Service Provider Policy and Procedures Manual

Area Office on Aging of Northwestern Ohio, Inc.
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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,
- 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
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**

   Area Office on Aging of Northwestern Ohio, Inc.
   Service Provider Policy and Procedures Manual
   Effective: 9/29/05
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
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
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.
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; Alzheimer’s Funds – Respite, Education and Core Services; Long Term Care Ombudsman 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.

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 supersede 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 and as required by rules and policy changes of ODA, the OAA, and other funders.

2. Whenever changes are proposed, policy will be forwarded to each Service Provider for review and comment, unless the changes are solely administrative in nature.

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 Area Office on Aging of Northwestern Ohio, Inc. (hereinafter referred to as the "Agency") will develop an 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 Area 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 at least thirty (30) days prior to the submission of the Area Plan to the ODA for final approval, or as otherwise specified by ODA.

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
POLICY 201 AREA PLAN DEVELOPMENT

public.

3. Specific bodies such as the Area-Wide Advisory Board and Agency 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 President/CEO of the Agency.

4. Revisions may be made to the Area 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 will conduct periodic training for Service Providers and others 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. Periodic Service Provider meetings, announced and conducted by the Agency, for purposes of providing updated information, require mandatory participation.

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 Northwestern 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 312 311.
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 and 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 promulgated by the U. S. Department of Health and Human Services, 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

Rural: The term "rural" refers to any area which is not part of a Metropolitan Statistical Area (MSA) and therefore includes rural farm, rural non-farm, and towns and cities up to 50,000 in population.

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 C  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 subcontractor of any service under Title III, Title VII, and/or Senior Community Services Funds, a requirement that such the Service Provider Sub-Contractor 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
POLICY 301  SERVICE PRIORITY TO SPECIFIC CLIENT GROUPS

Provider;

b) to the maximum extent feasible, provide services to low-income minority individuals and the other specific client groups defined in 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.
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 for the six services listed below have been adopted as rules in the Ohio Administrative Code (OAC) as indicated:

a. Adult Day Service  
   [Appendix-A OAC 173-3-06.1]

b. Chore Service  
   [Appendix-B OAC 173-3-06.2]

c. Home Maintenance, Modification, and Repair Services  
   [Appendix-F OAC 173-3-06.3]

d. Homemaker Service  
   [Appendix-C OAC 173-3-06.4]

e. Personal Care Service  
   [Appendix-D OAC 173-3-06.5]

f. Transportation Service  
   [Appendix-E OAC 173-3-06.6]

The Agency has adopted these rules for use as published in the OAC. Accordingly, the Service Specifications previously contained in this Policy and Appendices A through F of this Policy are deleted effective of the revision date of this Policy.

The full text of these rules can be obtained by using the following web link:

http://aging.ohio.gov/information/rules/current.aspx
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: Personal care service means a service comprised of tasks that help a consumer achieve optimal functioning with ADLs and IADLs. Examples of components of a personal care service are:

(1) Tasks that are components a homemaker service under rule 173-3-06.4 of the Ohio Administrative Code, if the tasks of the homemaker service are specified in the consumer's care plan and are incidental to the care furnished, or are essential to the health and welfare of the consumer, rather than the consumer's family;

(2) Tasks that assist the consumer with managing the household, handling personal affairs, and providing assistance with self-administration of medications;

(3) Tasks that assist the consumer with ADLs and IADLs; and,

(4) Respite services.

b. Unit of Service Definition: One hour of personal care service

d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of consumers served.

e. Minimum Required Supporting Documentation:

   - Consumer Information Sheet containing:
     - Client's name
     - Date of service delivery
POLICY 304 SERVICE TAXONOMY

SERVICE CODE 1: PERSONAL CARE - Community Based Care (Continued)

- Arrival time
- Departure time
- Specific service(s) provided
- Number of service units provided
- Name of each Personal Care Assistant in contact with the consumer
- Signature of personal care Service Provider

Authority: Ohio Administrative Code 173-3-06.5.
SERVICE CODE 2: HOMEMAKER – Community Based Care

a. Definition: "Homemaker service" means a service that provides routine tasks to help a consumer to achieve and maintain a clean, safe, and healthy environment.

b. Service Activities May Include:

Routine meal-related tasks: Planning a meal, preparing a meal, and planning a grocery purchase; routine household tasks: Dusting furniture, sweeping, vacuuming, mopping floors, removing trash, and washing the inside of windows that are reachable from the floor, kitchen care (washing dishes, appliances, and counters), bedroom and bathroom care (changing bed linens and emptying and cleaning bedside commodes), and laundry care (folding, ironing, and putting the laundry away); and, routine transportation tasks: Performing an errand outside of the presence of the consumer (e.g., picking up a prescription), grocery shopping assistance, or transportation assistance, but not a transportation service under rule 173-3-06.6 of the Ohio Administrative Code.

c. Unit of Service Definition: A unit of homemaker service is one hour of homemaker service.

d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of consumers served.

e. Minimum Required Supporting Documentation:

- Consumer Information Sheet containing:
  - Consumer’s name
  - Date of service delivery
  - Arrival time
  - Departure time
  - Specific service(s) provided
  - Number of service units provided
  - Name of each aide in contact with the consumer
  - Signature of consumer or authorized representative
  - Signature of personal care Service Provider

