of Service Units

Service units must be tracked according to the defined service unit in Section 10 of this manual. A record of the service delivered and the documented time must be used to verify service delivery. Minimum required information includes:

1. Consumer's Name
2. Date of Service
3. Notes about service or consumer
4. Documentation of the service which may include:
 - a. Time Worked documented to the quarter hour
 - b. Driver logs
 - c. Sign-in documentation
 - d. Other alternate forms of manual documentation that provide an audit trail for services at the provider's discretion with the Non-Metro AAA's written approval.
5. Signature (or electronic documentation) of consumer receiving services or electric sign in-

7.5.3 Reconciliation

Units of Service must be balanced and reconciled. Providers shall review data for accuracy and correct it before submission in Monthly Reports.

7.5.2 Consumer Groups

The Non-Metro AAA establishes Consumer Groups to capture units of service not required to be recorded directly for an individual, such as Nutrition Education.

Meals served to persons under 60, as well as guest and staff meals, must be tracked and reported monthly. The units are recorded in the electronic consumer tracking software in either the Aggregate Staff Consumer Group or Aggregate Guest Consumer group using the service as Congregate Meals and the subservice CM non-reimbursable.

Section 8 Senior Employment Program

8.0 Senior Employment Program

The State-funded Senior Employment Program offers part-time community service assignments to New Mexico residents 55 years of age or older who meet income eligibility requirements.

8.1 Eligibility and Recruitment

To be eligible for the Senior Employment Program (SEP), an individual must:

1. Be 55 years of age or over
2. Be a resident of a county within Planning Service Areas 2, 3, or 4
3. Meet the low-income eligibility criteria established by the Department of Health & Human Services, not to exceed 125% of the Federal Poverty level
4. Provide proof of income for all members of the household for the past twelve (12) months
5. Provide complete information as required in the employment application

8.2 Hiring Exception

1. The Non-Metro AAA may allow Providers to hire enrollees temporarily, not to exceed ninety (90) days, in the following circumstances:
 - a. Another enrollee has been granted extended sick or administrative leave.
 - b. The Provider determines that contracted funds for SEP will not be fully expended.
 - c. The Provider determines that a position is needed for a short term.
2. The temporary hire request must be in writing and clearly explain the circumstances and the terms 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 ALTSD and Non-Metro AAA may allow Providers 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 clearly explain the circumstances.

8.3 Hiring, Orientation, and Support

Prospective enrollees may be hired and placed in work sites only after receiving written approval from the Non-Metro AAA. Providers must notify the Non-Metro AAA immediately of any vacancies 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 and grant permission to proceed with the application process.

Providers must provide orientation for directors, staff, and enrollees of SEP programs within 30 days of job placement (Federal Regulation Rules and Regulation 641.308). At a minimum, the orientation must cover these topics:

1. Overview of Aging Network Structure
2. History and Focus of Senior Employment Program
3. Host Agency Responsibilities
4. Enrollee Responsibilities
5. Individual Employment Plan
6. Fringe Benefits
7. Training
8. Supportive services
9. Political activity at Senior Program(s)
10. Transition to unsubsidized employment.

Section 9

Access to Services

9.0 Access

9.1 Eligibility

Populations eligible for Title III Services:

1. Persons 60 or older, their spouse of any age, adults with disabilities who reside with persons aged 60 and older;
2. Priority is given to the delivery of services to frail, homebound, or isolated;
3. Adult family members or other informal caregivers aged 18 and older providing care to individuals 60 years of age and older;
4. Adult family members or other informal caregivers aged 18 and older providing care to individuals of any age with Alzheimer's Disease and related disorders;
5. Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
6. Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities.

9.2 Assessment

Non-Metro AAA shall require assessments using the approved Universal Assessment Form for consumers receiving registered services. The assessment and data shall be entered appropriately and promptly into the designated software system.

The assessment shall be used to register the consumer into the approved data system. The tool identifies potential services available to the consumer. To ensure data collection consistency, the questions contained in the assessment form cannot be changed. Additional questions may be asked during the assessment to meet the needs in their specific area.

Non-Metro AAA shall:

1. Conduct training with the providers and contractors that will be required to complete the consumer information assessments and input the data into the approved system.
2. An additional assessment is not required if a consumer has already completed the consumer information assessment through another provider.
3. Ensure consumers receiving in-home services (e.g., chore, homemaker, respite, and home-delivered meals) are assessed at least once during the State Fiscal Year, **not to exceed 13 months between assessments.**
4. Consumers whose condition changes impact their health or activities of daily living may require reassessment before 13 months.

9.3 Consumer Files

Consumer files must be maintained in an orderly manner and include the minimum documentation:

1. Completed Consumer Assessment form (Entered in Electronic Database)
2. Care Plans are required for all consumers except those only receiving congregate meals and/or non-assisted transportation
3. Consumer Notes Page
4. Letter of Agreement/Understanding
5. Signed copy of In-Home Consumer's Rights
6. Determination of service level need (Prioritization Rating Scale)
7. Consumer Code of Conduct
8. Discontinuance of Service Form, if applicable

9.4 Priority Rating Scale

Non-Metro AAA requires Providers to utilize a prioritization rating scale for all in-home services to be provided and as a guide for waitlists. The rating scale includes the targeted language reflected in the 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 will utilize the Non-Metro AAA prioritization rating scale as follows:

1. To be used 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 the Provider's limited budget (i.e., waiting lists).

Non-Metro AAA requires Providers to utilize a prioritization rating scale for all in-home services to be provided and as a guide for waitlists. The rating scale includes the targeted language reflected in the 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 will utilize the Non-Metro AAA prioritization rating scale as follows:

4. To be used with the consumer's care plan and assessment.
5. 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.
6. To be used in prioritizing consumer(s) to receive service(s) due to the Provider's limited budget (i.e., waiting lists).

10.0 Service Descriptions

Definitions are provided by the OAA and determined for entry in the OAAPS system. The source and the definitions are provided in the official ACL documentation in Appendix B.

10.1 Adult Day Care

Services or activities are provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. This includes out-of-home supervision, health care, recreation, and/or independent living skills training offered in centers commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: National Adult Maltreatment Reporting System (NAMRS))

Unit: Day. One (1) day is equal to eight (8) hours. Partial days may be reported using two decimal places.

Documentation must include the consumer file, referral, and service documentation signature and date.

10.1.1 Adult Day Service Standards

All service providers must comply 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).

10.2 Assistance: Case Management (Caregiver)

Service provided to a caregiver at the direction of the caregiver:

1. by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and
2. to assess the needs and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver; and
3. Includes services and coordination such as—
4. comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual);
5. development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services

- a. with any other plans that exist for various formal services and
- b. with the information and assistance services provided under the OAA;
- c. coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
- d. periodic reassessment and revision of the status of the caregiver; and
- e. in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources. (Source: OAA)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Documentation must include the consumer file, documentation of the service unit with name, date, outcome or progress, and time of beginning and end of service.

10.3 Assistance: Information and Assistance (Caregiver)

A service that:

1. provides the individuals with current information on opportunities and services available within their communities, including information relating to assistive technology;
2. assesses the problems and capacities of the individuals;
3. links the individuals to the opportunities and services that are available;
4. to the maximum extent practicable, ensure that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures; and
5. serves the entire community of older individuals, particularly:
 - a. caregivers who are older individuals with the greatest social needs;
 - b. older individuals with the greatest economic need;
 - c. older relative caregivers of children with severe disabilities or individuals with disabilities who have severe disabilities;
 - d. family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
 - e. caregivers of “frail” individuals defined as unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual. (Source: OAA)

Unit: Contact

Documentation must include the consumer file and documentation of the service unit with name and date.

10.4 Assisted Transportation

Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person

who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/Home and Community Based Services (HCBS) Taxonomy)

Unit: One-way trip

Documentation must include the consumer file and documentation of service units from a transportation log or ride request form, including name, date of service, destination, and driver signature.

10.5 Case Management

Service provided to an older individual at the direction of the older individual or a family member of the individual:

1. by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and
2. to assess the needs and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the older individual; and
3. Includes services and coordination such as:
 - a. comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
 - b. development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
 - i. with any other plans that exist for various formal services, such as hospital
 - ii. discharge plans; and
 - iii. with the information and assistance services provided under the OAA;
4. coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 - a. periodic reassessment and revision of the status of the older individual with the older individual; or
 - b. if necessary, a primary caregiver or family member of the older individual; and
 - c. In accordance with the wishes of the older individual, advocate on behalf of the older individual for needed services or resources.

(Source: OAA)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Documentation must include a Consumer File and Documentation of Service Units with the consumer's name, date, time worked, and signature.

10.5.1 Case Management Service Standards

1. Care Plan Development is a written plan of care that 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 the consumer's family and/or significant individual and be documented in the consumer's file.

2. Care Plan Implementation is 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 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.
3. 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.
4. Providers shall maintain a current comprehensive resource or service directory that includes case management services and 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.
5. The Case Management Provider shall maintain a procedure for providing objective information to consumers on their options for services and resources available.

