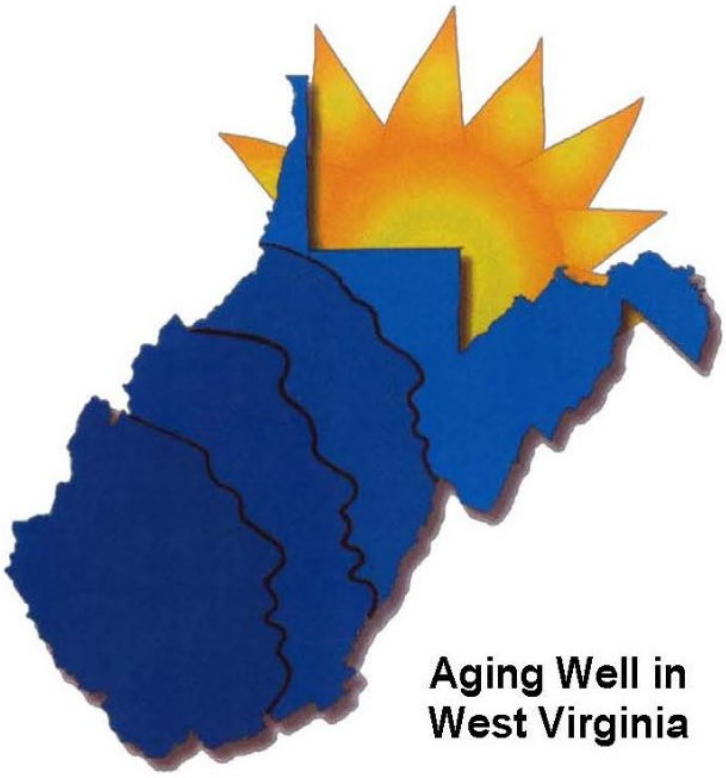
West Virginia

Bureau of Senior Services



CHAPTER 300 – OLDER AMERICANS ACT TITLE III SERVICES POLICY MANUAL

Effective October 1, 2015

Updated November 1, 2019

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3	SAEF	Yes
4	Rights and Responsibilities Form	Yes
5	Rights and Responsibilities Posting	Yes
6	Denial/Reduction of Services Letter	Yes
7	Grievance Procedures Form	Yes
8	Grievance Procedures Posting	Yes
9	Personal Conduct Policy Form and Posting	Yes
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11	Federal Cost Share Chart	No
12	Federal State Cost Share Initial Notification	Yes
13	Federal Cost Share Monthly Statement	Yes
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21	Worker Note	Yes
22	Supplemental Service Recording Log	Yes

NOTE: For a copy of forms and instructions, go to **www.wvseniorservices.gov**, click on *Documents Center* then *Program Specific Documents* to either complete a form in a fillable PDF file, or print and complete in ink. To alter any of the above forms you must have written approval from the Director of Title III – Older Americans Act Programs at the Bureau of Senior Services.

Introduction

The Older Americans Act of 1965 (OAA) was enacted to improve the lives of America's older individuals in relation to income, health, housing, employment, long-term care, retirement, and community service. It was the first federal level initiative aimed at providing comprehensive services for older adults. It created the National Aging Network comprising of the Administration on Aging on the federal level, State Units on Aging (West Virginia Bureau of Senior Services), and Area Agencies on Aging (AAA) at the local level. The underlying purpose is to enhance the ability of older individuals to maintain as much independence as possible and to remain in their own homes and communities. Funding is based primarily on the percentage of an area's population sixty (60) and older, minority, and low income for federal nutrition, and supportive home and community-based services. Programs also include disease prevention/health promotion services, elder rights programs, the National Family Caregiver Support Program, and the Native American Caregiver Support Program.

Title III services available include:

- Title III-B – Supportive Services
- Title III-C1 – Congregate Nutrition Services, Group Meals
- Title III-C2 – Home-delivered Meals
- Title III-D (Tier III) – Evidence-Based Disease Prevention and Health Promotion Services
- Title III-E – National Family Caregiver Support Program

OAA Title III services are available to individuals who are age sixty (60) or older. Title III-E services are available to caregivers of any age caring for individuals that are at-risk or frail or for individuals with Alzheimer's disease or related dementia and for grandparents and other elderly relatives fifty-five (55) or older raising their grandchildren (the service for grandparents and other elderly relatives raising grandchildren is provided by Mission WV and Healthy Grandfamilies under contract (NGA)). Individuals must be given the opportunity to contribute to the cost of the service; however, no one can be denied service due to inability or unwillingness to contribute. (Refer to Policy Sections 300.19.1 and 300.19.2 regarding contributions and Policy Section 300.17 on cost sharing.)

Preference will be given to older individuals with greatest economic and/or social needs (with particular attention to low-income individuals, including low-income minority individuals, individuals with limited English proficiency, individuals at risk for institutional placement and individuals residing in rural areas). (Refer to Policy Section 300.16 regarding prioritization of services.)

This manual sets forth the West Virginia Bureau of Senior Service's (Bureau) requirements for the OAA Title III services provided to eligible seniors. The goals and objectives of this program are focused on providing services that are person-centered, that promote choice, independence, respect and dignity, and community integration. The Bureau has a grant agreement with the AAA's to operate and monitor Title III services. Provider agency board of directors, with local input via public meetings, determines service priorities for the county programs. Fifty percent (50%) of Title III-B funds must be utilized for Personal Care, Homemaker, Adult Day Care, Transportation and Assisted Transportation.

300.1 Definitions

Abuse – (WV Code §61-2-29) Infliction or threat to inflict physical pain or injury on an incapacitated adult or elder person.

Activities of Daily Living (ADL) – Activities that a person ordinarily performs during the course of a day such as mobility (walking/transferring), personal hygiene, bathing, dressing, grooming and eating.

Administration on Aging (AoA) – The principal agency of the Health and Human Services designated to carry out the provisions of the OAA of 1965.

Administration for Community Living (ACL) – Created by the U.S. Department of Health and Human Services (HHS), ACL brings together the achievements of the AoA, the Administration on Intellectual Developmental Disabilities and the HHS Office on Disability to serve as the federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

Area Agency on Aging (AAA) – Agencies designated by the State Unit on Aging (SUA) based on planning and service areas to develop, implement and monitor programs and services for older persons at the local level.

By-laws – Rules established by an organization to regulate itself.

Child – An individual who is not more than 18 years of age or an individual 19 – 59 years of age who has a severe disability. This term relates to a grandparent or other older relative who is a caregiver of a child in the National Family Caregiver Support Program (NFCSP).

Cluster 1 Registered Services (for National Aging Program Information System (NAPIS) reporting) – Requires unduplicated service recipient and unit counts reporting age, ADL's, IADL's, gender, rural, federal poverty level, number in household, race and ethnicity, and if applicable, number of persons with high nutrition risk. Includes Adult Day Care, Chore, Homemaker, Home-Delivered Meals and Personal Care.

Cluster 2 Registered Services (for NAPIS reporting) – Requires unduplicated service recipient and unit counts, reporting age, gender, rural, federal poverty level, number in household, race and ethnicity, and if applicable, number of persons with high nutrition risk. Includes Assisted Transportation, Congregate Meals and Nutrition Counseling. Title III-E is not categorized by ACL as a Cluster 2 Registered Service but requires unduplicated caregiver and unit counts; gender, date of birth, race/ethnicity, rural status and relationship to the care recipient.

Cluster 3 Non-Registered Services (for NAPIS reporting) – Requires reporting service units. Includes Transportation, Nutrition Education, Information and Assistance, Outreach and Legal (WV Senior Legal Aid only).

Competency Based Curriculum – A training program which is designed to give participants the skills they need to perform certain tasks and/or activities. The curriculum must have goals, objectives and an evaluation system to demonstrate competency in training areas.

Cost Sharing – Process that allows service recipients the opportunity to share in the cost of service provision through the use of a sliding fee scale and self-declaration of income.

Documented Specialist – A person who concentrates primarily on a particular subject or activity; a person highly skilled in a specific and restricted field. Someone that possesses supporting documentation i.e. a degree in the designated area, training verifications, certifications, and/or vita with listed experience that would designate that individual as a specialist in a designated area.

Elder Abuse – Any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

Emergency Contingency Service Operation Plan (ECSOP) – A written plan which details who is responsible for what activities in the event of an emergency, whether it is a natural or man-made incident.

Evidence-Based Program (Tier III) – Evidence-Based programs are interventions that have been tested and demonstrated using Experimental or Quasi-Experimental Design (uses randomized control trials) and have been evaluated and shown to be effective at helping service recipients adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. There must have been research results published in a peer-review journal, fully translated in one or more community site(s) and must include developed dissemination products that are available to the public.

Ethnicity – Consistent with Office of Management and Budget (OMB) requirements ethnicity categories are *Hispanic or Latino* or *Not Hispanic or Latino.* (AoA Title III/VII Reporting Requirements Appendix – http://www.aoa.gov

Ex-Officio – A member of a body (a board, committee, etc.) who is part of it by virtue of holding another office but has no voting rights on board actions.

Felony – A criminal offense designated as a felony under state or federal law.

Financial Exploitation – A type of neglect of an incapacitated adult involving the illegal or unethical use or willful dissipation of his/her funds, property or other assets by a formal or informal caregiver, family member, or legal representative – either directly as the perpetrator or indirectly by allowing or enabling the condition which permitted the financial exploitation. Examples of financial exploitation include cashing a person's checks without authorization, forging a person's signature, misusing or stealing a person's money or possessions or deceiving a person into signing any contract, will, or other document.

Focal Point – A Bureau designated Aging Program for comprehensive service delivery established to encourage the maximum co-location and coordination of services for older individuals. (OAA 102(a)(21) and 306(a)(3)(A).)

Frail – Functionally impaired because the individual is unable to perform at least two (2) activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision or due to cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual. (OAA102(a)(22)(A)(i) & (B).)

Frozen Meal – A frozen meal, packaged in a tray that needs only to be heated before serving. Must meet West Virginia Health Department standards for the freezing process.

Greatest Economic Need – A need resulting from an income level at or below the federal established poverty line. (OAA 102(a)(23).)

Greatest Social Need – A service recipient is classified as "greatest social need" if they have a disability not fully corrected or needs assistance to leave the home **OR** any **TWO** of the following apply: 1) they are a member of a racial or ethnic minority 2) they are 75 years of age or older 3) they lack a telephone 4) they have a language/literacy barrier 5) they live alone 6) they lack a means of transportation 7) they are geographically isolated.

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule – The HIPAA Privacy rule regulates the use and disclosure of Protected Health Information (PHI) held by covered entities.

High Nutritional Risk (persons) – An individual who scores six (6) or higher on the Determine Your Nutritional Risk checklist published by the Nutrition Screening Initiative (Health Screening Assessment on the Service Assessment and Evaluation Form (SAEF)). See http://edis.ifas.ufl.edu/he944 for the checklist and risk summaries. (AoA Title III/VII Reporting Requirements Appendix – http://www.aoa.gov.)

Incapacitated Adult – In the context of abuse/neglect, any person who by reason of physical, mental or other infirmity is unable to independently carry on the daily activities of life necessary to sustaining life and reasonable health. (WV Code 9-6-1(4)).

Informal Supports – Family, friends, neighbors or anyone who provides a service to an individual but is not reimbursed.

Instrumental Activities of Daily Living (IADL's) – Activities that are not necessary for fundamental functioning, but they assist an individual with living independently in a community. Examples: light housework, managing money and grocery shopping.

Legal Representative – A personal representative with legal standing (as by power of attorney, medical power of attorney, guardian, etc.).

Misdemeanor – A serious criminal offense designated as a misdemeanor by state or federal law.

National Aging Program Information System (NAPIS) – Annual performance reporting requirements established by the AoA for OAA programs. The system includes the State Program Report (SPR).

Neglect – (WV Code §9-6-1) The a) failure to provide the necessities of life to an incapacitated adult or facility resident with the intent to coerce or physically harm the incapacitated adult or resident and b) the unlawful expenditure or willful dissipation of the funds or other assets owned or paid to or for the benefit of an incapacitated adult or resident.

Notification of Grant Award (NGA) – Grant from the Bureau awarding state and federal funds to provider agencies for the delivery of aging services, in lieu of bidding out the provision of services.