Authority: Ohio Administrative Code 173-3-06.4.
SERVICE CODE 3: CHORE – Community Based Care

a. Definition: “Chore service” is a service that improves, restores, or maintains a clean, sanitary, and safe living environment through the performance of tasks on the property where the consumer resides that are beyond the consumer’s capability, and the removal of hazards posing a threat to the consumer’s health and welfare. Examples of a chore service are: (1) Heavy household cleaning: washing walls and ceilings; washing the outside of windows, washing the inside of windows that are difficult to reach; removing, cleaning, and re-hanging curtains or draperies; and, shampooing carpets or furniture; (2) Simple household maintenance: replacing light bulbs; unclogging a drain; lighting and relighting a pilot light; and, replacing a furnace filter; (3) Pest control; (4) Disposal of garbage or recyclable materials; and, (5) Seasonal maintenance: cleaning gutters and downspouts; removing snow or ice; trimming shrubs, cutting grass, and removing leaves; and installing existing storm windows.

b. Eligibility: A consumer is only eligible if no other person (e.g., a landlord) has a legal or contractual responsibility to perform the job.

c. Unit of Service Definition: One unit of chore service is one completed job order.

d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of consumers served.

e. Minimum Required Supporting Documentation:
   - Consumer Information Sheet containing:
     - Consumer’s name;
     - Service date
     - Service description, including a comparison between tasks in the job order and tasks completed.
     - Whether the consumer or family caregiver consented to the service before it was provided
     - Number of units of service provided
     - Name of each person in contact with the consumer
     - Provider’s signature
     - Consumer’s signature

Authority: Ohio Administrative Code 173-3-06.2.
SERVICE CODE 5: ADULT DAY SERVICES – Community Based Care

a. Definition:
   (1) “Adult day service” ("ADS") means a non-residential, community-based service provided through an individualized care plan to encourage optimal capacity for self-care or maximizes functional abilities by meeting the needs of a consumer who has functional or cognitive impairments.
   (2) "Direct-care staff" means an employee of an ADS facility who has direct, face-to-face contact with a consumer.
   (3) "Skilled nursing" has the same meaning as in section 3721.01 of the Ohio Revised Code.

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:
   (1) Units of ADS are calculated as follows:
      (a) Less than four hours of ADS per day is a half-unit of ADS.
      (b) Four to eight hours of ADS per day is one unit of ADS.
      (c) Every fifteen minutes of ADS provided beyond eight hours in one day is a fifteen-minute unit.

   (2) A provider shall not bill the AAA for more than twelve hours of ADS per day per consumer.
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SERVICE CODE 5:  ADULT DAY SERVICES – Community Based Care (Continued)

(3) A unit of ADS does not include a transportation service, as defined by rule 173-3-06.6 of the Administrative Code, even if the transportation service is provided to transport the consumer to or from the ADS facility.

e. Minimum Required Supporting Documentation:

For each unit of service performed, the provider shall document:

- consumer's name;
- service date;
- arrival time;
- departure time;
- consumer’s mode of transportation to and from the ADS facility;
- description, including the level of ADS authorized, the level of ADS; performed, and if the two are different, the reason why they are different;
- Number of service units delivered;
- name of direct-care staff in contact with the consumer;
- provider’s signature;
- consumer’s signature or signature of consumer’s representative.

Authority:  Ohio Administrative Code 173-3-06.1.
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 Include:

- Case/Consumer finding activities
- Intake and assessment conducted either in the consumer’s residence or during a consumer visit to the Agency.
- Care Plan development and implementation
- Regular review, reassessment and follow-up of consumer status
- Consumer transfer and/or discharge
- Case closing

c. Unit of Service Definition: One hour of staff time expended on behalf of a Consumer constitutes one unit of service.

d. Unit of Service Counts: Unit of service counts should be equal to or greater than the number of consumers served.

e. Minimum Required Supporting Documentation:

- Agency-approved intake and screening form
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. **Minimum Required Supporting Documentation:**

- Consumer Information Sheet containing:
  
  - Date of service
  - Names of consumers
  - Name of escort (may escort more than one consumer)
  - Pick-up location and time of pick-up
  - Destination location and time of drop-off
  - Number of units of service delivered
  - Name and signature of driver
  - Name and certifying signature of authorized provider staff
SERVICE CODE 10: TRANSPORTATION

a. Definition: "Transportation service" means a service that transports a consumer from one place to another through the use of a provider's vehicle and driver. Examples of places to which the service may transport a consumer are a medical office, congregate nutrition program site, grocery store, senior center, or government office. Recreational trips should be self-supporting through program income.

b. Service Activities May Include:
   - Door to door, scheduled route or on-demand transportation

c. Unit of Service Definition: One-way trip

d. Minimum Required Supporting Documentation:
   - Transportation Log containing:
     - Date of service
     - Names of consumers
     - Pick-up location and time of pick-up
     - Destination location and time of drop-off
     - Number of units of service delivered
     - Name and signature of driver
     - Name and certifying signature of authorized provider staff

Authority: Ohio Administrative code 173-3-06.6.