10.6 Chore

Performance of heavy household tasks provided in a person's home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File and service unit verification, including name, date, time in/time out, duties performed, consumer condition, and consumer signature.

10.7 Congregate Nutrition

A meal provided by a qualified nutrition provider to a qualified individual in a congregate or group setting. The meal is served in a program administered by SUAs and/or AAAs and meets all the

requirements of the OAA and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Unit: Meal

Documentation must include the Congregate Meal sign-in documentation for eligible or ineligible consumers and the Consumer File. See Section 11 for nutrition services standards.

10.8 Counseling (Caregiver)

A service designed to support caregivers and assist them in decision-making and problem-solving. Counselors are service providers who are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families, and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is separate from support group activities or training (see definitions for these services). (Source: ACT committee)

Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Documentation must include a Consumer File and Documentation of Service Units.

10.9 Health Promotion: Evidence Based

Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on the ACL website. (Source: OAA)

Unit: N/A

10.9.1 Health Promotion – Evidence-Based Service-Specific Standards

Title IIID of the OAA supports 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 well-being 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-reviewed journal;
- d. Fully translated in one or more community site(s);
- e. Include developed dissemination products available to the public.

The Provider must assume responsibility for administering the programs in compliance with the entity that developed and/or licensed the programs. Providers 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 the 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 software system

10.10 Health Promotion: Non-Evidence Based

Health promotion and disease prevention activities that do not meet ACL/AoA's 3.8 definition for an evidence-based program as defined on the ACL website. Activities may include those defined in the OAA (Section 102(14)), for example:

(A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers ; (D) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (E) home injury control services; (F) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (G) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (H) medication management screening and education; (I) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (J) gerontological counseling; and (K) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)

Unit: N/A

Documentation must include Documentation of Service Units and Consumer File.

10.10.1 Health Promotion – Non-Evidence-Based (State-Funded) Service-Specific Standards

Health activities include health fairs, physical fitness activities conducted by an exercise professional (i.e., Aerobics Instructor), non-evidence-based health promotion programs, and medication management that includes monitoring, screening, and education to prevent incorrect medication usage and adverse drug reactions. Home safety/accident prevention 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 the effectiveness of modifications/assistive devices.

- a. 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.
- b. Health Screening - Pre-nursing home admission screening and/or routine health screening.
- c. 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 the effectiveness of modifications/assistive devices.
- d. Medication Management - Monitoring, screening, and education to prevent incorrect medication usage and adverse drug reactions.
- e. 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.

Unit of Service:

- i. 1 Participant Hour - Education/Training
- ii. 1 Hour - Health Screening
- iii. 1 Contact - Home Safety
- iv. 1 Participant Session - Medication Management and Physical Fitness/Exercise

10.11 Home Delivered Nutrition

A meal is provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all the requirements of the OAA and State/Local laws. Meals provided to individuals through means-tested programs may be included. (Source: OAA)

Unit: Meal

Documentation must include the daily route sheet and Consumer File. See Section 11 for nutrition services standards.

10.12 Homemaker

Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Tasks may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: OAA)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File, service unit verification, including name, date, time in/time out, duties performed, condition of the consumer, and consumer signature.

10.13 Information and Assistance

A service that:

1. provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
2. assesses the problems and capacities of the individuals;
3. links the individuals to the opportunities and services that are available;
4. to the maximum extent practicable, ensure that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
5. serves the entire community of older individuals, particularly:
 - a. older individuals with the greatest social need;
 - b. older individuals with the greatest economic need and
 - c. older individuals at risk for institutional placement.

(Source: OAA)

Unit: Contact

Documentation must include Consumer File and Documentation of Service Units, including name, date, time in/time out, and outcome.

10.14 Information and Assistance (Caregiver)

A public and media activity that conveys information to caregivers about available services, including an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Website event. (Source: SHIP)

Unlike Information and Assistance, this service is not tailored to the needs of the individual.

Unit: Activity

Documentation must include Consumer File and Documentation of Service Units, including name, date, time in/time out, and outcome.

10.15 Legal Assistance

Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the OAA, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law. (Source: OAA)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

10.16 Nutrition Counseling

A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided

one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

See Section 11 for service standards and documentation.

10.17 Nutrition Education

An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans, is accurate, culturally sensitive, regionally appropriate, and considers personal preferences, and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)

Unit: Sessions (which may be delivered in-person or via video, audio, online, or the distribution of hardcopy materials)

See Section 11 for service standards and documentation.

10.18 Other Services

A service provided using OAA funds under Titles III-B or C in whole or in part that does not fall into the previously defined service categories. (Source: Current SPR)

Unit: N/A

10.19 Respite (Caregiver)

Service that offers temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. (Source: Current SPR)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Documentation must include Documentation of Service Units and Consumer File.

10.20 Respite (In-Home)

A respite service is provided in the caregiver or care receiver's home, allowing the caregiver time away to do other activities. During such respite, other activities can occur that may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File and service unit verification,

including name, date, time in/time out, duties performed, condition of the consumer, and consumer signature.

10.21 Respite (Out-of-Home, Day)

A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center, or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File and service unit verification, including name, date, time in/time out, duties performed, condition of the consumer, and consumer signature.

10.22 Respite (Out-of-Home, Night)

A respite service is provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACT committee)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File and service unit verification, including name, date, time in/time out, duties performed, condition of the consumer, and consumer signature.

10.23 Respite (Other)

A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Personnel requirements are in section 4.9 of this policy. Training requirements are in section 4.10 of this policy. Documentation requirements include the Consumer File and service unit verification, including name, date, time in/time out, duties performed, condition of the consumer, and consumer signature.

10.24 Supplemental Services (Caregiver)

Goods and services are provided on a limited basis to complement the care provided by caregivers. (Source: OAA)

Unit: N/A

Documentation must include Documentation of Service Units and Consumer File.

10.25 Support Groups (Caregiver)

A service led by a trained individual, moderator, or professional, as required by state/territory policy, facilitates caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state/territory policy. (See also definitions for training and counseling). (Source: ACT committee)

Unit: Session (a session is typically 30 minutes to 1 hour)

Documentation must include Documentation of Service Units and Consumer File.

10.26 Training (Caregiver)

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management, providing personal care, and communicating with healthcare providers and other family members. Training may include the use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings. (Source: ACT committee)

Unit: Hours (partial hours may be reported to two decimal places, e.g., 0.25 hours)

Documentation must include Documentation of Service Units and Consumer File.

10.27 Transportation

Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)

Unit: one-way trip

Documentation must include the consumer file and documentation of service units from a transportation log or ride request form, including name, date of service, destination, and driver signature.

10.27.1 Transportation Service Standards

Transportation services are designed to transport older persons to and from medical and health care services, social services, meal programs, senior centers, shopping, and recreational activities. Such services will be accessible to eligible individuals who have no other means of transportation or cannot use existing transportation.

There are two methods of providing transportation services:

1. Demand/Response transportation designed to carry older individuals from a specific origin to a specific destination upon request. Older individuals request transportation services in advance of their needs.
2. 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 access the transit system.

Drivers of senior transportation vehicles must:

1. Have a valid and properly classified New Mexico driver's license.
2. Have demonstrated ability to exercise reasonable care in the safe operation of a motor vehicle on a driving test.
3. Have transportation annual training as outlined in section 4.10 of this manual.

All vehicles must have appropriate insurance coverage. The insurance package must meet minimum coverage requirements established by the State of New Mexico. When applicable, the Provider will seek an annual review of the agency's insurance package to secure the most comprehensive and cost-effective policy available.

A volunteer driver, using his/her vehicle to transport individuals, must have a valid and properly classified New Mexico driver's license and have adequate insurance coverage.

The operation of vehicles must be conducted in a safe and cost-efficient manner, and providers must:

1. Develop and implement procedures to maintain vehicles. Regular maintenance must be scheduled, which is not less than what the manufacturer recommends. Maintenance reports must be maintained and on file for each vehicle.
2. Perform daily safety inspections of all vehicles used. The record of inspections must be dated, signed, and on file.

Vehicle design must be safe, comfortable, appropriate, and accessible.

1. Vehicle seating will be designed to accommodate adults
2. If the ground to the first step exceeds twelve (12) inches, an acceptable retractable or portable step will be used
3. All steps will be covered with a non-skid material
4. A fire extinguisher will be provided in plain view, accessible to the driver and passengers
5. A first aid kit will be visible and easily accessible
6. Available seating will not exceed the maximum rated capacity of the vehicle
7. The driver will assist each consumer on and off the vehicle.

Written procedures will exist, and a copy will be located in each vehicle for the driver in the case of:

1. Medical emergency
2. Vehicular accident scene
3. Vehicle failure

An adequate system must be in operation for accepting rider requests.

1. The points where trip requests are received must be publicized
2. There must be good communication between where requests are received and points where service is dispatched or routed
3. There must be a workable routing and scheduling system
4. The method of service must meet the particular needs of the area through the use of one of the following:
 - a. Demand/Response
 - b. Fixed routes and schedules
 - c. A combination of the above two methods
5. A periodic study and necessary adjustments must be made to the routes, schedules, and service methods to ensure the system is flexible to meet special needs such as those of the frail elderly, medical needs, disabilities, and geographical areas.

