

# Service Provider Policy and Procedures Manual



Area Office on Aging of Northwestern Ohio, Inc.  
2155 Arlington Avenue  
Toledo, Ohio 43609-1997  
419-382-0624 or 1-800-472-7277  
[www.areaofficeonaging.com](http://www.areaofficeonaging.com)

Richard W. Heck, Board President

Billie Johnson, Executive Director

## TABLE OF CONTENTS

### **Chapter One                      Service Provider Policies And Procedures Manual**

Policy 101    Area Office on Aging of Northwestern Ohio, Inc. History and Source of Authority

Policy 102    Area Office on Aging of Northwestern Ohio, Inc. Service Provider Policies and Procedures Manual

### **Chapter Two                      Agency Responsibilities**

Policy 201    Area Plan Development

Policy 202    Allocation of Resources

### **Chapter Three                    Service Provider Responsibilities**

Policy 301    Service Priority to Specific Client Groups

Policy 302    Conflicts of Interest

Policy 303    Service Specifications and Appendices

Policy 304    Service Taxonomy

Policy 305    Request for Variance from Prescribed Service Taxonomy

Policy 306    Service Provider Policy and Procedures Manual

Policy 307    Service Provider Strategic Plans

Policy 308    Care Coordination

Policy 309    Vehicle Acquisition and Disposal

Policy 310    Affirmative Action and Equal Employment Opportunity

Policy 311    Service Provider Monitoring

Policy 312    Data Retention

## TABLE OF CONTENTS

### **Chapter 4                    Service Provider Contracts**

Policy 401	Service Provider Grants and Contracts
Policy 402	Conditions to Contract Awards (Purchase of Service and Grant Awards)
Policy 403	Service Provider Conditions of Participation
Policy 404	SAMS and OASIS Data Collection and Reporting
Policy 405	Service Provider Periodic Program Reports

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

The Agency was founded in 1974 by the Community Planning Council of NWO, Inc., a United Way planning agency. The Agency was initially established to operate as a planning division. In 1979, the agency approached the Board of Trustees of United Way, Community Planning Council and the Ohio Commission on Aging, a.k.a., the Ohio Department of Aging, for permission to organize as an independent, private, non-profit corporation to better serve the elderly. Approval was granted by all parties and the original organizers of the new corporation were: Henry L. Morse, J. Frank Troy, Elliot Miller, Duane Stranahan, Jr., and Billie Sewell Johnson.

In 1980, the agency was chartered under Ohio law as a 501(c)(3) corporation. The corporation was established as a comprehensive agency for the elderly, responsible for planning, policy-making, funding, advocacy and direct programs/services for a ten-county region in northwest Ohio. The corporation was not exclusively chartered as an "Area Agency on Aging." Instead, it requested and received approval to retain the "area agency" designation previously granted by the Ohio Commission on Aging/Ohio Department of Aging and expand the Agency to a comprehensive corporation, addressing the needs of the older population.

**PROCEDURE A                      AUTHORITY AND RESPONSIBILITIES**

The following is a summary of the authority and responsibilities set forth in the Agency's Charter and Articles of Incorporation:

- Serve as the focal point for leadership for regional planning and service development for programs on aging;
  
- Develop a comprehensive and coordinated system of services for older adults in Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties;
  
- Provide direct services to the elderly in areas where services are needed, and not available;
  
- Develop and implement an Area Plan, approved by the Ohio Commission on Aging (or its successor under the Older Americans Act);
  
- Grant funds and resources to qualified, tax exempt or public bodies (to operate services and programs for older adults); and,

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

- Seek, apply for, and make use of other grants and resources to enhance the daily living of older adults.

**PROCEDURE B                      GEOGRAPHIC AREA OF RESPONSIBILITY**

The Agency is the designated Regional Planning Authority for Planning and Service Area Four in Northwestern Ohio -- encompassing the counties of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood.

**PROCEDURE C                      FUNDING SOURCES AND PROGRAM RESPONSIBILITY**

The Agency is responsible for administering funds and assuring the quality of programs and services funded from the following sources and titles (Policy 101 further elaborates on these responsibilities):

**Older Americans Act (OAA)**

The Older Americans Act (OAA) was established in 1965 to provide older Americans increased opportunities for participating in the benefits of American society. As originally incorporated the OAA provided ten broad policy objectives, aimed at improving the lives of older adults in the United States by providing the following:

- a. an adequate income in retirement;
- b. the best possible physical and mental health which science can make available and without regard to economic status;
- c. suitable housing;
- d. opportunity for employment;
- e. full restorative services for those who require institutional care;
- f. retirement in health, honor and dignity;
- g. pursuit of meaningful activity within the widest range of civic, cultural and recreational opportunities;
- h. efficient community services;
- i. immediate benefit from proven research; and

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

- j. freedom, independence and the free exercise of individual initiative in planning and managing their own lives.

The OAA mandates that services be directed to those persons over the age of 60+, who are in the greatest social and economic need. To the maximum extent feasible, the following client groups shall be given preference:

- a. older individuals residing in rural areas;
- b. older individuals with greatest economic need (with particular attention to low-income minority individuals);
- c. older individuals with greatest social needs (with particular attention to low-income minority individuals);
- d. older individuals with severe disabilities;
- e. older individuals with limited English-speaking ability; and
- f. older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

**TITLES of OAA**

Eight different Titles are contained within the OAA. Outlined below, in summary form, are the titles and their purpose(s):

- a. Title I - Declaration of Objectives for Older Americans

Purpose: express this nation's commitment to ensuring the well-being of senior citizens; established throughout the objectives of the OAA.

- b. Title II - Administration on Aging

Purpose: the Administration on Aging (AoA) was created as a major institution in federal government for developing new or improved programs and activities to help older people, under this title.

- c. Title III - Grants for State and Community Programs on Aging

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

Purpose: provides funding for community planning, services and training; this is the largest portion of the OAA and is broken into several sub-titles, which allows funding to be directed for various services. The sub-titles which are administered annually by the Agency are:

1. III-B: provides funding for supportive services and senior centers; services which the Agency will fund with these monies are - chore, escort, transportation, socialization, counseling, education/instruction, medical treatment, health assessment, supportive services, adult day care, housekeeping, ombudsman, home maintenance/repairs, information and referral, legal assistance, personal care, volunteer placement, employment placement and client finding.
  2. III-C: provides funding for dining sites and home delivered nutritional activities; dining site meals are known as Title III-C1 meals, while home delivered meals are referred as Title III-C2 meals.
  3. III-D: provides funding for services that promote health and well-being and disease prevention.
  4. III-E: National Family Care-giver Support Program
- d. Title IV - Training, Research, and Discretionary Projects and Programs

Purpose: to expand the nation's knowledge and understanding of aging and the aging process, to design and test innovative ideas in programs and services for older individuals, and to help meet the needs for trained personnel in the fields of aging.

- e. Title V - Community Service Employment for Older Americans

Purpose: to foster and promote useful part-time opportunities in community service activities for unemployed, low-income persons, who are fifty-five years old or older.

- f. Title VI - Grants for Native Americans (not applicable in PSA-4)

Purpose: promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives and Native Hawaiians that are

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

comparable to services provided under Title III.

g. Title VII - Vulnerable Elder Rights Protection Activities

Purpose: to assist States in the design, development, and coordination of comprehensive services at the State and local levels to prevent, treat and remedy elder abuse, neglect and exploitation.

The Agency also provides planning, resources and support for the development of the service delivery system. Based on the groundwork laid by the Older Americans Act, with contributions of other federal, state and local resources, this system is reaching thousands of older northwest Ohioans and is in a strong position for the future.

**OHIO SENIOR COMMUNITY SERVICES FUNDS**

State funding for nutrition and supportive services comes from the Senior Community Services Funds. This block grant, which must be reauthorized by the state's General Assembly every two years, was created in 1991 out of separate budget appropriations for home delivered meals, transportation, home repair and other programs.

Senior Community Services Funds (SCS) will be awarded by the Agency on an annual and/or bi-annual basis. The purpose of these funds is to provide a range of community-based services that assist seniors in remaining independent in their own homes and communities. Allowable services that may be funded with SCS funds include:

- a. Housing - for home repairs, not to exceed the amount stated in the contract.
- b. Transportation - for transportation services designed to move clients to and from services, activities, and resources via a motorized vehicle;
- c. Nutrition - one or more home delivered meals or congregate meals per day to homebound individuals and for administrative funding of the Senior Farmers' Market Nutrition Program
- d. In-Home Services - 1) to provide personal care services to support basic health maintenance or personal hygiene assistance; 2) to provide homemaker services to seniors to assist with housecleaning, laundry, essential shopping, errands and meal preparation; 3) to provide adult day care services which extends a safe supervised group environment to individuals with moderate physical or mental handicaps; and 4) respite

**POLICY 101**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
HISTORY AND SOURCE OF AUTHORITY**

services, which provides temporary in-home care in order to relieve the Caregiver(s).

**LUCAS COUNTY SENIOR SERVICES LEVY**

The Agency has been designated by the Lucas County Commissioners as the Administrator of Lucas County Senior Services Levy funds. Funds generated from the levy are used to address these five program areas within Lucas County.

- a. Nutrition;
- b. Senior Services;
- c. In-Home Care Services;
- d. Alzheimer's Day and Respite Care; and
- e. Facilities (Capital Projects).

Prior to the passage of the Lucas County Senior Services Levy in 1991, local funds (within Lucas County) were secured through the Community Development Block grant (CDBG) and the City of Toledo's general fund.

**POLICY 102**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
SERVICE PROVIDER POLICIES AND PROCEDURES MANUAL**

The Area Office on Aging of Northwestern Ohio, Inc. (hereinafter referred to as the “Agency,” will publish and regularly update service provider policies and procedures that shall be the primary means of communicating Agency policy to contracted Service Providers. By entering into any contractual agreement with the Agency, Service Providers agree to comply with all applicable policies.

**PROCEDURE A BACKGROUND**

1. The Agency’s Service Provider Policies and Procedures Manual outlines the core elements required of it and contracted Service Providers for the allocation and utilization of the following monies:
  - a. Older Americans Act (OAA) -Title III
    1. Supportive Services and Senior Centers
    2. Nutrition Services
    3. Disease Prevention and Health Promotion
    4. National Family Caregiver Support Program
    5. Community Service Employment Program
    6. Vulnerable Elder Clients Protection Activities
    7. Alzheimer’s Respite and Education
  - b. State of Ohio - Senior Community Services Funds (SCS) - Personal Care; Homemaker; Transportation; Nutrition; and other authorized services
  - c. Lucas County Senior Services Levy
  - d. Program income, cost sharing revenue, fees for service, and donations

**PROCEDURE B SCOPE AND CONTENT**

1. The Manual is broken down into four chapters, each with a particular focus on Agency and Service Provider responsibilities:
  - a. Chapter One states the Agency’s responsibilities with respect to this Policies and Procedures Manual.
  - b. The regional responsibilities of the Agency are highlighted in Chapter Two.
  - c. Chapter Three outlines specific Agency policies that apply to all Service Providers

**POLICY 102**

**AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.  
SERVICE PROVIDER POLICIES AND PROCEDURES MANUAL**

- d. Chapter 4 provides Agency policies applicable to Service Providers contracted with the Agency or seeking to obtain contracts with the Agency.
- e. The policies in chapter 4 supercede all versions/editions of Agency Conditions of Participation (COPs), Service Specifications (SPECs) and Conditions to Contract Award documents in use prior to the effective date of this policy. It outlines the Agency's Request for Proposal and Bid Process, contracting of awards, reimbursement process, monitoring and evaluation, and compliance requirements.

**PROCEDURE C    MANUAL REVISION**

- 1. The Agency will develop, revise, and delete policies and related procedures, on an ongoing basis as the need arises.
- 2. Whenever changes are proposed, policy will be forwarded to each Service Provider for review and comment.
- 3. The Agency will consider all comments prior to the issuance of final policy.
- 4. All subsequent policies will be issued through a policy notification that will specify where in the manual it should be placed and, if applicable, which pages of the manual should be removed.
- 5. This manual will be electronically provided to each contracted Service Provider by the Agency. It will also be available on CD-ROM from the Agency's Planning Department.

## **POLICY 201**

## **AREA PLAN DEVELOPMENT**

To ensure that its mission is effectively carried out, the Agency will develop a strategic Area Plan every four (4) years, with operational elements to the area plan that are updated annually, for the administration of programs funded under the OAA. Both plans must be submitted to the Ohio Department of Aging for approval. Both the strategic plan and the operational elements reflect the Agency's intent to provide for the development of a comprehensive and coordinated service delivery system for services to older Ohioans in Planning and Service Area Four (PSA 4). The Area Plans will also reflect the intent to plan for and fund a broad spectrum of quality services for both frail and well elderly persons aged 60 and older.

### **PROCEDURE A AREA PLAN**

The Agency will complete the following tasks, in the development and implementation of its Area Plan:

- a. Assess the needs of seniors through surveys, interviews, community forums, questionnaires, census data, or other studies and reports.
- b. Evaluate the effectiveness of existing contracted services/programs through the evaluation/monitoring of all current Service Providers.
- c. Identify the gaps in services and the corrective action(s) needed to improve and/or expand services.
- d. Determine how the service delivery system in northwestern Ohio can streamline services and operate efficiently and cost-effectively.
- e. Research and investigate potential "new" funding sources.
- f. Conduct public hearings on each new multi-year Strategic Area Plan to collect and review community input.
  1. The Agency will hold, at a minimum, one (1) public hearing on the Strategic Area Plan to elicit input from seniors, public officials, Service Providers and other interested parties. This hearing will be conducted prior to the submission of the Area Plan to the ODA for final approval.
  2. Notice of hearings will be made at least two (2) weeks in advance of the hearing dates, by issuing a public notice(s) to the general public.
  3. Specific bodies such as the Area-wide Advisory Board and Agency

## **POLICY 201**

## **AREA PLAN DEVELOPMENT**

Board of Directors will receive copies of the plan to review. The plan will also be available at the agency for the public to review. Arrangements for review shall be made in advance with the Department of Planning and Program Development or Executive Director of the Agency.

4. Revisions may be made to the Plan following the hearings, considering the appropriateness of the material. In addition, revisions may also be made throughout each multi-year period, annually following self-assessments by the Agency and evaluation results from the ODA.

### **PROCEDURE C TRAINING**

The Agency shall coordinate a comprehensive plan for the use of federal money to train service personnel in the aging network, as required under law. Such training may be directed to staff, direct Service Providers, administrators, or volunteers, as well as the general public. Quarterly Service Provider meetings, set by the Agency, for purposes of providing updated information, require mandatory participation. Details of planned training are outlined in the Agency's current Area Plan.

### **PROCEDURE D COORDINATION OF SERVICE DELIVERY**

The Agency shall develop a comprehensive and coordinated service delivery system for the seniors of northwestern Ohio. The Agency will effectively establish cooperative arrangements to coordinate with other organizations within northwest Ohio. Details of these coordination efforts are outlined in the Agency's current Area Plan.

### **PROCEDURE E MONITORING, EVALUATION AND TECHNICAL ASSISTANCE**

The Agency, according to federal and state regulations, will ensure adequate performance of all contracted Service Providers through monitoring, evaluating and providing technical assistance as outlined in Policy 312.

## **POLICY 202**

## **ALLOCATION OF RESOURCES**

In the interest of equitable distribution of resources, Title III funds will be disbursed on a funding formula to the ten (10) counties within PSA 4. The funding formula will be based upon federal and state regulations/laws. Programs/services operating prior to 1995 will be held harmless to the formula.

### **PROCEDURE A ALLOCATION GUIDELINES**

1. The Agency's obligation to adhere to the above principle of "hold harmless" is contingent upon the availability of funding (which could be reduced by the regulatory and/or administrative entity without notice or cause).
2. If deemed necessary by the Agency, resources may be distributed in a manner that will ensure a comprehensive and coordinated delivery of services that will efficiently and effectively meet the needs of senior citizens.

## POLICY 301

## SERVICE PRIORITY TO SPECIFIC CLIENT GROUPS

Service Providers shall set specific goals to ensure that services are provided to older individuals (aged sixty and over) with greatest economic social needs, with special emphasis on low-income minority individuals in at least the proportion of the priority population within the respective Service Provider's geographic boundaries.

### **PROCEDURE A DEFINITIONS**

**ADL:** The term "activity of daily living" means a personal care skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to meet basic life needs for food, hygiene, and appearance. The term "ADL" may refer to any activity as defined in rule 5101:3-3-06 (B) (1) of the Ohio Administrative Code.

**Frail:** The term "frail" means that an older individual is determined to be functionally impaired because they are unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision.

**Greatest Economic Need:** The term "greatest economic need" means the need resulting from an income level at or below the official federal poverty line.

**Greatest Social Need:** The term "greatest social need" means the need caused by non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

**IADL:** The term "instrumental activity of daily living" means a community living skill performed, with or without the use of assistive devices, on a regular basis that enables the individual to independently manage the individual's living arrangement. The term "IADL" may refer to any activity defined in rule 5101:3-3-08(B)(4) of the Ohio Administrative Code.

**Low Income:** The term "low income" refers to an older person whose annual income is at or below 100% of the official poverty line as prescribed in the most current version of the Older Americans Act.

**Minority:** The term "minority" refers to individuals who are Black Non-Hispanic, Hispanic, American Indian/Alaskan Natives and Oriental/Asian/Pacific Islanders.

**Poverty Line:** The official poverty line as issued by the U. S. Department of Health and Human Services.

## **POLICY 301**

## **SERVICE PRIORITY TO SPECIFIC CLIENT GROUPS**

**Severe Disabilities:** The term "severe disabilities" means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments that is likely to continue indefinitely and results in substantial functional limitation in three or more of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.

### **PROCEDURE B DOCUMENTATION OF SERVICE PRIORITIES**

In the Strategic Plan, the Service Provider shall:

1. Identify older low-income minority individuals and those associated with specific client groups listed in Procedure B.3 of this policy;
2. Describe the methods used to satisfy the service needs of such older individuals, and
3. Provide information on the extent to which the Service Provider met the goals required by the first paragraph in this policy.
  - a) This service priority policy is applicable to all services. Evaluation of ADL and IADL status applies to the following services: Adult Day Care, Homemaker, Personal Care, Chore, and Home Delivered Meals as required in the ODA service standards.