Required forms associated with this service are contained in Ohio Administrative Code 173-3-06.6.
POLICY 304            SERVICE TAXONOMY

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 consumer(s)
   - Education concerning legal rights
   - Representation by an attorney at law, a trained paralegal, and/or a law student; and
   - Provision of consumer 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 consumers served.

e. Minimum Required Supporting Documentation:
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Consumer’s name
     - Consumer’s address
     - Consumer’s telephone number
     - Specific service(s) provided
     - Name/Signature of service provider
     - Name and certifying signature of authorized provider staff
SERVICE CODE 14: CONSUMER FINDING/OUTREACH

a. **Definition:** Contacts initiated by an agency or organization for the purpose of identifying potential consumers 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 consumer. 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 consumers contacted.

e. **Minimum Required Supporting Documentation:**
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Consumer’s name
     - Consumer’s address
     - How contacted
     - Results
     - Name/Signature of service provider conducting outreach
     - Name and certifying signature of authorized provider staff
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 consumers served.

e. Minimum Required Supporting Documentation:
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Consumer’s name
     - Consumer’s address
     - Specific service(s) provided
     - Name of counselor
     - Signature of counselor
     - Name and certifying signature of authorized provider staff
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 consumers served.

e. **Minimum Required Supporting Documentation:**
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Specific title of the instruction/education activity
     - Names of attendees
     - Number of attendees
     - Name of instructor
     - Signature of instructor
     - Name and certifying signature of authorized provider staff
SERVICE CODE 19: HOME MAINTENANCE, MODIFICATION AND REPAIR SERVICE

a. Definitions:

(1) "Home-maintenance service" means a service that provides critical maintenance of elements necessary to preserve the health and safety of a consumer in the consumer's home. Examples of the service are the inspection of a furnace, water heater, or water pump, plumbing and electrical maintenance; maintenance or replacement of screens or broken window panes; and, replacement or installation of electrical fuses.

(2) "Home-modification service" means a service that adapts elements of the interior or exterior of a consumer's residence to increase accessibility and enable the consumer to function with greater independence in the residence. Examples of the service are the installation of a device to improve the consumer's ability to perform ADLs; a minor interior or exterior modification to improve the health and safety of the consumer; or a ramp to a doorway or another modification to enhance accessibility.

(3) "Home-repair service" means a service that provides critical repair to elements necessary to preserve the health and safety of a consumer in the consumer's home. Examples of this service are the repair or installation of HVAC equipment; minor plumbing or electrical repair; repair or replacement of gutters, shingles, flashings, or other roofing materials; or, repairs to eliminate holes of other hazards in flooring or stairs.

b. Eligibility: A consumer is eligible for a home-maintenance, home-modification, or home-repair service only if no other person (e.g., a landlord) has a legal or contractual responsibility to perform the job.

c. Unit of Service:

(1) A unit of service is one completed job order.

(2) The per-job rate for a service is negotiable and is subject to the approval of the AAA before the service is provided. It includes assessment, materials, and labor.
SERVICE CODE 19: HOME MAINTENANCE, MODIFICATION AND REPAIR SERVICE (Continued)

- Service description, including a comparison between tasks in the job order and tasks completed
- Consent of the consumer or family caregiver prior to the service being completed
- Number of service units delivered
- Name of each person in contact with the consumer
- Provider’s signature
- Consumer’s signature

Authority: Ohio Administrative Code 173-3-06.3.
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 consumer contact (one on one) made for information, referral, or assistance. This unit includes all referral and follow-up on behalf of that consumer. If the same consumer 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 consumers served.

e. **Minimum Required Supporting Documentation:**

- Information & Assistance/Referral Log containing, where possible:
  - Date
  - Consumer’s name or notation of anonymous consumer
  - Resource information requested
  - Name of agency or resource consumer was referred to
  - Follow-up information for consumer and/or resource
  - Signature of person providing service

Area Office on Aging of Northwestern Ohio, Inc.
Service Provider Policy and Procedures Manual
Effective: 09/29/05
Revised: 10/01/09; 08/02/10; 08/01/12
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 consumers 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
  - Name and certifying signature of authorized provider staff
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
   - Pre-and post-program screenings for wellness programs as defined in Service Code 46, Health Education and Wellness Programs

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 consumers served.

e. Minimum Required Supporting Documentation:
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Consumer’s name
     - Type of screening/evaluation
     - Specific service(s) provided
     - Signature of service provider
     - Name and certifying signature of authorized provider staff
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 consumers served.

e. Minimum Required Supporting Documentation:
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Consumer’s name
     - Type of treatment/procedure
     - Specific service(s) provided
     - Signature of clinician providing service
     - Name and certifying signature of authorized provider staff
POLICY 304  SERVICE TAXONOMY

SERVICE CODE 25: SOCIALIZATION/RECREATION

a. Definition: Activities that foster 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. See Service Code 46, Health Education and Wellness Programs for outcomes-based wellness programming as it is contained in this taxonomy.

b. Service Activities May Include:
   - Instruction or participation in recreational 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 consumers served.

e. Minimum Required Supporting Documentation:
   - Information Sheet containing:
     - Date of service delivery
     - Identification of activity
     - Names of participating consumers
     - Number of participating consumers
     - Name of person facilitating the activity
     - Signature of person facilitating the activity
     - Name and certifying signature of authorized provider staff
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 consumers at least three times per week.

b. **Service Activities May Include:**
   - Identifying and reporting a consumer’s need for services
   - Establishment of an emergency plan for consumers if telephone call is not answered
   - Activities planned for each telephone call relative to the individual’s needs
   - Telephone calls to each consumer 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 consumer.

d. **Unit of Service Counts:** Unit of service counts should be equal to or greater than the number of consumers served.

e. **Minimum Required Supporting Documentation:**
   - Socialization/Telephoning Log containing:
     - Date of service delivery
     - Consumer’s name
     - Consumer’s telephone number
     - Name of person placing/receiving call
     - Signature person placing/receiving call
     - Name and certifying signature of authorized provider staff
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 consumers served.

e. **Minimum Required Supporting Documentation:**
   - Socialization/Visiting Log containing:
     - Date of service delivery
     - Consumer’s name
     - Consumer’s address
     - Signature of visitor
     - Name and certifying signature of authorized provider staff
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 consumers served.