Section 11

Nutrition Service Standards

11.0 Service Specific Standards and Details

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 OAA, 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.

11.1 Nutrition Provider Requirements

All nutrition providers 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 NMED and a State or local fire marshal. The inspection reports must be posted in a conspicuous location for review, and providers must take any action necessary to correct deficiencies. Providers must also keep a current copy of the NMED regulations and review these annually with staff.
3. Locate meal sites near most eligible persons with the greatest social and economic needs.
4. Ensure 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 membership or otherwise show preferential treatment for such membership.
5. Develop and utilize procedures to ensure 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 the 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) bi-annually. The drill's documentation must include the drill's date, time of day, staff involved, comments on the drill's performance, and signature of staff person and witness.
 - c. Always maintain a fully stocked basic first aid kit on the premises.
 - d. Maintaining charged fire extinguishers, with current inspection tags, on the premises at all times. All staff and volunteers must be trained to properly use 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. The following provider policies 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.
7. 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 meal's full cost for ineligible persons 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. NMED 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.
8. Providers 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.
 9. Providers must develop an Emergency and/or Inclement Weather policy addressing how services will be delivered in an emergency or inclement weather situation. The Provider must inform the Non-Metro AAA by phone or e-mail within 24 hours of emergency or closure.
 10. Providers must develop and implement policies and procedures to report the conditions or circumstances that place an individual or household at risk to the personnel of appropriate agencies, such as Adult Protection Services. Suspected cases of abuse, neglect, and exploitation must be reported within twenty-four (24) hours to the New Mexico Adult Protective Services.
 11. Food-Borne Illness Complaint Reporting Requirements: If a nutrition service provider receives a complaint or report of symptoms of food-borne illness, the nutrition provider must:
 - a. Notify the local health department immediately to initiate an investigation.
 - b. Notify the Non-Metro AAA within 24 hours of the event.
 - c. Thereafter, provide the Non-Metro AAA with periodic updates regarding the progress and findings of the investigation.
 12. Providers must follow appropriate procedures to preserve nutritional value and food safety when purchasing, storing, and preparing food products and serving or delivering meals.

11.2 Menu and Nutrition Requirements

1. Providers must provide meals that meet the Dietary Reference Intake (DRI). OAA requires all meals 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 one week. All meal programs can use the Nutrient Standards or the Nutrient Standards for Diabetes Menu Planning. Menus must 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 daily.
2. The provider must submit the menu to Non-Metro AAA to evaluate and analyze the DRI requirements. Providers must publicize the approved menu at a minimum of one week in advance of serving. Non-Metro AAA must have the menu and the approval on file for each nutrition program. 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).

DRI Chart

<u>Nutrient Standards-Menu Planning:</u>			<u>Nutrient Standards-Diabetic Menu Planning:</u>			
	<i>Daily</i>	<i>1/3</i>		<i>Daily</i>	<i>1/3</i>	
K calories	2100		K calories	2100		
Lunch		700	Lunch		700	
Breakfast		450	Breakfast		450	
Protein g	56-190	19-63	Protein g	56-190	19-63	15-25% of total Kcal
Carbohydrates g	270-300	90-100	Carbohydrates g	270-300	90-100	45-55% of total Kcal
Fiber g	≥30	≥10	Fiber g	≥30	≥10	
Total Fat g	49-86	16-63	Total Fat g	49-86	16-63	29-35% of total kcal
Saturated Fat g	24	8	Saturated Fat g	24	8	
Calcium mg	1200	400	Calcium mg	1200	400	
Iron mg	8	2.6	Iron mg	8	2.6	
Sodium mg	2300	766	Sodium mg	2300	766	
Vitamin A RAE	900	300	Vitamin A RAE	900	300	
Vitamin C mg	90	30	Vitamin C mg	90	30	
Vitamin B 12 ug	2.4	0.8	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 Minimum Requirement: Breakfast
(when served in combination with a lunch)
Two (2) servings of bread or cereal (whole grain preferred or enriched)
One (1) serving of non-starchy vegetables
one (1) serving of starchy vegetables
Eight (8) fluid ounces of low fat or equivalent
One or more servings (1) ounces of cooked meat or meat alternative
One (1/2c) serving of Fruit 3x week
Two teaspoons or fat (optional)
 - ii. Standard Meal Pattern Minimum requirements: Lunch
One (1) servings of bread (whole grain preferred or enriched)
Two (2) 1/2c servings of Different vegetables or one (1) 1c leafy Vegetables
One (1) serving of non-starchy vegetables
one (1) serving of starchy vegetables
Eight (8) fluid ounces of low fat or equivalent
Three (3) ounces of cooked meat or meat alternative
One (1/2c) serving of Fruit 3x week
One-Two (1-2) teaspoons fat (optional)
- c. A registered dietitian has evaluated the menu and signed a New Mexico Aging and ALTSD Nutrient Standards Assessment Form or the equivalent.

- 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 and be familiar with the most recent Dietary Guidelines for Americans.
3. In planning and developing the menus, providers must encourage consumer input and keep the repetition of entrees to a minimum. Duplication of menu items on consecutive days is not allowed.
4. If a cycle menu is utilized, there shall be at least three cycles per year.
5. Substitutions may be made using the Substitution Guide found on the Non-Metro AAA website.
6. When feasible and appropriate, provide special menus to meet special dietary needs arising from the health, religious, or ethnic requirements of the consumer. Feasibility and appropriateness are determined by whether:
 - a. A sufficient number of persons need the special menus to make their preparation practical;
 - b. The food and skill necessary to prepare the special menus are available to the program, and
 - c. The special menu does not adversely affect the program's budget.
7. Therapeutic diets may be provided if:
 - a. The need has been determined, as evidenced by written diet orders signed by a physician and placed in the consumers' file;
 - b. The necessary resources are available to the program, and
 - c. A registered dietitian provides supervision, or the meals are purchased from a qualified agency (hospital or similar facility) whose meal preparation is supervised by a registered dietitian.
8. 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.

11.3 Food Preparation, Temperatures, and Storage

Proper food preparation, temperatures, and storage standards include:

1. 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, except cakes for birthday parties, is prohibited. Fast foods are not allowed.
2. All food items must be stored at least six (6) inches above the floor.
3. 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 overcooked. 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.
4. Prepared food must be served within 30 minutes after preparation, or the food must be refrigerated until ready to serve.
5. Temperature logs for freezers, refrigerators, steam tables, dishwashers, and storage areas must be maintained daily. The inside and outside temperatures must be recorded for the freezers and refrigerators.
6. Commercially packaged food must be in its original containers with labels and stored at appropriate temperatures at all times. 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 safe for human consumption.

7. Frozen meals must be dated and labeled.
 - a. If sectioned aluminum trays are used, frozen meals must be delivered within two (2) weeks.
 - b. If a heat-sealed packaging method is used, frozen meals can be stored for up to forty-five (45) days.
8. Steam tables may not be used to reheat or cook food.
9. Leftovers must be brought down to 40 degrees Fahrenheit. All leftovers must be covered, labeled, dated, and served within 48 hours if proper food handling techniques are followed.
10. For congregate meals, the temperature of 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.
11. 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.
12. 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), 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 must be replaced daily.
 - f. Hot food must be transported and maintained at a temperature of 140 degrees or above. Cold food must be transported and maintained at a temperature of 40 degrees F. or lower.
 - g. Only Providers 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.

11.4 Food Inventory and Control

A perpetual inventory system must be maintained for each site and location where food and nutrition supplies are stored. The Provider is required to develop and use procedures for tracking and controlling food and supplies.

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.

11.5 Nutrition Service Workforce

1. 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.
2. 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.
3. 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.
4. Staff and volunteers shall maintain high personal cleanliness and conform to good hygiene practices. All staff and volunteers must wear clean clothes and clean aprons.
5. 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, dishwashing procedures, facility sanitation, and rules for working safely. State or local public health officials shall be involved in developing training materials and programs where feasible or possible.

11.6 Nutrition Education and Counseling

Each nutrition program shall provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal consumers.

1. Nutrition education must be provided to consumers every quarter 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 practices.
2. Providers are encouraged to coordinate with community resources in the provision of nutrition education services.
3. Written documentation is required of all educational programs presented, including 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.
4. Nutrition outreach shall be performed at least annually or more often as needed to ensure that the maximum number of eligible persons, especially those at high nutritional risk, have the opportunity to participate.
5. Solicit the advice of dietitians or other nutrition professionals to provide individualized nutrition counseling to consumers as needed or requested.

11.7 Congregate Meals

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 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. 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.
 3. The provider 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.
 4. Consumer sign-in sheets must include the individual's name, date of service, and individual's signature.