Nutrition Counseling – Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a licensed registered dietitian or other health professional functioning in his/her legal scope of practice.

Nutrition Education – The provision of a scheduled learning experience on topics related to the improvement of health and nutritional well-being. A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to service recipients and/or caregivers in a group setting or to an individual. Services must be provided by a registered dietician or reviewed and approved by a registered dietician.

Nutrition Screening – Completion of a nutrition screening checklist (Nutritional Health Assessment) on the Service Assessment and Evaluation Form (SAEF) for eligible service recipients to determine if they are at nutritional risk. A score of six (6) or higher is considered high nutritional risk on the "Determine Your Nutritional Health" tool. Nutritional screening data is a federal collection requirement of the NAPIS, found in the Federal Register, Volume 59, No. 188, September 29, 1994.

Nutritional Services Incentive Program (NSIP) Meal – A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that: 1) it has been served to a service recipient who is eligible under the OAA and has NOT been means-tested for participation; 2) it is compliant with the nutrition requirements; 3) it is served by an eligible agency; and 4) it is served to an individual who has an opportunity to contribute. NSIP Meals also include home-delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged sixty (60) and over who are either care recipients (as well as their spouses of any age) or caregivers.

Older Americans Act (OAA) – The first federal level initiative (1965) aimed at providing comprehensive services for older adults. Provides funding for nutrition and supportive home and community-based services, disease prevention/health promotion services, elder rights programs, the National Family Caregiver Support Program, and the Native American Caregiver Support Program.

Over Served Meal – A meal that a provider agency is not paid to provide by federal, state or local funds earmarked for meals. Meals served using local funds, etc. that were designated for meals cannot be counted as an overserved meal. (Donations and fundraising are not defined as local funds).

Person-Centered Care – A process-oriented approach which focuses on the person and his/her needs by putting him/her in charge of defining the direction for his/her life.

Personally Identifiable Information – information which can be used to distinguish or trace an individual's identity, such as their name, Social Security Number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

Prioritization of Services – To assess and rate an individual for services (Personal Care, Homemaker, Chore, Caregiver Congregate Respite, Caregiver In-Home Respite, and Home-Delivered Meals) and prioritize and provide services based on those with the highest need. Requires the use of the Bureau's Service Assessment and Evaluation Form (SAEF) along with agency established prioritization policies using the SAEF.

Priority Services – Services identified by the Bureau as priority are: Congregate meals, Home-Delivered meals, Personal Care, Homemaker, Transportation and Assisted Transportation.

Program Income – Gross income received by the grantee such as voluntary contributions, cost share or income earned as a result of a program supported by the Bureau.

Protected Health Information (PHI) – Any information held by a covered entity which concerns health status, provision of health care, or payment of health care that can be linked to an individual.

Public Comment – Input given by the public to government or agency bodies about proposed regulation(s), issues, plans, and/or documents during a period of time set aside for interested parties to provide in person, written, oral or electronic input.

Race – Consistent with federal OMB requirements*, race categories are American Indian/ Native Alaskan, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, non-minority (White, non-Hispanic), White-Hispanic, Other*. Respondents should ideally be given the opportunity for self-identification and are allowed to designate all categories that apply to them. (AoA Title III/VII Reporting Requirements Appendix – http://www.aoa.gov.)

Recreational Travel – travel that is carried out specifically and solely for leisure purposes.

Registered Services – Registered Services are the cluster of services for which the AoA requires the collection of client specific data as a component of NAPIS reporting.

Representative Sample – A small quantity of a targeted group such as customers, data, people, products, whose characteristics represent (as accurately as possible) the entire batch, lot, population, or universe.

Social Assistance Management System (SAMS) – The Bureau's official web-based data collection application utilized for service recipient tracking, reporting of services and federal NAPIS compliance.

Service Assessment and Evaluation Form (SAEF) – A Bureau assessment form which contains service recipient's information such as demographics, income, nutritional assessments, ADL and IADL needs, etc. This form must be fully completed per SAEF instructions for each individual who receives OAA services. Refer to SAEF instructions regarding sections (Level 1, Level 2, Level 3, Level 4) that need completed for each service.

Shelf Stable Meal – A combination of pre-portioned foods that can be stored at room temperature. Shelf stable meals are distributed for use in emergency situations, such as when meals cannot be delivered due to severe weather. Each meal must provide one-third of the Recommended Dietary Allowances.

State Units on Aging (SUA) – Agencies of each state and territorial government designated by governors and state legislatures to administer, manage, design and advocate for benefits, programs and services for the elderly and their families.

State Health Insurance Assistance Program (SHIP) – A federal program funded by the Administration for Community Living that provides free, objective and confidential help to West Virginia Medicare beneficiaries and their families through one-on-one counseling and assistance via telephone or in person with SHIP counselors statewide, under the direction of the State SHIP Director and the Bureau.

Target Population – Older individuals, with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals at risk for institutional placement and older individuals residing in rural areas. (OAA 305(a)(2)(E).)

> **Note**: 45 CFR 1321.69(a) states the following shall be given priority in the delivery of services: Persons age sixty (60) or over who are frail, homebound by reason of illness or incapacitating disability, or otherwise isolated.

Unduplicated Client Count – Counting a service recipient only once during the reporting period. (Federal program year October 1 to September 30).

Unit Count – The number of units of service received by an unduplicated service recipient during the reporting period.

Volunteer – An uncompensated individual who provides services or support to service providers. (AoA Title III/VII Reporting Requirements Appendix – http://www.aoa.gov.)

Voluntary Contributions – A non-coerced monetary sum provided toward the cost of service. (OAA 315(a)(5)(b)(1).) Providers must protect the privacy and confidentiality of each service recipient with respect to the recipient's contribution or lack of contribution.

WV Aging & Disability Resource Network (ADRN) (and partner agencies) – A network of professionally trained counselors who assist seniors, persons with a disability, their families and professionals with questions about long-term care services and supports and find resources and coordinate services that may allow individuals to remain at home and active in the community for as long as possible.

WV Bureau of Senior Services (Bureau) – State Unit on Aging designated by the Governor and State Legislature to administer, manage, design and advocate for benefits, programs and services for the elderly and their families.

WV Senior Legal Aid – Legal services available to needy senior West Virginians age sixty (60) and over to assist with protecting their homes, income security, access to healthcare and other benefits and their autonomy.

300.2 Provider Requirements and Office Criteria

To provide Title III services, a county aging provider agency must meet all of the following requirements and office criteria:

1) Be located in West Virginia.
2) Have a business license issued by the State of West Virginia.
3) Have a federal tax identification number (FEIN).
4) Have an organizational chart.
5) Maintain a list of the board of directors and complete a Board Certification Form. (Refer to Policy Section 300.11). Both of these must be submitted to the AAA annually and at any time changes occur.
6) Must annually submit to the agency board of directors and the AAA IRS Form 990.
7) Maintain appropriate personnel information on all Title III agency staff, which includes their qualifications.
8) Have written policies and procedures for processing service recipient grievances. (Refer to Policy Section 300.6).
9) Have written policies and procedures for processing complaints from staff or service recipients.
10) Have written policies and procedures for the discontinuation of a service recipients services.
11) Have office space that allows for service recipient confidentiality.
12) Have policies and procedures for people with limited English proficiency and/or accessible format needs that are culturally and linguistically appropriate, to ensure meaningful access to services.
13) Have an Emergency Contingency Service Operation Plan (ECSOP) for service recipients and office operation. (Refer to Policy Section 300.12).
14) Meet Americans with Disabilities Act of 1990 (ADA) requirements for physical accessibility. (Refer to 28CFR36, as amended.)
15) Be readily identifiable to the public.
16) Maintain a primary telephone that is listed under the name and local address of

the business. (Note: Exclusive use of a pager, answering service, a telephone line shared with another business/individual, facsimile machine, cell phone, or answering machine does not constitute a primary business telephone.)

17) Maintain an agency secure (HIPAA compliant) e-mail address for communication with the Bureau and the AAA.
18) Be open to the public at a location within their county at least forty (40) hours per week. Observation of state and federal holidays is at the provider's discretion.
19) Contain space for securely maintaining service recipient and personnel records.
20) Maintain a contact method during any hours of service provision.
21) Provide the Bureau with a contact phone number for the Director (or designee) for emergencies.
22) Maintain on file a completed Confidentiality Agreement for each board member (Attachment One (1)), and employees and volunteers. (Attachment Two (2) and review annually with employees, volunteers and board members.
23) Employ qualified and appropriately trained personnel who meet minimum standards for each program. (Refer to Policy Sections 300.4, 300.7, 300.7.1, 300.7.2, 300.7.3, 300.7.4, 300.7.5, 300.21.6).
24) Furnish information to the Bureau or the AAA, as requested, as per the Notification of Grant Award (NGA).
25) Maintain records that fully document and support the services provided.
26) Maintain a list of current service recipients.
27) Maintain a fully completed SAEF for all service recipients that receive a Bureau funded service. The SAEF must be fully completed per instructions for each service in order to be reimbursed for services as per program requirements. (Refer to Attachment Three (3)) for SAEF completion instructions for each service).
28) Must ensure that services are delivered and documentation meets regulatory and professional standards before an invoice is submitted.
29) Enter all service recipient services that are funded by the Bureau into the SAMS/Harmony system.
30) Follow the Bureau policy regarding prioritization of services. (Refer to Policy Section 300.16).
31) Follow the Bureau federal cost share policy (Refer to Policy Section 300.17)
31) Have an annual consolidated agency budget.
32) Develop a two (2)-year plan for service operations.
33) Have public meetings to receive input from seniors and other interested parties regarding services they want the senior service program to provide. Public comments should be considered and incorporated within the two (2)-year plan.
34) Annual audit must be presented by the auditor to the agency board of directors. (Refer to NGA for details on required audits).
35) Must have written policies and procedures in effect regarding whistle-blowers and the intentional destruction of internal documents per Sarbanes-Oxley Act.

36) Must have written policies and procedures in effect regarding document retention and destruction (Refer to Sarbanes-Oxley Act at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf and Title III Policy Manual Section 300.3).
37) Must have a written conflict of interest policy ensuring that board members, officers, directors, trustees and/or employees do not have interests that could give rise to conflict.
38) Must have computer(s) for staff with HIPAA secure email accounts, UMC web portal software, internet access, and current (within the last five years) software for spreadsheets.
39) Must participate in all mandatory meeting/training sessions.

300.3 Service Recipient Record/Documentation Requirements

Bureau contract providers must abide by the Health Insurance Portability and Accountability Act (HIPAA.) Service recipients have the right to have all records and information obtained and/or created by a provider maintained in a confidential manner, in accordance with applicable state and federal laws, rules, regulations, policy and ethical standards. Providers must safeguard against personal information being disclosed to or seen by inappropriate persons or entities that could use the information in a manner that is not in a service recipient's best interests. Lists of persons in need of services or lists of persons receiving services are to be used only for the purpose of providing services and may not be disclosed without the informed consent of each individual on the list and then only to those with a verified need to know the information. The provider must also provide access to personal records to service recipients and legal representatives as required by law.

Refer to manual service sections for specific details on documentation requirements for each service. A fully completed SAEF is required for reimbursement. (Refer to Attachment Three (3) for SAEF completion instructions for each service).

Providers are allowed to utilize electronic signatures in accordance with this policy and state and federal regulations. An original signature must be obtained from the service recipient before the first initial service can be provided and maintained on file (for in person services). If a service recipient's signature varies after time, the provider must obtain a new signature on file. Documents electronically signed are part of the service recipient's legal service record. Providers must have written policies in place to ensure that they have proper security measures to protect use of an electronic signature by anyone other than the individual to which the electronic signature belongs.

Only employees designated by the provider agency may make entries in the service recipient's record. All entries in the service recipient's record must be dated and signed or initialed per the policy for each particular service. Adequate safeguards must be maintained to protect against improper or unauthorized use and sanctions (i.e.

reprimands, suspension, termination, etc.) must be in place for improper or unauthorized use.

The section of the electronic record documenting the service provided must be authenticated by the employee who provided the described services. Any authentication method for electronic signatures must meet the following basic requirements: 1) unique to the person using it, 2) capable of verification, 3) under the sole control of the person using it, and 4) linked to the data in such a manner that if the data is changed, the signature is invalidated.