e. Minimum Required Supporting Documentation:
   - Volunteer Placement Log containing:
     - Date of placement
     - Name of consumer placed
     - Name of agency or institution where volunteer placed
     - Signature of person making placement
     - Name and certifying signature of authorized provider staff
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 consumer.

d. **Unit of Service Counts:** Unit of service counts should be the same as or greater than the number of consumers served.

e. **Minimum Required Supporting Documentation:**

   - Information Sheet containing:
     - Date of service delivery
     - Identification of service provided
     - Name of consumer
     - Consumer’s address
     - Name of person providing the service
     - Signature of person providing the service
     - Name and certifying signature of authorized provider staff
POLICY 304  SERVICE TAXONOMY

SERVICE CODE 31: INSTITUTIONAL FACILITY- Nursing Home and Residential Care Facility Based

a. **Definition:** Institutional Facility service means a respite service that enable family caregivers to be temporarily relieved from their caregiving responsibilities which may institutional and emergency respite. An Institutional Respite Facility shall comply with the Ohio Revised Code-Chapter 3721: Nursing Homes; Residential Care Facilities to be an approved provider. Examples of components of an institutional facility service are:

(1) Tasks that are components of a nursing home, residential care facility, or home for aging with a valid license required under section 3721.01 of Revised Code.

(2) Tasks that are components of skilled nursing care to residents pursuant to division (D) of section 3721.011 of the Revised Code.

(3) Tasks that are components of hospice care licensed under section 3712.04 of the Revised Code that is exclusively for the care of hospice patients.

b. **Eligibility:** A family caregiver is eligible for institutional respite only if caring for individual who is 60 years old or older and frail or a person with Alzheimer’s disease or a related dementia may be served regardless of the age of the person with dementia.

c. **Unit of Service Definition:** One unit of institutional service is per day (24 hours).

d. **Minimum Required Supporting Documentation:**

- Consumer Information Sheet containing:
  - Client’s name
  - Date of service
  - Arrival time
  - Departure time
  - Specific service(s) provided
  - Number of service units provided
  - Consent of the consumer or family caregiver prior to the service
  - Signature of Service Provider
  - Consumer’s signature or the signature of the consumer’s caregiver

**Authority:** Ohio Administrative Code Chapter 3721
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 consumer in preparing and submitting forms and documentation
   - Advocacy on behalf of the consumer 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 consumer or one hour of service on behalf of the consumer.

d. **Unit of Service Counts:** Unit of service counts should be the same as or greater than the number of consumers served.

e. **Minimum Required Supporting Documentation:**
   - Consumer Information Sheet containing:
     - Date of service delivery
     - Identification of service provided
     - Name of consumer
     - Consumer’s address
     - Name of person providing the service
     - Signature of person providing the service
     - Name and certifying signature of authorized provider staff
SERVICE CODE 41: HOME INJURY CONTROL/ASSESSMENT

a. Definition: Services designed to promote home safety for older persons. These services are 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 consumer
   - 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 consumers served.

e. Minimum Required Supporting Documentation:
   - Home Injury Control Consumer Assessment Information Sheet containing:
     - Date of service delivery
     - Type of assessment conducted
     - Name of consumer
     - Consumer’s address
     - Name of person conducting the assessment
     - Signature of person conducting the assessment
     - Name and certifying signature of authorized provider staff
POLICY 304       SERVICE TAXONOMY

SERVICE CODE 46: HEALTH EDUCATION AND WELLNESS PROGRAMS

a. Definition: The provision of age-specific information to seniors that increases their awareness of and interest in the need for their participation in maintaining their own state of health. Includes programs designed to promote healthy lifestyle choices by providing older individuals with opportunities to learn about practices and behaviors that contribute to good health and implement them into their daily lives. Such education is presented by trained and/or credentialed professionals. Also included under this Service Code are outcomes-based wellness activities supervised by properly certified individuals that contribute to the wellness and improved mental and physical states of participants.

b. Service Activities May Include:
   - Health education provided to seniors by clinicians (physicians, pharmacists, certified wellness educators, 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
   - Wellness activities include, but are not limited to: Yoga, Tai Chi, Matter of Balance, Healthy IDEAS, Wii Fit, Body Recall, Healthy U, WalkFit, smoking cessation, other chronic disease self management activities, etc.

c. Unit of Service Definition: One hour of service to consumers.

d. Unit of Service Counts: Unit of service counts should be the same as or greater than the number of consumers served.

e. Minimum Required Supporting Documentation:
   - Health Education and Wellness Activities Information Sheet containing:
     - Date of service delivery
     - Identification of information presented or wellness activity engaged in
     - Name of consumer
     - Name of person providing the service
     - Signature of person providing the service
     - Name and certifying signature of authorized provider staff
SERVICE CODE 60: HOME MEDICAL EQUIPMENT

a. Definitions: Assistance to family caregiver that complement the care provided by caregivers. Supplemental services are provided on a limited basis and flexibility or a service that can't be provided by other sources.

   (1) "Home Medical Equipment and supplies" means a service that promote functional independence and safe, effective, in-home care through the provision of both health-related and non-health-related equipment. Examples of the service are the incontinent supplies, assistive devices, medication dispensers, or walker baskets or trays.

b. Eligibility: A family caregiver is eligible for home medical equipment only if caring for individual who is 60 years old or older and frail or a person with Alzheimer's disease or a related dementia may be served regardless of the age of the person with dementia.

c. Unit of Service

   (3) A unit of service is one item purchase.