11.8 Home Delivered Meals

1. Consumers eligible to receive home-delivered meals include:
 - a. Individuals age sixty (60) or older who have been determined through the 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 eligible individual's best interest.
2. Determination of service level need: A rating system must be used to determine service needs. This tool is documentation in developing 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).
3. All home-delivered meals must be delivered by an employee, volunteer, or a designated program individual, wearing appropriate identification, e.g., a name tag.
4. Persons delivering meals must be trained utilizing the Non-Metro AAA training protocol.
5. 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.
6. Each delivery must be recorded in a log. The temperatures at the time of delivery must be recorded for each day's first and last delivery. 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.
7. If a consumer is not present to receive a meal delivery, the meal must be returned to the meal site.

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. Documentation of service units is done with a daily route sheet for verification of service delivery. All routes and meals delivered must contain the name of the consumer
 - a. Address
 - b. Date of service
 - c. Identification of the type of meal delivered (e.g., lunch, breakfast, evening, weekend lunch, weekend breakfast, etc.)
 - d. Hot and cold temperatures documented for the first meal on the route and last meal delivered
 - e. Verification from the driver as to whether the meal was delivered
 - f. Driver's signature verifying service delivery

Appendix A: Definitions

Activities of Daily Living (ADL): The self-care tasks that are used to measure the Functional Impairment Level of an applicant or a client for home care services include the ability to bathe, dress and undress, eat, toilet, transfer in and out of a bed or chair, get around inside one's own home, and maintain continence. Also see **Instrumental Activities of Daily Living (IADL)**.

Access Services: Services and activities designed to enhance and facilitate the awareness of and participation in programs available to seniors. Examples are information and referral, outreach, and transportation.

Administration on Aging (AoA): The principal federal agency responsible for administering the provisions of the Older Americans Act, except Title V. It advocates at the national level for the needs, concerns, and interests of older persons throughout the nation and is housed within the Office of Human Development Services (OHDS) of the Department of Health and Human Services (DHHS).

Advisory Council: A voluntary group of citizens who provide information, guidance, and advice.

Affirmative Action Plan: Employment programs required by federal statutes and regulations designed to remedy discriminatory practices in hiring minority group members, i.e., positive steps designed to eliminate existing and continuing discrimination, to remedy lingering effects of past discrimination, and to create systems and procedures to prevent future discrimination; commonly based on population percentages of minority groups in a particular area. Factors considered are race, color, sex, creed, and age.

Aging Network: The agencies and organizations at the local, state, and national levels involved in serving and/or representing the needs of seniors.

Alzheimer's disease: A progressive, irreversible form of dementia. A brain disease that causes problems with memory, thinking, and behavior.

Area Agency on Aging (AAA): Agencies established under federal law, the Older Americans Act (OAA), to respond to the needs of Americans age sixty (60) and over in every local community to keep seniors living independently in their own homes.

Area Plan: Document submitted from the provider to Area Agency on Aging and from Area Agency on Aging to ALTSD, which identifies and prioritizes needs and specifies how needs will be met through service provision and other activities for the period of the plan. Also known as the Service Delivery Plan.

Compliance Audit: An internal audit compliance test ensures employees abide by corporate policies and regulatory requirements in an agency's operations. A compliance initiative also evaluates corporate internal "controls."

Consumer: A person eligible to receive services.

Consumer Groups: Used for tracking combined units of service for multiple consumers/individuals.

Council of Governments: Are regional planning bodies that exist throughout the United States. A typical council is defined to serve an area of several counties, and they address issues such as regional planning, water use, pollution control, and transportation.

Dementia: A progressive decline of cognitive function, such as memory, concentration, and judgment, due to damage or disease of the brain beyond the natural process of aging. It is sometimes accompanied by emotional disturbance and personality changes.

Debarment: Debarment means “an action taken by a federal agency to prohibit a recipient from participating in Federal Government procurement contracts and covered non-procurement transactions.” [15 CFR 29.630; Title 15 -- Commerce and Foreign Trade; Subtitle A -- Office of The Secretary of Commerce; Part 29 – Government-wide Requirements For Drug-Free Workplace (Financial Assistance)].

Dietary Reference Intake (DRI): A set of revised nutrient and energy standards developed by the Food and Nutrition Academy of Sciences and Health Canada to replace the RDA. DRI includes two sets of values that serve as goals for nutrient intake: Recommended Dietary Allowances (RDA) and Adequate Intakes (AI).

Elder Abuse Prevention Programs: Programs designed to alleviate situations of abuse, neglect, or self-neglect include programs such as adult protection and guardianship/conservatorship.

Foster Grandparent Program (FGP): A program that provides valuable aid to children with exceptional needs in a classroom setting.

Greatest Economic Need: The need resulting from an income level at or below the poverty level.

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

Health Insurance Portability and Accountability Act (HIPAA): A federal law that ensures privacy provisions for health information and sets rules and limits on who can see an individual's health information. The law must be followed by health care providers and institutions and certain government programs that pay for health care, such as Medicare and Medicaid. Information put in medical records, as well as insurance and billing records, is protected.

Home Health Agency (HHA): A public or private agency that specializes in providing skilled nursing services, home health aides, and other therapeutic services, such as physical therapy, in the home.

In-Home Services: Services provided under the federal Older Americans Act (OAA) by all Area Agencies on Aging (AAA). They include homemaker and home health aide services, in-person and telephone reassurance, chore maintenance, in-home respite care (including adult day care), and minor home modifications.

In-Kind: Resources not budgeted that may be cash or non-cash in-kind resources.

Instrumental Activities of Daily Living (IADL): The six daily tasks (light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money) that enable the patient to live independently in the community. (Also see [Activities of Daily Living, ADL.](#))

Intake: This form is a quick method for determining eligibility and obtaining the minimum information required to enter a consumer into the electronic database and may only be used for short-duration visitors who will not receive services regularly. This form may also be used immediately to obtain information and determine the eligibility of consumers scheduled for an initial assessment before services begin.

Lawyer Referral for the Elderly: Programs providing free legal assistance, counseling, and representation in civil matters by an attorney or other person under the supervision of an attorney to people sixty (60) years of age and older, prioritizing those elders in the greatest economic and social need.

Lobbying: The process of influencing public and government policy at all levels.

Low Income Home Energy Assistance Program (LIHEAP): A means-tested program that assists eligible persons and families with their heating and cooling costs. Applications are filed at the local Human Services Department Office.

Meals on Wheels (MOW): A service that provides home-delivered meals to elderly and disabled citizens without regard to income. It is funded through federal funds, Title III - C of the Older Americans Act (OAA), and state funds.

Non –Expendable Personal Property: It is complete within itself, does not lose its identity or become a part of another article when put in to use, and is durable with an expected service life of one or more years.

Nutrition Services Incentive Program (NSIP): This program is administered by the U.S. Administration on Aging, and it supplements funding for food used in the preparation of meals served that satisfy the requirements of Title III-C of the Older Americans Act (OAA).

Pass-Through Entity: A legal entity where income “flows through” to other agencies. Flow-through entities are also known as pass-through entities.

Program of All-inclusive Care for the Elderly (PACE): A program that provides low-income frail elders with all their health, medical, rehabilitation, social, and support services and health insurance for one (1) monthly fee. It enables them to remain independent in their community and their own homes.

Participants: Individuals eligible to receive services or participate in programs funded by Non–Metro AAA.

Personal Care Services: Services that assist with one (1) or more activities of daily living, either through physical support or supervision. These services are not routinely paid for by either Medicare or Medicaid.

Planning and Service Area (PSA): A geographical area in the state that is designated for the purposes of planning, development, delivery, and overall administration of services under an area plan.

Program Monitor: An individual who Non-Metro AAA may assign to oversee a provider. This is usually done when a provider is found to be non-compliant with the terms of the agreement.

Retired Senior Volunteer Programs (RSVP): A program that provides volunteer service through a wide range of areas and activities by individuals who are fifty-five (55) years of age or older.

Senior Employment Program (SEP): The program assists income-eligible persons, age fifty-five (55) or older, in obtaining employment. The Non-Metro AAA administers the State funded SEP that mirrors the Federal Title V program.

Senior Companion Program (SCP): A program that assists older adults with physical, emotional, or mental health limitations by individuals who are fifty-five (55) years of age or older.

Service Costs: The costs of a particular service are calculated by preparing a budget with all related expenses necessary to deliver such a service.

Sliding Fee: A system of charging clients for services based on household income and family size, allowing clients to pay what they can afford.

Targeted Population: A particular group of people defined to provide services, e.g., those in greatest economic need or social need, with particular attention to low-income minorities.

Unit Cost: A calculated cost for a given unit of service.

Appendix B

Consumer Assessment and Performance Tracking

Appendix B: Consumer Assessment and Performance Tracking

Guide and Specifics for Data Tracking and Submission

This section is dedicated to specifics of the Consumer Assessment and Performance Tracking software. The current vendor is Wellsky. Please include references to manuals, guidance, online training, etc.