### **PROCEDURE B PROGRAMMATIC REQUIREMENT**

1. Service Providers are required to include in the Strategic Plan their strategy for giving preference to the population groups listed in this policy.
2. Service Providers shall include in each agreement made with a sub-contractor of any service under Title III, Title VII, and/or Senior Community Services Funds, a requirement that such Service Provider shall:
  - a) specify how the Service Provider intends to satisfy the service needs of low-income minority individuals and the other specific client groups defined in this policy in the area served by the Service Provider;
  - b) to the maximum extent feasible, provide services to low-income minority individuals and the other specific client groups defined in

**POLICY 301**

**SERVICE PRIORITY TO SPECIFIC CLIENT GROUPS**

this policy in accordance with their need for such services; and

- c) meet specific goals established by the Service Provider for providing services to individuals with greatest economic and social need within the Service Area.
3. Outreach efforts shall identify individuals eligible for, and inform them of, available assistance under Title III, Title VII, and Senior Community Services Funds, with special emphasis on:
- a) older individuals residing in rural areas;
  - b) older individuals with greatest economic need (with particular attention to low-income minority individuals);
  - c) older individuals with greatest social need (with particular attention to low-income minority individuals);
  - d) older individuals with severe disabilities;
  - e) older individuals with limited English-speaking ability; and
  - f) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).
4. The Service Provider shall target communities with the greatest prevalence of older persons with the greatest economic and social needs.

## **POLICY 302**

## **CONFLICTS OF INTEREST**

All Service Provider grant awards and procurement practices shall be conducted in a manner to provide, to the maximum extent possible, open and free competition. Each Service Provider shall be alert to organizational conflicts of interest.

### **PROCEDURE A DEVELOPMENT OF POLICIES AND PROCEDURES**

1. Each Service Provider shall develop policies governing the performance of its officers, employees or agents engaged in the selection, award and/or administration of grants and contracts funded with state and/or federal dollars to ensure freedom from conflicts of interest.

### **PROCEDURE B MINIMUM PROVISIONS**

At a minimum, Service Provider policies prohibiting conflicts of interest shall provide the following:

1. No employee, officer, or agent of the Service Provider may participate in the selection, award, or administration of a grant or contract supported with funds awarded by or through the Agency if a conflict of interest, real or apparent, exists. For purposes of this policy, a conflict of interest exists when:
  - a. the employee, officer or agent,
  - b. any member of his immediate family,
  - c. his or her partner, or
  - d. an organization which employs any of the above,

is considering hiring any of the above or has a financial or other interest in the firm or organization selected for the award.

2. No employee, officer, or agent of the Service Provider may either solicit or accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements. Upon Agency approval, however, Service Providers may set minimum rules where the financial interest is not more than \$50.00 or the gift is an unsolicited item of nominal intrinsic value.

**POLICY 303**

**SERVICE SPECIFICATIONS**

The Agency is required by the Ohio Department of Aging and the U. S. Administration on Aging to include Service Specifications as contractual requirements with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer’s Respite funds must comply. By agreement with the Lucas County Commissioners, these same requirements apply to the Lucas County Senior Services Levy funds administered by the Agency.

**PROCEDURE A CURRENT SERVICE SPECIFICATIONS**

Service Specifications have been standardized for six services for seniors. The specifications for each of the services are located in an Appendix to this Policy as indicated below:

- a. Adult Day Service Appendix A
- b. Chore Service Appendix B
- c. Homemaker Service Appendix C
- d. Personal Care Service Appendix D
- e. Transportation Service Appendix E
- f. Home Maintenance, Modification and Repair Service Appendix F

## **POLICY 304**

## **SERVICE TAXONOMY**

The Agency has developed the following standard Service Taxonomy with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer's Respite funds must comply. By agreement with the Lucas County Commissioners, these same requirements apply to the Lucas County Senior Services Levy funds administered by the Agency.

### **PROCEDURE A BASIC SERVICE DEFINITIONS AND GUIDELINES**

The following basic service definitions and guidelines apply to all services contracted for by the Agency, regardless of funding source.

#### **SERVICE CODE 1: PERSONAL CARE - Community Based Care**

- a. Definition: Providing basic health maintenance or personal hygiene assistance to individuals in their homes. The basic purpose of the program is to offer a household-oriented alternative to institutional care, where appropriate. This program may include care by trained paramedical personnel.
- b. Service Activities May Include:
  - bedside nursing care,
  - therapy (i.e., occupational, physical or speech),
  - personal hygiene, and
  - assistance with self-administered medication (reminders to client)
- c. Unit of Service Definition: One hour of staff time expended on behalf of a client (face-to-face).
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
  - Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Client's phone number
    - Specific service(s) provided
    - Length of time spent with client (specify arrival and departure times)
    - Signature of client or authorized representative (not service provider)
    - Signature of personal care Service Provider

**SERVICE CODE 2:            HOMEMAKER – Community Based Care**

- a. Definition: Providing assistance to persons with the inability to perform one or more instrumental activities of daily living and general support by trained and professionally supervised homemakers to maintain, strengthen, and safeguard the functioning of individuals in their own homes, when no responsible or capable person is available for this purpose. Such support may include teaching of and assistance with household management and self-care.
  
- b. Service Activities May Include:
  - Teaching meal planning and preparation, household skills, money management and budgeting, shopping skills and home cleaning/maintenance
  - assistance with self-administered medication (i.e., remind client to take his/her medications, read instructions for utilization or uncap medication containers)
  - supervision and assistance with and/or performance of instrumental activities of daily living in the items listed above and the items indicated below
  - observation of client functioning and notification of changes in functioning to staff member's supervisor, as required
  - housekeeping tasks (cleaning, shopping, meal preparation, etc.)
  
- c. Unit of Service Definition: One hour of staff time expended on behalf of a client (face-to-face).
  
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
  
- e. Minimum Required Supporting Documentation:
  - Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Client's phone number
    - Specific service(s) provided
    - Length of time spent with client (specify arrival and departure times)
    - Signature of client or authorized representative (not service provider)
    - Signature of personal care Service Provider

**POLICY 304**

**SERVICE TAXONOMY**

**SERVICE CODE 3: CHORE – Community Based Care**

- a. Definition: Providing assistance for household chores and other light work to enable the older person to remain independent. This service does not require professionals/paraprofessionals.
- b. Service Activities May Include:
- Light home repairs (leaky faucet, broken window, torn screen, etc.)
  - Lawn care/snow removal
  - Cleaning gutters
  - Removing/installing screens and storm windows
  - Essential shopping
  - Other similar tasks
- c. Unit of Service Definition: One hour of staff time expended on behalf of a client (face-to-face).
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Client's phone number
    - Specific service(s) provided
    - Length of time spent with client (specify arrival and departure times)
    - Signature of client or authorized representative (not service provider)
    - Signature of personal care Service Provider

**SERVICE CODE 5: ADULT DAY SERVICES – Community Based Care**

- a. Definition: Services provided in a protective setting for adults who do not require 24-hour institutional care, but due to physical and/or mental impairment are not capable of full-time independent living. This service may require professionals/paraprofessionals.
- b. Service Activities May Include:
- provision of a protective environment
  - one meal
  - social activities
  - rest periods (as needed)
  - emergency medical arrangements and contact with caregivers
  - Additional Services May Include:
    - Personal care,
    - Special diet,
    - Health examination,
    - Family and individual counseling,
    - Training in activities of daily living
- c. Unit of Service Definition: One person-day (5 or more hours of care)
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Signature or initials of client, family member or driver on day client attends
    - Arrival and departure times

**POLICY 304**

**SERVICE TAXONOMY**

**SERVICE CODE 6:**            **CASE MANAGEMENT/CARE COORDINATION –  
Community Based Care**

- a.    Definition:    Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers so that they can continue to live independently, in their own homes.
- b.    Service Activities May Include:
- Case/Client finding activities
  - Intake and assessment
  - Care Plan Development and implementation
  - Regular review, reassessment and follow-up of client status
  - Client transfer and/or discharge
  - Case closure
- c.    Unit of Service Definition:    One hour of staff time expended on behalf of a client constitutes one unit of service.
- d.    Unit of Service Counts:        Unit of service counts should be equal to or greater than the number of clients served.
- e.    Minimum Required Supporting Documentation:
- Agency-approved intake and screening form

**POLICY 304**

**SERVICE TAXONOMY**

**SERVICE CODE 9: ESCORT/ASSISTED TRANSPORTATION**

- a. Definition: Accompanying older persons to assist them in using essential transportation. Trips should not be recreational. A single escort may assist more than one individual. If the agency provides door-to-door and/or through-the-door service, the driver may also provide escort services.
- b. Service Activities May Include:
- Activities that support the direct provision of transportation service to a person who has difficulties (physical or cognitive) using that transportation service without such assistance, and are related to the provision of trips to and/or from community resources.
- c. Unit of Service Definition: One-way trip
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Destination
    - Number of miles traveled
    - Name of escort
    - Signature or initials of client or authorized representative (escort)
    - Signature of driver

**SERVICE CODE 10:           TRANSPORTATION**

- a. Definition: Transporting older persons to and from community facilities and resources for purposes of receiving/acquiring services, to participate in activities or attend events in order to reduce isolation and promote successful independent living. Recreational trips should be self-supporting through project income and should be counted under Recreation (Service Code 25).
  
- b. Service Activities May Include:
  - Door to door, scheduled route or on-demand transportation
  
- c. Unit of Service Definition: One-way trip
  
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
  
- e. Minimum Required Supporting Documentation:
  - Transportation Log containing:
    - Date of service
    - Number of miles traveled
    - Pick up location
    - Destination
    - Names of clients
    - Signatures or printed names and initials of clients (or their escort) transported
    - Signature of driver

**SERVICE CODE 11:      LEGAL ASSISTANCE**

- a. Definition: Includes arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person (or his/her representative).
- b. Service Activities May Include:
- Provision of legal advice and information
  - Legal research on behalf of client(s)
  - Education concerning legal rights
  - Representation by an attorney at law, a trained paralegal, and/or a law student; and
  - Provision of client advocacy to secure needed and entitled benefits.
- c. Unit of Service Definition: One hour of time spent by a qualified person working on behalf of an older person.
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Client's telephone number
    - Specific service(s) provided
    - Signature of client or authorized representative
    - Name/Signature of service provider

**SERVICE CODE 14: CLIENT FINDING/OUTREACH**

- a. **Definition:** Contacts initiated by an agency or organization for the purpose of identifying potential clients and encouraging their use of available services and benefits.
- b. **Service Activities May Include:**
  - Conducting search and find activities (e.g., canvassing door to door and personal contact with older persons whose names have been solicited from community resources) which seek out and identify hard to reach older persons and targeted populations (“hidden senior populations” and those with the greatest need
  - Informing persons of benefits and activities available
  - Encouraging older persons to participate in senior programs
- c. **Unit of Service Definition:** One contact between a service provider and an elderly client. Units are based on an initial contact by a service provider and may be counted only once in any program year.
- d. **Unit of Service Counts:** Unit of service counts should be equal to the number of clients contacted.
- e. **Minimum Required Supporting Documentation:**
  - Client Information Sheet containing:
    - Date of service delivery
    - Client’s name
    - Client’s address
    - How contacted
    - Results
    - Name/Signature of service provider conducting outreach

**SERVICE CODE 16: COUNSELING**

- a. Definition: Counseling services provided by a properly credentialed individual to help older individuals and/or their families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustment.
- b. Service Activities May Include:
  - Personal counseling
  - Formal and informal group sessions
- c. Unit of Service Definition: One hour of time spent by a qualified counselor expended on behalf of an older person.
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
  - Client Information Sheet containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Specific service(s) provided
    - Signature of client or authorized representative
    - Name of counselor
    - Signature of counselor

**SERVICE CODE 17: EDUCATION/INSTRUCTION**

- a. Definition: Services which provide individuals with opportunities to acquire knowledge and skills suited to their interests and capabilities through formally structured, group oriented lectures or classes. Such programming should be provided by a qualified individual. Subject areas for education/instruction may include health, mental health, personal care, consumerism, crime prevention, legal rights/entitlements, retirement orientation and life enrichment.
- b. Service Activities May Include:
- Scheduling and providing academic courses, classes, seminars, lectures and other presentations
  - Developing teaching aids and/or informational materials
  - Arranging/conducting site visits directly related to the program
- c. Unit of Service Definition: One hour of time spent by a qualified person providing education/instruction (does not include preparation time).
- d. Unit of Service Counts: Unit of service counts should be less than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Specific title of the instruction/education activity
    - Names of attendees
    - Signatures of attendees
    - Name of instructor
    - Signature of instructor

**SERVICE CODE 19: HOME MAINTENANCE/REPAIRS**

- a. Definition: Assistance to older persons to maintain their homes in a habitable and safe condition or to install adaptive equipment to meet the needs of seniors with physical limitations. All repairs, renovations and equipment installations must be in compliance with appropriate local codes and ordinances. Specific documentation outlining the nature and scope of work allowable under this service code and the means for determining client eligibility for this service are contained in the Agency's Home Repair Manual maintained by the Housing Coordinator.
- b. Service Activities May Include:
- Client screening for eligibility
  - Site visit to determine nature and scope of required work
  - Roof, window, door, etc., repair or replacement
  - Weatherproofing, if not available from another community resource
  - Other minor repairs to maintain the integrity or safety of the client's home
- c. Unit of Service Definition: One home repair work order completed by a qualified individual.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
- Completed client application and intake forms
  - Work order for required repairs
  - Authorization for completion of repairs
  - Name and signature of individual/company completing repairs
  - Signature of client indicating satisfaction with completed repairs
  - Agency Housing Department site evaluation to certify completed repairs

**SERVICE CODE 20: INFORMATION AND ASSISTANCE/REFERRAL**

- a. Definition: A service for older individuals that: a) Provides individuals with current information on opportunities and services available to them within their communities, including information relating to assistive devices/technology; b) Assesses the problems and capacities of the individual; c) links the individual to the opportunities and services that are available; and, d) ensures, insofar as possible, that the individual receive the needed services and opportunities, through follow-up contact with the individual.
- b. Service Activities May Include:
- Provision of specific information about appropriate community resources which will meet the immediate expressed need of the individual, including information regarding assistive technology
  - Provision of assistance to older persons to identify their needs and place them in direct contact with appropriate community resources or service providers
  - Assessment of the problems and capacities of the individual
  - Follow-up activities conducted with older persons and/or agencies to determine whether the services have been received and the identified need met following the formal referral
  - Expansion of information and assistance services to a 24 hour a day basis in times of disaster or emergency (flooding, snow or heat emergency, tornado, etc.) to assure older persons are safe and have access to services to meet their current needs
- c. Unit of Service Definition: An individual client contact (one on one) made for information, referral, or assistance. This unit includes all referral and follow-up on behalf of that client. If the same client contacts the I&A service provider again about the same issue, no additional units of service may be counted.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
- Information & Assistance/Referral Log containing, where possible:
    - Date
    - Client's name or notation of anonymous client
    - Resource information requested
    - Name of agency or resource client was referred to
    - Follow-up information for client and/or resource
    - Signature of person providing service

**SERVICE CODE 21: MASS OUTREACH**

- a. **Definition:** Includes outreach to the community at large to familiarize seniors and others with programs and services offered by individual service providers. Includes outreach to seniors and others through general mailings, newsletters, speaking engagements, and public service announcements made on radio and television.
- b. **Service Activities May Include:**
- Newsletters to non-members and direct mailings
  - Speaking engagements
  - Promotion of programs and services at fairs, special events, and other public venues
- c. **Unit of Service Definition:** One event/ mailing/ group contact. Mailings to booster groups and others who receive newsletters as a result of membership at a senior center and newspaper articles, television and radio interviews may not be counted.
- d. **Unit of Service Counts:** Unit of service counts should be less than the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- Outreach Service Log containing:
    - Date of service delivery
    - Activity conducted
    - Location of activity
    - Number of seniors/others contacted or in attendance
    - Copy of mailing list (if mail delivery utilized)
    - Names/signatures of persons conducting the activity

**SERVICE CODE 22: HEALTH SCREENING/MEDICAL ASSESSMENT**

- a. Definition: Services provided to assist individuals in achieving and maintaining a favorable health status by assisting them in identifying and understanding their physical and mental needs and the need to seek out medical assistance, when indicated. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to health care systems/providers, not on diagnosis, treatment and monitoring. Service must be provided by appropriately qualified and credentialed individuals.
- b. Service Activities May Include:
- Blood pressure and blood sugar testing
  - Vision screening/glaucoma testing
  - Podiatry evaluation
  - Hearing evaluations
  - Anemia Screenings
  - Coordinating the provision of vaccinations (flu, pneumonia, etc.)
  - Other activities directly related to health/medical screenings, including individual health consultation and education
- c. Unit of Service Definition: One individual screening of an older person by a properly qualified and credentialed individual. Do not count screenings and evaluations conducted by outside agencies being reimbursed by the Agency who are using the service provider's facilities.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Sign-Up Sheet containing:
    - Date of service delivery
    - Client's name
    - Type of screening/evaluation
    - Specific service(s) provided
    - Signature of client or authorized representative
    - Signature of service provider

**SERVICE CODE 23: HEALTH TREATMENT/MEDICAL TREATMENT**

- a. **Definition:** Providing medical treatment services by skilled medical personnel for individuals suffering from or at risk of illness, injury, or other physical or mental conditions. Programs primarily engaged in locating such treatment for individuals, as well preventative immunization opportunities, are to be included in this service category. (For services providing only diagnostic care, see “Health Screening/Medical Assessment”). Service must be provided by appropriately qualified and credentialed individuals.
- b. **Service Activities May Include:**
- Providing vaccinations (flu, pneumonia, etc.) and other medical treatments for seniors
  - Other activities approved by the Agency
- c. **Unit of Service Definition:** One individual treatment of an older person by a properly qualified and credentialed individual. Do not count treatments and procedures conducted by outside agencies being reimbursed by the Agency who are using the service provider’s facilities.
- d. **Unit of Service Counts:** Unit of service counts should be equal to the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- Client Sign-Up Sheet containing:
    - Date of service delivery
    - Client’s name
    - Type of treatment/procedure
    - Specific service(s) provided
    - Signature of client or authorized representative
    - Signature of clinician providing service

**SERVICE CODE 25:      **SOCIALIZATION/RECREATION****

- a.    Definition:    Activities that foster the health and social well-being of individuals through social interaction and constructive use of time. In determining and developing recreational activities, the needs and interests of the seniors should be the primary consideration.
  