   (4) The unit rate for item to be purchase is negotiable and is subject to the approval of the Area Office on Aging before the HME service is purchased and delivered.

   (5) The provider must furnish professional, on-going assistance when needed to evaluate and adjust products delivered and/or to instruct the consumer or the consumer's caregiver in the use of an item.

   (6) The provider must assume liability for equipment warranties and must install, maintain, and/or replace any defective parts or items specified in those warranties.

d. Minimum Required Supporting Documentation:

   • Consumer's name
   • Date(s) of delivery
   • Service description, including a comparison between items and any education and/or instruction for the use of equipment and/or supplies provided to the consumer
   • Consent of the consumer or family caregiver prior to the service being completed
   • Number of item(s) delivered
   • Consumer's signature, the signature of the consumer's caregiver or electronic verification of delivery
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.
POLICY 306  SERVICE PROVIDER POLICIES AND PROCEDURES MANUAL

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. Ohio Department of Aging Policies and applicable sections of the Ohio Administrative Code (OAC); and
   d. 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 available for review by the Agency during on-site provider monitoring.
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  STRATEGIC PLAN DEVELOPMENT

1. Service Providers will utilize a strategic planning process that, at a minimum:
   a. includes an environmental scan to identify key issues,
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 provider monitoring process.
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 [five] components:

1. Screening;
2. In-home assessment and reassessment;
3. Care planning; and
4. Authorizing and arranging direct service; and
5. 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 and cost-share requirements;
2. Assessment instrument;
3. Matrix of funded and commonly brokered services;
4. Linkages between CCP and other programs;
POLICY 308  CARE COORDINATION

5. Methods/delivery of care coordination services;
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.

Area Office on Aging of Northwestern Ohio, Inc.
Service Provider Policy and Procedures Manual
Effective: 09/29/05; Revised: 08/01/12
4. Cost-share requirements do not apply to care coordination, however, do apply to the direct services authorized (See Consumer Cost-Share Policy 313 of this manual).

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 the in-home assessment is conducted annually. 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;
   and,

   c. Include follow-up and reassessment as required.

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 sub-contractors 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 sub-
   contractor at least annually and maintain monitoring records for a minimum
   of 5 three 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), or Lucas County Senior Services Levy.

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 purpose for which the vehicle will be used;
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 from a minimum of three bids.

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

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


   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.

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 or Lucas County Senior Services Levy 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.
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


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 conduct an on-site monitoring visit of every Service Provider every other 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. Reviews may also occur annually if indicated. Subcontractors may be monitored as deemed necessary to complete the Service Provider's monitoring review.

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.
POLICY 311  SERVICE PROVIDER MONITORING

2. The tool shall address, at a minimum:

   a. compliance with:

      i. the Older Americans Act (OAA) and its regulations;

      ii. the Ohio Department of Aging (ODA) Policies and Procedures;

      iii. Ohio Administrative Code Rules 173-3-01 to 09 and any revisions thereto.

      iv. BCI Criminal Background Checks for Service Provider Staff

      v.. EEO/504;

      vi.. 45 CFR, Part 74;

    vii. OMB Circulars which apply to your agency, including but not limited to:

        • OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments.

        • OMB Circular A-122, Cost Principles for Non-profits.

        • OMB Circular A-87 Cost Principles for Local Governments.

        • OMB Circular A-110, Uniform Requirements for Grants and other Agreements with Higher Education, Hospitals and Other Non-Profits, and OMB Circular A-133, Audits of State, Local Governments, and Non-profit organizations ;

     viii. Unit of Service Verification.
b. performance goals and achievements;

c. client documentation and reporting;

d. training;

e. client voluntary contributions and/or cost-share;

f. compliance with Agency Policies and Procedures;

g. unmet client need issues;

h. adherence to taxonomy

i. quality assurance; and

j. fiscal monitoring which may occur to insure providers are meeting their contractual obligations; fiscal monitoring will ensure that costs are:
   • allowable
   • allocated
   • accurately reported

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 three years subsequent to completion of any audit of those records.
A. For services that require cost-sharing (see OAC Rule 173-3-07), Service Providers are required to establish a consumer cost-sharing policy that includes:

   (1) The sliding-fee schedule below which determines the percentage of the actual (or partial) contracted cost of a unit of service that the Provider shall suggest that a consumer pay based upon the consumer's individual income as a percentage of the federal poverty level found in the federal poverty guidelines, which are updated periodically in the federal register by the U.S. Department Of Health And Human Services under 42 U.S.C. 3302 (2):

<table>
<thead>
<tr>
<th>INCOME LEVEL</th>
<th>SUGGESTED COST-SHARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(As a % of Federal Poverty Level)</td>
<td>(As a % of Contracted Cost of Service)</td>
</tr>
<tr>
<td>149% and below</td>
<td>0%</td>
</tr>
<tr>
<td>150% - 174%</td>
<td>10%</td>
</tr>
<tr>
<td>175% - 199%</td>
<td>20%</td>
</tr>
<tr>
<td>200% - 224%</td>
<td>30%</td>
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<tr>
<td>225% - 249%</td>
<td>40%</td>
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<tr>
<td>250% - 274%</td>
<td>50%</td>
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<tr>
<td>275% - 299%</td>
<td>60%</td>
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<td>300% - 324%</td>
<td>70%</td>
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<td>325% - 349%</td>
<td>80%</td>
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<tr>
<td>350% - 374%</td>
<td>90%</td>
</tr>
<tr>
<td>375% and above</td>
<td>100%</td>
</tr>
</tbody>
</table>
POLICY 313  Service Provider Guide to Consumer Cost-Sharing

2. A requirement to determine the consumer's individual income solely by the consumer's self-declaration with no requirement for verification;

3. A procedure for collecting consumer cost-sharing payments from a consumer receiving consumer-directed services;

4. A requirement to distribute written materials to consumers that explain:
   a. The services subject to consumer cost sharing;
   b. The procedure for sharing costs (this includes notifying the consumer on a regular basis of what the cost-share is for the services they have received).
   c. The sliding-fee schedule; and,
   d. That a provider may not decline to provide a service because a consumer cannot or refuses to share costs.