Title III State Performance Report Definitions

Definitions found at: <https://oaaps.acl.gov/Resources/techRes>

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UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR COMMUNITY LIVING (ACL)
ADMINISTRATION ON AGING (AoA)

STATE PERFORMANCE REPORT
For
STATE UNITS ON AGING
(Older Americans Act Titles III and VII, Chapter 3 and 4)
Appendix A: Data Element Definitions

Overview:

This document, The State Performance Report Appendix A: Data Element Definitions, is associated with the **State Performance Report for State Units on Aging (Older Americans Act Titles III and VII (Chapters 3 and 4), OMB Control Number 0985-0072**. It provides the full definitions for all data elements, code values, services, and related terms along with links to additional resources. Definitions are grouped into three tables: 1.) Demographics and Consumer Characteristics; 2.) Services and Service Units; and 3.) Additional Definitions. The terms within a table are presented in alphabetical order.

Table 1. Demographics and Consumer Characteristics:

Data Element or Term	Value	Definition
ADL Limitations (Older Adult) ¹		ADL activities: bathing, dressing, toileting, transferring, continence, and feeding. Permissible values are 0-6. A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision). (Source: NAMRS ² /OAA)
	0-1	Indicates a person has no or 1 ADL limitation.
	2	Indicates a person has 2 ADL limitations.
	3+	Indicates a person has 3 or more ADL limitations.
Adult with disabilities receiving care		An individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42. U.S.C 12012), who is not less than age 18 and not more than age 59; and receives informal care from an eligible “older relative caregiver”. (Source: OAA)
Age		A person’s age as of the last day of the federal fiscal year reported.
	Age: 18-49 (Caregiver) ³	A person’s age is between 18 and 49 years of age as of the last day of the federal fiscal year reported.
	Age: 50-59 (Caregiver)	A person’s age is between 50 and 59 years of age as of the last day of the federal fiscal year reported.
	Age: 55 -59 (Caregiver)	A person’s age is between 55 and 59 years of age as of the last day of the federal fiscal year reported.
	Age: <60 (Older Adult)	A person’s age is under 60 years of age as of the last day of the federal fiscal year reported.
	Age: 60 -64	A person’s age is between 60 and 64 years of age as of the last day of the federal fiscal year reported.

¹ (Older Adult) denotes a data element that only applies to programs and services under Titles III-B, C and D. The data element is not applicable to programs and services under Title III-E.

² NAMRS is the National Adult Maltreatment Reporting System.

³ (Caregiver) denotes the data element applies to programs and services under Title III-E of the Older Americans Act (OAA). Data elements without the designation apply to both caregivers and older adults served under Title III of the OAA.

Data Element or Term	Value	Definition
	Age: 65-74	A person's age is between 65 and 74 years of age as of the last day of the federal fiscal year reported.
	Age: 75 - 84	A person's age is between 75 and 84 years of age as of the last day of the federal fiscal year reported.
	Age: 85+	A person's age is age 85 years of age or older as of the last day of the federal fiscal year reported.
Children receiving care		An individual who is not more than 18 years of age who lives with and receives informal care from an eligible "older relative caregiver". (Source: OAA)
Ethnicity		Self-identification of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin. (Source: OMB)
	Hispanic or Latino	Of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
	Not Hispanic or Latinos	Not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
Gender		One's inner sense of one's own gender.
	Female	One's inner sense of one's own gender is female.
	Male	One's inner sense of one's own gender is male.
	Other	One's inner sense of one's own gender is neither female nor male.
Geographic Distribution ⁴		Type of developed environment in which the consumer lives as defined by the rural-urban commuting area (RUCA) codes defined at the zip code level. (Source: USDA/HRSA)
Household Status (Older Adult)		<p>A household includes all the people who occupy a housing unit (such as a house or apartment) as their usual place of residence.</p> <p>A household includes the related family members and all the unrelated people, if any, such as lodgers, foster children, wards, or employees who share the housing unit. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as partners or roomers, is also counted as a household. (Source: U.S. Census Bureau)</p>

⁴ Please refer to the [USDA Economic Research Service \(ERS\)](#). RUCA Codes, SPR RUCA Guidance, and Applying RUCA Codes documents can be found on [OAAPS, Resources, Technical Documents](#) section.

Data Element or Term	Value	Definition
	Lives Alone	A one-person household. An individual who occupies a housing unit as their usual place of residence and no other person occupies the housing unit as a usual place of residence.
	Lives with Others	A multi-person household. An individual who occupies a housing unit as their usual place of residence with other persons (related and unrelated) who occupy the housing unit as their usual place of residence.
	Lives in Long Term Care (LTC) Facility	Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i-3(a)); any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)); a board and care facility; and any other adult care home, including an assisted living facility, similar to a facility or institution described above as a skilled nursing facility or nursing facility. (Source: OAA)
IADL Limitations (Older Adult)		IADL activities: include ability to use telephone, shopping, food preparation, housekeeping, laundry, mode of transportation, medication management, and ability to manage finances. Permissible values are 0-8. A limitation is defined as unable to perform the activity without substantial assistance (including verbal reminding, physical cuing, or supervision). (Source: NAMRS/OAA)
	0-1	Indicates a person has no or 1 IADL limitation.
	2	Indicates a person has 2 IADL limitations.
	3+	Indicates a person has 3 or more IADL limitations.
Minority Status		Racial and ethnic minority populations are defined as: Asian American, Black, or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.
	Minority	A person's self-reported racial and ethnic identity includes one or more of the following: Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.
	Not Minority	A person's self-reported racial and ethnic identity does not include any of the following: Asian American, Black or African American, Hispanic or Latino, Native Hawaiian and Pacific Islander, American Indian and Alaska Native.

Data Element or Term	Value	Definition
Nutrition Risk Score ⁵ (Older Adult)		Indicates the person's total score on the DETERMINE your Nutritional Risk checklist published by the Nutrition Screening Initiative. (Source: current SPR)
	0-5	Indicates a person's Nutrition Risk Score is between 0 and 5.
	6+	Indicates a person's Nutrition Risk Score is 6 or more.
Poverty Status ⁶		An individual's household income as it relates to the U.S. Department of Health and Human Services (HHS) poverty guidelines as published each year in the Federal Register. (Source: HHS)
	At or Below Poverty	Persons considered to be at or below poverty are those whose household income is at or below the official poverty guidelines as provided by HHS.
	Above Poverty	Persons considered to be above poverty are those whose household income is above the official poverty guidelines as provided by HHS.
Race		Self-identification with a national origin or sociocultural group. (Source: U.S. Census Bureau/OMB)
	American Indian or Alaska Native	Having origins in any of the original peoples of North and South America (including Central America), and maintaining tribal affiliation or community attachment.
	Asian	Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	Black or African American	Having origins in any of the black racial groups of Africa.
	Native Hawaiian or Pacific Islander	Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	White	Having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Relationship (Caregiver)		The familial relationship of the caregiver to the care recipient. (Source: NAMRS)
	Husband	Partner in a marriage (male).
	Wife	Partner in a marriage (female).

⁵ A copy of the DETERMINE Nutrition Risk Score can be found at <https://nutritionandaging.org/wp-content/uploads/2017/01/DetermineNutritionChecklist.pdf> or on the [OAAPS Resources page](#).

⁶ As there is no single definition of household income, if an agency is already required to calculate household income for other federal programs (e.g. SNAP benefits, Medicaid, LIHEAP) please continue to use that definition for SPR purposes. If an agency has not already defined household income for other federal programs, use the income and household definitions associated with the Affordable Care Act ([Affordable Care Act income and household definitions](#)).

Data Element or Term	Value	Definition
	Domestic Partner, including civil union	Adults in a committed relationship with another adult, including both same sex and opposite-sex relationships.
	Son/Son-in-Law	Biological child (male), adoptive child, or stepchild and spouse of biological, adoptive or stepdaughter.
	Daughter/Daughter-in-law	Biological child (female), adoptive child, or stepchild and spouse of biological, adoptive or stepson.
	Sister	Female child or offspring have one or both parents in common; a female sibling (by blood, adoption, marriage).
	Brother	Male child or offspring have one or both parents in common; a male sibling (by blood, adoption, marriage).
	Grandparent	Parent of one's mother or father (by blood, adoption, marriage).
	Parent	A person who brings up and cares for the care recipient by blood, adoption, or marriage.
	Other Relative	Another family member not captured by the defined relationships, including in-laws.
	Non-Relative	No kinship relationship.