The policy must also ensure that access to a hard copy of service records can be made available to the AAA and Bureau staff and others who are authorized access to service records by law.

Providers must keep documentation for services provided to service recipients such as rosters, SAEF, Personal Care Plan of Care, Homemaker Plan of Care, Chore Plan of Care, In-Home Respite Activity Plan, Congregate Respite Activity Schedules, sign-in signature sheets, log sheets, contact notes, Personal History documents, Home-Delivered Meal Assessment Form, pick-up meal sign-in sheets, and any other required service documentation for a period of five (5) years. If a monitoring is initiated before the expiration of the five (5) year period, the records shall be retained until the monitoring has been completed and final reports issued.

300.4 Personnel Record Requirements

Personnel documentation including training records, licensure, confidentiality agreements, driver's license, criminal investigation background checks (CIB), and Form I-9 must be maintained on file by providers.

Minimum credentials for professional staff (RN's, etc.) must be verified upon hire and thereafter based upon their individual professional license requirements and must be kept current. Social workers and RN's must have a current license at the time of service provision and their license must be in good standing (cannot be on probation).

Providers must agree to abide by all applicable federal and state laws, policy manuals, and other documents that govern the OAA Title III program, Bureau policy and procedures and state law. Providers must also agree to make themselves, board members, their employees, volunteers, and any and all records pertaining to recipient services available to any audit or desk review. Providers must develop and maintain an agency personnel manual containing agency employment policies and procedures.

300.5 Service Recipient Rights and Responsibilities

Honoring individual rights and treating service recipients with respect and dignity is one of the most important components of providing quality services. All staff employed by a provider agency to directly provide or oversee services, including volunteers, have a role in contributing to the overall quality of services and in assuring that people are treated fairly and respectfully. Service recipients also have a responsibility to the provider agency to assist the agency in providing quality services to them, as well as other agency service recipients.

300.5.1 Service Recipient Rights

OAA Title III service recipients are entitled to the following rights:

1) To be treated with respect and dignity;
2) To be free from discrimination based on gender, race, marital status, religious affiliation, sexual orientation, national origin, disability or age;
3) To be free from abuse, neglect and exploitation;
4) To have personal records maintained confidentially;
5) To have access to all of their files maintained by the provider agency;
6) To have access to rules, policies and procedures pertaining to services; and
7) To take part in decisions about their services.

300.5.2 Service Recipient Responsibilities

OAA Title III service recipients have the following responsibilities:

1) To notify the provider agency at least twenty-four (24) hours prior to the day services are to be provided if services are not needed (ex. personal care, transportation, home-delivered meals, chore, etc.);
2) To notify the provider agency promptly of changes in medical status or service needs;
3) To comply with the Personal Care Plan of Care, In-Home Respite Activity Plan, Chore Plan of Care, and Homemaker Plan of Care;
4) To cooperate with scheduled home-visits;
5) To notify the provider agency immediately if there is a change in status that requires any change in service or disruption of service (ex. hospital or nursing home admission, change of residence, will not be home due to an appointment, trip, etc.);
6) To maintain a safe home environment for the provider agency to provide any in-home services;
7) To maintain safe access to their home for provider agency staff who are delivering home-delivered meals, providing in-home care, etc.;
8) To verify services were provided by signing/initialing required provider agency forms;

9) To communicate any problems with services to the provider agency;
10) To report any suspected fraud to the provider agency, the AAA or the Bureau;
11) To report any incidents of abuse, neglect or exploitation to the Adult Protective Services hotline at 1-800-352-6513 or to the provider agency;

12) To report any suspected illegal activity to their local police department or appropriate authority; and
13) To be in compliance with the Personal Conduct Policy. (Refer to Policy Section 300.8).

The Service Recipients Rights and Responsibilities Form (Attachment Four (4)) must be provided and signed by service recipients prior to receiving services. This must also be posted (Attachment Five (5)) in a visible area that can be seen by all service recipients at the provider agency location(s).

300.6 Service Recipient Grievance Rights and Procedures

Service recipients who have had a denial or reduction of services of any of the following Title III services have a right to file a grievance within fifteen (15) calendar days of written notification: Adult Day Care, Homemaker, Chore, Personal Care, Assisted Transportation, Transportation, Congregate Meals, Home-Delivered Meals, IIID, Caregiver In-Home Respite and Caregiver Congregate Respite.

All other types of complaints or issues are to be handled internally according to your agency policy. This includes suspensions related to personal conduct (alternative services are to be offered), complaints about menu items, personality conflicts between service recipients, issues regarding what activities are offered and at what time, etc.)

Applicants who are denied eligibility for any of the Title III services listed above also have a right to file a grievance within fifteen (15) calendar days of written notification of the denial.

All service recipients and applicants who are denied/reduced these services must be provided in writing a Denial/Reduction of Services Letter (Attachment Six (6)), and a Grievance Form (Attachment Seven (7)).

All OAA Title III provider agencies will post the Grievance Procedure Policy Posting (Attachment Eight (8)) in an area that can be seen by all applicants and service recipients at their agency location(s). Providers must explain the grievance procedure at initial application for services and annually thereafter. Grievance Forms are to be made readily available.

All filed Grievance Forms are to be maintained in an administrative file for monitoring purposes.

If a service recipient files a grievance, services are to continue until the grievance is finalized. (Exceptions: an unsafe situation due to threatening/violent behavior or health and safety concerns. You must contact your AAA for written approval and maintain that documentation per record retention policy requirements.

If a provider is dealing with an individual that is threatening and/or violent, they may choose to bypass the grievance procedure and instead contact their local law enforcement agency, the AAA and maintain a copy of the law enforcement report on file.

The Grievance Procedure Policy consists of the following levels:

1) Level One: Title III Provider Agency

The provider agency has seven (7) business days from the date they receive a Grievance Form to make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement), with the applicant or service recipient filing the grievance. The meeting will be conducted by the agency director (or designee) with the applicant or service recipient (and/or legal representative). The provider agency has seven (7) business days from the date of the meeting to respond in writing to the grievant (with a carbon copy (cc) to the board of directors and the AAA). If the applicant or service recipient is dissatisfied with the Level One decision, he/she may request that the grievance be submitted to the provider agency board of directors for a Level Two review and decision within seven (7) business days of the Level One (1) decision.

2) Level Two: Provider Agency Board of Directors

If the applicant or service recipient is dissatisfied with the Level One decision, he/she may request the grievance proceed to Level Two. The applicant or service recipient shall file a Grievance Form requesting a Level Two decision with the provider agency's board of directors within seven (7) business days of the Level One decision. The provider agency board of directors, within seven (7) business days of the receipt of the Grievance Form requesting a Level Two decision, must make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement) with the applicant or service recipient (and/or legal representative), and the agency director (or designee). The provider agency board of directors has seven (7) business days from the date of the meeting to respond in writing to the grievant (with a carbon copy (cc) to the Executive Director and the AAA). If the applicant or service recipient is dissatisfied with the Level Two decision, he/she may request that the grievance be submitted to the Bureau for a Level Three review and decision within seven (7) business days of the Level Two (2) decision. The provider agency board of directors must submit the Grievance Form as well as any additional documentation regarding the grievance, to the Bureau for the Level Three review.

3) Level Three: State Review Team

If the applicant or service recipient is dissatisfied with the Level Two decision, he/she may request the grievance proceed to Level Three. The applicant or service recipient shall file the Grievance Form requesting a Level Three decision with the Bureau within seven (7) business days of the Level Two decision. Level Three will consist of a review team comprised of the AAA Director (from the grievant's region), the Title III Program Manager and the Commissioner (or designee) from the Bureau. The review team, within seven (7) business days of the receipt of the Grievance Form requesting a Level Three, must make an initial contact to schedule a meeting by telephone (or in person if all parties are in agreement), with the applicant or service recipient (and/or legal representative) to review the Level One and Two decisions. The review team has seven (7) business days from the date of the meeting to respond in writing to the grievant (cc the Executive Director, board of directors and AAA). The decision by the Bureau is final and not appealable.

300.7 Staff Training Requirements

All new provider directors and Title III program managers must receive training (OAA, Title III policy manual and processes, budget processes, etc.) from the AAA staff and the Bureau staff within the first sixty (60) calendar days of employment.

A. Direct care workers (this includes all services with direct contact with service recipients (i.e. Personal Care, Homemaker, Chore, Home-Delivered Meals, Adult Day Care, IIID, IIIE Caregiver In-Home Respite, and Caregiver IIIE Congregate Respite) must be at least eighteen (18) years of age and must have the following competency based training before providing services:

1) Cardiopulmonary Resuscitation (CPR) – must be provided by a certified CPR trainer and must include a physical demonstration. On-line CPR courses are not allowed.
2) First Aid – must be provided by a certified trainer, the agency RN or a qualified internet provider.
3) HIPAA – training must include agency staff responsibilities regarding securing Protected Health Information (PHI). Training must be provided by the agency RN, social worker/counselor, a documented specialist in this content area or a qualified internet training provider.
4) Abuse, Neglect and Exploitation and Reporting Requirements training must be provided by the agency RN, social worker/counselor, a documented specialist in this content area, or a qualified internet training provider.

B. Direct care workers that provide personal attendant services (Personal Care, Adult Day Care, IIIE- Caregiver In-Home Respite, Caregiver Congregate Respite) must have these additional trainings:

1) Service Recipient Health and Welfare – training must include emergency plan response, fall prevention, reporting service recipient issues or environmental concerns to the appropriate agency staff, home safety and risk management and training. specific to any service recipient's special needs (e.g. mental health, specific equipment, special diets, etc.). Training must be provided by the agency RN., social worker/counselor, a documented specialist in this content area, or a qualified internet training provider.

2) Universal Precautions – must be provided by the agency RN, a documented specialist in this content area or a qualified internet training provider.

3) Personal Care Skills – training on assisting service recipients with ADL's such as bathing, grooming, feeding, toileting, transferring, positioning and ambulation. Training must be provided by the agency RN.

5) Person-Centered Care – training on collaborative and respectful partnerships between staff and service recipients that promotes equal partnerships in planning, developing and monitoring care. Training must be provided by the agency RN, social worker/counselor, a documented specialist in this content area, or a qualified internet training provider.

These training requirements apply to all employees providing direct care services, as well as volunteers doing the same type of work. It is the provider's responsibility to determine if any additional agency employees/volunteers beyond the ones required in this policy manual should have these trainings (or additional trainings) to ensure the health and safety of their service recipients.

300.7.1 Annual Direct Care Worker Training

CPR, First Aid, Universal Precautions, Abuse, Neglect, Exploitation and HIPAA training must be kept current as follows:

1) CPR is current as defined by the terms of the certifying agency.

2) First Aid, if provided by the American Heart Association, American Red Cross, or other qualified provider, is current as defined by the terms of that entity. If first aid is provided by the agency RN or a qualified internet provider, it must be renewed within twelve (12) months or less. Training will be determined current in the month it initially occurred. (ex.: If First Aid training was conducted May 10, 2019, it will be valid through May 31, 2020.)

3) HIPAA, Universal Precautions, and Abuse, Neglect and Exploitation must be renewed within twelve (12) months or less. Training will be determined current in the month it initially occurred. (See example above.)

In addition, direct care workers that provide personal attendant services (Personal Care, Adult Day Care, IIIE Caregiver In-Home Respite and IIIE Caregiver Congregate Respite) must receive four (4) more hours of continuing training each year, which include topics related to caring for individuals. Service recipient specific on-the-job-training or qualified internet training can be counted toward this requirement.

300.7.2 Transportation Staff

Transportation drivers (including home-delivered meal delivery staff) must have Cardiopulmonary Resuscitation (CPR), First Aid, HIPAA, and Abuse, Neglect and Exploitation training adhering to the same requirements as listed above within seven (7) business days of employment.

300.7.3 Training Documentation

Documentation for training conducted by the agency RN, social worker/counselor, or a documented specialist in the content area must include the training topic, date of the training, beginning time of the training, ending time of the training, location of the training and the signature of the instructor and the trainee. Training documentation for internet-based training must include the person's name, the name of the internet provider and either a certificate or other documentation proving successful completion of the training. Documentation for CPR must indicate the trainee successfully completed the course and must be maintained by the agency and made available upon request. If training is conducted by agency staff, documentation that each trainer has successfully completed and been certified by the certified entity must be maintained by the agency and made available upon request.