B. Accounting for and Reporting Cost-Share Funds

1. Service Providers are required to:
   a. Provide a receipt to a consumer or family caregiver who makes a payment;
   b. Develop a procedure for safeguarding and accounting for all consumer cost-sharing funds collected;
   c. Retain records of all consumer cost-sharing funds collected;
   d. Keep the consumer's declaration of income (or non-declaration of income) and cost-sharing payment history confidential;
   e. Use the funds collected from consumer cost-sharing to expand the capacity to provide the service for which the funds were given; and
   f. Report Program income (voluntary contributions) on their monthly and quarterly Requests.
C. The following list identifies services in the AOoA’s Service Taxonomy that are subject to cost-sharing:

<table>
<thead>
<tr>
<th>AOoA Service Taxonomy Code</th>
<th>Service Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Personal care service</td>
</tr>
<tr>
<td>2</td>
<td>Homemaker service</td>
</tr>
<tr>
<td>3</td>
<td>Chore service</td>
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<tr>
<td>5</td>
<td>Adult day service</td>
</tr>
<tr>
<td>9</td>
<td>Escort/Assisted Transportation</td>
</tr>
<tr>
<td>17</td>
<td>Education/Instruction</td>
</tr>
<tr>
<td>19</td>
<td>Home maintenance, repair, or modification services</td>
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<td>Medical Assessment</td>
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<td>*only if purchasing equipment, assistive devices, eyeglasses, etc., for the consumer’s use</td>
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References:  
AOoA Policy 313, Consumer Cost Sharing Policy  
Older Americans Act  
Ohio Administrative Code173-3-07
POLICY 314  
Service Provider Guide to Consumer Voluntary Contributions

A. As specified in the Older Americans Act (OAA), Part A, Section 315 (b), Voluntary Contributions:

   (1) Voluntary contributions shall be allowed and may be solicited for all services for which funds are received under this Act if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185 percent of the poverty line, at contribution levels based on the actual cost of services.

   (2) The area agency on aging shall consult with the relevant service providers and older individuals in agency’s planning and service area in a State to determine the best method for accepting voluntary contributions under this subsection.

   (3) The area agency on aging and service providers shall not means test for any service for which contributions are accepted or deny services to any individual who does not contribute to the cost of the service.

   (4) The area agency on aging shall ensure that each service provider will:

       a. Provide each recipient with an opportunity to voluntarily contribute to the cost of the service;

       b. Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;

       c. Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution;

       d. Establish appropriate procedures to safeguard and account for all contributions; and

       e. Use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under this Act.

B. Accounting for and Reporting Voluntary Contributions:

   (1) Voluntary contributions are Program Income, as defined by the OAA, and shall be treated as such. That is,

       a. Program income (voluntary contributions) derived from Title III service activity shall be accounted for and reflected properly in the Service Provider’s accounting records,
b. Service Providers shall report Program income (voluntary contributions) on their monthly and quarterly Requests for Funds, and

c. Lists of contributors and their donations, and copies of their receipts are not to be kept on file or in the Service Provider's records.

Reference: Older Americans Act (OAA), Part A, Section 315 (b)
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 CONTRACTS

Except as authorized by the Agency’s Board of Directors, all service provider agreements contracts 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 COMPETITIVE BIDDING PROCESS

The Agency follows the procedures of OAC 173-3-05 for its competitive bidding process. A copy of the rule can be viewed or downloaded at the following link:

http://aging.ohio.gov/resources/publications/173-3-05%20As%20Adopted%202009-02-15.pdf

The Agency also follows the procedures of OAC 173-3-04 regarding provider agreements in general. A copy of the rule can be downloaded at the following link:


Area Office on Aging of Northwestern Ohio, Inc.
Service Provider Policy and Procedures Manual
Effective: 09/29/05; Revised: 08/01/12
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;
   
   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;

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

PROCEDURE DC   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 annual 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 ED   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.

PROCEDURE GD  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.

References: Ohio Administrative Code 173-3-04; 173-3-05
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.

WITNESSETH:

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 caregivers; 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,
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 written 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 (NOTE: After a contract is signed by all parties, unit rates may be adjusted only if sufficient documentation is provided to indicate the actual costs have gone up or down due to, for example, cost of gasoline, staffing changes, etc.); 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 generally 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,
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 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.
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) Service Provider shall submit an invoice using the Request for Funds (RFF) form along with the corresponding SAMS Agency Summary Report to AOoA fiscal staff within five (5) calendar days following the last day of service each month. The AOoA fiscal staff will review the invoice for completeness and accuracy prior to making payment within the fifteen (15) calendar day; payment will be made within the fifteen (15) calendar day after receipt of an accurate invoice. An invoice that contains errors, incorrect rates, or non-covered services is subject to adjustment to issuance of payment. In the event the provider submits an invoice that is not accurate or timely submitted, AOoA fiscal staff will utilize its best efforts to have the invoice paid within the fifteen (15) calendar-day period described above.