Table 2. Services and Service Units:

Data Element	Definition	Service Unit
Adult Day Care/Health	<p>Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs. (Source: NAMRS)</p>	<p>Day. One (1) day is equal to eight (8) hours. Partial days may be reported using two decimal places.</p>
Assistance: Case Management (Caregiver)	<p>Means a service provided to a caregiver, at the direction of the caregiver:</p> <ul style="list-style-type: none"> • by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and • to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the caregiver; and <p>Includes services and coordination such as—</p> <ul style="list-style-type: none"> • comprehensive assessment of the caregiver (including the physical, psychological, and social needs of the individual); • development and implementation of a service plan with the caregiver to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the caregiver, including coordination of the resources and services— <ul style="list-style-type: none"> ○ with any other plans that exist for various formal services; and ○ with the information and assistance services provided under the Older Americans Act; ○ coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; ○ periodic reassessment and revision of the status of the caregiver; and ○ in accordance with the wishes of the caregiver, advocacy on behalf of the caregiver for needed services or resources. <p>(Source: OAA)</p>	<p>Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)</p>

Data Element	Definition	Service Unit
Assistance: Information and Assistance (Caregiver)	<p>A service that:</p> <ul style="list-style-type: none"> • provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; • assesses the problems and capacities of the individuals; • links the individuals to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— <ul style="list-style-type: none"> ○ caregivers who are older individuals with greatest social need; ○ older individuals with greatest economic need; ○ older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities; ○ family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and ○ caregivers of “frail” individuals defined as: unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; and/or cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (Source: OAA) 	Contact
Assisted Transportation	<p>Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation. Does not include any other activity. (Source: NAMRS/HCBS Taxonomy)</p>	One-way trip

Data Element	Definition	Service Unit
Case Management	<p>Means a service provided to an older individual, at the direction of the older individual or a family member of the individual:</p> <ul style="list-style-type: none"> • by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph; and • to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and <p>Includes services and coordination such as—</p> <ul style="list-style-type: none"> • comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); • development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services— <ul style="list-style-type: none"> ○ with any other plans that exist for various formal services, such as hospital discharge plans; and ○ with the information and assistance services provided under the Older Americans Act; • coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; <ul style="list-style-type: none"> ○ periodic reassessment and revision of the status of the older individual with— <ul style="list-style-type: none"> ○ the older individual; or ○ if necessary, a primary caregiver or family member of the older individual; and ○ in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources. <p>(Source: OAA)</p>	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Chore	Performance of heavy household tasks provided in a person’s home and possibly other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. (Source: HCBS Taxonomy)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Congregate Nutrition	A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)	Meal

Data Element	Definition	Service Unit
Counseling (Caregiver)	A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training (see definitions for these services). (Source: ACT committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Health Promotion: Evidence-Based	Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition). Activities must meet ACL/AoA's definition for an evidence-based program, as presented on the ACL website . (Source: OAA)	N/A
Health Promotion: Non-Evidence Based	Health promotion and disease prevention activities that do not meet ACL/AoA's definition for an evidence-based program as defined at the ACL website . Activities may include those defined in the OAA (Section 102(14)) for example: (A) health risk assessments; (B) routine health screening; (C) nutritional counseling and educational services for individuals and their primary caregivers ⁷ ; ⁸ (D) programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy; (E) home injury control services; (F) screening for the prevention of depression, coordination of community mental and behavioral health services, provision of educational activities, and referral to psychiatric and psychological services; (G) educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.); (H) medication management screening and education; (I) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions; (J) gerontological counseling; and (K) counseling regarding social services and follow-up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.). (Source: OAA)	N/A

⁷ For State Performance Report (SPR) purposes, nutrition counseling and education shall be captured under those specific service categories rather than under health promotion and disease prevention services.

⁸ OAA Section 102(14)(D) has been deleted from this definition as it refers to the evidence-based programs that are reported elsewhere.

Data Element	Definition	Service Unit
Home Delivered Nutrition	A meal provided to a qualified individual in his/her place of residence. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. Meals provided to individual through means-tested programs may be included. (Source: OAA)	Meal
Homemaker	Performance of light housekeeping tasks provided in a person's home and possibly other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework. (Source: HCBS Taxonomy)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Information and Assistance	<p>A service that:</p> <ul style="list-style-type: none"> • provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; • assesses the problems and capacities of the individuals; • links the individuals to the opportunities and services that are available; • to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and • serves the entire community of older individuals, particularly— <ul style="list-style-type: none"> ○ older individuals with greatest social need; ○ older individuals with greatest economic need; and ○ older individuals at risk for institutional placement. <p>(Source: OAA)</p>	Contact
Information Services (public) (Caregiver)	<p>A public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or Web site event. (Source: SHIP)</p> <p>Unlike Information and Assistance, this service is not tailored to the needs of the individual.</p>	Activity
Legal Assistance	Legal advice and representation provided by an attorney to older individuals with economic or social needs as defined in the Older Americans Act, Sections 102(a)(23 and (24), and in the implementing regulation at 45 CFR Section 1321.71, and includes to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of a lawyer and counseling or representation by a non-lawyer where permitted by law. (Source: OAA)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)

Data Element	Definition	Service Unit
Nutrition Counseling	A standardized service as defined by the Academy of Nutrition & Dietetics (AND) that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal. (Source: Input Committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA. (Source: National Nutrition Monitoring and Related Research Act of 1990 and Input Committee)	Sessions (which may be delivered in-person or via video, audio, online or the distribution of hardcopy materials)
Other Services	A service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into the previously defined service categories. (Source: Current SPR)	N/A
Personal Care	Assistance (Personal assistance, stand-by assistance, supervision, or cues) with Activities of Daily Living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs). (Source: HCBS taxonomy)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Respite (Caregiver)	Service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. (Source: Current SPR)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Respite (in-home)	A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities. During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. (Source: ACT committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Respite (out-of-home, day)	A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. (Source: ACT committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)

Data Element	Definition	Service Unit
Respite (out-of-home, overnight)	A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24 hour period of time. The service provides the caregiver with time away to do other activities. (Source: ACT committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Respite (other)	A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Supplemental Services (Caregiver)	Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA)	N/A
Support Groups (Caregiver)	A service that is led by a trained individual, moderator, or professional, as required by state/territory policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include “caregiver education groups,” “peer-to-peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state/territory policy. (See also definitions for training and counseling). (Source: ACT committee)	Session (a session is typically 30 minutes to 1 hour)
Training (Caregiver)	A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings. (Source: ACT committee)	Hours (partial hour may be reported to two decimal places, e.g. 0.25 hours.)
Transportation	Services or activities that provide or arrange for the travel, including travel costs, of individuals from one location to another. Does not include any other activity. (Source: NAMRS/HCBS)	one way trip

Table 3. Additional Definitions:

Data Element or Term	Definition
Advice	A category of legal assistance case. An individualized evaluation of the facts of a client’s situation, with counseling and/or provision of information or guidance about the client’s legal circumstances, including presentation of options for responding to the circumstances presented by the client, or referral, such as from a legal hotline to a full-service program or to another low-cost alternative, such as a law school clinic or Bar referral service, or to another legal resource for further assistance.
Area Agency on Aging (AAA)	An entity designated under section 305(a)(2)(A) of the Older Americans Act or a State agency performing the functions of an area agency on aging under section 305(b)(5). (Source: OAA)
Caregiver	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 Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. (Source: OAA)
Case	A legal assistance matter provided to an eligible client by a legal assistance provider. A case encompasses one legal matter. Accordingly, a client may have more than one case simultaneously and/or during a calendar year. When matters in litigation move from one forum to another, such as upon filing of an appeal by the client or by an adversary or another litigant, a new case is to be opened.
Case Type	The type of legal case handled by a legal assistance provider is determined and reported for closed cases. Case types reflect the eight types of legal matters that are to be given priority by Title III-B legal assistance providers pursuant to the Older Americans Act. These are: income, health care, long term care, nutrition, housing, utilities, abuse/neglect, defense of guardianship or protective services, age discrimination, and other/miscellaneous.
Cases Closed – Abuse/Neglect	<p>The abuse/neglect legal case is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Orders of protection and associated matters • Recovery of assets lost due to financial exploitation or abuse. • Actions to assert rights and remedies of elders against abuse, financial exploitation or neglect. • Abuse/Neglect – Other <p>Legal Services Corporation legal problem categories and codes that best align are “Family” code 37, Domestic Abuse.</p>

Data Element or Term	Definition
Cases Closed – Age Discrimination	<p>The age discrimination legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Employment or other age-related discrimination, • Housing discrimination claims • Other claims of discrimination based upon inclusion in a protected class. <p>No Legal Services Corporation legal problem categories and codes align to this case type.</p>
Cases Closed - Defense of Guardianship or Protective Services	<p>The defense of guardianship or protective services legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Representation to oppose imposition of guardianship • Removal of Guardian or limiting the terms of a guardianship • Restoration of rights • Assisting with alternatives to guardianship • Preparation of legal documents that preserve self-determination and mitigate risk of guardianship, and/or to enable a supported decision-making arrangement <ul style="list-style-type: none"> ○ Powers of Attorney, ○ Living Wills, ○ Health Care Proxies. • Defense of Guardianship and Protective Services - Other <p>If Legal Services Corporation legal problem category “Family” code 33, “Adult Guardian/Conservatorship” is used to identify cases, these must be in defense.</p>
Cases Closed – Health Care	<p>The health care legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Medicaid, Medicare – eligibility, termination, reduction, • Medicare Savings Programs (Qualified Medicare Beneficiary, Specified Medicare beneficiary, Qualified Individual) eligibility, reduction, termination, • Veterans Administration benefits disputes, • Medigap disputes, • retiree health eligibility and/or benefits disputes, • private insurance disputes • Health-Other <p>Legal Services Corporation legal problem categories and codes that best align are “Health” codes 51 through 53; 55, 57 and 59 (exclude 54 Home and Community Based Care and 56 Long Term Health Care Facilities).</p>