300.7.4 Financial Staff

Provider agency employees who perform agency financial responsibilities such as accounts payable, accounts receivable, payroll, audits, budgets, general ledger, financial reports, etc. should preferably have an Associate's degree in accounting or business administration or an Associate's degree in any subject area and at least two (2) years of responsible accounting or bookkeeping experience. They should have the ability to perform computerized accounting and knowledge of local, state, and federal regulatory and reporting requirements. It is recommended that provider agency employees who perform financial responsibilities be bonded.

300.7.5 Criminal Investigation Background Checks

The WV Clearance for Access: Registry & Employment Screening is administered by the Department of Health & Human Resources (DHHR) and the WV Sate Police Criminal Investigation Bureau in consultation with the Centers for Medicare & Medicaid Services, the Department of Justice and the Federal Bureau of Investigation. Title VI, Subtitle B, Part III, Subtitle C, Section 6201 of the Patient Protection and Affordable Care Act of 2010 (PL 111-148 established the framework for a nationwide program for states to conduct background checks. The West Virginia State Police contracts with a private agency to securely capture and transmit fingerprints to be processed through the State Police and the FBI.

It is the provider's responsibility to determine which of their agency employees are required by law to have criminal investigation background checks. It is also the provider's responsibility to determine any additional employees, beyond the requirements of the law, they deem should have a background check to ensure the health and safety of their service recipients, the confidentiality and safety from misuse of Protected Health Information (PHI) and Personally Identifiable Information (PII) and the financial integrity and security of their agency.

For additional information reference West Virginia Code Chapter 16 Article 49 and/or www.wvdhhr.org/oig/wvcares.

300.7.5.1 Pre-Screening

All direct access personnel (including volunteers) will be prescreened for negative findings by way of an internet search of registries and licensure databases through DHHR's designated website, WV Clearance for Access: Registry & Employment Screening (WV CARES).

"Direct access personnel" is defined as an individual who has direct access by virtue of ownership, employment, engagement, or agreement with a covered provider or covered contractor. Direct access personnel does not include students performing irregular or supervised functions, or contractors performing repairs, deliveries, installations or similar services for the covered provider.

If the applicant has a negative finding on any required registry or licensure database, the applicant will be notified, in writing, of such finding. Any applicant with a negative finding on any required registry or licensure database is not eligible to be employed.

Negative findings that would disqualify an applicant in the WV CARES Rule:

1. State or federal health and social services program-related crimes;
2. Patient abuse or neglect;

3. Health care fraud;
4. Felony drug crimes;
5. Crimes against care-dependent or vulnerable individuals;
6. Felony crimes against the person;
7. Felony crimes against property;
8. Sexual Offenses;
9. Crimes against chastity, morality and decency; and
10. Crimes against public justice.

300.7.5.2 Fingerprinting

If the applicant does not have a negative finding in the prescreening process, and the entity or independent health contractor, if applicable, is considering the applicant for employment, the applicant must submit to fingerprinting for a state and federal criminal history record information check and may be employed as a provisional employee not to exceed sixty (60) days subject to the provisions of this policy.

Applicants considered for hire must be notified by the hiring entity that their fingerprints will be retained by the State Police Criminal Identification Bureau and the Federal Bureau of Investigation to allow for updates of criminal history record information according to applicable standards, rules, regulations, or laws.

Note: WV CARES can request a name-based search when two (2) federal or two (2) state rejections have been received. Once the name-based search results are received they will enter a fitness determination.

300.7.5.3 Employment Fitness Determination

After an applicant's fingerprints have been compared with the state and federal criminal history record information, the State Police shall notify WV CARES of the results for the purpose of making an employment fitness determination.

If the review of the criminal history record information reveals the applicant does not have a disqualifying offense, the applicant will receive a fitness determination of "eligible" and may be employed.

If the review of the criminal history record information reveals a conviction of a disqualifying offense, the applicant will receive a fitness determination of "not eligible" and may not be employed, unless a variance has been requested or granted.

The hiring entity will receive written notice of the employment fitness determination. Although fitness determination is provided, no criminal history record information will be disseminated to the applicant or hiring entity.

A copy of the applicant's fitness determination must be maintained in the applicant's personnel file.

300.7.5.4 Provisional Employees

Provisional basis employment for no more than sixty (60) days may occur when:

1. An applicant does not have a negative finding on a required registry or licensure database and the employment fitness determination is pending the criminal history record information; or

2. An applicant has requested a variance of the employment fitness determination and a decision is pending.

All provisional employees shall receive direct on-site supervision by the hiring entity until an eligible fitness determination is received.

The provisional employee, pending the employment fitness determination, must affirm, in a signed statement, that he or she has not committed a disqualifying offense, and acknowledge that a disqualifying offense shall constitute good cause for termination. Provisional employees who have requested a variance shall not be required to sign such a statement.

300.7.5.5 Variance

The applicant, or the hiring entity on the applicant's behalf, may file a written request for a variance of the fitness determination with WV CARES within thirty (30) days of notification of an ineligible fitness determination.

A variance may be granted if mitigating circumstances surrounding the negative finding or disqualifying offense is provided, and it is determined that the individual will not pose a danger or threat to residents or their property.

Mitigating circumstances may include:

3. The passage of time;

4. Extenuating circumstances such as the applicant's age at the time of conviction, substance abuse, or mental health issues;

5. A demonstration of rehabilitation such as character references, employment history, education, and training; and

6. The relevancy of the particular disqualifying information with respect to the type of employment sought.

The applicant and the hiring entity will receive written notification of the variance decision within sixty (60) days of receipt of the request.

300.7.5.6 Appeals

If the applicant believes that his or her criminal history record information within the State of West Virginia is incorrect or incomplete, he or she may challenge the accuracy of such information by writing to the State Police for a personal review.

If the applicant believes that his or her criminal history record information from outside the State of West Virginia is incorrect or incomplete, he or she may appeal the accuracy of such information by contacting the Federal Bureau of Investigation for instructions.

If the purported discrepancies are at the charge or final disposition level, the applicant must address this with the court or arresting agency that submitted the record to the State Police.

The applicant shall not be employed during the appeal process.

300.7.5.7 Responsibility of the Hiring Entity

The WV CARES system will provide monthly rechecks of all current employees against the required registries. The hiring entity will receive notification of any potential negative findings. The hiring entity is required to research each finding to determine whether or not the potential match is a negative finding for the employee. The hiring entity must maintain documentation establishing no negative findings for current employees. NOTE: This includes the Office of Inspector General List of Excluded Individuals and Entities (OIG LEIE).

300.7.5.8 Record Retention

Documents related to the background checks for all direct access personnel must be maintained by the hiring entity for the duration of their employment. These documents include:

7. Documents establishing that an applicant has no negative findings on registries and licensure databases.

8. The employee's eligible employment fitness determination;

9. Any variance granted by the Secretary, if applicable; and

10. For provisional employees, the hiring entity shall maintain documentation that establishes that the individual meets the qualifications for provisional employment.

Failure of the hiring entity to maintain state and federal background check documentation that all direct access personnel are eligible to work, or employing an applicant or engaging an independent contractor who is ineligible to work may subject the hiring entity to civil money penalties.

300.7.5.9 Change in Employment

If an individual applies for employment at another long-term care provider, the applicant is not required to submit to fingerprinting and a criminal background check if:

11. The individual previously submitted to fingerprinting and a full state and federal criminal background check as required by this policy;

12. The prior criminal background check confirmed that the individual did not have a disqualifying offense;

13. The individual received prior approval from the Secretary to work for or with the health care facility or independent health contractor, if applicable; and

14. No new criminal activity that constitutes a disqualifying offense has been reported.

The WV CARES system retains all fitness determinations made for individuals.

300.8 Personal Conduct Policy

Individuals that display inappropriate, disruptive and/or threatening behaviors despite staff's attempt to mediate and counsel, may be suspended from visiting the Senior Center and/or from receiving services for a period of time. During a suspension from the Senior Center, a service recipient may continue to receive services, if that service can be delivered at the persons residence and if doing so does not present a health and safety risk for staff.

The OAA requires alternative services be offered to any eligible service recipient who is denied or unable to participate in the typical manner. Examples of alternative services might include providing home-delivered meals during the suspension period, referring the individual to another meal or in-home care program in the community or arranging

alternative transportation for an individual.

Any suspensions require documentation of any and all attempts to mediate the behavior and a formal letter of action to the service recipient with a Grievance Form (Attachment Seven (7)).

Providers are required to immediately notify the AAA and their board of directors of any suspensions.

The Personal Conduct Policy Posting/Form (Attachment Nine (9)) must be posted at provider agency locations and reviewed, signed and dated by in-home service recipients. It must be maintained in their file and a copy left in the service recipient's home.

Service recipients who present ongoing or egregious, inappropriate or threatening behavior may be permanently suspended from attending the senior center and/or receiving in-home services. A permanent suspension would only be warranted in extreme situations that would generally also include involvement with law enforcement, mental health professionals and/or Adult Protective Services. Documentation must be maintained, and the AAA must be consulted and approve any permanent suspension.

300.9 Voluntary Program Termination/Agency Closure (Notification of Grant Award Amendment or Termination)

A provider may terminate participation in the entire OAA Title III program with one-hundred twenty (120) calendar days' written notification of voluntary termination. If a provider requests to terminate participation in one or more OAA services, the Bureau may terminate their entire OAA grant agreement as well as their state funded programs (Lighthouse, FAIR and LIFE) to ensure comprehensive service delivery and the maximum co-location and coordination of services for older individuals as required per federal regulations. (OAA 102(a)(21) and 306(a)(3)(A).) The written termination notification must be submitted to the AAA and the Bureau simultaneously. The provider must also provide a complete list of all current Title III service recipients and indicate which Title III service(s) they receive. The provider must work with the AAA and the Bureau on assets and service transfers and location of all service sites.

Upon termination, if requested by the state, the contract entity shall deliver to the Bureau, or any other person designated by the Bureau, all service recipient records and service delivery/utilization reports and records. Access numbers for the Bureau's web-based data collection system will be inactivated.

300.10 Involuntary Program Termination or Agency Closure for Cause (Notification of Grant Award Amendment or Termination)

The Bureau, or the AAA in consultation with the Bureau, may administratively terminate

a county provider from participation in OAA Title III programs, at any time, for violation of the rules and regulations, non-performance or for the conviction of any crime related to service delivery. If the provider is a corporation, its owners, officers, or employees who have violated the rules and/or regulations or have been convicted of a crime related to health care delivery, may likewise be excluded from further participation in Title III programs. After suspension or termination, the provider may request a review by the AAA and the Bureau.

Upon termination for non-performance, or any other breach, if requested by the state, the contract entity shall deliver to the Bureau, or any other person designated by the Bureau, all service recipient records, service delivery/utilization reports or other requested information related to Title III funds and/or services.

300.10.1 Notification of Grant Award (NGA)

The NGA shall terminate by its terms at the end of the current applicable federal fiscal year. The Bureau and/or the AAA shall have the authority to determine if any subsequent agreement is offered to the service provider. This contract does not renew automatically. Upon expiration of the term of the NGA, if requested by the state, the contract entity shall deliver to the Bureau, or any other person designated by the Bureau, all service recipient records, service delivery/utilization reports, an inventory of program equipment, or other requested information related to Title III funds and/or services.

300.11 Board of Director Requirements

The board of directors for any provider agency that wishes to receive grant funding from the Bureau and is organized as a nonprofit corporation, must act in accordance with the provision of the West Virginia Nonprofit Corporation Act. The county contracted provider Board President or an authorized county provider Board Member must sign all NGA's, budget revisions and any and all legal documents related to the agency. The provider agency must maintain by-laws as required by West Virginia Code and must have in-place a comprehensive, board-approved policies and procedures manual, including a fiscal manual.

Any board of directors of a service provider organized as a nonprofit corporation must also meet, at a minimum, the following Bureau requirements:

1) The board must consist of at least seven (7) members with the following minimum composition requirements:

   a) Two (2) individuals sixty (60) years of age or older who are service recipients in programs offered by the provider agency or are eligible to participate in such programs;

   and

b) Two (2) representatives of agencies (with senior interests) located within the provider agency's service area and/or professionals (e.g., attorney, CPA, physician, pharmacist, psychologist, United Way, Family Resource Network).