(c) In the case of Service Providers with multiple sub-contractors, the Service Provider may, if needed, submit RFF along with the corresponding SAMS Agency Summary Report to AOoA fiscal staff within 10 calendar days following the last day of service each month. AOoA fiscal staff will have invoice paid in the second, fifteen (15) day calendar-day period at the end of the month.

(d) Depending on the nature of the inaccuracy or the timeliness of submission, the provider is hereby notified that payment of said invoice may take longer than fifteen (15) calendar days.

(e) A correct invoice shall include the SAMS Agency Summary Report attached to the RFF. Units of service in SAMS shall match the units of service on the Request for Funds. In the event that there is a discrepancy between the two, AOoA will pay what is on the SAMS Agency Summary Report. Service Provider will submit with the next
(g) SAMS is the current program database designated by the state for reporting. In the event, the state changes databases, the Service Provider shall use the replacement database in place of SAMS.

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

(h) 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.

(i) 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.

(j) 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
POLICY 402  SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS
(PURCHASE OF SERVICE AND GRANT AWARDS)

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) 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) Submission of 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 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
POLICY 402  SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS
(PURCHASE OF SERVICE AND GRANT AWARDS)

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.

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

9. **Service Provider Monitoring**

The Service Provider agrees to participate in a formal on-site monitoring process 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 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 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.
The Service Provider shall develop and maintain a written plan for compliance with the Drug Free Workplace Act of 1988.

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.


(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. 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
POLICY 402

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

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. Mandatory Clauses

Pursuant to 173-3-06 Mandatory Clauses of the Ohio Administrative Code, Service Providers shall, at minimum, agree to the following:

(1) A Service Provider shall comply with rule 173-3-06.1 of the Administrative code, if providing an adult day service; rule 173-3-06.2 of the Administrative Code, if providing a chore service; rule 173-3-06.3 of the Administrative Code, if providing a home maintenance, modification, or repair service; rule 173-3-06.4 of the Administrative Code, if providing a homemaker service; rule 173-3-06.5 of the Administrative Code, if providing a personal care service; rule 173-3-06.6 of the Administrative Code, if providing a transportation service; rule 173-4-05 of the Administrative Code, if providing a meal service; rule 173-4-06 of the Administrative Code, if providing a nutrition consultation service; rule 173-4-07 of the Administrative Code, if providing a nutrition education service; rule 173-4-08 of the Administrative Code, if providing a nutrition health screening; or rule 173-4-09 of the Administrative Code, if providing a grocery shopping assistance service; or, if the service the Agency is procuring is not specified in the above rules, a clause requiring the provider to comply with a written specification of the service (e.g., a description of the service and any conditions for providing the service);

(2) Service Provider shall comply with any federal, state, and local laws, regulations, and federal circulars to which the provider is required to comply;

(3) Service Provider shall utilize all allocated funding for the services and purposes outlined in Policy 102 of this manual.

(4) Service Provider shall adhere to notifications of compensation, including the amount, method of payment, and any possible non-federal match as specified in this policy (Policy 402 of this manual) and the Notification of Grant Award issued as a part of their contract;

(5) Service Provider is prohibited from assigning any of its duties under the
provider agreement to another provider without the authorization of the Agency;

(6) Service Provider shall comply with equal employment opportunities required under Appendix A to 45 C.F.R. 74 or 45 C.F.R 92.36(i);

(7) Service Providers are required to adhere to Policy 101 of this manual with respect to the requirement that they satisfy the service needs of older persons with the greatest economic and social needs with particular attention to older persons who are low-income, who are low-income minorities, who have limited proficiency in the English language, who reside in rural areas, and who are at risk for institutional placement;

(8) If the provider agreement regards services reimbursed by Older Americans Act funds, Service Providers are required to adhere to Policy 301 of this manual with respect to meeting the Agency’s specific objectives for giving service priority to specific consumer groups;

(9) As required by 42 U.S.C. 3026(a)(3)(B), the Agency has developed a list of focal points in the service area covered by the provider agreement entered into with each Service Provider;

(10) Service Provider shall implement a consumer cost-sharing policy under rule 173-3-07 of the Administrative Code for any service that is subject to rule 173-3-07 of the Administrative Code and to allow and encourage voluntary contributions for services reimbursed with Older Americans Act funds under section 315(b) of the Older Americans Act;

(11) Service Provider shall cooperate with the Agency and ODA, to assess the extent of the disaster impact upon persons aged sixty years and over, and to coordinate the public and private resources in the field of aging in order to assist older disaster victims whenever the president of the United States declares that the provider’s service area is a disaster area;

(12) Any Service Provider who is a mandatory reporter to immediately notify the county department of job and family services, or the agency the county department of job and family services designates to provide adult protective services, once the provider has reasonable cause to believe a consumer is the victim of abuse, neglect, or exploitation;

(13) Service Provider shall notify the Agency of any significant change that may necessitate a reassessment the service needs of a consumer in a care-coordination
program no later than one business day after the provider is aware of a repeated refusal to receive services; changes in the consumer's physical, mental, or emotional status; documented changes in the consumer's environmental conditions; or, other significant, documented changes to the consumer's health and safety;

(14) Service Provider shall notify the Agency and the consumer in writing of the anticipated last day of service to a consumer in a care-coordination program no later than **thirty business days** before the anticipated last day of service, unless the reason for discontinuing the service is the hospitalization, institutionalization, or death of the consumer; serious risk to the health or safety of the provider; the consumer's decision to discontinue the service; or a similar reason why the provider is unable to notify the Agency **thirty days before the anticipated last day of service**. The provider shall also notify the consumer how he/she may reach a long-term care ombudsman;