- b.    Service Activities May Include:
  - Instruction in dance, games, crafts and hobbies
  - Organized games, sports and other physical activities
  - Group tours and outings to points of interest
  
- c.    Unit of Service Definition:    One scheduled activity
  
- d.    Unit of Service Counts:      Unit of service counts should be less than the number of clients served.
  
- e.    Minimum Required Supporting Documentation:
  - Individual Client Information Sheet containing:
    - Date of service delivery
    - Identification of activity
    - Names of participating clients
    - Signatures of participating clients
    - Name of person facilitating the activity
    - Signature of person facilitating the activity

**SERVICE CODE 26: SOCIALIZATION/TELEPHONING**

- a. Definition: Telephone calls at specified times to or from individuals who live alone, to determine if they require special assistance and to provide psychological reassurance and reduce isolation. Calls should be made to client at least three times per week.
- b. Service Activities May Include:
- Identifying and reporting a client's need for services
  - Establishment of an emergency plan for clients if telephone call is not answered
  - Activities planned for each telephone call relative to the individual's needs
  - Telephone calls to each client at regularly scheduled times
  - Telephone calls to determine that older persons are safe and/or have access to services to meet their immediate needs during disasters and emergency situations (hot weather, snow emergencies, flooding, etc.)
  - Follow-up notification to family, physician, police, etc., in the event the senior needs assistance
- c. Unit of Service Definition: One telephone reassurance call placed or received from a client.
- d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Socialization/Telephoning Log containing:
    - Date of service delivery
    - Client's name
    - Client's telephone number
    - Name of person placing/receiving call
    - Signature person placing/receiving call

**SERVICE CODE 27: SOCIALIZATION/VISITING**

- a. Definition: Regular visits by staff or volunteers to socially and/or geographically isolated individuals for the purpose of providing companionship and social contact with the community. The program is for the older person who is often unable to leave his/her residence and who has few or no friends, family or neighbors who can visit regularly. Should be carried out at least once per week.
- b. Service Activities May Include:
  - Visiting seniors at their homes
  - Visiting to determine that older persons are safe and/or have access to services to meet their immediate needs during disasters and emergency situations (hot weather, snow emergencies, flooding, etc.) Education concerning legal rights
- c. Unit of Service Definition: One hour of time spent visiting with the older person.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
  - Socialization/Visiting Log containing:
    - Date of service delivery
    - Client's name
    - Client's address
    - Signature of client or authorized representative
    - Signature of visitor

**SERVICE CODE 28: VOLUNTEER PLACEMENT**

- a. Definition: Providing opportunities for older persons to enrich their lives by volunteering at community agencies and institutions. This service is generally coordinated by an RSVP program.
- b. Service Activities May Include:
  - Recruitment of volunteers
  - Completing background checks
  - Coordination activities
  - Matching the volunteer to an appropriate program
- c. Unit of Service Definition: One placement.
- d. Unit of Service Counts: Unit of service counts should be equal to the number of clients served.
- e. Minimum Required Supporting Documentation:
  - Volunteer Placement Log containing:
    - Date of placement
    - Name of client placed
    - Name of agency or institution where volunteer placed
    - Signature of person making placement

**SERVICE CODE 34: SUPPORTIVE SERVICES**

- a. **Definition:** Activities that foster the independence and well-being of seniors by providing individual assistance, education, and advocacy. Note that preparing and submitting Golden Buckeye Card applications and sorting, staging and distribution of federal/state food commodities are not authorized under this service and these services cannot be paid for with federal or state funds. *(The exception to this provision is that in Lucas County, Service Providers participating in commodities programs may apply for Lucas County Senior Services Levy funding to provide this monthly service.)* Services may be provided by professionals, trained volunteers, or service provider staff.
- b. **Service Activities May Include:**
- Assistance in preparing forms and responding to official inquiries (income tax returns, HEAP applications, etc., and translation services for seniors with limited or no English-speaking ability
  - Assistance in responding to Medicare/Medicaid inquiries, applying for prescription drug discount programs and other state and federal programs
- c. **Unit of Service Definition:** One contact with client.
- d. **Unit of Service Counts:** Unit of service counts should be the same as or greater than the number of clients served.
- e. **Minimum Required Supporting Documentation:**
- Supportive Service Sign Up Sheet containing:
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Signature of client
    - Client's address
    - Name of person providing the service
    - Signature of person providing the service

**POLICY 304**

**SERVICE TAXONOMY**

**SERVICE CODE 39: BENEFITS COUNSELING/MANAGED CARE ADVOCACY**

- a. Definition: Specialized assistance by professionals or trained volunteers to assist seniors in navigating, assessing and applying for benefits such as Medicare/Medicaid, other managed care programs, pension benefits, social security, supplemental health insurance, life insurance, etc.
- b. Service Activities May Include:
- Assisting the client in preparing and submitting forms and documentation
  - Advocacy on behalf of the client in such matters
  - Referral to other service providers for additional assistance in such matters
- c. Unit of Service Definition: One hour of contact with the client or one hour of service on behalf of the client.
- d. Unit of Service Counts: Unit of service counts should be the same as or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Client Information Sheet containing:
    - Date of service delivery
    - Identification of service provided
    - Name of client
    - Signature of client
    - Client's address
    - Name of person providing the service
    - Signature of person providing the service

**SERVICE CODE 41: HOME INJURY CONTROL/ASSESSMENT**

- a. Definition: Services designed to promote home safety for older persons. Generally provided by occupational or physical therapists and other properly trained and credentialed individuals.
- b. Service Activities May Include:
- Assessing high risk home environments as they affect the safety and well-being of the client
  - Provision of information on, or referral to sources of information, on home injury prevention (e.g., fall and fracture prevention, cooking safety, water temperature control)
- c. Unit of Service Definition: One individual assessment.
- d. Unit of Service Counts: Unit of service counts should be the same as or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Home Injury Control Client Assessment Information Sheet containing:
    - Date of service delivery
    - Type of assessment conducted
    - Name of client
    - Signature of client
    - Client's address
    - Name of person conducting the assessment
    - Signature of person conducting the assessment

**SERVICE CODE 46: HEALTH EDUCATION**

- a. Definition: The provision of age-specific information to seniors that increase their awareness of and interest in the need for their participation in maintaining their own state of health. Such education is presented by credentialed professionals.
- b. Service Activities May Include:
- Health education provided to seniors by clinicians (physicians, pharmacists, etc.)
  - Interaction with seniors on an individual or group level to respond to specific concerns or requests for information, before, during or after the presentation
- c. Unit of Service Definition: One hour of service to clients.
- d. Unit of Service Counts: Unit of service counts should be the same as or greater than the number of clients served.
- e. Minimum Required Supporting Documentation:
- Health Education Sign Up Sheet containing:
    - Date of service delivery
    - Identification of information presented
    - Name of client
    - Signature of client
    - Name of person providing the service
    - Signature of person providing the service

**POLICY 305**

**REQUEST FOR VARIANCE FROM PRESCRIBED SERVICE  
TAXONOMY**

The Service Provider may request a variance from the standard service categories if the primary function or effect of the service to be provided deviates substantially from the prescribed definitions. Durations for approved variances shall coincide with that of the Agency's Area Plan that is in effect at the time of the variance approval.

**PROCEDURE A SUBMISSION OF REQUEST FOR VARIANCE**

1. The Service Provider must apply in writing when requesting a variance in service taxonomy and allowable services.
2. The request for variance review will coincide with Agency's Area Plan.
3. Agency approval of the request for variance will include at a minimum, information on taxonomy classification (program and activity codes); service name; and indication of time-limited status, if applicable.

Each Service Provider must develop and publish written policies and procedures for carrying out its functions as mandated in the Older Americans Act (OAA) and OAA Regulations, as well as the Agency's Policies and Procedures Manual.

**PROCEDURE A    MANUAL DEVELOPMENT**

1.    The Service Provider shall review, minimally, the following for incorporating mandated functions and prudent management practices into their Policies and Procedures:
  - a.    OAA Act;
  - b.    OAA Regulations;
  - c.    Agency's Policy and Procedures Manual;
  - d.    Dept. of Health & Human Services (DHHS) 45 CFR. Part 74; and
  - e.    Office of Management and Budget (OMB) Circular A-102

**PROCEDURE B    REVIEW PROCEDURES**

1.    The manual shall contain procedures for revisions, updates and distribution.
2.    The manual shall be approved by the Service Provider's board of trustees.
3.    The manual shall be updated to reflect changes in Agency policies and procedures.
4.    A copy of the most current manual shall be on file with the Agency.

**PROCEDURE C    MINIMUM MANUAL CONTENT**

1. The manual shall address, at a minimum the following:
  - a. The process for the awarding of all Agency funds by the Service Provider;
  - b. All contracting requirements associated with each funding resource;
  - c. All service-related requirements, including standards, when applicable;
  - d. Service Provider monitoring/assessment functions;
  - e. Advisory Council;
  - f. Selection method;
    - i. county/geographical representation rules;
    - ii. terms of all members;
    - iii. voting rights;
  - g. Affirmative Action;
  - h. 504 Accessibility; and
  - i. Any other requirements of the Service Provider aimed at ensuring compliance with Agency policy or further Service Provider specification of Agency policy.

## **POLICY 307**

## **SERVICE PROVIDER STRATEGIC PLANS**

The Agency requires each Service Provider to develop a Strategic Plan that:

1) identifies at-risk seniors in their catchment areas for outreach and targeting of services; 2) identifies specific unmet program and service needs of seniors and develops organizational priorities to meet these needs; 3) identifies and proposes actions to eliminate any barriers to service participation encountered by seniors; and, 4) provides an annual update, via program reporting, as to their effectiveness in meeting these needs.

Outreach efforts shall identify individuals eligible for, and inform them of assistance available to them through Title III of the Older Americans Act, Ohio Senior Community Services, local levies, and other funds. Special emphasis will be placed on older individuals residing in rural areas, older individuals with greatest economic need (with particular attention to low-income minority individuals), older individuals with greatest social need (with particular attention to low-income minority individuals), older individuals with severe disabilities, older individuals with limited English-speaking ability, and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

### **PROCEDURE A STRATEGIC PLAN FORMAT AND SUBMISSION**

1. Service Providers are required to provide a copy of their current strategic plan as an enclosure to each application for funding submitted to the Agency in response to periodic requests for proposals.
  - a. Strategic Plans must be reviewed and updated at least every five years. Plans must be clearly marked with the date they were approved by the Service Provider's governing body. Similarly, any changes or updates to the plan must be clearly marked.
2. Strategic Plans should be in a format similar to the Agency's Area Plan. Copies of this plan are available from the Agency's Planning Department.

### **PROCEDURE B AREA PLAN DEVELOPMENT**

1. Service Providers will utilize a strategic planning process that, at a minimum:
  - a. includes an environmental scan to identify key issues,

**POLICY 307**

**SERVICE PROVIDER STRATEGIC PLANS**

- b. analyzes strengths, weaknesses, opportunities and threats,
  - c. identifies service needs and gaps,
  - d. identifies critical issues based on the above activities, and
  - e. leads to development of strategic goals and objectives to address these issues.
2. Service Providers will, through various mechanisms, such as a needs assessments, community forums, questionnaires, surveys, etc., assess the needs of the elderly in their catchment areas. Proposed activities to address the results/findings of the process will be specified in the strategic plan as goals and objectives.

**PROCEDURE C STRATEGIC PLAN REVIEW**

1. The Agency will review and comment on Service Provider strategic plans as a part of the annual monitoring process.

## **POLICY 308**

## **CARE COORDINATION**

The Agency can designate Service Providers to offer a Care Coordination Program (CCP) as part of a consumer-centered, coordinated, comprehensive network of community-based services. The program shall offer choices to the older adult and their caregiver, when applicable, to age in place safely and shall support them as their needs change.

The purpose of the CCP is to facilitate access and utilization of home- and community-based services for persons with diverse incomes and needs. The population served shall be older persons and may include caregivers of eligible care recipients. The Service Provider may employ innovative care coordination techniques to coordinate a wide range of traditional and/or brokered services, including those not defined in ODA taxonomy. Brokered services are those funded with dollars over which the case manager has no authority or control.

### **PROCEDURE A PROGRAM COMPONENTS**

Care Coordination Programs are defined as having a minimum of the following four components:

1. Screening;
2. Assessment and reassessment;
3. Care planning; and
4. Ongoing contact between the case manager and the consumer.

### **PROCEDURE B PROGRAM PLAN AND BUDGET**

Service Providers offering this program shall develop a plan for the delivery and evaluation of services provided. This plan shall be submitted as a component of the Service Provider's annual application for funding, and shall include, at a minimum, the following:

1. Consumer eligibility requirements;
2. Assessment instrument;
3. Matrix of funded and commonly brokered services;
4. Linkages between CCP and other programs;
5. Methods/delivery of care coordination services;

## **POLICY 308**

## **CARE COORDINATION**

6. Service cost caps, if applicable;
7. Anticipated number of consumers by funding source to be served;
8. A budget by funding source identifying administrative, care coordination and service costs;
9. Evaluation component in addition to quality assurance activities

## **PROCEDURE C CONSUMER ELIGIBILITY**

The Service Provider shall, with the approval of the Agency, establish eligibility criteria for consumers based on the funding source requirements, which may include, but are not limited to, age, physical or mental disability, or caregiver status.

Consumers must need ongoing or episodic care coordination for coordination of services delivered by service providers and/or informal caregivers.

The Service Provider shall provide consumers with information about each of the programs for which they are eligible. This shall include, but not be limited to, services and/or benefits available; care plan cost caps and estimated date of initiation of services.

The Service Provider shall allow consumers to choose the program in which they will be enrolled. Consumers' participation in CCP will not be terminated due to changes in income or functional status unless the consumer chooses to enroll in PASSPORT.

The Service Provider shall develop and submit to the Agency for approval a prioritization system that identifies consumers at most risk. These consumers may receive services before others who had requested services on an earlier date.

## **PROCEDURE D FUNDING OF SERVICES**

1. The Agency shall maintain records to ensure that the funding sources for services arranged through CCP are identified with the exception of brokered services.
2. The Service Provider shall fund and/or broker services.
3. Care coordination shall be a direct service, i.e., funded as a service from the CCP budget.

**POLICY 308**

**CARE COORDINATION**

4. Cost share requirements do not apply to care coordination.

**PROCEDURE E SCOPE OF SERVICES**

1. The Agency shall determine which services and/or brokered services will be offered in the CCP. Services may include activities not described in the ODA taxonomy.
2. The Agency shall request a variance for any service, except for brokered services, not currently in the ODA taxonomy, as outlined in ODA Policy 207.00, Request for Variance from Prescribed ODA Service Taxonomy.
3. The Agency shall assure that care coordinated services that are part of the current ODA taxonomy are delivered in compliance with Conditions of Participation and current service specifications in ODA Policy 308.

**PROCEDURE F CARE COORDINATION**

1. The Agency shall provide care coordination services directly and/or through contract with an external Service Provider. These services shall include advocacy and may include brokering of services.
2. The Agency shall establish guidelines for the frequency, duration, and method of Service Provider staff level of involvement.
3. A Service Provider that contracts to provide care coordination with the Agency shall not provide a second service to CCP consumers to avoid causing a conflict of interest unless the Service Provider has a waiver to do so.
4. The Agency shall monitor contracted care coordination services as part of the quality assurance program in accordance with ODA Policy 211.

**PROCEDURE G ASSESSMENT AND CARE PLAN**

1. The Service Provider shall develop written procedures that ensure that the assessment process will:
  - a. Collect the data needed to determine eligibility and service need; and,

## **POLICY 308**

## **CARE COORDINATION**

- b. Facilitate ease of access for consumers residing in the community and/or being transferred from another program or type of care setting.
2. The Service Provider shall develop written procedures that ensure the consumer or his/her designated representative's active involvement with the development and implementation of the care plan.
3. The Service Provider shall develop written procedures that ensure the consumer or his/her designated representative's understanding of his/her rights and responsibilities to voice concerns to the Agency and the designated Regional Long-term Care Ombudsman Program.

## **PROCEDURE F      MONITORING OF CONTRACTED SERVICE PROVIDERS**

1. The Service Provider shall develop written procedures for program and contract monitoring of Service Providers with which it has brokered-service contracts. These procedures, along with service specifications and any other appropriate documentation shall be submitted to the Agency's Department of Planning and Program Development for review and approval prior to implementation.
2. The Service Provider shall monitor each contracted Service Provider at least annually and maintain monitoring records for a minimum of 5 years from the date of each final monitoring report.

## **POLICY 309**

## **VEHICLE ACQUISITION AND DISPOSAL**

The purchase of vehicles with funds administered by the Agency shall be from Title III-B (Supportive Services), or Title III-C-1 (Congregate Nutrition) or Title III-C-2 (Home Delivered Meals).

Vehicles purchased from Title III-B funds may only be used for the transportation of clients to and from programs and services. Transportation may be provided for medical appointments, necessary errands such as grocery shopping, and multipurpose senior centers for socialization, a meal, or for other approved uses. A “suggested donation” may be requested to help defray the cost of this transportation service. Any donations accepted are considered to be program income and are to be put back into the program.

Vehicles purchased from Title III-C-1 funds may only be used to deliver food to congregate nutrition sites. Vehicles purchased from Title III-C-2 funds may only be used to deliver meals to homebound Title III-C-2 meal recipients.