If the provider agency is administered by a governmental entity, this requirement will not apply. However, every effort will be made to include individuals sixty (60) years of age or older, if only in an ex-officio capacity. Other exceptions or modifications to these requirements may be requested in writing, and consideration will be given to demonstrations of good cause.

2) Term Limits – board members can serve no more than ten (10) consecutive years. Elected officials at the discretion of the agency, may be exempt from board term limits as long as they are holding office.

3) Current staff members cannot serve on the board unless in an ex-officio capacity.

4) Board members cannot be employed by the provider agency for at least one (1) year after serving as a board member. Provider agency employees cannot serve as a board member for at least one (1) year from their agency employment end date.

5) Immediate family members (parents, children, siblings, spouse, parents-in-law, children-in-law, grandparents, grandchildren, step-parents, step-siblings, stepchildren, and individuals in a legal guardianship) of agency staff cannot serve on the board. Immediate family members (same list as above) of board members cannot be employed by the provider agency. The provider agency must have a nepotism policy in place regarding these restrictions. The nepotism policy must restrict family members from supervising other family members employed by the agency.

6) Each board member will be required to complete at least one (1) board training in a two (2)-year period. This training will be provided or approved by the AAA.

7) Maintain on file a signed Confidentiality Agreement (Attachment One (1)) for each board member.

8) Copies of all approved board minutes and financial reports are to be sent to the AAA within one (1) week of approval.

9) Annually complete a Board Certification Form (Attachment Ten (10)) and submit to the AAA by July 1.

The AAA and/or Bureau will review the by-laws of the provider agency when it monitors the agency and will have the authority, if necessary, to request modification of the by-

laws that will bring the provider agency into compliance with grant conditions. For more information, refer to West Virginia Code, West Virginia Non-Profit Corporation Act at www.legis.state.wv.us/wvcode/ChapterEntire.cfm?chap=31e

300.12 Emergency Contingency Service Operation Plan (ECSOP)

All provider agencies funded by the Bureau must have in place an ECSOP approved by the AAA and the Bureau. The ECSOP describes how contingency services are provided to eligible service recipients during times of inclement weather and/or natural disasters.

The ECSOP is to be submitted to the AAA annually along with their providers' annual Title III Program Services Plan. The ECSOP must address at a minimum:

1) Emergency Closure of Services Operations

    a) Description of conditions or reasons a nutrition site would be closed, or each specific service(s) would not be provided.
    b) Guidelines for the authority within the provider agency for the closure of regular service(s) and authorization for implementation of contingency services.
    c) Guidelines for notifying staff, service recipients and the general public.
    d) Guidelines for identifying and having emergency plans in place for high need/risk service recipients (i.e. service recipients who use oxygen). (Cooperate with county health departments on county emergency plans).
    e) Guidelines for notifying the AAA and the Bureau.

2) Contingency Services

    a) Guidelines for contingency services when utilized as a precautionary measure for impending emergencies.
    b) Guidelines for contingency services, when appropriate, during emergency closure of standard service operations. (Cooperate with county health departments on county emergency plans).
    c) Guidelines for contingency services during emergencies beyond normal service operation hours.

Emergency closure of service operations that exceed two (2) days or ten percent (10%) of the regularly scheduled days of service operations in any month shall be reviewed by the AAA and/or the Bureau for possible repayment of corresponding budget amounts, as outlined in the NGA, or for adjustment in financial awards in the fee-for-service programs.

300.13 Grant Funds

Federal and state grant funds cannot be used to pay West Virginia Directors of Senior and Community Services, Inc. dues.

The Bureau retains ownership rights for any item of equipment, with an acquisition cost exceeding $5,000, in proportion to its share in the total cost of the purchase of said item for a period of five (5) years. This would include any federal or state share provided with funding from the Bureau, either directly or indirectly.

300.14 Documentation

All Title III services must be documented per policy and entered into SAMS (refer to each service area for specific requirements for each service). Services that are not documented per policy will result in no reimbursement or a payback of funds for services.

The SAEF must be fully completed per instructions for each service in order to be reimbursed for services as per program requirements. Only one (1) SAEF is required for a service recipient who receives more than one (1) service.

All services must be entered into SAMS by the tenth (10th) calendar day of each month.

Providers must use the forms developed and implemented by the Bureau. If your agency wants to modify or use a different form, you must submit a written request with the proposed form to the Bureau and receive written approval.

300.15 Provider Billing

Title III services are to be billed monthly. Invoices for all Title III services will be sent to the AAA and are due to the AAA on the tenth (10th) calendar day of each month. Additionally, a SAMS Roster is required that lists the names of service recipients and the units of service during the period covered. Invoices not received in time for the regional composite invoice that is sent to the Bureau, may be billed with the next month's invoice. Invoices for services and/or expenses will not be accepted after ninety (90) calendar days.

Final year federal fund invoices must be received by the AAA within thirty (30) calendar days of the grant's end.

For services whose service unit is one (1) hour, you must round to the nearest ¼ of an hour (.25 unit).

¼ hour = .25 unit

½ hour = .50 unit

¾ hour = .75 unit

1 hour = 1 unit

(Example: If a service recipient received a service for eight (8) minutes, the Roster would reflect .25 unit (or ¼ hour). If a service recipient received a service for thirty-three (33) minutes, the Roster would reflect .50 unit (or ½ hour).

300.16 Prioritization of Services

The following services must be prioritized based on their SAEF scores for each particular service and service recipients must be served by prioritization processes established by the provider agency board of directors using the SAEF.

- Title III-B – Personal Care, Adult Day Care, Homemaker and Chore
- Title III-C2 – Home-Delivered Meals
- Title III-E – Caregiver Congregate Respite, Caregiver In-Home Respite

If there is a waitlist for any of these services, individuals must be prioritized and must be served based on SAEF scores and prioritization policy established by the provider agency using the SAEF. Instructions on the prioritization scoring system are included in Attachment Three (3) with the SAEF.

300.17 Federal Cost Share

The following Title III service recipients must be given the opportunity to cost share:

- Title III-B Personal Care
- Title III-B Homemaker
- Title III-B Chore
- Title III-B Adult Day Care
- Title III-E Caregiver In-Home Respite
- Title III-E Caregiver Congregate Respite

(Refer to Attachment Eleven (11) for the Federal Cost Share Chart).

Individuals utilizing these services whose income is above 200% of the federal poverty level must be given the opportunity to cost share. (Federal cost share is prohibited for individuals whose income is at or below the federal poverty line). Service recipients unable to pay the federal cost share cannot be denied the service. When assessing an individual's eligibility for cost sharing, it must be based solely on a confidential self-declaration of income of that individual's income (not considering assets, savings, or other property owned by the individual) and with no requirement for verification. Monthly medical expenses must also be deducted from declared income before applying the Federal Cost Share Chart (Attachment Eleven (11)). Medical expenses may include insurance premiums, copays, prescriptions, dental, etc. Medical expenses can vary, and providers should use their professional judgment in determining if an expense is a medical expense.

In the case of a caregiver service, the income level will be based on the care receiver's income (the at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia).

Service recipients must be prioritized (Refer to Policy Section 300.16) and must be made aware of the share of costs that they will be given an opportunity to contribute to their services. Providers will provide all service recipients with the Title III Cost Share Initial Notification Form (Attachment Twelve (12)) upon the initiation of a cost share service. At the end of each month, providers will provide all service recipients on cost share with the Title III Cost Share Monthly Statement (Attachment Thirteen (13)) detailing services provided and their opportunity to share the cost of those services.

If a service recipient chooses to not participate in cost sharing, there can be no denial of services.

Funds received for cost sharing must be logged in by service, deposited and tracked in the accounting system as cost share revenue for the service for which it was received. All revenues must be counted and balanced by two (2) people. A receipt must be provided to service recipients for cost share with the Federal Cost Share Monthly Statement (Attachment Thirteen (13)). There cannot be any carry forward balance due amounts.

Funds collected are required to be used to expand the service for which it was given and must be expensed by the end of the federal program year (September 30).

Federal cost share funds collected and deposited in any given fiscal year are considered cost share income for that fiscal year and should be reported as such. Use the date the federal cost share funds were deposited to determine when to account for them. (Example: If federal cost share funds are due to the provider agency for hours of service provided in September but are collected and deposited in October, then those funds would be considered part of the fiscal year that began in October.) Federal cost share income collected annually is reported to the AAA on the Federal Cost Share Accountability Form (Attachment Fourteen (14)).

300.18 Title III-B Supportive Services

Title III-B Supportive Services enable older adults to access services that address functional limitations, promote socialization, promote health and independence, and protect elder rights. Together these services promote older adults' ability to maintain the highest possible levels of function, participation and dignity in the community.

Administrative costs are included in the cost reimbursement.

LIFE funds may be used to supplement in-home IIIB services (Personal Care, Homemaker and Chore). A maximum of $1.00 per unit may be allocated in the LIFE budget for this purpose. The supplement must be reflected in both budgets. The LIFE budget will reflect the amount of LIFE funds allocated for IIIB supplemental services reimbursed and the supplement per unit rate and total units to be supplemented. The monthly LIFE invoice will show the number of units supplemented, rate and total. It is not necessary to track the supplement in SAMS. Service reporting in SAMS will not change.

If LIFE funds are used for a Title III service, services provided must then follow all Title III policies and procedures.

The following are services available in West Virginia under Title III-B. Title III-B providers do not have to offer all services.

300.18.1 Adult Day Care

A community-based group program to provide social and recreational activity in a supervised, protective, congregate setting during part of a day, but for less than twenty-four (24) hours per day. Services offered in conjunction with adult day care typically include social activities, recreational activities and service recipient training.

Providers must adhere to a staffing ratio of no more than 6:1, with an ideal ratio of 4:1. Even with as few as three service recipients, there must be a second staff person available in the building, who can help with activities or when an individual requires one-on-one attention.

Adult Day Care Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+. Must need "Much Assistance" or "Unable to Perform" in at least two (2) ADL/IADL areas on the SAEF to qualify for services.

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature and staff signature must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipients name and then their name. It must be documented that they are unable to sign their name). A Personal History, Facts and Insights Form (Attachment Fifteen (15)) must be completed. An Activity Plan (Attachment Sixteen (16)) must be maintained that shows the activities scheduled on a daily basis and takes into account the functional limitations of each participant. A fully completed SAEF (Level 1, Level 2 and Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes an in-person completion of a SAEF. The Personal History document must be updated annually or more frequently if needs change.

300.18.2 Homemaker

Homemaker services are direct and practical assistance with household tasks and related activities. Homemaker services assist individuals who have lost the ability to perform instrumental activities of daily living that allow them to live in a clean, safe, and healthy home environment. The service is available when the individual is unable to meet daily needs and there is no informal caregiver who could meet those needs. Activities can include dusting, vacuuming, mopping, doing dishes, laundry, making beds, disposing of trash, grocery shopping, preparing meals, running errands and other household services as needed.

Homemaker Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+. Must need "Much Assistance" or "Unable to Perform" on IADL question #3, Shopping and/or IADL question #4, Light Housekeeping on the SAEF to qualify for services.

Documentation Requirements: All services provided to a service recipient must be documented on the Homemaker Plan of Care and Service Worksheet (Attachment Seventeen (17)) and maintained within the service recipient's record. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be that they are unable to sign their name.) A fully completed SAEF (Level 1, Level 2 and Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes a home visit and the completion of a SAEF.

300.18.3 Chore

Household chores include activities such as heavy cleaning (moving furniture, turning mattresses, and shampooing rugs) and yard and walkway work to maintain safe access and egress for the service recipient's residence that they are incapable of performing themselves.

Chore services may not be provided when a relative living in the residence or a landlord is capable or responsible for the tasks.

Chore Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+. Must need "Much Assistance" or "Unable to Perform" on IADL question #6, Heavy Housework on the SAEF to qualify for services.

Documentation Requirements: All services provided to a service recipient must be documented on the Chore Plan of Care and Service Worksheet (Attachment Eighteen (18)) and maintained within the service recipient's record. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1, Level 2 and Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes a home visit and completion of a SAEF.

300.18.4 Personal Care

To provide personal assistance, stand-by assistance, supervision, or cues for persons having difficulties with activities of daily living in the following areas: bathing, dressing, grooming, eating, walking, transferring and toileting. Care is provided in the service recipient's residence.