(15) Service Provider is prohibited from using or disclosing any information concerning a consumer for any purpose directly associated with the provision of services, unless the provider has documentation of the consumer's consent to do so;

(16) Service Provider is prohibited from using or disclosing any information concerning a consumer for any purpose not directly associated with the provision of services, even if the consumer consents to doing so;

(17) Service Provider shall comply with the criminal records check requirements under section 173.394 of the Revised Code and rule 173-9-01 of the Administrative Code;

(18) Service Provider shall return any funds received for providing services, if the provision of the services did not comply with the Administrative Code, the Revised Code, or any other law that regulates the provider or the services provided;

(19) Service Provider shall store consumer records in a designated, locked storage space;

(20) Service Provider shall retain any record relating to costs, work performed, supporting documentation for payment of work performed, and all deliverables until the latter of:

(a) Three years after the date the provider receives payment for the service;

(b) The date on which ODA, the Agency, or a duly-authorized law enforcement official concludes monitoring the records and any findings are finally settled; or,
(c) The date on which the auditor of the state of Ohio, the inspector general, or a duly-authorized law enforcement official concludes an audit of the records and any findings are finally settled.

(21) Service Provider may be reviewed, monitored, and audited by the Agency, ODA, and the Administration on Aging:

(22) Policy 402 of this manual details the grounds (and the process) for modifying, suspending, or terminating the provider agreement;

(23) Any amendments to laws, rules, or regulations cited in the Service Provider agreement will result in a correlative modification to the provider agreement without the necessity of executing a written amendment;

(24) If the Service Provider agreement regards a service that is reimbursed by Older Americans Act funds, a description of the right to appeal (and the process for appealing) a decision on provider agreement that cites rule 173-3-09 of the Administrative Code; and,

(25) The Agency may terminate the Service Provider agreement without obligation if ODA determines, through the appeals process or through monitoring, that the provider agreement was entered into inappropriately.

(B) Policy 401 of this manual authorizes the Agency to renew the Service Provider agreement after the agreement has been in effect for a year. Reasons for which the agreement may not be renewed include:

(1) If the provider does not demonstrate satisfactory performance, the Agency may terminate the agreement;

(2) If funds are not available to pay for the service, product, or program for a subsequent year, the Agency may terminate the agreement; or,

(3) If a situation arises that was unforeseen at the time that the Agency and the Service Provider entered into the provider agreement, the Agency may terminate the agreement. Examples of an unforeseen situation are a change in market conditions or a change in the law that regulates the service, product, or program that is procured by the agreement.

(C) The provisions of OAC 173-3-06 applies only to provider agreements entered into by the Agency after February fifteen, two thousand nine, which was the effective date of
16. **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.

17. **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.

18. **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.
19. **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 in the Contract. (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.

20. **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.
(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.

21. **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.

22. **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 and regulations of the State of Ohio and any other applicable local and federal laws.

(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.

(j) Service Providers shall not knowingly recruit or solicit clients or staff from other Agency Service Providers.
23. **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 unless otherwise specified in the Service Provider Policy and Procedures Manual. 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: 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.

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

a. Official correspondence and policy questions - **Executive-Director President/CEO**;

b. Applications, budget revisions, contracted services and service levels, additional funding and vehicle information, SAMS, Quarterly Reports, and annual Lucas County Senior Services Levy

Area Office on Aging of Northwestern Ohio, Inc.
Service Provider Policy and Procedures Manual
Effective: 09/29/05; Revised: 06/30/11
POLICY 402  SERVICE PROVIDER CONDITIONS TO CONTRACT AWARDS  (PURCHASE OF SERVICE AND GRANT AWARDS)

Summary Reports - Planning and Program Development Department;

c. Fiscal Reports and Request for Funds (for services delivered) - Fiscal Department;

25. **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.
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 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.
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
g. Retain all participant records for at least five years or until an audit is completed and all exceptions resolved, whichever is later.

h. Have a written procedure for follow-up and investigation of participant complaints and grievances, and a method to inform participants at the inception of services of the contact number for the RLTCOP.

i. Provide opportunity for Title III, SCS, and Alzheimer's Respite participants to make voluntary contributions for services. Voluntary contributions are to be added to the amounts made available by the AAA, and must be used to increase the number of meals served, facilitate access to meals, and/or provide other supportive services directly related to the service delivered when the contribution was made.

4. Have written personnel policies and documentation that support personnel practices for providers which include:

a. Job descriptions or statements of job responsibilities including qualifications for each position involved in the delivery of services unless the business is a sole proprietorship;

b. Performance appraisals or a development plan for all employed or contract workers, and volunteers involved in providing service to participants unless the business is a sole proprietorship;

c. Prior to service provision, a provider staff signature and a date that indicates completion of orientation that includes:

i. Employee position description and expectations;

ii. Personnel Policies;

iii. Reporting Procedures and Policies;

iv. Table of Organization and Lines of Communication; and

iv. A code of ethics which declares that the provider staff shall not:
(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;
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 DATA COLLECTION AND QUARTERLY REPORTING

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

PROCEDURE A  COLLECTION AND REPORTING OF DATA

a. Specific instructions concerning the collection of SAMS data and Quarterly Reports 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 Quarterly Report requirements specified in Policy 404, Service Providers are also required to submit the following reports:

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