Data Element or Term	Definition
Cases Closed – Housing	<p>The housing legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Landlord tenant – <ul style="list-style-type: none"> ○ eviction, ○ warranty of habitability, ○ mobile home tenant issues, • real property- <ul style="list-style-type: none"> ○ foreclosure, ○ real property-related predatory lending claims, ○ mortgage issues • Housing - Other <p>Legal Services Corporation legal problem categories and codes that best align are “Housing” codes 61 through 69.</p>
Cases Closed - Income	<p>The income legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • SSI and Social Security eligibility, termination, reduction, overpayments, • pension disputes, • unemployment insurance eligibility, termination or reduction, • State and local income maintenance programs where available, including eligibility, terminations, and reductions, including state supplements to SSI and state-specific programs. • Income – Other <p>Legal Services Corporation legal problem categories and codes that best align are “Income Maintenance” codes 71 through 79 (exclude code 73 Food Stamps).</p>
Cases Closed – Long Term Care	<p>The long-term care legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Nursing home admission, discharge, room change, visitor access, refusal of facility to re-admit a resident after a hospitalization or other leave of absence, other residents’ rights, • Support for transitions from a nursing home to a community setting, or diversion from a nursing home to a community setting, • Home and Community Based Services - level of care eligibility disputes, and/or amount, category and/or duration of benefits, reductions and terminations of such benefits. (Note Medicaid eligibility for home and community-based services should be recorded as a health care case). • Long Term Care – Other <p>These categories are intended to describe the type of legal case presented by a client and do not refer to the setting in which the client resides.</p>

Data Element or Term	Definition
Cases Closed – Nutrition	<p>The nutrition legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • SNAP eligibility, benefits, reduction, or termination. • Nutrition - Other <p>Legal Services Corporation legal problem categories and codes that best align are “Income Maintenance” code 73, Food Stamps.</p>
Cases Closed – Other/Miscellaneous	<p>The other/miscellaneous legal case type is determined and reported for closed cases that do not fall into any other type and includes but is not limited to:</p> <ul style="list-style-type: none"> • Medical and other debt collection, including repossession, bank account or wage garnishment, etc., • Fair Debt Collection Practices Act claims, • Predatory lending (housing and non-housing-related), • Unfair and deceptive sales or marketing claims, • Disputes over loans, • Asserting the rights and supporting the legal authority of grandparents raising grandchildren, • Disability rights (ex: 504 or ADA claims), • Other
Cases Closed – Utilities	<p>The utilities legal case type is determined and reported for closed cases and includes:</p> <ul style="list-style-type: none"> • Utilities shutoffs, • Utilities billing disputes, • Utilities deposit disputes, • Utility diversion disputes, • Utilities reasonable accommodation matters, • Utilities - Other <p>Legal Services Corporation legal problem categories and codes that best align are “Consumer/Finance” code 07, Public Utilities.</p>
Closed Case	<p>A legal assistance case is closed when the legal assistance provider has completed work within the scope of representation, has otherwise reached a resolution of the client’s legal issue and has, consistent with state/territory rules, and program requirements, informed the client that the case is closed. Cases may also be closed after a reasonable period of time during which the client has not been in touch with the Title III-B legal provider, notwithstanding appropriate efforts to reach the client.</p>
Cluster 1 Service	<p>A service provided for older adults under OAA Title III for which ADL limitations and IADL limitations characteristics are reported in addition to the other consumer demographics and characteristics. These services are personal care, homemaker, chore, home-delivered nutrition, adult day care/health, and case management.</p>

Data Element or Term	Definition
Cluster 2 Service	Services provided for older adults under OAA Title III for which ADL limitations and IADL limitations characteristics are not reported. These services are congregate nutrition, nutrition counseling, and assisted transportation.
Consumer	An individual who receives a service funded in whole or in part with OAA funds (see Person Served).
Focal Point	A facility established to encourage the maximum collocation and coordination of services for older individuals that has been designated in Area Plans for comprehensive service delivery. (Source: OAA)
Full-time staff (paid)	Persons who work 35 hours or more per week in a compensated (paid) position as of September 30 th of the reporting year (federal fiscal year). (Source: U.S. Census Bureau, Current Population Survey)
Limited Representation	A category of legal assistance case. Brief service in addition to or more extensive than advice, such as document preparation or detailed direction as to how to take legal action pro se, including preparation of legal documents for use by a pro se litigant. Services delivered at self-help clinics or court-based advice programs could fall under advice or limited representation, depending upon the intensity and time expended on the service delivered. Program protocols and procedures may further assist in determinations of whether the services provided in a case constitute advice or limited representation.
Non-registered Service	A service provided using OAA funds in whole or in part for which demographic and consumer characteristics are not reported to ACL/AoA. The services for Older Adult consumers (Title III-B, C, and D) include transportation (non-assisted), nutrition education, information and assistance, health promotion: evidence-based ⁹ , health promotion: non-evidence based and other services ¹⁰ .
NSIP Expenditures	Outlays or payments made by the SUA and/or AAA's using Title III-A OAA (section 311) federal funds to purchase domestically produced or processed foods for use within a qualified meal. (Source: OAA)

⁹ Health promotion: evidence-based and non-evidence-based service do report on the unduplicated number of people served but not report demographic or consumer characteristics.

¹⁰ Other

Data Element or Term	Definition
NSIP qualified meal - Congregate	<p>Meal count used to determine a state’s allotment under the OAA Title III, Part A (Section 311).</p> <p>A meal provided to a qualified individual in a congregated or group setting through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):</p> <ul style="list-style-type: none"> • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal. <p>Meals served under Title III-E supplemental services may be included if all the above criteria are met. (Source: OAA)</p>
NSIP qualified meal - Home-Delivered	<p>Meal count used to determine a state’s allotment under the OAA Title III, Part A (Section 311).</p> <p>A meal provided to a qualified individual in his/her place of residence through a program that meets all of the criteria for payment using OAA funds (see OAA Title III-C):</p> <ul style="list-style-type: none"> • Served to an eligible individual, i.e. a person who is qualified to receive services under the OAA as defined in Title III; and • Served to an eligible person who has NOT been means-tested for participation; and • Compliant with the nutrition requirements; and • Served by an eligible agency, i.e. has a grant or contract with a SUA or AAA; and • Served to a person who has an opportunity to contribute toward the cost of the meal. <p>Meals served under Title III-E supplemental services may be included if all the above criteria are met. (Source: OAA)</p>
Older Adult	A person aged 60 years or older. (Source: OAA)

Data Element or Term	Definition
Older Relative Caregiver	A caregiver who is age 55 or older; and lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability. In the case of a caregiver for a child, is the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally. In the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability. (Source: OAA)
Open Case	A case is open upon acceptance by a legal assistance provider and notification of the acceptance to the client. Notification of acceptance should be done in a manner appropriate to the case and in accordance with state/territory practice rules and program procedures. For example, a Hotline or call center case would likely be accepted verbally before advice or limited representation is provided. A case is deemed to be open as of the date of the client's initial contact with the Title III-B legal assistance provider, regardless of the date data entry is completed.
Other Federal Funds	Indication of non-OAA federal funds used by the SUA/AAAs to support services funded in whole or in part with OAA funds. The multiple-choice option responses identify common federal sources of funding for home and community-based support services. <ul style="list-style-type: none"> • SSBG is the Social Services Block Grant program administered by Administration for Children and Families (ACF) • CSBG is the Community Services Block Grant program administered by Administration for Children and Families (ACF) • USDA is the U.S. Department of Agriculture • DOT is the U.S. Department of Transportation
Other – Non-state Expenditures	Outlays or payments made by the SUA and/or AAA's using non-state funds to provide an allowable service. This may include but is not limited to local funding (governmental and non-governmental), non-Title III federal funding (e.g. SSBG), and private funding.
Other – State Expenditures	Outlays or payments made by the SUA and/or AAA's using state funds to provide an allowable service.
Part B Expenditures	Outlays or payments made by the SUA and/or AAA's using Title III-B OAA federal funds to provide an allowable service.
Part D Expenditures	Outlays or payments made by the SUA and/or AAA's using Title III-D OAA federal funds to provide an allowable service.
Part-time staff (paid)	Persons who work less than 35 hours per week in a compensated (paid) position as of September 30 th of the reporting year (federal fiscal year). (Source: U.S. Census Bureau, Current Population Survey)

Data Element or Term	Definition
Person Served	An individual who receives a service funded in whole or in part with OAA funds (see Consumer). For non-registered services (nutrition education and information and assistance) for which an “estimated audience size” is to be reported, an unduplicated count of participants may not be feasible and therefore audience size is acceptable. This figure is anticipated to be a duplicated count.
Planning and Service Area (PSA)	An area designated by a State agency under the OAA section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A). (Source: OAA)
Program Income	Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in §75.307(f). (See <i>Period of Performance</i> .) Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also §§75.307, 75.407 and 35 U.S.C. 200-212 (applies to inventions made under Federal awards). (Source: OAA)
Provider	An organization or person, which provides services to individuals under a formal contractual or grant arrangement with an AAA or SUA. When the mechanism of service delivery is direct cash payment or vouchers are made to an older adult or caregiver and the ultimate provider is unknown, the number of providers may be omitted. (Source: current SPR)
Providers (Congregate Meals)	<p>A contracted nutrition project/provider plans for and administers the Title IIIC-1 program within a specific geographic area.</p> <p>This nutrition project/provider does not plan nor administer the home-delivered project (OAA Title IIIC-2 projects).</p>
Providers (Home Delivered Meals)	<p>A contracted nutrition project/provider plans and administers the Older Americans Act Title IIIC-2 program within a specific geographic location.</p> <p>This nutrition project provider does not plan nor administer the congregate nutrition projects (OAA Title IIIC-1 projects).</p>
Providers (Home-Delivered and Congregate Meals)	A contracted nutrition project/provider plans and administers both the Title IIIC-1 program and the Title IIIC-2 program within a specific geographic area.
Providers (Information and Assistance)	An organization that provides information and assistance as defined in the service definitions section.