### **PROCEDURE A VEHICLE ACQUISITION**

A formal written request must be made to the Agency that includes the following information:

1. Specific need for the vehicle;
2. States the type of vehicle that will fit that need;
3. Lists prices from at least three authorized vendors;
4. Reports the number of clients to be served;
5. Outlines the method of vehicle maintenance; and
6. Documents the need for the vehicle. A needs assessment study or survey of the recipient population is an example of the necessary documentation.

The Agency will respond in writing as to whether the request is approved or denied. If approved, the vehicle must be purchased from the dealer that offers the best comparative price.

The following provisions apply to all vehicles purchased under this policy:

1. The Agency must be listed as a lien holder on the vehicle’s title.

## **POLICY 309**

## **VEHICLE ACQUISITION AND DISPOSAL**

2. The Service Provider shall include signage of the vehicle to the effect that it is “Funded in part by Title III of the Older Americans Act and/or Lucas Senior Service Levy (as appropriate), using funds administered by the **Area Office on Aging of Northwestern Ohio, Inc.** and the **Ohio Department of Aging.**”
3. The Service Provider must assure and document that all operators and owners of vehicles maintain proof of financial responsibility as required in Ohio Revised Code Section 4509.101 for each vehicle utilized.
4. The Service Provider is also responsible for ensuring full compliance with the Transportation Service Specifications of Appendix 2 to this manual.

## **PROCEDURE B VEHICLE DISPOSAL**

A formal written request must be made to the Agency which:

1. Describes the vehicle in terms of model, make, year, mileage, overall condition (including mechanical and exterior), and reason for disposal of vehicle.
2. Lists loan value and retail value from the current “Blue” book for the vehicle or other authoritative source.
3. Specifies preferred method of disposal.
  - a. In order to preserve federal funds, the maximum amount possible shall be obtained when disposing of a vehicle.
    - i) At least three bids (offers) shall be obtained and the highest bidder should purchase the vehicle.
    - ii) A copy of the receipt of sale shall be sent to the Agency, along with the funds obtained from the sale. Funds will be deposited into the funding stream from which they were originally obtained.

**POLICY 309**

**VEHICLE ACQUISITION AND DISPOSAL**

- iii) If vehicle is to be traded in for another vehicle, the trade-in amount towards the new vehicle should be greater than or equal to the highest amount stated by the bidder. The amount applied toward the new vehicle is still considered to be from the appropriate Title III fund unless returned to the Agency.
- 4. The Service Provider may transfer the vehicle to another organization's non-profit use when the following circumstances exist:
  - a. Vehicle mileage is 150,000 or more.
  - b. Poor mechanical and exterior conditions are present.
  - c. The fair market value is \$1,000 or less.
  - d. The vehicle is seven or more years old.
- 5. The Agency must approve all vehicle acquisition and disposal activities in writing.

## **POLICY 310**

## **AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

Each Service Provider who employs 15 or more individuals must operate under Affirmative Action and Equal Employment Opportunity Policies and Procedures. These policies and procedures must include at a minimum: language for appropriate civil rights staffing, affirmative action in employment (Affirmative Action Plan), compliance with civil rights regulations (laws), civil rights responsibilities of the Service Provider, a discrimination complaint process, and personnel administration of the Service Provider.

Discrimination due to age (40 years or more), race, sex (including sexual harassment and sexual orientation), color, religion, national origin or handicap (physical or mental disabilities) will not be tolerated within any program utilizing funds administered through the Agency.

### **PROCEDURE A    CIVIL RIGHTS STAFFING**

1. Each Service Provider will assign responsibility for implementation of its overall Civil Rights Program to an in-house staff person (identified as an Equal Opportunity Representative - E.O. Rep.) who is employed with the Service Provider on a full-time basis.
  - a. The position of the designated staff person assigned the duties as an E.O. Rep. should be that of sufficient authority with the Service Provider to coordinate and assure compliance with the civil rights program. Every effort should be made to recruit and hire the civil rights staff from among experienced compliance personnel.
  - b. The E.O. Rep. must contact the Agency Equal Opportunity Officer to schedule training in Civil Rights responsibilities and techniques. The E.O. Rep. must receive this training within 60 days following the assignment of Civil Rights Program duties.

### **PROCEDURE B    AFFIRMATIVE ACTION IN EMPLOYMENT**

1. Each Service Provider will prepare and maintain an affirmative action plan (AAP).

**POLICY 310**

**AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

- a. This plan must be a written plan, which is updated annually.
  - b. The AAP must be submitted to the Agency for approval within 30 days following the beginning of each Service Provider's program year.
  - c. The AAP must outline specific objectives, action steps and timetables that will indicate the course the Service Provider will undertake to provide equal employment opportunity.
2. Each Service Provider will develop written procedures for handling in-house investigations and resolution processes of formal complaints of alleged discrimination filed against the Service Provider by its employees.
- a. These procedures will be submitted to the Agency with the AAP.
3. All complaints must be thoroughly investigated by the Service Provider E.O. Rep. and handled promptly, fully and in accordance with written procedures prior to referral to the Agency.
- a. The complaint and investigation is to be kept **confidential**.
  - b. The discrimination complaint investigation by the Service Provider must include, at a minimum, gathering facts, analysis of facts, witness interviews, and a written investigation report and recommendations.
4. Each Service Provider shall develop a written non-discrimination policy statement.
- a. This statement will be signed by the Service Provider director and posted in a location conspicuous to the Service Provider's employees.

**POLICY 310**

**AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

**PROCEDURE C CIVIL RIGHTS - REGULATIONS**

1. Each Service Provider shall be in compliance with the following laws and rules:
  - a. **The Equal Pay Act of 1963:** requires that individuals must receive equal pay for equal work regardless of sex. The federal enforcement agency is the Equal Employment Opportunity Commission.
  - b. **Title VI of the Civil Rights Act of 1964:** forbids that anyone be excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination on the basis of race, color, and national origin through expenditure of federal monies. Title VI is enforced by the appropriate federal grantor.
  - c. **Title VII of the Civil Rights Act of 1964 (As Amended):** forbids employment discrimination on the basis of race, color, religion, sex (including sexual harassment), and national origin. The Federal enforcement agency is the Equal Employment Opportunity Commission.
  - d. **The Age Discrimination in Employment Act of 1964 (As Amended):** Generally forbids discrimination in employment on the basis of age (40 years or more). The federal enforcement agency is the Equal Employment Opportunity Commission.
  - e. **The Rehabilitation Act of 1973:** requires that governmental agencies receiving federal monies be non-discriminatory toward handicapped. The pertinent section is enforced by guidelines of the respective federal grantors.
  - f. **The Americans with Disabilities Act of 1990:** incorporates portions of the Rehabilitation Act of 1973 but forbids employment

## **POLICY 310**

## **AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

discrimination for disabled whether or not the employer receives federal funds. Enforcement is by the Equal Employment Opportunity Commission, the Attorney General, and the Office of Federal Contract Compliance Programs.

- g. **The Vietnam Era Veteran Readjustment Assistance Act of 1974:** requires employers with government contracts or subcontracts of \$10,000 or more to take affirmative action "to employ and advance in employment" disabled veterans and qualified veterans of the Vietnam era.

## **PROCEDURE D CIVIL RIGHTS RESPONSIBILITIES OF SERVICE PROVIDERS**

1. Each Service Provider must sign an Assurance of Compliance With Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964, AoA Form #441.
  - a. This form must be submitted with the bid proposal.
  - b. Each Service Provider shall establish methods to be used in targeting and giving preference in the provision of services to those persons with the greatest economic or social need with particular attention to low-income minority individuals and individuals who are frail, homebound or otherwise isolated.
  - c. When determining the location or relocation of a facility (senior center, nutrition site, etc.), each Service Provider is to make selections that will not exclude minority senior participants from these benefits. Each Service Provider is to take every step necessary to ensure that access to services at the facility by minority groups will not be jeopardized by a change in the geographic location.
  - d. Each Service Provider shall have procedures for monitoring all aspects of its operations to assure no policy or practice is, or has

**POLICY 310**

**AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

the effect of, discriminating against senior participants on the grounds of race, color, sex, national origin, religion, age, Vietnam era or disabled veteran status or physical handicap.

i. The monitoring procedures shall address, but not be limited to, such areas as:

- (1) Location of offices and facilities;
- (2) Manner of assignments of applicants/clients to staff;
- (3) Dissemination of program information;
- (4) Criteria for acceptance into the agency's programs;
- (5) Awareness of ethnic, cultural, and language differences;
- (6) Referral of clients to other agencies and facilities;
- (7) Referral sources;
- (8) Tests, if applicable;
- (9) Utilization of minority women and disabled contractors;
- (10) Use of volunteers, consultants, etc.;
- (11) Application for assistance, if appropriate;
- (12) Rules of courtesy;
- (13) Provision of services;
- (14) Records;
- (15) Representatives of disabled individuals, members of racial minority groups serving on planning, advisory and policy boards;
- (16) Program accessibility to disabled persons;
- (17) Accommodations and auxiliary aids for persons with impaired sensory, manual, or speaking skills.

e. Each Service Provider shall assure that no qualified handicapped person shall be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any of their programs because facilities are inaccessible to, or unusable by, handicapped persons. (Ref: Sec. 504 of the

**POLICY 310**

**AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990).

**PROCEDURE E    DISCRIMINATION COMPLAINT PROCESS**

1. The complaint shall be signed by the complainant(s). Complaints may be addressed to the Manager of the Office for Equal Opportunity Agency, who will conduct a prompt and thorough investigation.
2. The identity of complainants and investigation reports shall be kept confidential except to the extent necessary to carry out the purpose of conducting the investigation and applying corrective action.
3. After the complaint has been investigated, the Manager of the Office for Equal Opportunity shall determine whether or not any discriminatory practice occurred. If he/she determines it necessary, he/she makes recommendations to the Executive Director of the Agency to correct past practices and to prevent the recurrence of such discrimination.

**PROCEDURE F    PERSONNEL ADMINISTRATION**

1. Each Service Provider not operating within governmental personnel policies shall develop and maintain its own manual on personnel practices and policies that will govern the Service Provider's personnel-related activities.
  - a. The personnel manual shall include at a minimum:
    - i. Personnel administration policies;
    - ii. Written staff grievance procedure;
    - iii. Wage and fringe benefits;
    - iv. Procedures for keeping personnel records (methods of allocating personnel expenditures, taxes withheld and paid and payroll record-keeping requirements).

**POLICY 310**

**AFFIRMATIVE ACTION AND EQUAL EMPLOYMENT OPPORTUNITY**

- b. Each Service Provider will develop and maintain written job descriptions for all staff positions, paid or volunteer, that accurately describe responsibilities for each position. Lines of supervisory authority and responsibility are to be clearly designated.
  - c. A salary schedule should be developed which covers a period of 3-4 years and should identify salary increases to be determined specifically by the extent of work and job duties and not for employees or their personal circumstances. Salaries should be competitive, within the local geographic area, for jobs with similar responsibilities.
  - d. Each Service Provider will institute procedures for reviewing staff performance. This review should take place, at a minimum, annually.
2. Each Service Provider shall make a special and sustained effort to promote employment opportunities for older persons consistent with existing laws, practices and staffing needs of the agency.
- a. Special consideration must be given to the employment of people aged 60 and over.
  - b. Job opportunities should be available for senior volunteers and part-time workers, if possible. Each Service Provider will develop and maintain written job descriptions for these positions, paid or volunteer, that accurately describe responsibilities for each position.

## **POLICY 311**

## **SERVICE PROVIDER MONITORING**

The Agency will ensure adequate performance of Service Providers through monitoring and evaluation of contracted services and programs. All Service Providers will receive programmatic monitoring, regardless of the funding source. The Agency will utilize the following guidelines in monitoring and evaluating Service Providers:

### **PROCEDURE A SCOPE**

1. The Agency will develop and follow a schedule for monitoring all Title III grants and contracts, and where appropriate, state and locally funded grants and contracts. The Service Provider will be given at least thirty days' notice of the monitor visit. The monitoring visit will be on a mutually agreeable date and will be confirmed by formal letter containing a copy of the monitor tool that will be used during the visit. Any changes to the scheduled monitor date will be documented in writing.
2. The Agency will monitor every Service Provider every year. Service Providers may be evaluated on-site using the current monitor tool, service taxonomy, and service specifications and/or a desk review that includes evaluation of data reporting, funding requests, strategic plans, attendance at required training and any other items pertinent to the process.
3. The Agency will review and comment, as necessary, on all fiscal and programmatic reports from each contractor as part of the monitoring process.
4. The Agency will assure Service Provider adherence to Quality Assurance service standards on all grants and contracts where appropriate.

### **PROCEDURE B MONITORING TOOL**

1. The Agency will develop monitoring/assessment documents to be used for the monitoring activity. The Service Provider will be provided with a copy of the tool to be used at least 30 days prior to the monitoring visit.
2. The tool shall address, at a minimum:

**POLICY 311**

**SERVICE PROVIDER MONITORING**

- a. compliance with:
    - i. the Older Americans Act (OAA) and its regulations;
    - ii. the Ohio Department of Aging (ODA) Policies and Procedures;
    - iii. EEO/504;
    - iv. 45 CFR, Part 74;
    - v. OMB Circular A-102; and
    - vi. Unit of Service Verification.
  - b. performance goals and achievements;
  - c. client documentation and reporting;
  - d. training;
  - e. client donations;
  - f. compliance with Agency Policies and Procedures;
  - g. unmet client need issues;
  - h. adherence to taxonomy; and
  - i. quality assurance.
3. Due to safety issues inherent in Agency-funded Nutrition Services, the Agency's Nutrition Department will issue a separate nutrition Service Provider monitoring tool for use in monitoring of food service procedures for procuring, producing, handling, serving and delivering food.

## **POLICY 312**

## **DATA RETENTION**

All Service Provider data files that are maintained on any computer system must be regularly copied onto a secondary medium that can be removed from the computer system even if the original source documentation for electronic data files exist. Preferably, this information should be stored in a location other than at the Service Providers site to safeguard the possible event of theft, fire damage, etc.

Data files affected by this policy are defined as:

- a. all files that are used by the Service Provider that contain fiscal or programmatic information.

## **PROCEDURE A DATA STORAGE**

1. The Service Provider should, on a regular basis, weekly or daily, depending on amount of information entered, copy information to a secondary medium.
2. This secondary medium should be stored away from the computer system, preferably in a location other than the Service Provider's site, in a fire-proof safe, safety deposit box, residence, etc.
3. All auditable records must be retained for a minimum of five years.

## **POLICY 401**

## **SERVICE PROVIDER GRANTS AND CONTRACTS**

The Agency enters into contracts with community service provider agencies and organizations for the purpose of developing and implementing a comprehensive and coordinated community based system of services for older persons as provided for in the Agency's approved Area Plan. The Agency is ultimately responsible to the Ohio Department of Aging (ODA) for insuring that all Older Americans Act (OAA) and ODA funds are utilized in the appropriate manner for activities and services authorized under an Area Plan.

### **DEFINITIONS**

"Purchase of Service Contract" means a contractual agreement in which a service provider is paid for services based upon a pre-determined price per unit of service delivered. The price paid per unit encompasses all elements associated with the production of the unit of service.

"Cost Reimbursement" means grants and contracts in which a provider is paid for services delivered based upon allowable costs related to actual expenditures incurred by providers to deliver a service, regardless of the number of services provided.

"Unit of Service" means a unit of service as defined in the Agency Service Taxonomy contained in Policy 304 of this manual.

### **PROCEDURE A SERVICE PROVIDER AGREEMENTS**

1. Except as authorized by the Agency's Board of Directors, all service provider agreements must take the form of purchase of service contracts in which providers are paid for only those services actually delivered.

### **PROCEDURE B CONTRACT AND GRANT PROCESS**

1. The Agency will award grants or contracts through a competitive award process. The Agency will make reasonable efforts to notify potential providers within the Planning and Service Area (PSA) of the request for proposals (RFP). For the purposes of this policy, "reasonable effort" includes publication in newspapers and any other appropriate mechanism for notification identified by the Agency that is designed to create broad public awareness of the grant or contract. The public notice shall identify at a minimum the:
  - a. services to be funded;

**POLICY 401**

**SERVICE PROVIDER GRANTS AND CONTRACTS**

- b. source and purpose of funding for the proposed service (e.g., Title III-B, Title III-C2, Title III-E, SCS);
  - c. geographic area to receive services under the proposed grant or contract;
  - d. client group to be served; and
  - e. name and telephone number for a contact person at the Agency.
2. The Agency shall, through such public notice of a RFP, make special effort to attract minority organizations to make application.
3. The Agency shall allow applicants a reasonable period to respond to the RFP.
4. The Agency shall include, at minimum, a
- a. timetable denoting significant dates in the RFP process (e.g., due date of proposal, expected date of award, etc.);
  - b. list of factors which the bidder must fulfill in order for its proposal to be considered a responsive proposal;
  - c. clear and accurate description of the technical requirements, including service specifications and service delivery category definitions for the good or service being solicited;
  - d. clear and accurate listing of either all the elements of the bid price as defined by the Agency or, in the alternative a requirement that the bidder or specify the elements of the price;
  - e. listing of equipment, if any, which the Agency intends to procure separately utilizing funds from the amounts it has set aside in an approved area plan; and
  - f. list of review criteria which will be utilized by the Agency to evaluate each RFP.
5. An RFP shall request the applicant to provide, at a minimum:
- a. an overview of how the applicant will meet the need for the proposed service;

## **POLICY 401**

## **SERVICE PROVIDER GRANTS AND CONTRACTS**

- b. a detailed description of the services to be provided and the method of delivery, including a description of the clients to be served; the methods of acquiring clients (e.g., referral, outreach); and compliance with the service specifications and taxonomy;
- c. how the service provider intends to satisfy the service needs of low-income minority individuals in the area served by the service provider;
- d. the projected units of service to be delivered and the numbers and characteristics of clients to be served;
- e. the price per unit and disclosure of the elements that are included in the price. Elements not included in the price must be disclosed; and
- f. a budget that details:
  - i. unit costs and projected contract expenditures by service category and line item;
  - ii. projected contract revenues (e.g., local match, program income, United States Department of Agriculture [USDA]); and,
  - iii. revenues and expenditures, related to the proposed services, from other sources.