Appropriate staff (SW or RN) must complete the Personal Care Plan of Care initially, annually and more frequently if warranted due to a change in the service recipient's needs.

Title III-B Personal Care services cannot be blended/supplemented with Lighthouse services within the same month. They must be provided separately due to the different cost sharing/contribution requirements. Providers must report them correctly in SAMS.

Personal Care Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+. Must need "Much Assistance" or "Unable to Perform" in at least two (2) areas of ADL's on the SAEF to qualify for services.

Documentation Requirements: All services provided to a service recipient must be documented on the Personal Care Plan of Care and Service Worksheet (Attachment Nineteen (19)) and maintained within the service recipient's record. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the

service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1, Level 2 and Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes a home visit and completion of a SAEF.

300.18.5 Assisted Transportation

Assisted Transportation is used to provide assistance and support to a person (includes escort) who has difficulties (physical or cognitive) to travel safely using regular vehicular transportation. (ex.: Hand-to-hand, elbow-to-elbow, door-through-door, door-to-door service.)

Assisted Transportation Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) one-way trip

Eligibility Requirements: Age 60+. Must indicate the need for hands on assistance with transportation on the SAEF (Question "Does the Service Recipient Need hands on assistance with Transportation", Level 2) to qualify for services.

Documentation Requirements: A log in sheet that includes the date, destination, service recipient's signature and staff signature must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1 and Level 2) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Additional Requirements: Providers must comply with all federal, state and local laws and codes. Providers assume full responsibility and liability and should have insurance to cover any damage to persons or property incurred in the performance of this service. Drivers are subject to Policy Section 300.7.5 regarding criminal investigation background checks and Policy Sections 300.7.1and 300.7.2 regarding training. Providers must verify that drivers have a valid driver's license and liability insurance as required by law.

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes completion of a SAEF.

300.18.6 Information and Assistance

Information and assistance provides one-on-one information assistance to ensure that adults and disabled individuals have access to all available benefits and services. This includes providing individuals with information on services and resources, assisting them to receive needed services, and to the maximum extent practicable, follow up to make sure that referred services have been accessed and are appropriate. Information and Assistance is provided through an incoming phone call, by walking into a provider agency or through provider websites.

Information Assistance Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) contact (internet web-site hits are only considered a contact if information is requested and supplied).

Eligibility Requirements: None. Information is to be provided to individuals at their request.

Documentation Requirements: A contact note that includes the date of the incoming call, visit, or website contact (with information requested/provided), service recipient's name, staff signature and a brief description of the information assistance provided must be documented and maintained by the provider. A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.18.7 Legal Assistance (For West Virginia Senior Legal Aid only)

Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney. Legal Assistance ensures older adults understand and maintain their rights, exercise their choices, help them benefit from available services and resolve disputes. The program also promotes the need for lifetime planning through the understanding and the use of advance directives.

Legal Assistance Fund Identifier: Title III-B

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

300.18.8 Outreach

Outreach services assist with identifying inactive (one (1) year or longer) or previously unknown individuals or their caregivers to encourage their use of existing services and benefits. Outreach visits may also be used as a means of clarifying the needs of an already identified service recipient when it is determined assistance cannot be provided by phone or in the office.

Outreach Service Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) contact

Eligibility Requirements: Age 60+

Documentation Requirements: A contact note that includes the date, service recipient name or signature (signature if an in-person contact), staff signature, and a brief description of the outreach information provided must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.18.9 Transportation

To provide a vehicular means of transportation for a person who requires help in going from one location to another. Transportation does not include any other activity. Recreational travel cannot be invoiced to federal funds.

Transportation Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) one-way trip

Eligibility Requirements: Age 60+.

Documentation Requirements: A log in sheet that includes the date, destination, service recipient's signature and staff signature must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Additional Requirements: Providers must comply with all federal, state and local laws and codes. Providers assume full responsibility and liability and should have insurance to cover any damage to persons or property incurred in the performance of this service. Drivers are subject to Policy Section 300.7.5 regarding criminal investigation background checks and Policy Sections 300.7.1 and 300.7.2 regarding training. Providers must verify that drivers have a valid driver's license and liability insurance as required by law.

Re-Evaluation Requirements: Annual completion of a SAEF.

300.18.10 Group Client Support

Group Client Support offers provision of services/activities to groups of service recipients to enhance their well-being.

Group Client Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A log sheet or sign-in sheet that includes the date, beginning and ending time, service recipient's name or signature, staff/instructor signature and a brief description of the group support topic/activity must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) Group client supports are entered as a group service in SAMS.

Re-Evaluation Requirements: N/A

300.18.11 Individual Client Support

Individual Client Support offers provision of services/activities to individual service recipients to enhance their well-being.

Individual Client Support Fund Identifier: Title III-B, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A log sheet or sign in sheet that includes the date, beginning and ending time, service recipient name or signature (signature if in person individual client support), and a brief description of the individual client support must be

documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.19 Title III-C Nutrition Services

The purpose of the OAA nutrition services is to reduce hunger and food insecurity, to promote socialization of older individuals, and to promote the health and well-being of older individuals. Nutrition services assist such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Completion of the Nutritional Health Assessment on the SAEF is required for service recipients to determine if they are at nutritional risk. A score of six (6) or higher is considered high nutritional risk. Nutritional screening data is a federal collection requirement of the (NAPIS), found in the Federal Register, Volume 59, No. 188, September 29, 1994.

Providers of OAA nutrition services must comply with all requirements of the Nutrition Contract as set forth by the Bureau and the AAA. The OAA requires that all Title III-C meals served must be high quality, nutritionally complete, and are prepared and served under safe and sanitary conditions in a manner that is cost effective.

Nutrition providers must meet all applicable federal, state and local laws and regulations regarding the safe and sanitary handling of food, equipment, supplies and materials used in the storage, preparation, and delivery of meals and services to older persons. Nutrition providers must procure and keep in effect all licenses, permits, and food handlers' cards in a prominent place within the meal preparation areas, as required per WV Bureau for Public Health Department regulations and county health department regulations.

All food service staff and volunteers must receive training at least every two (2) years or as required per health department regulations on the prevention of food borne illness. Staff and volunteers must be trained prior to assuming food service assignments.

The OAA requires that states ensure that meal providers solicit the advice of meal participants (OAA Section 339(2)(G)). At least annually, providers must solicit input via comment cards, customer satisfaction surveys, a meal advisory council, taste tests, pilot menus with a subset of participants, etc.

NSIP funds cannot be used to cover meal transportation costs, staff salaries, location costs, etc. They can only be used to purchase domestically produced foods. (OAA Section 311(4)).

Administrative costs are included in the cost reimbursement.

LIFE funds may be used to supplement Nutrition Services per meal reimbursement rates (C1 and C2). A maximum of $1.00 per meal may be allocated in the LIFE budget for this purpose. The supplement must be reflected in both budgets. The LIFE budget will reflect the amount of LIFE funds allocated for nutrition supplemental reimbursed and the supplement per meal rate and total meals C1 and C2 to be supplemented. The monthly LIFE invoice will show the number of meals supplemented, rate and total (C1 and C2). It is not necessary to track the supplement in SAMS. Service reporting in SAMS will not change. LIFE meals will still be budgeted at the current reimbursement rates and the supplement separate in the budget. The intent is not to move LIFE funds from Title IIIC Nutrition but rather to allocate LIFE funds as a supplement to assist in covering the cost of the nutrition meal. For current meal reimbursement rates, contact your AAA or the Bureau.

If LIFE funds are used for a Title III service, services provided must then follow all Title III policies and procedures.

300.19.1 Title III-C1 Congregate Meals

Congregate meals are the priority meal of federal nutrition funding. Congregate meals must be served in a congregate site which is defined as a serving site where socialization is provided in a group setting. They must be provided to a qualified individual and must meet all of the requirements of the OAA and state and local laws. Meals must also meet health department requirements, policies and operational procedures established by the Bureau. Refer to OAA Title III Nutrition Services Operational Manual).

Sites may be operated in adult day care facilities, senior centers, multi-generational meal sites, or housing facilities occupied primarily by individuals over the age of sixty (60). Meal sites must be prior approved by the AAA. Meals must be served at least two hundred fifty (250) days a year within a nutrition providers target area.

Congregate Meal Fund Identifier: Title IIIC-1, LIFE, Local

Meal Service Unit: One (1) meal

Nutritional Supplement (Ex. Ensure, Boost) Service Unit: The OAA allows Title III funds to be used to purchase liquid supplements, but a liquid supplement cannot be counted as a Nutrition Services Incentive Program (NSIP) meal unless the supplement is provided with a meal that meets the RDI requirements (the meal itself must meet the RDI requirements separate from the nutritional supplement).

Eligibility Requirements: Age 60+, spouses of service recipients regardless of age, individuals that are disabled who are under the age of sixty (60) but reside in a housing facility primarily occupied by the elderly at which a congregate nutrition program is offered, individuals with a disability under the age of sixty (60) but who reside at the home of an eligible service recipient and to individuals under the age of sixty (60) providing volunteer

services during the meal hours if they volunteer at least 24 hours in a quarter. Individuals who do not meet the eligibility requirements must purchase a meal at a cost equal to or more than the reimbursement rate (this includes agency employees).

Documentation Requirements: A sign-in sheet that includes the date and service recipient's signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1, Level 2 and the Nutritional Assessment in Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: Annual completion of a SAEF.

Congregate Meal Donations: Service recipients are to be given an opportunity to voluntarily and confidentially contribute to the cost of their meals. Nutrition providers are to develop their own agency process for informing service recipients of suggested donations taking into consideration the income ranges of eligible individuals in the community, protecting privacy and confidentiality, collecting funds and safeguarding payments. Providers must post their "suggested donation amounts" in an area visible to all meal participants. Means tests shall not be used for any service supported by OAA funds. Acceptable formats for receiving contributions include the following: a locked box, a sealed envelope with on-site deposit in a locked box, or a pre-addressed envelope for the service recipient to return by mail. At the conclusion of a meal or at the end of the workday, designated staff will count all monies received in the presence of a volunteer or other staff person, record on the agency's appropriate form, and both the counter and the witness must sign the form. The monies and documentation will then be given to the appropriate staff responsible for depositing the monies. Every time money changes hands between individuals, there must be two signatures. The person depositing the funds will sign the bank deposit receipt and return it to the fiscal officer. Any form of correspondence resembling a billing for meals received by a service recipient is prohibited. Any correspondence or public posting of nutrition service contributions must note that it is a suggested donation. If a service recipient does not contribute, there can be no denial of services. Providers must account for contribution funds under a separate accounting in their ledger.

All nutrition contributions must be used to increase/maintain meals.

Healthy Grandfamilies Congregate Meals: Congregate meals may be provided from this Federal Title IIIC Nutrition program. If the meeting is offsite, meals can be prepared and either picked up or delivered to the site of the meeting (as a satellite site). Meals are to be counted as a group meal. Sign-in sheets must be maintained, and a donation box shall be available following nutrition donation policy. Healthy Grandfamilies meals do not require the completion of a SAEF, however participants are to be entered into SAMS as a group service. Meals for the children in this program are funded via the Department of

Education and Child Wellness.

Dietary Guidelines: A congregate meal must meet the 1/3 of the Dietary References Intakes (DRI) for Older Adults as defined by the National Academy of Sciences (https://ods.od.nih.gov/Health_Information/Dietary_Reference_Intakes.aspx) and will comply with the most recent Dietary Guidelines for Americans. Nutrition providers must have recipes/menus that follow and comply with one of the following methods:

1) Nutrition Analysis Guidelines
2) Food Pattern Modeling Guidelines

Nutrition providers must maintain records of monthly menus per documentation retention policy for verification of compliance. Refer to the OAA Title III Nutrition Services Operational Manual.

Hot food must be served or packaged at one hundred thirty-five (135) degrees Fahrenheit or higher. Cold food must be served or packaged at forty-one (41) degrees Fahrenheit or less.

Religious, ethnic, cultural, regional, or medical (i.e. diabetic, sodium-restricted) dietary requirements or preferences of a major portion of service recipients at a congregate meal site shall be reflected in the meals served. Where feasible, efforts should be made to meet individual dietary requirements or preferences.