Data Element or Term	Definition
Registered Service	A service provided using OAA funds in whole or in part for which demographic and consumer characteristics are reported in aggregate to ACL/AoA. The services for older adult consumers (Title III-B, C, and D) include adult day care/health, assisted transportation, case management, chore, congregate meals, home delivered meals, homemaker, nutrition counseling, and personal care. The services for caregivers (Title III-E) include assistance: case management, counseling, respite, supplemental, and training.
Reporting Period	The timeframe for which a State Unit on Aging submits data. The State Performance Report timeframe is the federal fiscal year, which is the accounting period for the federal government, which begins on October 1 and ends on September 30. The federal fiscal year is designated by the calendar year in which it ends; for example, federal fiscal year 2022 begins on October 1, 2021 through September 30, 2022.
Representation	A category of legal assistance case. Full service legal intervention including but not limited to negotiation to settle a dispute, including settlements with administrative agencies, representation in an administrative forum or in a court of law.
Respite Voucher	A payment mechanism for caregiver respite services. A voucher is a document that shows respite services have been bought or respite services have been rendered and authorizes payment.
Restricted Service	A service provided using OAA funds in whole or in part for which demographic and consumer characteristics are reported in aggregate and consumer, personal identifying information (PII) is not shared or recorded at other than the provider level, (e.g. legal assistance).
SCSEP	Senior Community Service Employment Program. The program is authorized under Part V of the Older Americans Act.
SCSEP Beneficiaries Hired	Number of staff working within the Aging Network (SUA, AAA...) from the OAA Title V SCSEP (Senior Community Service Employment Program). SCSEP staff are not staff managing or overseeing the SCSEP program but SCSEP beneficiaries hired by the SUA or AAA. Note that SCSEP beneficiaries should be included in counts of full-time and part-time staff.

Data Element or Term	Definition
Self-Direction	<p>An approach to providing services (including programs, benefits, supports, and technology) under the OAA intended to assist an individual with activities of daily living, in which— (A) such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual; (B) such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options; (C) the needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved; (D) based on the assessment made under subparagraph (C), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver or legal representative— (i) a plan of services for such individual that specifies which services such individual will be responsible for directing; (ii) a determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and (iii) a budget for such services; and (E) the area agency on aging or State agency provides for oversight of such individual’s self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA. (Source: OAA)</p>
Senior Center	<p>A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals. (Source: OAA)</p>

Data Element or Term	Definition
Service Domain	<p>A category of service that describes the state/territory defined service, which does not fall into the previously defined service categories. Domains for “other services” provided under Title III-B or C include assistive technology/durable equipment/emergency response, consumable supplies, home modifications/repairs, elder abuse prevention/elder rights, health, outreach, public education, socialization, access not reported elsewhere, and other.</p> <p>Domains for “supplemental services” provided under Title III-E include assistive technology/durable equipment/emergency response, consumable supplies, home modifications/repairs, legal and/or financial consultation, in-home services (e.g. homemaker/chore/personal care¹¹), transportation¹², nutrition services, and other.</p>
Service Name	A service provided using OAA funds in whole or in part that do not fall into the previously defined service categories. An identifying title for the service used by the SUA.
Service Unit	A discrete amount of an allowable service under the Older Americans Act. Units are particular to the service; such a meal is the unit for the service of home-delivered nutrition. See service definitions for the corresponding unit.
Service Unit Name	Any discrete measurement used for billing or tracking purposes in provision of a service.
Single PSA	A State, which has designated, with the approval of the Assistant Secretary, a single planning and service area covering all of the older individuals in the State. (Source: OAA)
State ID	Standard two-letter code for the geographical location of the data submission by State, DC and/or U.S. Territory.
State Unit on Aging (SUA)	The agency designated under section 305(a)(1) of the Older Americans Act. State means any of the several States, the District of Columbia, the Virgin Islands of the United States, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. (Source: OAA)
Title III Expenditures	Outlays or payments made by the SUA and/or AAA’s using Title III-B, C, D, or E OAA federal funds to provide an allowable service.

¹¹ Homemaker, chore, and personal care services may be activities that can occur during the provision of respite care, which may offer additional support to either the caregiver or care receiver. If the service is integral to the respite care provided for SPR purposes the service should be reported as Respite.

¹² Transportation may be provided as an integral part of out-of-home respite, such as transportation from the care receiver’s residence to an adult day program and back to the residence. For SPR purpose, the transportation maybe included in the respite care.

Data Element or Term	Definition
Title VII-3 Expenditures	Total outlays or payments made using Title VII, Chapter 3 OAA federal funds to carry out, through the programs described in subsection 721 (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation. (Source: OAA)
Title VII Ch 3 funds expended by AAA	Outlays or payments made by AAAs using Title VII, Chapter 3 OAA federal funds to carry out, through the programs described in subsection 721 (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation.
Title VII Ch 3 funds expended by APS	Outlays or payments made by Adult Protective Services using Title VII, Chapter 3 OAA federal funds to carry out, through the programs described in subsection 721 (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation.
Title VII Ch 3 funds expended by other Entities	Outlays or payments made by entities other than SUAs, AAA, or APS using Title VII, Chapter 3 OAA federal funds to carry out, through the programs described in subsection 721 (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation.
Title VII Ch 3 Funds expended by SUA	Outlays or payments made by SUAs using Title VII, Chapter 3 OAA federal funds to carry out, through the programs described in subsection 721 (a), activities to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation.
Title VII-4 Total Expenditure	Total outlays or payments made using Title VII, Chapter 4 OAA federal funds to provide and carry out activities by the state “Legal Assistance Developer”. State Legal Assistance Development includes the coordination and enhancement of state and local legal services and elder rights programs. (Source: OAA)
Volunteer	An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included. (Source: current SPR)
Volunteer hours	Hour of uncompensated work performed during the reporting year by an uncompensated individual who provides services or support on behalf of older individuals. Only hours worked under the AAA, not the AAA contractors, shall be included.

Version	Date published	Changes from previous version
1	11/8/2018	Original version.
1.1	1/25/2019	Added header/footer to check Version Control update information.
1.2	7/2/2020	Update Version Control note that document is no longer posted on AGID and now posted on OAAPS.
1.3	2/25/2021	Updated RUCA information.
1.4	3/15/2021	Updated nutrition definitions.
1.5	7/20/2021	Updated new OMB control number.
2.0	9/15/2021	Updated ADL and IADL definitions.

Appendix C Waitlist and Priority Rating

Appendix C: Waitlist and Priority Rating

Non-Metro AAA requires Providers to utilize a prioritization rating scale for all in-home services (refer to Section 10 of this manual) to be provided. The rating scale includes the targeted language reflected in the 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 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 limited budget, (i.e. waiting lists).

When a Non-Metro AAA provider does not have capacity to serve all eligible families referred for services, the agency may need to operate on a waiting list for services.

A waiting list shall only be implemented when a grantee is at or above 95% of their program capacity, as determined by the number of families served in the month prior, unless the following conditions are met:

1. The grantee agency has a staff vacancy or is onboarding a new provider (within 6 months of hire) who is not yet able to serve a full caseload, or
2. Prior approval from State Staff is granted based on other circumstances

Grantees operating a waiting list must ensure that families meeting the priority of service criteria are served before otherwise eligible families in their service area in the most equitable manner feasible.

Upon receiving a referral, if the family is placed on a waiting list, the family and the referral source must be notified. Families must be provided with other community resources when placed on a waiting list.

When a family comes off the waiting list, the agency has 30 days to recruit the family. If the family is not responsive or cannot be reached within 30 days, the family's name is removed from the waiting list.

Providers have 30 days from the date of contact with families who come off the waiting list to determine eligibility. If the family needs additional time to provide necessary eligibility documentation, an additional 30 days should be granted. If eligibility cannot be determined within 60 days of contacting the family when they come off the waiting list, the family will be removed from the waiting list.