## **PROCEDURE C    SERVICE PROVIDER SUBCONTRACTS**

1. No service provider may enter into a subcontract without the prior knowledge, review and approval of the Agency.
2. Pursuant to ODA Policy 208.00 DELEGATION OF AUTHORITY, the Agency may not delegate to another agency the authority to award or administer Older American Act or ODA funds.
3. The Agency will review the service provider's request to subcontract, and grant or deny an approval regarding the need to subcontract, based upon the following criteria:
  - a. by subcontracting, the service would be afforded a more effective and efficient service delivery; and

## **POLICY 401**

## **SERVICE PROVIDER GRANTS AND CONTRACTS**

- b. sufficient rationale exists to support the service provider subcontracting with an entity, rather than the AAA directly contracting with that same entity.

### **PROCEDURE D    MULTI-YEAR GRANTS AND CONTRACTS**

1. The Agency may enter into multi-year grants and contracts with service providers. Funds may only be obligated for the period for which a "Notification of Grant Award" (NGA) has been received from ODA.
2. The maximum period between competitions for a particular grant or contract is three years.
3. The Agency will ensure to the extent possible that multi-year granting or contracting provides a greater advantage than annual competition.
4. The multi-year grant or contract will contain:
  - a. a clause assuring renewal based on satisfactory performance;
  - b. provisions for early termination or modification of the grant or contract should unforeseen events occur (e.g., unsatisfactory performance, reduced funding, changed market conditions, mandated program requirements).

### **PROCEDURE E    WAIVER**

1. Waivers from this policy will be considered for special circumstances, e.g. demonstration proposals, pilot projects, research demonstration proposals, services provided under a taxonomy waiver, and one-time services.
2. If requesting a waiver to allow the use of an alternative method of contracting for any service(s), Service Providers must apply in writing to the Agency's Planning and Program Development Department.
3. The Agency's evaluation of the waiver request will be based upon the Service Provider's ability to demonstrate that the cost reimbursement method of contracting is of greater benefit to the service delivery activity than the purchase of service method of contracting.

**POLICY 401**

**SERVICE PROVIDER GRANTS AND CONTRACTS**

**PROCEDURE G REALLOCATION OF UNEARNED FUNDS**

1. If, during the contract period, the Agency determines that a Service Provider is not earning a proportionate share of the funds specified in the contract between the Service Provider and the Agency, the Agency may reallocate funds that it estimates a Service Provider will not earn to other Service Providers.

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

The Agency is required by the Ohio Department of Aging and the U. S. Administration on Aging to develop specific Conditions to Contract Awards, as a contractual requirement with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer's Respite funds must comply. By agreement with the Lucas County Commissioners, this same requirement applies to the Lucas County Senior Services Levy funds administered by the Agency.

**PROCEDURE A    CONDITIONS TO CONTRACT AWARDS (PURCHASE OF SERVICE AND GRANT AWARDS)**

These conditions are made an integral part of the contract made by the **AREA OFFICE ON AGING OF NORTHWESTERN OHIO, INC.**, an Ohio nonprofit corporation (the "Agency"), having an address of Executive Administration Office Building, 2155 Arlington Avenue, Toledo, Ohio 43609 and the Service Provider.

**W I T N E S S E T H:**

**WHEREAS**, the Agency has been designated the official regional planning and service development organization for Older Northwest Ohioans and shall award funds for this purpose; and,

**WHEREAS**, the Service Provider has submitted to the Agency an application (the "Application") for a contract to provide services to persons aged 60 and over and/or their care givers; and,

**WHEREAS**, the Agency desires to award a contract to the Service Provider, subject to the terms and conditions of the Notification of Grant/Contract Award, the Application, Contract Summary Form, approved budget and, any other conditions set forth by the regulatory body of these funds; and,

**WHEREAS**, the Provider agrees this is a "Purchase of Service" or "Grant" contract, as specified in the current letter of transmittal and will be reimbursed. However, in cases of financial hardship, the Provider may request a one-time, "start-up payment" (not to exceed 15% of the ceiling rate of this contract) in the first month. Such payment shall be granted by declaring hardship and requesting such payment in writing. Subsequent payment of funds will be made at a reimbursable rate throughout the twelve-month period of the contract.

**WHEREAS**, the Service Provider understands the Agency is not capable of providing additional resources above the ceiling rate; and,

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

**WHEREAS**, this contract will start and end on the dates specified in the current letter of transmittal to the Service Provider, unless otherwise notified by the Agency; and,

**WHEREAS**, this contract/grant may be terminated with or without cause by either party upon 60 days advance notice to the other party; and,

**WHEREAS**, this contract/grant and the Agency's obligations contained herein are contingent upon the availability of funding (which could be reduced by the regulatory and/or administrative entity without notice or cause), the Agency may modify this contract/grant at any time such condition occurs; and,

**WHEREAS**, service units and unit rates, including the maximum allowable funding ceiling, are non-negotiable after the approval and signing of this contract/grant, unless additional resources are secured by the Agency for the purpose of increasing the provision of service units; and,

**WHEREAS**, the Service Provider shall ensure that the rates charged in this contract/grant are not more than the usual and customary fees charged to non-Agency clients for the same service; and,

**WHEREAS**, the contract/grant will be monitored and evaluated for contract/grant compliance and/or program outcomes and/or performance. Contracts/Grants may be reduced or discontinued for non-compliance and lack of ability to document outcomes and/or lack of performance, or should federal, state or local funding be reduced to the Agency. In instances of non-compliance and/or lack of ability to document outcomes and/or lack of performance, the Agency shall provide written notice of deficiencies to the Service Provider and allow a reasonable opportunity (not to exceed six months or one year) for the Service Provider to take corrective action, prior to the implementation of any sanction(s);

**WHEREAS**, the Agency and the Service Provider shall be guided by the principles and standards of the Older Americans Act of 1965, as amended, regardless of the funding source, in the administration and delivery of all programs and services for Older Northwest Ohioans; and,

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

**WHEREAS**, these Conditions to Contract/Grant Award will be used in administering all funding awards of the Agency unless otherwise specified in the contract/grant; and,

**WHEREAS**, the Service Provider agrees to provide in a service summary, as detailed in Table "A" on page 2 of the Notification of Grant or Contract Award (NGA), the service name, units, unit cost, date of service delivery, and geographic area served;

**WHEREAS**, the Service Provider does not have the right or power to assign, subcontract, or transfer its rights and duties under this contract/grant; and,

**WHEREAS**, the Service Provider shall ensure that all necessary records are maintained to fully disclose the extent of services provided for a period of three (3) years from the expiration date of this contract/grant, or until an audit is completed and every exception resolved, whichever is later, and to provide these records upon request to the Agency or its designee for audit purposes;

**WHEREAS**, the Agency's obligations contained herein, are contingent upon the availability of federal, state and local funding, which may be reduced by the regulatory or administrative entity without notice or cause during the Program Year;

**WHEREAS**, the Service Provider shall have the opportunity to approve all changes to the contract/grant, except as specified in this contract/grant;

**NOW, THEREFORE**, the Agency and the Service Provider agree as follows:

1. **Matching Share**

All Service Providers awarded Title III-B funds of the Older Americans Act, are required to identify in the approved budget all matching resources (cash and/or in-kind) by source and amount. First year Service Providers must provide at least a 25 percent match of the Title III-B allocation in local matching resources; second year Service Providers must provide a 40 percent match of the Title III-B allocation in local matching resources; third year Service Providers and those funded thereafter, must provide at least a 100 percent match of the Title III-B allocation in local matching resources. Service Providers must provide non-federal match as outlined in the approved budget and must keep the records necessary to document these costs, since such costs will be audited.

Failure to properly document non-federal match may result in repayment or de-obligation of the funds for which the match was required, depending upon the time at which the deficiency is discovered.

**2. Maintenance of Effort**

In each year of funding, the Service Provider must designate in its approved budget at least the same amount of cash resources it designated in the approved budget for the previous program year to meet the required non-Federal matching share applicable to its approved budget. If the Service Provider designates less than this amount, the Agency may reduce the federal funds by a percentage equal to the percentage by which the Service Provider reduced its designated match.

If the Service Provider determines that its cash expenditures cannot be maintained in the amount approved in the previous year, the Service Provider may apply to the Agency for a waiver prior to the commencement of the contract/grant period.

**3. Services**

- (a) The Service Provider shall furnish services on behalf of the Agency. The Service Provider shall perform the services in order to meet, prior to the expiration of the Term, the approved service objectives set forth in the application.
- (b) The objectives may not be revised without the written approval of the Agency. The Service Provider shall submit to the Agency, at least thirty (30) days prior to the proposed effective date of any changes, a written statement setting forth the proposed revisions, and the reasons for seeking the revisions. Failure to do so may result in recovery or de-obligation of funds allocated to that specific objective, depending upon the time at which the deficiency is discovered.
- (c) Preference shall be given to older individuals with the greatest economic or social needs with particular attention to low-income minority individuals, in all services. Service Providers shall maintain adequate documentation to support these preferences, which are set forth by ODA and the Administration on Aging.

4. **Term**

The term (the "Term") of this contract/grant commences on January 1, of the year specified in the contract cover letter and expires on December 31 of the year specified in the contract cover letter.

5. **Payments to the Service Provider**

(a) The Service Provider shall submit a monthly "Request for Funds Form" to the Agency within thirty (30) days after the end of the month in which the services were provided. The Agency shall have the right to refuse payment of Service Provider claims when claims are not received within sixty (60) days of the end of the month in which services were delivered. The Agency will make approved payments within thirty (30) days after receipt of the request form. Such forms shall be directed to the Agency's Fiscal Department.

(b) The Service Provider shall file all reports and documentation by the due date specified herein with the Agency.

(c) No more than twenty-five percent (25%) of the total budget may be expended after September 30 without written authorization from the Agency's Fiscal Director and concurrence by the Executive Director.

Failure to comply with this condition may result in repayment or de-obligation of funds allocated, depending upon the time at which the deficiency is discovered. The Agency may revise (reduce) the NGA if the Service Provider has more than 25% of its funds remaining unspent on or after September 30.

(d) The Service Provider is eligible for reimbursement by the Agency upon providing authorized units of service in accordance with the Conditions of Participation and Service Specifications to individuals identified by the Agency as eligible according to the terms and conditions of the Agreement.

(e) In the event that the Service Provider is paid for services not allowable under terms of this Agreement, the Service Provider shall

return such funds. The Agency may also deduct the amount of the overpayment from future reimbursement with or without any prior notice to the Service Provider. If the amount of the future reimbursement is insufficient to cover this obligation, the Agency shall require remittance from the Service Provider. The Service Provider shall notify the Agency's Executive Director immediately, in writing, upon the discovery of any overpayment.

**6. Program and Fiscal Reporting**

- (a) The Service Provider shall submit to the Agency quarterly program and financial reports for the immediate preceding quarter no later than the fifth working day in the months of *April, July, October and January*. The quarterly program reports shall contain such information and such documentation of the Services as may be required by the Agency. Failure to do so will result in the Service Provider being out of compliance with this agreement. Non-compliance with the terms of this agreement may result in suspension of payments, repayment, or de-obligation of funds allocated to the Service Provider for those specific services;

as follows: (Note: Any additional reporting requirements resulting from future policy changes at the federal, state, or local level will also be subject to these provisions.)

- (i) OASIS quarterly reports, completely and properly filled out and in agreement with monthly requests for funds. These reports are due to the Planning Department not later than the fifth working day following the end of the quarter for which the data is being submitted;
- (ii) Requests for funds, completely and properly filled out. For Service Providers to be paid by the fifteenth day of the month following the month in which the services were provided, these reports are due to the Fiscal Department not

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

later than the fifth working day following the end of the month for which the data is being submitted;

- (iii) Annual Lucas County Senior Services Levy Summary Reports, for Service Providers receiving funding from the Lucas County Senior Services Levy, are due to the Planning Department not later than the thirtieth day of the first month following the end of the contract term.
- (c) The Service Provider shall submit to the Agency a **final financial** report no later than thirty (30) days after the end of the Term, which is the thirtieth day of January. The final financial report shall contain such information and such documentation as may be required by the Agency.
- (d) The Service Provider shall meet the monitoring, auditing and financial reporting requirements set forth in Subpart I or 45 CFR Part 74, Subpart J of 45 CFR Part 74, the Ohio Revised Code and any other appropriate federal, state or local regulations governing these funds.
- (e) The Service Provider shall submit to the Agency such other financial reports, program reports, and supporting documentation as may be requested or required by the Agency, the Ohio Department of Aging (ODA), the Administration on Aging (AOA) and any other appropriate authority.

7. **Service Provider Carry-over of Funds**

Funds remaining unspent at the end of the contract period **may not** be carried-over by the Service Provider. These funds revert to the Agency for reassignment, re-budgeting, and/or return to the state or federal government.

**8. Accounting, Books and Records.**

- (a) The Service Provider will submit a written budget within 30 days of the Notification of Grant/Contract Award if the budget submitted with the application is not in agreement with the amount of the award. Any planned equipment purchases must be itemized. All equipment purchased, in whole or in part, under the Older Americans Act or other funds from the Agency must be reported annually on the equipment inventory.
  
- (b) The Service Provider shall maintain and retain such books of account, records, and other supporting documentation as may be required by "Generally Accepted Auditing Standards", 45 CFR Part 74, the Agency, ODA, or the AOA. The AOA, ODA, the Agency, other funding authorities and Agency auditors may inspect all books, records and documents of the Service Provider in connection with the Services. The Service Provider shall meet the standards for financial management systems set forth in Subpart H of 45 CFR Part 74 and shall submit written accounting procedures outlining existing internal controls to the Agency.
  
- (c) The Service Provider shall establish and implement procedures satisfactory to the Agency for soliciting, collecting, and accounting for Program Income and provide the Agency with written documentation of such procedures. "Program Income" means any income earned by the Service Provider from activities, either part or all of the cost of which is either borne as a direct cost by a contract/grant or counted as a direct cost towards meeting a cost sharing or matching requirement of a contract/grant. Program Income includes but is not limited to donations and contributions towards the cost of services, regardless of source. The Service Provider shall account for Program Income in accordance with ODA Policies 409.00 - 409.02 and 45 CFR Part 74.

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

- (d) The Service Provider shall place financial advancements of Older Americans Act funds in interest-bearing accounts which may be accessed by a negotiable instrument (e.g., check). Any interest received on these funds shall be returned to the Agency quarterly per the new Ohio Department on Aging and Administration on Aging Policy.
- (e) The Service Provider shall submit to the Agency annual audited financial statements in accordance with Generally Accepted Accounting Principles and Government Auditing Standards, 1994 revision, and if applicable an audit in accordance with the requirements of OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organizations. The audit report must be submitted to the agency by June 30th following the end of the contract/grant year.
- (f) The Service Provider shall submit to the Agency proof of non-profit (501(c)(3) status, if applicable.
- (g) Expenses charged against the funds included here shall not be incurred by the grantee except during the period of the NGA. All expenses allocated to senior services must be reasonable, using an acceptable method and supported by appropriate worksheets and/or time studies. All expenses incurred or obligated for the approved programs must be supported by signed contracts, payroll records, purchase orders, requisitions, bills or other evidence of liability consistent with the grantees established procurement procedures.
- (h) The Service Provider shall ensure that any requests for additional program funds and/or units of service or reallocation of funds and/or units of service are forwarded to the Agency not later than September 30 of the contract/grant year. Current funding authority

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

policies prohibit modifications to contracts/grants within the last 60 days of the program year.

9. **Evaluation**

The Service Provider agrees to participate in a formal on-site conference annually for both program and fiscal operations. Monitoring sessions may be conducted periodically throughout the Term.

10. **Insurance**

The Service Provider shall purchase and maintain the following types of insurance: workers' compensation; comprehensive general liability with limits no less than \$1,000,000; comprehensive automobile liability (where applicable) with limits no less than \$1,000,000, and an umbrella policy. All policies shall name the Agency as an additional insured. The policies shall contain a provision prohibiting cancellation or substantial change without ten (10) days prior written notice to the Agency. The Service Provider shall furnish the Agency with Certificates of Insurance covering the term of the contract/grant.

The Service Provider agrees to indemnify, defend, and hold harmless the Agency against any and all liability, costs, expenses, attorney's fees, claims and demands which may arise from or be declared in connection with any undertakings or responsibilities of the Service Provider, its agents, officers, or employees including acts of omissions or negligence on the part of the Service Provider, its agents, officers or employees.

11. **Supplies and Equipment.**

- (a) Title to all equipment, supplies, real property, personal property, and fixtures purchased with funds under this contract/grant shall be vested with the Agency.
- (b) The Agency hereby reserves the right to require the Service

Provider to transfer the title to any property in accordance with 45 CFR Part 74, 74.136.

12. **Confidentiality**

- (a) The Service Provider **shall not** disclose any information about, or obtained from, an individual served or employed by the Service Provider without the individual's written consent. Client profile data may not be released without the prior written permission of the Agency.
- (b) The Service Provider shall not provide access to their senior clientele to any agency or individual seeking information through questionnaires, polls, assessments, etc. without prior written approval of the Agency.

13. **Personnel**

- (a) The Service Provider shall obtain fidelity bonds covering all employees who have access to funds. At the request of the Agency, the Service Provider shall furnish the Agency with evidence of such fidelity bond coverage. The Service Provider shall obtain all fidelity bonds from companies holding certificates of authority as acceptable sureties. A list of these companies is published annually by the Department of Treasury in Circular 570.
- (b) The Service Provider shall develop and implement an Affirmative Action Plan for Equal Employment Opportunity. No individual shall, on the grounds of race, color, religion, national origin, sex or age be refused employment or service in any activity or program affected by this contract/grant as established by the Civil Rights Act (P.L.88-352) and the regulations established by the Department of

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

Health and Human Services. Also, in accordance with this plan:  
(1) Goals are to be expressed in quantitative and qualitative terms and shall reflect at least the existing minority level within the service area; (2) Objectives for achieving the goals are to be developed with established timetables; (3) An employee not having supervisory, administrative or board status shall be appointed EEO officer; (4) Notification of job vacancies shall be submitted to the Agency prior to initiation of recruitment and hiring procedures; and (5) Position descriptions, pay ranges, and salary schedules shall be submitted to the Agency, as changes occur.