Nutrition providers must provide twelve (12) festive meals featuring special holiday menus or meals featuring a special interest to older Americans. These meals should be counted as individual meals in SAMS unless it is a meal with many non-regular attending seniors. The nutrition provider may also provide special event meals such as picnics and field trips. (Note: picnics do not require the completion of a SAEF. A sign-in sheet is required, and participants are to be entered into SAMS as a group service. Picnics are reimbursed at the congregate meal rate.

For information on the Dietary Guidelines for Americans, go to www.dietaryguidelines.gov. For information on the Dietary Reference Intakes go to https://fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes

Days/Hours of Operation: Meals must be served at least two hundred fifty (250) days a year within a nutrition providers target area. Congregate meal sites must provide one (1) hot or other appropriate meal per day, five (5) or more days of the week between the hours of 11:00am and 1:00pm (this is a range of time, it does not mean a provider has to serve the meal the entire two (2) hours) unless written approval has been obtained from the AAA and approved by the Bureau to serve less frequently or at an alternate time frame. To be eligible to serve less than five (5) days per week, a site must be located in a rural area. Refer to the policy in this section regarding the reduction of days served at existing congregate meal sites.

Congregate Site Criteria:

1) Congregate dining sites must be an accessible facility. (Refer to 28CFR36, as amended.
2) Congregate dining sites must be in compliance with state and local fire and safety standards.
3) Instructions for personal safety in case of an emergency must be reviewed with service recipients and procedures must be posted in a visible area that can be seen by all service recipients at their agency location(s).
4) All inspection reports of the site (fire marshal, public works, health department, etc.) must be maintained on file.
5) Nutrition providers must maintain site cleanliness.
6) Hours of service and meal service times must be posted in an area that can be seen by all applicants and service recipients at the nutrition site.

Leftovers: Nutrition providers must develop policies and procedures to minimize leftover meals. Use of a prior sign-up sheet for participation in the congregate meal program is recommended, however, it must be the service recipient that signs up on any sign-up sheet. Once a service recipient is served their meal, it is the nutrition provider's decision if leftovers can be carried from the nutrition site. If this is permitted, the nutrition site must post in a location easily visible to patrons a disclaimer stating "For Your Safety: Food removed from the center must be kept hot or refrigerated promptly. We cannot be responsible for illness or problems caused by improperly handled food." Leftover foods which are frozen for later consumption by service recipients, must meet applicable local, state and federal standards. Equipment and methods for freezing must also meet these standards. (Refer to the OAA Title III Nutrition Program Operations Manual).

Congregate Temporary Pick Up Meals: Carry out or take-home meals from congregate meal sites are not eligible for AoA funding because they are not provided in a congregate setting (OAA Section 331(2)). There may be occasional exceptions for regular congregate service recipients due to a short illness (seven (7) business days or less) or other extenuating circumstances such as a physician's appointment or transportation issues. After the seventh (7^{th}) business day, and up to a maximum of ten business (10) days, the service recipient must provide a physician's prescription. The provider must keep the physician's order on file. The individual who picks up the meal must sign their name as well as the service recipient's name.

Congregate Emergency Meals: In emergency situations, such as inclement weather, if the nutrition provider has advance warning/knowledge of the potential emergent situation, they should make arrangements to send meals home with service recipients. Phone contact must be made with service recipients the provider agency has identified at risk during emergencies to ensure health and safety. Meals served to a congregate service recipient during emergencies, should be recorded in the SAMS service delivery as a congregate meal. The guidelines for emergency meals are:

1) The nutrient content of the meal must meet all requirements of the program.
2) Only top-grade, non-perishable foods in intact packages shall be included.
3) Cans are to be easy open, with pull tabs whenever possible.
4) All individual food packages are to be labeled with expiration dates.
5) If shelf stable meals are used, meals with a multiple year shelf life if stored properly can be retained from one year to another and may help contain costs.
6) When applicable, easy-to-read preparation instructions should be included.
7) Monthly menus must be posted in a visible area within the congregate meal site.

Emergency meals are to be reported in SAMS for the day that they are sent to the service recipient. Documentation of the meal(s) is to be provided to the AAA.

Emergency Closure: If an emergency occurs that require the site to be temporarily closed, the AAA must be notified immediately (preferably prior to closure) and the expected duration of the closure must be included in the notification. All service providers are required to have an ECSOP. (Refer to Policy Section 300.12).

Closing, Relocating or Reducing Service Days at a Congregate Site: A congregate site cannot be closed, relocated (temporary or permanent) or have service days reduced, except for emergency closures, without a public comment opportunity for service recipients, community residents and other interested parties. The public comment opportunity must be conducted in such a manner that the entities mentioned above have notification of the public comment opportunity and various means to provide their input (in person at a public comment forum, via mail, via email, etc.) An in person public comment forum(s)/meeting(s) is mandatory. The public comment period must be open for at least ten (10) calendar days. The AAA and the Bureau must be notified of a pending closure, relocation or reduction and the AAA must be involved with the process. After public comment has been received, the approval or denial of a closing, relocation or service day reduction of a congregate dining site will be approved by the AAA. Some of the determining factors will include public comments, provider agency financials, the average service recipient attendance at the site, options that were considered for keeping the site open, rural and/or transportation factors, and community demographics. If approved, the nutrition provider must provide thirty (30) calendar days written notice to service recipients and make efforts to transfer them to another site, including providing transportation. The service provider may appeal a decision to the Bureau.

A temporary closure/relocation of three (3) months or less only requires AAA and Bureau notification and approval.

If the public health department has determined a senior congregate dining site shall be closed due to health code violations or emergency, the nutrition provider must work with the health department and rectify any violations leading to the closing. The nutrition provider must notify the AAA immediately following the closure notification. The plan must outline the steps to be taken within thirty (30) calendar days, or the time frame established

by the public health department, to correct the violation(s) and receive another inspection report. Funds may be withheld from the nutrition provider for the portion of the program associated with the closing.

Opening a New Congregate Site: The opening of a new congregate site (temporary or permanent) must be approved by the AAA.

Suspected Food Borne Illness Outbreak: Nutrition providers should have a plan in place to respond to a suspected food borne illness outbreak. Employees or volunteers must direct any service recipient claiming they became sick from a congregate or home-delivered meal they consumed to the manager or person in charge immediately. After information is gathered, if a food borne outbreak is suspected, the provider agency must notify, the local health department, the food vendor (if applicable) and the AAA who will notify the Bureau.

300.19.2 Title III-C2 Home-Delivered Meals

A home-delivered meal is one that is provided to a qualified individual in his/her place of residence that meets all of the requirements of the OAA and state and local laws. Meals must also meet health department requirements, policies and operational procedures established by the Bureau.(Refer to OAA Title III Nutrition Program Operations Manual). The Home-Delivered Meals Program is designed to provide meal service for those who are homebound and unable to cook. At the time of assessment, alternative ways an older person can realistically obtain meals should be explored; home-delivered meals should be the last resort. Where feasible, participation in group meal settings should be encouraged, thereby increasing socialization.

The nutrition provider must evaluate and assure that the service recipient has capacity for storage at the appropriate temperature for food safety, and that the service recipient or another individual in the home (family member, caregiver, etc.) is able to follow written instructions from the nutrition provider for handling and reheating meals.

Home-delivered service recipients must receive at least five (5) meals per week. Meals must be delivered to each eligible service recipient at least three (3) times per week. The maximum percentage for pre-packaged/frozen meals is forty percent (40%), no more than two (2) meals per week. The provider agency assumes all liability for the meal delivery. An inherent part of the home-delivered meal program is the social contact and well-being check that naturally take place when the meal is delivered. It is a concern that this vital aspect of the program is lost when meals are not delivered on a frequent basis, especially in rural areas where service recipients are isolated, vulnerable and may not have other contacts. Therefore, providers who have extenuating circumstances preventing these meal delivery requirements must submit a plan to be reviewed and approved by the AAA (the template for this plan can be obtained from your AAA (documented emergencies such as weather are exempt from AAA approval). Daily contact by the nutrition provider, either in person or by telephone, with each home-delivered service recipient is required.

Home-Delivered Meal Fund Identifier: Title III-C2, LIFE, Local

Meal Service Unit: One (1) meal

Home-Delivered (Pick-Up) Meals: Provided for an eligible home-delivered service recipient that requests their meal be picked up by a family member or friend. Service providers are responsible to develop agency procedures to ensure the health and safety of home-delivered pick up meal service recipients. These must be entered in SAMS as a home-delivered meal but are reimbursed at the congregate meal rate.

Nutritional Supplement Service (Ex. Ensure, Boost) Unit: The OAA allows Title III funds to be used to purchase liquid supplements, but a liquid supplement cannot be counted as a Nutrition Services Incentive Program (NSIP) meal unless the supplement is provided with a meal that meets the RDI requirements (the meal itself must meet the RDI requirements separate from the nutritional supplement).

Eligibility Requirements: Age 60+, **AND** is

- **Homebound –** The person has difficulty leaving his/her house under normal circumstances (and is therefore unable to participate in the Title III congregate meals program) due to illness, including a terminal illness, incapacitating disability, isolation, lack of transportation, etc. (this includes individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their service at a congregate nutrition site difficult and/or intolerable for them; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site). **OR**

- **Lives alone –** and is physically or mentally unable to obtain food and prepare meals, and there is no one else available, willing or able to obtain food and prepare meals.

Other individuals eligible to receive home-delivered meals include:

- The spouse of a homebound eligible individual, regardless of age, if the provision of the meal supports maintaining the person at home;
- Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care.

Note: Providers are to evaluate a person's unique, individual life and family situation. What is important is that the individual in need receives a nutritious meal.

If a home-delivered meal service recipient is able to attend a congregate meal site occasionally, that does not make them ineligible for home-delivered meals.

Documentation Requirements: A log sheet that includes the date, service recipient's

name and the meal delivery staff's name An Initial/Annual Home-Delivered Meal Assessment (Attachment Twenty (20)) must be completed. The initial assessment must be in person. A fully completed SAEF (Level 1, Level 2 and Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions). For home-delivered pick up meals, the individual picking up the meal must print the name of the service recipient on a sign-in sheet and sign their name as well.

Re-Evaluation Requirements: Each service recipient will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes the completion of an Initial/Annual Home Delivered Meal Assessment (Attachment 20) and the completion of a SAEF annually. (Refer to Attachment Three (3) for SAEF completion instructions). The Annual Home Delivered Meal Assessment can be completed by phone, but an in-home re-evaluation must be conducted a minimum of every two (2) years.

Donations: Service recipients are to be given an opportunity to voluntarily and confidentially contribute to the cost of their meals. Nutrition providers are to develop their own agency process for informing service recipients of suggested donations taking into consideration the income ranges of eligible individuals in the community, protecting privacy and confidentiality, collecting funds and safeguarding payments. Means tests shall not be used for any service supported by OAA funds. The most appropriate format for receiving home-delivered meal contributions is to provide a pre-addressed envelope for the service recipient to return by mail or to the delivery person. If the service recipient hands cash to the delivery person, the cash is to be immediately put in a sealed pre-addressed envelope and returned to the appropriate staff at the agency at the completion of the driver's route. The process for the counting and accountability of funds in Policy Section 300.19.1 also apply.

If a service recipient does not contribute, there can be no denial of services. Providers must account for contribution funds under a separate accounting in their ledger.

All nutrition contributions must be used to provide meals.

Dietary Guidelines: Refer to Policy Section 300.19. These same guidelines apply to home-delivered meals.

Days/Hours of Operation: Home-delivered meals are to be served five (5) or more days of the week (those meals must be delivered to each eligible service recipient at least three times per week) between the hours of 9:00am and 3:00pm unless written approval has been obtained from the AAA to serve less frequently or at an alternate time frame. To be eligible to serve less than five (5) days per week, a site must be located in a rural area.

Meal Transportation: The nutrition provider shall be responsible for the transportation of meals to the designated sites and home-delivery locations. Insulated containers for hot

and cold food will be used to maintain appropriate serving temperatures.

Each meal at time of delivery must be at proper temperatures: not less than one hundred thirty-five (135) degrees Fahrenheit for hot foods and not more than forty-one (41) degrees Fahrenheit for cold foods (excluding frozen products such as ice cream, which shall not be more than ten (10) degrees Fahrenheit). Adequate sanitary practices in handling the food in transit shall also be maintained in accordance with the standards of the West Virginia Department of Health and Human Resources.