- (c) The Agency recommends that Service Provider staff new-hires (Executive Director, Program Directors, etc.) receive orientation to the Agency. Arrangements shall be made through the Agency's Planning and Program Development Department. Additionally, the Agency recommends that all key staff new-hires attend the Ohio Association of Area Agencies on Aging's (O4A) orientation program "Aging in Ohio." Information on this program is available at O4A's website <http://www.ohioaging.org>.
- (d) The Service Provider is responsible for maintaining a current staffing plan, organizational chart and job descriptions submitting them to the Agency as required.
- (e) The Service Provider shall submit personnel policies which include the agency's/organization's grievance procedure.
- (f) The Service Provider shall develop and keep on premises its policy on employment and service provisions for the handicapped and a plan for compliance with Sections 503 and 504 of the Rehabilitation Act and the Americans with Disabilities Act, as amended.
- (g) The Service Provider shall develop and keep on premises its policy

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

on sex discrimination and a written plan for compliance with Title VII of the Civil Rights Act and the Equal Pay Act of 1963, as amended.

- (h) The Service Provider shall submit a list of current officers and board members and notify the Agency of any changes in membership.
- (i) The Service Provider shall develop and submit a conflict of interest policy which should include the following provisions: (1) Using official positions for the purpose of private gain is prohibited. This pertains to any person who is an employee, elected agent, consultant, officer, or appointed/elected official of a recipient program receiving funds or of any designated public agency or sub-recipient. (2) No person who exercises any functions or responsibilities in publicly funded activities may obtain a personal or financial interest or benefit from the activity other than by receipt of a salary. This also applies to those with whom they have family or business activities, during their tenure or for one (1) year thereafter. (3) To avoid even the appearance of Conflict of Interest, the Service Provider should know the members and directors of organizations with whom they conduct business.
- (j) The Service Provider shall develop and maintain a written plan for compliance with the Drug Free Workplace Act of 1988.
- (k) Employees of the Service Provider, including the Executive Director and any employees having direct contact with clients, shall have evidence in their personnel files that an Ohio Bureau of Criminal Identification and Investigation (BCI&I) criminal background check was completed as a condition of their employment with the Service Provider.

14. **Compliance with Laws, Policies and Procedures Manual**

- (a) The Service Provider acknowledges that this contract/grant is a "sub-grant" as defined in 45 CFR Part 74, 74.3. The Service Provider shall comply in all respects with 45 CFR Part 74 and shall cooperate with and assist the Agency in meeting its obligations hereunder.
- (b) The Service Provider shall obtain and maintain all necessary licenses and permits and comply with all federal, state, and local laws and ordinances concerning health and safety.
- (c) The Service Provider shall comply with all local, state and federal laws and regulations including the filing, payment and withholding of local, state and federal taxes, retirement and other such requirements as may be on employers. No later than thirty (30) days after receiving the Notice of Intent to Award Funds from the Agency, the Service Provider shall provide proof of (1) State and federal identification number; and (2) Exemption from federal income tax number pursuant to (501)(c)(3).
- (d) The Service Provider shall submit to the Agency a copy of Federal Form 990 - "Return of Organizations Exempt from Income Tax" and Federal Form 990T - "Exempt Organizations Business Income Tax Return," where applicable, for the previous year.
- (e) The Service Provider shall comply with all established service standards and other policies and procedures applicable to the provision of services contracted for between the Agency and the Service Provider. The Agency's Policy and Procedures Manual shall be the formal document containing all service specifications and policies and procedures pertaining to contracted services and Service Provider relations and responsibilities to the Agency.

15. **Attendance, Meetings, Travel**

The Project Director and appropriate staff person(s) are required to attend any conferences, meetings and training sessions sponsored by the Agency, unless specifically exempted.

- (a) To avoid duplication, the Service Provider is responsible for coordinating and notifying the Agency of all area wide training events.
- (b) Recreational travel such as acting as a tour or travel guide provided as a bonus by a travel agency as compensation for organizing trips cannot be accepted under this contract/grant. Vacation, compensatory time, etc. may be taken at the discretion of the Service Provider's Board of Directors for these purposes.

16. **Publicity**

The Service Provider shall assume the primary responsibility for publicizing services, in order to assure that persons in the service area are aware of the availability of said services. All publicity initiated for the project shall be submitted in advance to the Agency, if possible. The Agency shall be listed as a sponsor of the project on all publicity pertaining to the project.

17. **Covenants of the Agency.**

- (a) If requested in writing, the Agency will provide technical assistance to the Service Provider in preparing the reports required hereunder.
- (b) The Agency reserves the right to de-obligate after September 30, of the Term any funds which it believes will not be expended by the end of December 31 of the term.

18. **Defaults and Remedies.**

- (a) The Service Provider shall be in default under this contract/grant upon the occurrence of any of the following events of default: (1) The Service Provider fails to perform any term or condition of this contract/grant or any other contract/grant or agreement between the Agency and the Service Provider; (2) The Service Provider fails to meet service levels as described on the Contract Summary form E2a. (3) Any of the Assets is damaged or destroyed and such damage or destruction is not covered by insurance; (4) The Service Provider becomes insolvent, a petition in bankruptcy is filed by or against the Service Provider, the Service Provider makes an assignment for the benefit of creditors, or a receiver is appointed on behalf of the Service Provider; (5) The Service Provider submits fraudulent reports to the Agency or misappropriates funds provided by the Agency for services under this contract/grant; or (6) Receives a qualified opinion, an adverse opinion or a disclaimer of opinion on financial statements examined by independent auditors.
- (b) Upon the occurrence of an event of default, the Agency may: (1) Terminate the contract/grant in whole or in part in accordance with 45 CFR 74.115; (2) Suspend the contract/grant in whole or in part in accordance with 45 CFR 74.114; and/or (3) Pursue any other remedy at law or in equity.

19. **Hearing Procedure for Appeal of Adverse Action:**

The Agency shall provide an opportunity for a hearing to any Service Provider whose contract/grant is terminated or not renewed, except as provided in 45 CFR, Part 74, Subpart M (See Appendix), and item 17 of the above.

- (a) If a Service Provider wants a hearing, a request must be filed in writing with the Agency within thirty (30) days following its receipt of the notice of the adverse action detailing the specific complaint of the Service Provider.

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

- (b) The Agency will acknowledge, by letter, the receipt of the appeal.
- (c) The Agency and the Service Provider have ten (10) working days to resolve the appeal informally by negotiation.
- (d) If no informal remedy is made within ten (10) working days, the Agency will conduct hearing procedures. An Appeals Officer will be designated by the Agency to conduct the hearing procedures.
- (e) The Agency will notify all of the parties involved of the hearing date, time and location by certified letter signed by the Executive Director of the Agency. The hearing procedures will be completed within one hundred twenty (120) working days of the original receipt of the appeal by the Agency.

20. **Notices Regarding Appeals**

Any notices required or permitted hereunder shall be sent by certified mail, return receipt requested, with postage prepaid, to the address set forth above or to any address to which the sending party has received notice. All notices shall be effective, regardless of whether or not received, on the earlier of actual receipt or two days after mailing in accordance with this paragraph.

21. **Miscellaneous**

- (a) This contract/grant may only be amended by an instrument in writing executed by the Agency and the Service Provider.
- (b) This contract/grant shall be governed by and in accordance with the policies of the Agency, ODA, AOA, the Older Americans Act and implementing regulations, and the laws of the State of Ohio and any other applicable local and federal laws.

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

- (c) These conditions and the Notification of Grant/Contract Award constitute the agreement of the parties and it shall be binding upon and inure to the benefit of the Agency and the Service Provider and their respective heirs, executors, administrators, personal representatives, and permitted assigns.
- (d) If any provision of this contract/grant is held to be invalid or unenforceable, that holding shall be without effect upon the validity and enforceability of any other provision of this contract/grant.
- (e) Headings are inserted for convenience and reference only and are not to be construed in the construction or interpretation of any provision of this contract/grant.
- (f) The Service Provider shall not assign, in whole or part, any of its rights under this contract/grant. The Service Provider shall not delegate or subcontract any of its duties under this contract/grant without the prior written consent of the Agency.
- (g) Service Providers may not engage in activities which constitute a "Conflict of Interest," or violate applicable standards of professional and business ethics, as defined under the Ohio Revised Code and any other local, state and federal laws related to the Older Americans Act and state funded programs.
- (h) No Service Provider shall use his authority, influence through gifts or other such means, to secure business from clients or employees of the Agency.
- (i) Service Providers shall not actively recruit or hire employees or former employees of the Agency, for a period of at least one year from the last day of departure from the Agency.

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

- (j) Service Providers shall not knowingly recruit or solicit clients or staff from other Agency Service Providers.

**22. Records and Reporting**

The Service Provider is required to submit to the Agency quarterly program and financial reports for the immediate preceding quarter, not later than the fifth working day in the months of April, July, October and January. The quarterly program reports shall contain such information and such documentation of the services as may be required by the Agency.

The Service Provider is required to submit a final financial report to the Agency not later than thirty (30) days after the end of the program year. The final financial report shall contain such information and such documentation as may be required by the Agency.

Every Service Provider contracted with the Agency will be responsible for the completion and submission of the following records and reports:

- a. Social Services Quarterly Report (OASIS): program and fiscal report by service;
- b. Monthly Request for Funds;
- c. Annual Report on Levy Funds Expenditure;
- d. Other reports as requested by the ODA and the Agency.

**23. Communications with the Agency are to be made as follows:**

- a. Official correspondence and policy questions - **Executive Director**;
- b. Applications, budget revisions, contracted services and service levels, additional funding and vehicle information, SAMS, OASIS,

**POLICY 402**

**SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  
(PURCHASE OF SERVICE AND GRANT AWARDS)**

Quarterly, and annual Lucas County Senior Services Levy  
Summary Reports - **Planning and Program Development  
Department;**

- c. Fiscal Reports and Request for Funds (for services delivered) -  
**Fiscal Department;**
- d. Nutrition Service Providers - all correspondence to **Director of  
Nutrition.**

24. **Final Acknowledgement of Contract Responsibilities**

By signing and returning the NGA portion of the contract, the Service Provider assures compliance with the conditions and with all local, state, and federal regulations, rules and conditions governing the funds to which they are attached. Further, the Service Provider certifies that they have the authority to enter into the agreement and assume responsibility/liability for compliance. This Contract is subject to revisions, and other modifications, with or without notice, as deemed necessary. As the sub-contractor or sub-grantee, it is understood that Agency has the right to terminate this Contract as specified in the aforementioned conditions.

## **POLICY 403**

## **SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

The Agency is required by the Ohio Department of Aging and the U. S. Administration on Aging to develop specific Conditions of Participation (COPs), as a contractual requirement with which Service Providers receiving Title III, Senior Community Services (SCS) and Alzheimer's Respite funds must comply. By agreement with the Lucas County Commissioners, this same requirement applies to the Lucas County Senior Services Levy funds administered by the Agency

### **PROCEDURE A SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

Service Providers shall have a current contract with the Agency and shall meet these Conditions of Participation:

1. Be a formally organized business or service agency providing the services a applied for, and shall:
  - a. Disclose all entities with a five percent or more ownership, and have written statement defining the purpose of the business or service agency;
  - b. Have a written statement of policies and directives, bylaws, or articles of incorporation;
  - c. Have a written table of organization that clearly identifies lines of administrative, advisory, contractual, and supervisory authority unless the business is a sole proprietorship;
  - d. Operate the business in compliance with all applicable federal, state, and local laws, and shall have a written statement supporting compliance with:
    - (i) Non-discrimination laws, federal wage and hour laws, and workers' compensation laws in the recruitment and employment of individuals;
    - (ii) Non-discrimination laws in the provision of services; and
    - (iii) Federal rules and statutes take precedence over these conditions in cases where discrepancies exist.
  - e. Have a written affirmative action plan that must be appropriately updated, and will be reviewed at least annually, if employing 15 or more persons.

**POLICY 403**

**SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

2. Have a physical facility from which to conduct business. The facility should have a telephone and a designated and utilized locked storage space for the maintenance of participant records.
3. Have written procedures supporting the operation of the business and provision of service, and shall:
  - a. Have a system to document services delivered, billed, and reimbursed that complies with service specifications;
  - b. Provide evidence supporting financial responsibility in the coverage of participant loss due to theft, property damage, or personal injury, and have a written procedure which identifies the steps a participant must take to file a liability claim;
  - c. Have a written procedure for reporting and documenting all participant incidents including significant changes that affect service delivery or imminent health or safety risks.
  - d. Maintain a file for each participant. Each file shall include this identifying data:
    - i. Participant's name, address, and telephone number;
    - ii. Participant's date of birth and gender;
    - iii. Name and telephone number of participant's contact person or caregiver;
    - iv. Service provider's contact person and telephone number;
    - v. Participant's functional abilities or limitations relevant to authorized services; and
    - vi. Additional demographic data requested by the AAA.
  - e. Maintain documentation of each participant contact and each service delivered;
  - f. Obtain written approval from the participant to release participant information; and



**POLICY 403**

**SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

- (a) Use the participant's vehicle;
  - (b) Consume the participant's food and drink without the participant's consent or the participant offering it;
  - (c) Use the participant's telephone for personal calls;
  - (d) Discuss personal problems or religious or political beliefs with the participant;
  - (e) Accept gifts or tips from the participant;
  - (f) Bring friends or relatives of the employee to the participant's home;
  - (g) Consume alcoholic beverages or use medicine or drugs for any purpose other than medical while in the participant's home or prior to the delivery of service;
  - (h) Smoke in the participant's home, with or without the participant's permission;
  - (i) Breach the participant's privacy or the confidentiality of participant records; and
  - (j) Bring or eat personal food in the participant's home without the participant's consent.
  - (k) A policy that assures that all participant information will remain confidential.
5. Deliver services in compliance with service specifications practices for providers.
6. Sign a contract with the Agency to deliver services. The provider shall:
- a. Maintain documentation demonstrating that all requirements outlined in service specifications have been met when delivered either directly or by sub-contract;

**POLICY 403**

**SERVICE PROVIDER CONDITIONS OF PARTICIPATION**

- b. Allow access to the Agency and other representatives with a need to access the provider's facility, policies, procedures, records, and other documents related to the provision of Title III, SCS, Lucas County Senior Services Levy (LCSSL) and Alzheimer's Respite Services;
  - c. Demonstrate compliance regarding background investigations of direct service workers.
7. Failure to meet any of the requirements of these conditions may lead to termination of the Agency's contract with the Title III, SCS, LCSSL or Alzheimer's respite Service Provider.

**POLICY 404**

**SAMS AND OASIS DATA COLLECTION AND REPORTING**

All contracted Service Providers, unless exempted in writing, shall collect and submit SAMS and OASIS data for all services provided, regardless of funding source.

**PROCEDURE A COLLECTION AND REPORTING OF DATA**

- a. Specific instructions concerning the collection of SAMS and OASIS data will be issued by the Agency's Planning and Program Development Department by letter or memorandum.
- b. SAMS data is to be collected and reported as an integral part of the Service Provider's day to day operations. The Agency's Planning and Program Development Department will monitor SAMS data available in the AgingNetwork.com database for quality and timeliness of submission.
- c. OASIS quarterly reports are due at the Agency by the close of business on the fifth business day of the month following the end of the quarter.

**PROCEDURE B SAMS USERS GROUP**

- a. Participation in the Agency's SAMS Users Group is mandatory for all contracted Service Providers. This group meets periodically for provider training and technical assistance.

**POLICY 405****SERVICE PROVIDER PERIODIC PROGRAM REPORTS**

All contracted Service Providers, unless exempted in writing, shall provide periodic program reports as required by the Policies and Procedures contained in this manual.

**PROCEDURE A    COLLECTION AND REPORTING OF DATA**

In addition to the SAMS and OASIS Data Collection and Reporting requirements specified in Policy 404, Service Providers are also required to submit the following reports:

<b><u>POLICY</u></b>	<b><u>REPORT</u></b>	<b><u>DUE DATE/PERIODICITY</u></b>
310	Vehicle Acquisition/Disposal	As occurring
402	Quarterly Program/Financial Reports	5 <sup>th</sup> working day of April, July, October, January
402	Requests for Funds	5 <sup>th</sup> working day of the month
402	Lucas County Senior Services Levy Summary	January 30 <sup>th</sup>
402	Final Financial Report	January 30 <sup>th</sup>
402	Notification of Job Vacancies	As occurring
402	Federal Form 990 or 990T	Annually
402	Request for Out-of-State Travel	30 days prior to travel date
404	SAMS and OASIS Data	SAMS Data – As occurring  OASIS Data - 5 <sup>th</sup> working day of April, July, October, January

**APPENDIX A – ADULT DAY SERVICE**

**A. PURPOSE**

Adult Day Service (ADS) is designed to meet the needs of functionally or cognitively impaired adults through individualized care plans that encourage optimal capacity for self-care and maximize functional abilities in a community-based setting. ADS consists of structured, comprehensive, continually supervised components provided in a protective setting. Components may include, but are not limited to, health services, participant activities, PCS, and rehabilitative services such as PT, ST, and OT. Participants attend ADS on a planned basis during specified hours.

**B. UNIT OF SERVICE**

- (1) One unit of ADS is five or more hours of direct service at the ADS center.
- (2) One-half unit of ADS is less than five hours of direct service at the ADS Center.
- (3) A unit of ADS, excluding transportation, shall include all administrative costs, materials, supplies, and labor expenses.

**C. TRANSPORTATION**

- (1) ADS transportation furnished directly or contractually by the Service Provider shall meet specifications identified in the Transportation Services Section of these Service Specifications.
- (2) Unit of transportation includes all administrative and provider-related costs associated with the trip. A unit of ADS transportation is:
  - (a) A round trip; or
  - (b) A one-way trip; or
  - (c) A mileage rate with trip costs based on a pre-determined Agency distance between the participant's residence and the ADS Center multiplied by an established ADS mileage rate.

**D. SERVICE PROVIDER AGENCY & FACILITY REQUIREMENTS**

- (1) If the ADS facility is housed in a building with other programs or services, the Service Provider shall assure that:
  - (a) Separate, identifiable space is available for ADS during operation hours; and

**APPENDIX A – ADULT DAY SERVICE**

- (b) At least sixty square feet of center space is available per participant, excluding hallways, offices, rest rooms, and storage areas.
- (2) The ADS center shall have at least one accessible, working toilet per each ten participants.
- (3) Medications shall be kept in locked storage at appropriate temperatures.
- (4) Toxic substances shall be stored in an area not accessible to participants.
- (5) A fire and emergency safety plan, including conspicuously posted evacuation procedures, shall be documented.
- (6) Periodic inspections and routine maintenance of fire extinguishers, smoke alarms, and quarterly evacuation drills shall be documented.
- (7) The Service Provider shall provide or arrange for participant transportation to the ADS Center. Transportation shall include participant assistance with transfers to and from the vehicle, center, and participant's home.

**E. PARTICIPANT SERVICE MANAGEMENT**

- (1) An initial participant intake assessment shall be conducted by the ADS Center staff within the first two days of attendance at the ADS Center, or assessment documentation shall be completed by the Agency, if the Agency is providing case management services to the participant, no more than thirty days prior to first day of attendance.
- (2) Intake assessment documentation shall include:
  - (a) A health profile including health risk factors, psycho-social profile, diet, medications, and name of the attending physician;
  - (b) Functional and cognitive profiles that identify ADLs and IADLs requiring attention or assistance by ADS Center staff; and
  - (c) A social profile including social activity patterns, life events, community resources care giver data, formal and informal support systems, and behavior patterns.
- (3) Within the first thirty days of attendance, or ten units of service, whichever occurs first, a health assessment shall be developed by an RN for each participant. A care plan shall be developed for each participant to identify needs, problems, difficulties, goals, and objectives. The care plan shall

**APPENDIX A – ADULT DAY SERVICE**

document:

- (a) Interests and social rehabilitative needs;
  - (b) Health needs;
  - (c) Specific goals, objectives, and planned interventions that enable goals; and
  - (d) Participant and care giver have participated in or provided input to the development of the care plan.
- (4) Interdisciplinary care conference with ADS service workers, the participant or the participant's care giver, and which may include the Agency representative, if the Agency is providing case management services to the participant, shall be conducted and documented for each participant at least every six months. The plan shall be revised according to changes in the participant's status, condition, and response to service, when applicable.
- (5) The Service Provider shall document the physician's verbal or written authorization prior to administering medications, nursing services, nutrition counseling, or therapeutic services. The Service Provider shall obtain the physician's signature and plan of treatment within the first thirty days of attendance, or ten units of service, and at least every ninety days for participants who receive medications, nursing services, nutrition counseling, or therapeutic services.
- (6) At least two staff persons shall be present in the ADS Center when more than one participant is in attendance. At least one of the two staff must be paid direct service staff.
- (7) The staff to participant ratio shall be at least one staff person to every six participants.
- (8) An RN or LPN under the direct supervision of an RN shall be on site at the center a minimum of eight hours per month while participants are in attendance.
- (9) Daily attendance roster shall document arrival and departure times of participants, their modes of transportation, participants' or designees' signatures or initials, and the staff persons' signatures. In cases where a participant's signature is problematic, an alternative method of documenting attendance can be devised.

**APPENDIX A – ADULT DAY SERVICE**

- (10) Participant activities shall be supervised by an activity director/coordinator.
- (11) Daily and monthly planned activities shall be posted in full view of participants.
- (12) A noon meal and snacks shall be procured or prepared by the Service Provider:
  - (a) Each meal shall provide one-third of the DRI/RDA, and shall meet either the ODA-approved meal pattern or a RD, LD- approved nutrient analysis.
  - (b) Documentation shall demonstrate that all meals are prepared or sub-contracted by a Service Provider that is in compliance with Ohio Department of Health law established in the food service operation section 2231.32 of the ORC. The Service Provider shall maintain a copy of the food service preparer's or sub-contractor's current Ohio Food Service License.
  - (c) The Service Provider shall procure or prepare therapeutic diets that are prescribed by the participant's attending physician, when applicable.
  - (d) For therapeutic diets, the Service Provider shall maintain documentation of menu approval by a RD, LD, or the meal shall be prepared under the direction of a RD, LD.

**F. PERSONNEL REQUIREMENTS**

- (1) ADS staff must participate in at least eight hours of annual in-service or continuing education that may include these topics:
  - (a) Sensitivity to aging and the aging process;
  - (b) Illness and disability;
  - (c) Chronic diseases;
  - (d) Special needs of the elderly;
  - (e) Special needs of the elderly with dementia; and
  - (f) Death and dying.

**APPENDIX A – ADULT DAY SERVICE**

- (2) Task-based instruction must be provided for center PCA staff that deliver PCS to participants prior to providing PCS to participants.
- (3) Evidence of educational programs offered to center direct service staff shall list the instructor's title and qualifications.
- (4) Evidence should support that ADS staff possess these qualifications:
  - (a) LPN, LSW, PT, ST, and OT staff must have current Ohio licensure from an applicable licensing board.
  - (b) The activity director/coordinator must have a BS, BA, or AA Degree in RT, or a related degree, or must demonstrate proof of successful completion of the national certification council of activities professionals; or two years of experience in a similar position.
  - (c) ADS staff that provide PCA must be a high school graduate, possess a GED, or have a minimum of two years work experience in providing or assisting with individual personal care or social activities.
  - (d) Transportation staff must meet all transportation personnel requirements outlined in transportation service specifications.

**APPENDIX B – CHORE SERVICE**

**A. PURPOSE**

Chore service is designed to improve, restore, and maintain a safe and healthy living environment by performing tasks beyond the participant's capability and removing hazards posing threats to the participant's health and welfare. Services are limited to those that are not the legal or contractual responsibility of a landlord.

- (1) Heavy household chores,
  - (a) Wash walls and ceilings;
  - (b) Wash inside and outside windows that are not hard to reach;
  - (c) Remove, clean, and replace curtains and drapes, and
  - (d) Shampoo carpets and furniture;
- (2) Simple household chores,
  - (a) Repair water faucets;
  - (b) Unclog drains;
  - (c) Install smoke alarms;
  - (d) Change and install electrical fuses; and
  - (e) Light pilot lights.
- (3) Disposal of garbage, paper, trash, and other waste materials.
- (4) Pest control/extermination.
- (5) Perform seasonal maintenance on the participant's property such as:
  - (a) Repair screens;
  - (b) Repair broken window panes;
  - (c) Cut grass;
  - (d) Rake and remove leaves;
  - (e) Trim shrubs;

**APPENDIX B – CHORE SERVICE**

- (f) Remove snow and ice, and provide chemical treatment, if needed;
  - (g) Change and install light bulbs;
  - (h) Perform maintenance on smoke alarms;
  - (i) Change and install furnace filters;
  - (j) Clean, change, and install storm windows and door screens;
  - (k) Clean spouts and gutters.
- (6) Essential shopping.

**B. UNIT of SERVICE**

- (1) A unit of service is one hour of direct service.
- (2) The unit rate shall include the cost of materials, labor, supplies, equipment, administrative costs, and applicable fees associated with the chore requested.

**C. SERVICE PROVIDER AGENCY REQUIREMENTS**

- (1) The Service Provider shall maintain a participant record that documents service delivery in accordance with tasks requested. Records should bear the participant's or care giver's signature upon completion of chores.
- (2) Upon request, the Service Provider shall maintain and furnish to the participant, care giver, or Agency a list of chemicals and substances used for each chore performed.
- (3) The Service Provider shall comply with any applicable local codes or ordinances in the performance of each chore.
- (4) The Service Provider shall inform the participant and care giver of any specific health or safety risks expected during the job, and assist in coordinating times and dates of service to insure minimal hazardous risks to the participant.
- (5) The Service Provider shall furnish to the participant a warranty covering workmanship and materials used for pest control.

**APPENDIX C – HOMEMAKER SERVICE**

**A. PURPOSE**

- (1) Homemaker (HMK) service is designed to enable participants to achieve and maintain clean, safe, and healthy environments.
- (2) The HMK service component is intended for the participant and specifically excludes services for all other household members except when homemaker services are utilized for the purpose of respite for care-givers, the participant must be present during service delivery.

**B. UNIT OF SERVICE**

- (1) One unit of HMK service is one hour of direct service.
- (2) The unit rate shall include all administrative costs, travel, and record documentation time.
- (3) The number of units is determined according to the Agency and Service Provider contract.
- (4) Tasks in this service include, but are not limited to:
  - a) performing house cleaning including dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; washing inside windows within reach from the floor; removing trash,
  - b) maintaining a clean bathroom including cleansing the tub, shower, sink, toilet bowl, commode chair/urinal, mirrors, and tub or shower lining;
  - c) planning and preparing the participant's meals, including special diets; shopping for and purchasing groceries; running errands; and
  - d) changing bed linens; and washing, drying, folding, ironing, and putting away the participant's laundry.

**C. SERVICE PROVIDER AGENCY REQUIREMENTS**

- (1) The Service Provider must be able to deliver services five days a week. Evidence of a back-up service delivery plan must be provided.
- (2) The Service Provider shall maintain a participant record of each episode of service delivery that documents service tasks performed, HMK arrival and departure times, and the participant's or care giver's signature upon completion of service delivery.

**POLICY 303**

**SERVICE SPECIFICATIONS**

**APPENDIX C – HOMEMAKER SERVICE**

- (3) The Service Provider shall document that the HMK meets one or more of these training criteria prior to participant service provision:
  - (a) STNA or the Medicare Competency Evaluation Program for Home Health Aides as set forth in 42 CFR 484; or
  - (b) has received Service Provider agency training and skills testing. The subject area listed in these specifications shall be included in training programs and in skills testing. Skills testing shall include a return demonstration of the skills. Training and testing shall be documented by the Service Provider and shall include the number of hours, instruction material and subjects, signature of the trainer, and all testing results; or
- (4) Immediate, independent participant services may be provided by the HMK for specific tasks on which instruction and skill testing, or skill testing for individuals described in these specifications, shall include all these subject areas:
  - (a) house cleaning skills including dusting furniture; sweeping, vacuuming and washing floors; kitchen care, including washing dishes, appliances, and counters; bathroom care; emptying and cleaning the bedside commode; changing bed linens; washing inside windows within reach from the floor; and removing trash;
  - (b) meal preparation/nutrition including special diet preparation; grocery planning and shopping; and errands for the sole purpose of picking up prescriptions;
  - (c) laundry that includes folding, ironing, and putting away laundry;
  - (d) basic home safety;
  - (e) universal precautions for infection control including hand washing and disposal of bodily waste;
  - (f) body mechanics;
  - (g) communication and listening skills;
  - (h) participant mobility;
  - (i) emergency protocol; and

**APPENDIX C – HOMEMAKER SERVICE**

- (j) documentation skills.
- (5) The Service Provider shall maintain evidence of the completion of eight hours of in-service continuing education for each HMK in a twelve-month period, excluding agency and program specific orientation, initiated after the first anniversary of employment with the Service Provider, and each year following.
- (6) HMK may not transport the participant or drive the participant's vehicle.

**D. SUPERVISORY REQUIREMENTS**

- (1) The supervisor shall complete and document a participant home visit, which may occur at the initial HMK visit to the participant, to define the expected activities of the HMK, and prepare a written activities plan.
- (2) The supervisor shall evaluate the HMK's compliance with the activity plan, and the HMK's performance. If the Agency is providing case management services to the participant, the supervisor shall discuss recommended modifications with the Agency. The supervisor shall conduct and document at least:
  - (a) Participant visit at least every ninety-three days to evaluate the HMK's compliance with the plan or activity checklist; and
  - (b) Supervisory participant visit at least every one hundred eighty-six days while the HMK is present and providing participant services.

**E. PERSONNEL QUALIFICATIONS**

- (1) The HMK shall be a high school graduate, or possess a GED, or have a minimum of two years of work experience.
- (2) A supervisor shall meet at least one of these qualifications:
  - (a) Be an RN, LPN under the supervision of an RN, or LSW currently licensed to practice in the State of Ohio; or
  - (b) Have a BS, BA, or AA Degree in one of these areas:
    - (i) home economics/nutrition or dietetics;
    - (ii) counseling;

**POLICY 303**

**SERVICE SPECIFICATIONS**

**APPENDIX C – HOMEMAKER SERVICE**

- (iii) gerontology;
  - (iv) social work;
  - (v) nursing;
  - (vi) public health;
  - (vii) health education; or
  - (viii) other related field; or
- (c) Have a minimum of four (4) years of direct community service experience in the provision of home care services.

**APPENDIX D – PERSONAL CARE SERVICE**

**A. PURPOSE**

PCS is designed to enable participants to achieve optimal function with ADLs and IADLs. PCS may also be used to provide respite for the participant's caregiver. PCS must be provided in the participant's residence.

**B. UNIT of SERVICE**

- (1) One unit of service is equal to one hour of direct service.
- (2) The unit rate shall include all administrative costs, travel, and record documentation time.
- (3) Tasks in this service include, but are not limited to:
  - a) reading and recording the participant's temperature, pulse, and respiration;
  - b) performing house cleaning including dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; washing inside windows within reach from the floor;
  - c) providing bathroom care; emptying and cleaning the bedside commode and urinary catheter bags; changing bed linens; removing trash; and washing, drying, folding, ironing, and putting away the participant's laundry;
  - d) performing personal hygiene and grooming assistance using bed, tub, shower, and partial bath techniques; shampooing the participant's hair in the sink, tub, or bed; providing nail and skin care; assisting the participant with oral hygiene, toileting, and eliminations; and
  - e) planning and preparing the participant's meals, including special diets; shopping for and purchasing groceries; and running errands.

**C. SERVICE PROVIDER AGENCY REQUIREMENTS**

- (1) The Service Provider must be able to deliver services five days a week. Evidence of a back-up service delivery plan must be provided.
- (2) The Service Provider shall maintain a participant record of each service delivery. The record will document specific tasks performed, the PCA's

**APPENDIX D – PERSONAL CARE SERVICE**

signature and arrival and departure times, and the participant's or caregiver's signature upon completion of service delivery.

- (3) The Service Provider shall document that the PCA providing participant services meets at least one of these training criteria prior to participant service provision:
  - a) successfully completed the STNA or the Medicare Competency Evaluation Program for Home Health Aides established in 42 CFR 434, without a twenty four month lapse in employment; or
  - b) has received Service Provider agency training and testing. Testing shall include written test and skills testing by return demonstration. The subject areas listed in these specifications shall be included in the training and testing programs. Training and testing shall be documented by the Service Provider; and
  - c) shall include training site information; date and length of training that includes the number of hours, instruction materials, and subject areas; signature of trainer; and all testing results; or
  - d) has one year of satisfactory institutional or community-based direct service delivery in health care within the last three years. The PCA must successfully complete written testing and skills testing by return demonstration.
- (4) Service Provider must maintain evidence of the completion of eight hours of in-service continuing education for each PCA in a twelve month period, excluding agency and program-specific orientation, initiated after the first anniversary of employment with the Service Provider and each year following. The PCA training program of sixty hours of instructions and skill testing by return demonstration for PCA staff described in these specifications shall include these subject areas:
  - (a) communication skills including the ability to read, write, and make brief and accurate oral or written reports.
  - (b) observation, reporting, and documentation of participant status and services rendered.
  - (c) reading and recording temperature, pulse, and respiration;
  - (d) precautions for infection control procedures;

**APPENDIX D – PERSONAL CARE SERVICE**

- (e) basic elements of body functioning and changes in body function that should be reported to the supervisor;
  - (f) maintenance of a clean, safe, and healthy environment of house cleaning and laundry that includes dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; bathroom care; emptying and cleaning the bedside commode and urinary catheter bags; changing bed linens; washing inside windows within reach from the floor; removing trash; and folding, ironing, and putting away laundry;
  - (g) recognition of emergencies, knowledge of emergency procedures, and basic home safety;
  - (h) the physical, emotional, and developmental needs of the participant, including the need for respect and privacy of the participant and their property;
  - (i) appropriate and safe techniques in personal hygiene and grooming including bed, tub, shower, and partial bath techniques; shampooing in the sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate nutrition and fluid intake; and
  - (j) meal preparation and nutrition planning that include special diet preparation, grocery purchase, planning, and shopping; and running errands for the sole purpose of picking up prescriptions.
- (5) Additional training and skill testing by return demonstration is required for any other assigned tasks not included in these service specifications.
  - (6) The PCA is prohibited from administering medications in the home or any setting as defined in Chapter 2723 of the ORC.
  - (7) The PCA may not transport the participant or drive the participant's vehicle.

**D. SUPERVISORY REQUIREMENTS**

- (1) Prior to participant service initiation, the supervisor shall complete and document a participant home visit, which may occur at the initial PCA visit to the participant, to define the expected activities of the PCA and prepare a written PCA activity plan, where the Agency is providing case

**APPENDIX D – PERSONAL CARE SERVICE**

management services, the PCA activity plan shall be consistent with the Agency service checklist completed by the Agency and the participant.

- (2) The supervisor shall evaluate the PCA's compliance with the activity plan, the participant's satisfaction, and the PCA's performance. Where the Agency is providing case management services, the supervisor shall discuss recommended modifications with the Agency. The supervisor shall conduct and document:
  - (a) a visit to the participant at least every sixty-two (62) days to evaluate compliance with the activity plan; and
  - (b) a supervisory visit to the participant at least every one hundred and twenty-four (124) days while the PCA is present and providing participant care.

**E. PERSONNEL QUALIFICATIONS**

- (1) The PCA shall be a high school graduate, or have completed a GED, or have a minimum of two years of work-related experience.
- (2) The PCA supervisor or trainer shall be a currently licensed Ohio RN or LPN under the supervision of an RN.

**APPENDIX E – TRANSPORTATION SERVICE**

**A. PURPOSE**

Transportation service is designed to move participants to and from services, activities, and resources via a motorized vehicle.

**B. UNIT OF SERVICE**

- (1) A unit of service is a one-way trip.
- (2) Agency may contract for other units of service as long as the units are translated into one-way trips when reported to ODA.
- (3) The unit rate shall include all administrative costs and training and record documentation time.

**C. SERVICE PROVIDER AGENCY REQUIREMENTS**

- (1) The Service Provider may be an individual or agency.
- (2) The Service Provider shall document that all utilized vehicles have insurance in compliance with Ohio's Financial Liability Law Requirements.
- (3) Service Provider shall document that all vehicle operators and owners maintain proof of financial responsibility as required in section 4509-101 of the ORC for Motor Vehicles.
- (4) Service Provider shall document that each vehicle operator has a current/valid Ohio Motor Vehicle Operator's License, or a license appropriate to the vehicle (i.e., Commercial Driver's License).
- (5) Service Provider shall have a written plan for regularly scheduled maintenance and safety inspection of vehicles used, and must document compliance with the plan.
- (6) Service Provider shall document that an annual OBMV check on vehicle operators has been successfully completed.
- (7) Service Provider shall maintain daily service logs or trip sheets that include:
  - (a) Date of service;
  - (b) participant's name and pick up and destination points;
  - (c) participant's signature or initials or designee's signature; and

**APPENDIX E – TRANSPORTATION SERVICE**

- (d) odometer or mileage calculation signed by vehicle operator.
- (8) Prior to transporting participants, the vehicle operator must complete a vehicle inspection that includes, at a minimum, the items listed in these specifications.
- (9) A copy of the Certificate of Insurance and Vehicle Registration shall be maintained in each vehicle.

**D. SERVICE REQUIREMENTS**

The Service Provider is responsible for assuring the safety of each vehicle used to transport participants according to these standards.

- (1) Vehicles designed for transporting less than five (5) individuals shall:
  - (a) be equipped with seat belts for each individual transported; and
  - (b) have documentation that an annual safety inspection has been conducted through either the Ohio State Highway Patrol Safety Inspection Unit or a certified mechanic as outlined in these specifications.
- (2) Vehicles equipped for transporting participants remaining in wheelchairs shall:
  - (a) be equipped with permanently installed floor wheelchair restraints for each wheelchair position used;
  - (b) have documentation that an annual vehicle inspection has been conducted by the Ohio State Highway Patrol Safety Inspection Unit or a certified mechanic as outlined in these specifications.
  - (c) have documentation of daily inspection and testing of the wheelchair lift prior to transporting any participant that day as outlined in these specifications; and
  - (d) have documentation that each operator has been trained and skill-tested in the proper use of the wheelchair lift and securing mechanisms prior to transporting any wheelchair-bound participant.
- (3) Vehicles designed for transporting five or more participants/individuals shall:
  - (a) be equipped with functional safety belts for each participant transported, unless the vehicle is exempted by state law;

**APPENDIX E – TRANSPORTATION SERVICE**

- (b) be equipped with prismatic lens (any vehicle larger than fifteen passenger vans);
- (c) be equipped with emergency equipment specified in these specifications; and
- (d) have documentation of at least an annual vehicle inspection by the Ohio State Highway Patrol Safety Inspection Unit or a certified mechanic as outlined in these specifications.

**E. TRAINING**

- (1) The Service Provider must document that each vehicle operator has completed an Agency-Approved Passenger Assistance Training Course. The operator must have completed the training within six months prior to hire or within the first year of employment by the Service Provider.
- (2) Each vehicle operator shall complete an Agency-approved PAT refresher course at least every three years.
- (3) Each vehicle operator shall complete one of these defensive driving programs within one year prior to hire, or within the first three months of employment:
  - (a) National Safety Council;
  - (b) Ohio Department of Development; or
  - (c) Any other Agency-Approved Defensive Driving Course.
- (4) Each vehicle operator shall complete an Agency-approved Defensive Driver Training Course at least every three years.
- (5) Each vehicle operator shall complete an ODA or Agency-approved Aging Sensitivity Course within six months of employment.
- (6) Each vehicle operator must complete First Aid training and become CPR Certified within six months of employment.

**E. PERSONNEL QUALIFICATIONS**

- (1) Have a current/valid Ohio Motor Vehicle Operator's License, or license appropriate to the vehicle (i.e., Commercial Driver's License).
- (2) Have at least two years of licensed driving experience.

**APPENDIX E – TRANSPORTATION SERVICE**

- (3) Be able to understand written or oral instructions and document services delivered.
- (4) Received hands-on transfer technique instructions prior to transporting participants.

**G. COORDINATION OF TRANSPORTATION SERVICES**

- (1) To the extent feasible, the Service Provider is required to participate in the design and delivery of a coordinated non-emergency transportation system with their service area.
- (2) Facilitate the coordination of non-emergency transportation services among multiple Service Providers and/or funding sources. Service Providers may apply to ODA for waivers from specific conditions of participation and transportation service specifications.
  - (a) waiver applications must include a plan which:
    - i. identifies the specific COPs and service specifications for which the Service Provider requesting a waiver.
    - ii. demonstrates how the waivers will facilitate coordination within the service area;
    - iii. demonstrates how the Service Provider will preserve the integrity of program requirements set forth in State or Federal law; and
    - iv. demonstrates how the Service Provider will ensure the health and safety of participants, clients, vehicle operators and the general public.
  - (b) upon review and recommendation of the Agency the waiver application will be submitted to ODA for final approval.

**APPENDIX E – TRANSPORTATION SERVICE**

**TRANSPORTATION VEHICLE MAINTENANCE AND INSPECTION**

Required annual inspection elements for vehicles equipped to concurrently transport five (5) or more participants, including the wheelchair-bound, are as follow:

(A) **SEATING**

- (1) All seats must be securely fastened to the floor.
- (2) Broken tubing or protruding pieces of metal should be around seats.

(B) **DEFROSTERS & HEATERS**

- (1) Must operate as designed.
- (2) Heater cores must be clean and free of leaks and obstructions to the flow of air.
- (3) Hoses must not have cracks or leaks and must otherwise be in good condition.
- (4) Fan guards must be metal or plastic.

(C) **WINDSHIELD WIPERS/WASHERS**

- (1) Must operate as designed.
- (2) Wiper blades in the vehicle operator's field of vision must be clean.
- (3) Wiper blades must not be brittle or badly worn.

(D) The floor must be metal and intact without holes.

(E) **MIRRORS**

- (1) Must have at least one rear view interior mirror that is properly secured and in proper placement.
- (2) Must have at least one mirror on each side of the vehicle that is properly secured and in proper placement.
- (3) Prismatic lens must be properly installed.
- (4) All mirrors must enable vehicle operators to see a clean image (i.e., without cloudiness, cracks, or other obstacles on the mirror to interfere with reflection).

**APPENDIX E – TRANSPORTATION SERVICE**

**(F) EMERGENCY EQUIPMENT**

- (1) Three red reflectors must be stored in the vehicle.
- (2) The vehicle must have a five pound chemical fire extinguisher with the minimum rating outlined in section 20.B.C. of the Ohio Fire Code and based on Section 10 of the National Fire Protection Association. The fire extinguishers must be securely mounted near the vehicle operator for easy access.
- (3) The vehicle must be equipped with a first aid kit.

**(G) BRAKES**

- (1) Properly located and free of crimps, rust, breaks in integrity, and not in contact with inappropriate vehicle components.
- (2) Tail exhaust pipes are properly secured to prevent dropping on brake lines.
- (3) Vehicles using vacuum-assisted brakes: wheel cylinders, master cylinders, hydrovac, and hose connections must be free of fluid leaks.
- (4) Vehicles using air brakes: reservoirs, chambers, valves, connections, and lines must be free of air leaks.
- (5) During inspections, brake pads must be checked against the vehicle manufacturer's specifications.
- (6) All moisture ejection valves must be free of leaks and in proper working order.

**(H) EMERGENCY BRAKE**

- (1) The vehicle must have a functional emergency brake that is capable of stopping or holding the vehicle in an emergency or while parked. The emergency brake shall hold the vehicle on any grade and under all conditions of loading on a surface free of snow, ice, or loose material.
- (2) If the emergency brake is located on the drive shaft, the brakes shall:
  - (a) hold the vehicle in parked position;
  - (b) be properly mounted; and
  - (c) have cables that are properly lubricated and not hazardously worn.

**APPENDIX E – TRANSPORTATION SERVICE**

(I) **STEERING GEAR**

- (1) The steering shaft must have no more than one half-inch upward motion when the steering wheel is pulled upwards.
- (2) The steering gear assembly, power steering unit, brackets, and mounting bolts must be securely fastened.
- (3) If installed, power steering must be operative, properly mounted, and have correct fluid levels and belt tensions.
- (4) The rod ends must function properly.

## **POLICY 303**

## **SERVICE SPECIFICATIONS**

### **APPENDIX E – TRANSPORTATION SERVICE**

- (5) Tires must not rub any chassis or body component in any position.
- (J) Horn must operate as designed.
- (K) WINDSHIELD/WINDOWS
  - (1) Dow/glass must be free of chips or cracks and be securely mounted without exposed edges.
  - (2) Plexiglas may not be used to replace safety glass.
- (L) EMERGENCY DOOR (APPLICABLE TO BUS-TYPE VEHICLES)
  - (1) The door must be able to open to its maximum width without catching or binding.
  - (2) All handles must be permanently installed.
  - (3) Operating instructions for the emergency door must be lettered or decaled inside the emergency door.
  - (4) The safety buzzer must operate as designed, and be placed in the vehicle operator's area to warn passengers that the emergency door is opened.
  - (5) The door must be free of temporary or permanent obstructions.
  - (6) No padlocks or other added security devices are to be used to secure the door while the vehicle is in motion.
- (M) Springs/shocks must be intact and properly mounted.
- (N) TIRES
  - (1) Must have less than two sixteenth inch tread pattern measured anywhere on the tire.
  - (2) Retread tires should not be located on the steering axle.
  - (3) Must be free of irregular wear, cuts, bruises, and breaks.
  - (4) Must be balanced and in proper alignment.
  - (5) All lugs must be present and fitted tightly on tires.
  - (6) All tread types must match mated tires.

**APPENDIX E – TRANSPORTATION SERVICE**

(O) **EXHAUST SYSTEM**

- (1) Must be intact and operating as designed.
- (2) All pipe and muffler joints must be properly welded or clamped.
- (3) Exhaust manifolds must be free of cracks and missing bolts.

(P) Lights must operate as designed and meet ORC and OAC requirements for vehicle lighting.

(Q) The vehicle body condition must be intact and free of broken parts that can cause injury.

(R) **GAS TANK MUST**

- (1) Be free of rust/damage and/or leaks.
- (2) Be securely mounted.

(S) The seating area and aisle must be free of debris.

**APPENDIX E – TRANSPORTATION SERVICE**

**TRANSPORTATION SAFETY REQUIREMENTS**

**Required Elements of Daily Inspection of Wheelchair Lifts**

For each day services are provided, Service Providers must complete and document an inspection of the wheelchair lift prior to any participant service that day according to these specifications. Note that these requirements are not intended to be all inclusive. The Service Provider is also required to meet all manufacturer and federal, state and local safety requirements in the maintenance and operation of vehicles.

- A. Run the lift through one complete cycle to be sure that it is operable.
- B. Check for any signs of seal leaking or binding of hardware.
- C. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
- D. Check for physical damage and jerky operation.
- E. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
- F. Check all fasteners and assure that all bolts are snug.
- G. Make sure the lift is properly secured to the vehicle when stored.
- H. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
- I. Lubricate the lift in compliance with the manufacturer's requirements.

Service Providers shall not use the lift any time repairs are necessary. A complete inspection of the lift must be accomplished before it is placed back in service.

**APPENDIX E – TRANSPORTATION SERVICE**

**MINIMUM HEALTH REQUIREMENTS for VEHICLE OPERATORS**

- (A) The vehicle operator must have a signed statement from a licensed physician declaring that the vehicle operator:
  - (1) does not have any physical or mental limitations likely to interfere with safe driving, passenger assistance, or emergency activities;
  - (1) has vision in both eyes, ordinary depth perception, and visual acuity twenty/thirty (20/30) in both eyes together with or without correction;
  - (1) has adequate hearing to assure safe response to horns, emergency vehicle sirens, and train signals; and
  - (2) is not impaired by the use of alcohol, narcotics, or habit-forming drugs;
- (B) The signed physician statement must be updated at least every two (2) years, and the current signed statement must be maintained in the vehicle operator's personnel file.

**APPENDIX E – TRANSPORTATION SERVICE**

**VEHICLE CHECK LIST**

**Required Vehicle Safety Checklist Elements**

**Vehicle ID:** \_\_\_\_\_ **Odometer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Indicate Inspection by Placing Checkmarks (✓) in Boxes.**

**Interior: Daily**

- Clean Appearance
- Seats (Tears, Loose Armrests, Etc.)
- Seat Belts
- Wheelchair Restraint
- Wheelchair Lift Ramp  
(Good Operating Condition and Secure)
- Cargo Barriers (Secure and In Place)
- Floor Coverings

**Lights: Weekly**

- Headlights: High, Low Beams
- Tail Lights, Marker Lights
- Brake Lights
- Turn Signals (Front and Rear)
- Backup Lights
- 4-Way Hazard (Front and Back)
- License Plate Light
- Interior Lights

**Exterior: Weekly**

- No Body Damages
- Clean Appearance
- Mirrors (Adjusted and Clean)
- Windows (Clean)
- Doors (Operable In/Outside)
- Door Locks (Operable)
- Windows (Clean)

**Electrical/Mechanical: Weekly**

- Horn
- Windshield Wipers Washer
- Heater
- Emergency Jack Tire Tools
- Air Conditioning
- Defroster

**Fluids: Monthly**

- Engine Oil
- Brake Fluid
- Engine Coolant
- Power Steering\*
- Automatic Transmission\*
- Fuel
- Windshield Washer
- Battery

**Belts & Hoses: Monthly**

- Fan
- Alternator
- Heater Hose
- Radiator
- No Leaks under Vehicle

**Tires: Monthly**

- Inflation
- Wear
- Sidewall or Tread
- Damage
- Spare

**Emergency Equipment: Monthly**

- Fire Extinguisher
- First Aid Kit
- Three Flares, Fuses, Or
- Reflectorized Triangles

**POLICY 303**

**SERVICE SPECIFICATIONS**

**APPENDIX E – TRANSPORTATION SERVICE**

**Optional (winter):**

- Gauges (Oil, Fuel, Temperature, Brake, etc.)
- Emergency Brake
- Foot Brake

***\*Must Be Checked At Operating Temperature***

**Monthly**

- Small Shovel and/or
- Non-Corrosive Traction Material (Sand/Cat Litter)

Check List completed by: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**APPENDIX F – HOME MAINTENANCE, MODIFICATION AND REPAIR SERVICE**

**A. PURPOSE**

Minor home modification and maintenance service is designed to enhance the participant's independence, improve the participant's health and safety, and upgrade accessibility of the participant's home environment.

1. Home modification and maintenance services are limited to those services that:
  - (a) Can not be accomplished through existing informal or formal supports; and
  - (b) Are not the legal or contractual responsibility of a landlord or homeowner (other than the participant).
2. Tasks included in this service shall include, but are not limited to:
  - (a) Minor home modifications
    - (i) installation of safety devices, such as smoke alarms, carbon monoxide detectors, or replacement of batteries;
    - (ii) installation of devices to improve the participant's ability to perform ADL's; and
    - (iii) minor interior and exterior modifications to improve accessibility or mobility (e.g., ramps, doorways).
  - (b) Minor home maintenance
    - (i) inspections of furnaces and water heaters;
    - (ii) plumbing and electrical repair, and
    - (iii) inspection and maintenance of water pumps.
  - (c) Minor household repairs
    - (i) repair or replacement of window and door screens;
    - (ii) repair or replace broken window panes; and
    - (iii) replacement or installation of electrical fuses.

**POLICY 303**

**SERVICE SPECIFICATIONS**

**APPENDIX F – HOME MAINTENANCE, MODIFICATION AND REPAIR SERVICE**

3. Home modification and maintenance service provided through Title III shall not exceed \$150 per participant per program year or increase the property value.
4. Home modification/repair services provided through SCS funding shall not exceed the per-participant per-program year established limits set by ODA.

**B. UNIT of SERVICE**

- (1) Unit of service is one job order with a unit rate of the price quoted and accepted by the Agency.
- (2) Unit rate shall include the cost of materials, labor, supplies, equipment, administrative costs, and applicable fees associated with the job requested.

**SERVICE PROVIDER SERVICES REQUIREMENTS**

- (1) The Service Provider shall obtain the property owner's written consent to modify the property. The Service Provider shall ensure that the owner understands that the property will be left in the modified state if the participant vacates the premises.
- (2) The Service Provider shall secure permits required for completing each job order in compliance with federal, state, and local building codes and standards.
- (3) The Service Provider shall verify signed and dated Authorization from the participant and Agency or a designated sub-recipient for the job prior to commencing the work.
- (4) The Service Provider shall furnish the Agency with a verbal estimate of service costs to be followed by a written price quote within seven days of the initial Agency request, or in an alternate time period acceptable to the Agency.
- (5) The Service Provider cannot bill the Agency in excess of the written estimate unless a written cost revision is authorized by the Agency.
- (6) The Service Provider shall inform the participant and the Agency of any health and/or safety risks expected during the job, and shall assist the participant and the Agency in coordinating times and dates of service to assure minimal hazardous risks to the participant.

**POLICY 303**

**SERVICE SPECIFICATIONS**

**APPENDIX F – HOME MAINTENANCE, MODIFICATION AND REPAIR SERVICE**

- (7) The Service Provider shall furnish a full or limited warranty covering workmanship and materials with the final invoice submitted to the Agency. Invoices will not be paid unless a warranty is provided.
  
- (8) The Service Provider shall obtain the participant's signature and date at the completion of the job order certifying that the work authorized has been completed, the property was left in satisfactory condition, and incidental damages have been repaired.