At least one (1) time per week, the meal delivery person or another agency staff person must have face to face contact with the home-delivered meal recipient to ensure health and safety (any exceptions to this requirement must be requested and approved by the AAA and documentation of the approval maintained in the service recipient file). The date and time of the face to face contact must be documented on the log sheet.

If a home-delivered route is over one (1) hour in duration, test temperatures must be taken at the beginning of the route and at the end of the route on a monthly basis. If the home-delivered route is less than one (1) hour, the test temperatures can be taken quarterly. Documentation of recorded temperatures must be maintained for monitoring purposes.

Home-Delivered Emergency Meals: Frozen and/or shelf stable meals must be provided to home-delivered service recipients in case of emergency. If a meal will not be delivered, every effort should be made to notify service recipients, by telephone, public media, neighbor, emergency contact, or some other means. Phone contact must be made with service recipients during emergencies to ensure health and safety.

1) The nutrient content of the meal must meet all requirements of the program and be approved by the AAA or nutrition program Registered Dietitian (RD).
2) Only top-grade, non-perishable foods in intact packages shall be included.
3) Cans are to be easy to open, with pull tabs whenever possible.
4) All individual food packages are to be labeled with expiration dates.
5) If shelf stable meals are used, meals with a multiple year shelf life, if stored properly can be retained from one year to another and may help contain costs.
6) When applicable, easy-to-read preparation instructions should be included.

Emergency meals are to be reported in SAMS for the day that they are sent to the service recipient. Documentation of the meal(s) is to be provided to the AAA.

Waiting List: If the demand for home-delivered meals exceeds the budgeted level, a waiting list will be initiated by the nutrition provider. A fully completed SAEF is required. Those on the list must be prioritized and must be served based on SAEF scores and prioritization policy established by the provider agency using the SAEF. (Refer to Policy Section 300.16). Nutrition providers must inform individuals on the waitlist of a timeframe in which they believe they may be able to provide meals and refer them to other community resources that may be able to provide them meals.

Reducing or Eliminating a Home-Delivered Meal Route: A home-delivered meal route cannot be reduced or eliminated (temporary or permanent) or have service days reduced, except for emergency closures, without a public comment opportunity for service recipients, community residents, and other interested parties. (Refer to additional information regarding a temporary reduction/elimination below.) The public comment opportunity must be conducted in such a manner that the entities mentioned above have notification of the public comment opportunity and various means to provide their input (in person at a public comment forum, via mail, via email, etc.) An in person public comment forum(s)/meeting(s) is mandatory. The public comment period must be open for at least ten (10) calendar days. The AAA and the Bureau must be notified of a pending reduction or elimination and the AAA must be involved with the process. After public comment has been received, the approval or denial of a reduction or elimination will be approved by the AAA. Some of the determining factors will include public comments, provider agency financials, options that were considered, rural and/or transportation factors, and community demographics. If approved, the nutrition provider must provide a thirty (30) calendar day written notice to service recipients and make efforts to refer them to other options (ex. home-delivered pick up meals, other nutrition providers). The service provider may appeal a decision to the Bureau.

A temporary reduction/elimination of three (3) months or less only requires AAA and Bureau notification and approval.

Suspected Food Borne Illness: Refer to Policy Section 300.19.1.

300.19.3 Nutrition Counseling

One-on-one advice and guidance to service recipients who are at nutritional risk because of their history, current dietary intake, medication use or chronic illnesses. This service must be provided by a registered dietitian (RD) or other health professional functioning in his/her legal scope of practice.

Nutrition Counseling Fund Identifier: LIFE, Local

Service Unit: One (1) session

Eligibility Requirements: Age 60+, nutritional risk identified on the Nutritional Health Assessment.

Documentation Requirements: A contact note that includes the date, beginning and ending time, service recipient name, service recipient's signature, staff signature and a brief description of the nutrition counseling provided must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented in the service recipient's chart that they are unable to sign their

name.) A fully completed SAEF (Level 1, Level 2 and the Nutritional Assessment in Level 3) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.19.4 Nutrition Education

NOTE: IF AN AGENCY RECEIVES TITLE III C-1 AND/OR TITLE III C-2 FUNDS, THEY ARE REQUIRED BY FEDERAL OAA REGULATIONS TO PROVIDE NUTRITION EDUCATION. FAILURE TO DO SO MAY RESULT IN A DISALLOWMENT OF TITLE IIIC FUNDS.

Nutrition Education as defined by the Administration on Aging, is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to service recipients in a group or individual setting.

To be effective, programs must encourage behavior change. To do so, nutrition education must be provided on a continuous basis to OAA nutrition program service recipients.

Nutrition education must go beyond providing information alone, distributing newsletters or brochures that contain nutrition information from a trusted source do not constitute nutrition education unless they are accompanied by some form of instruction to a group or individual. Instruction is defined as detailed information on how something should be done, operated or assembled. Materials must be tailored to the service recipient's needs, interests, and abilities, including literacy levels; contain accurate and relevant information and be written in appropriate font sizes. Acceptable and unacceptable examples of nutrition education as well as nutrition education resources are available on the Bureau's website at www.wvseniorservices.gov as well as the chart found in this section.

Any program offered as nutrition education, must be provided by a RD or reviewed and approved by a RD.

Nutrition Education Fund Identifier: LIFE, Local

Service Unit: One (1) session per service recipient (minimum of quarterly for both congregate and home delivered service recipients). At least once a year, nutrition education on food safety, such as information on proper handling, reheating, and storage of the home delivered meal or general food safety information for seniors shall be provided to home-delivered meal service recipients.

Eligibility Requirements: Age 60+

Documentation Requirements: For individual education (home-delivered meal recipients), a log that includes the date, names of individuals who received the information, a brief description of the education provided and staff signature. Materials must be developed or approved by a (RD) if the training was not provided by a RD.

For group education, a sign-in sheet or contact note that includes a brief description of the education provided, date, beginning and ending time, service recipient's signature, educator's signature and approval by a RD if the training was not provided by a RD must be documented and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be that they are unable to sign their name.)

Reporting of congregate nutrition education: one unit = one session per service recipient. Congregate nutrition education is entered in SAMS on a roster.

Reporting of home-delivered nutrition education: one unit = one session per service recipient. Reported as a group service or on a service roster in SAMS if it is newsletter, mailing, etc. However, if you do an individual nutrition education with a specific service recipient (ex. when your RN is in the home doing an assessment and you utilize that time to also provide nutrition education) – that would be entered in SAMS on a roster.

A fully completed SAEF (The SAEF you completed for the meal service) is required to enter individual nutrition education service recipients into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Nutrition Education for Congregate Meals

Acceptable Nutrition Education	Unacceptable Nutrition Education
Evidence based older adult nutrition education programs such as: • Healthy Eating for Successful Living • Eat Better, Move More • Living Well with Chronic Conditions (CDSMP), week #4 • Eat Smart, Live Strong	Any nutrition education that is not provided by a registered dietician or reviewed and approved by a registered dietician.
Educational cooking demo (must include information and instruction on nutrition)	Cooking demo that does not include information and instruction on nutrition
Newsletter or brochure with verbal instruction/lesson	Newsletter or brochure without instruction and/or not approved by registered dietician

Table tent with instruction approved by registered dietician	Table tent without instruction and/or not approved by registered dietician
Demo or nutrition instruction in conjunction with the WV Farmers Market Nutrition Program (if applicable)	Nutrition education not approved by registered dietician
Field trips to Farmers Markets with nutrition education	Nutrition education not approved by registered dietician
Walk with Ease with added nutritional education supplement	Nutritional education supplement not approved by registered dietician
Nutrition focused multi-media (DVD, video, podcast, etc.) approved by registered dietician	Nutrition focused multi-media (DVD, video, podcast, etc.) not approved by registered dietician

Nutrition Education for Home-Delivered Meals

Acceptable Nutrition Education	**Unacceptable Nutrition Education**
Nutrition information and instruction related to topics identified during the annual nutrition screening.	Nutrition education that is not approved by registered dietician
Newsletter or brochure with instruction approved by registered dietician	Newsletter or brochure without instruction and/or not approved by registered dietician
Nutrition focused multi-media (DVD, video, podcast, etc.) approved by registered dietician	Nutrition focused multi-media (DVD, video, podcast, etc.) not approved by registered dietician

Re-Evaluation Requirements: N/A

300.20 Title III-D Evidence-Based Disease Prevention and Health Promotion Services

Evidence-Based Disease Prevention and Health Promotion Services are programs that support healthy lifestyles and promote healthy behaviors. Evidence-Based disease prevention and health promotion programs reduce the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the State or who are of greatest economic need. To meet the federal criteria for evidence-based the program must meet each of the following criteria:

- It must have been demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; ***and***
- It must have been proven effective with older adult population, using Experimental or Quasi-Experimental Design (refer to Policy Section 300.1 for definitions); ***and***

- There must have been research results published in a peer-review journal; ***and***
- It must be fully translated in one or more community site(s); ***and***
- It must include developed dissemination products that are available to the public.

The following list of IIID programs in this manual are Tier III Evidence-Based Disease Prevention and Health Promotion programs most commonly used by West Virginia County Aging Providers.

Other federally approved programs can be found at: https://d2mkcg26uvg1cz.cloudfront.net/wp-content/uploads/Title-IIID-Highest-Tier-EBPs-September-2019.pdf If you are going to utilize one of these programs from the federally approved list that are not contained in the OAA Title III Policy Manual list below, you must contact/notify your AAA and the WV Bureau of Senior Services IIID Program Director.

Any other programs a service provider wants to offer must be approved by the Bureau based on federal guidelines.

Service providers must meet the minimum requirements for each Title III-D service they choose to offer. Provider agencies are permitted to charge a fee for Title IIID programs. Website links are provided for each program contained in this policy manual.

300.20.1 Chronic Disease Self-Management Program (CDSMP)

Enables service recipients to build self-confidence to take part in maintaining their health and managing their chronic health conditions, such as hypertension, arthritis, heart disease, stroke, lung disease and diabetes.

For further information and requirements go to:
https://www.aging.pa.gov/aging-services/health-wellness/ChronicDiseaseManagement/Pages/default.aspx

Chronic Disease Self-Management Program Services

Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+, chronic health problems

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative

may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.2 Healthy Steps in Motion (HSIM)

Healthy Steps in Motion is a comprehensive fall prevention program. The program offers individuals many exercises including exercises for people at advanced fitness levels or those that have specific medical conditions.

For further information and requirements go to: https://www.aging.pa.gov/aging-services/health-wellness/HealthyStepsinMotion/Pages/default.aspx

Healthy Steps in Motion Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+,

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature, and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.3 Dining with Diabetes

Dining with Diabetes is a statewide diabetes self-management support program.

For further information and requirements go to: extension.wvu.edu/food-health/diabetes/dining-with-diabetes

Dining with Diabetes Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+, diabetes diagnosis

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature, and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.4 Tai Chi for Arthritis

Tai Chi for Arthritis is designed for people with mild, moderate and severe joint involvement to improve movement balance, strength, flexibility and relaxation.

For further information and requirements go to http://www.taichiforarthritis.com

Tai Chi for Arthritis Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+, joint discomfort

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.5 Tai Ji Quan: Moving for Better Balance

Tai Ji Quan: Moving for Better Balance is designed to improve balance, strength and physical performance for older adults to reduce fall frequency.

For further information and requirements go to www.tjqmbb.org

Tai Ji Quan: Moving for Better Balance Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature, and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.6 Tai Chi for Diabetes

Tai Chi for Diabetes is designed to improve health and quality of life for people with diabetes and to prevent people from developing diabetes. The program utilizes Tai Chi movements that can strengthen the body, improve mental balance and help bring better health and harmony to people's lives.

For further information and requirements go to http://www.taichifordiabetes.com

Tai Chi for Diabetes Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.7 Tai Chi for Osteoporosis

Tai Chi for Osteoporosis is designed to improve health and quality of life for people with osteoporosis and to prevent people from developing osteoporosis. The program utilizes tai chi movements that can strengthen the body and stamina, improve mental balance, and help bring health and harmony to people's lives.

For further information and requirements go to:
https://taichiforhealthinstitute.org/programs/tai-chi-for-osteoporosis/

Tai Chi for Osteoporosis Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.8 Walk with Ease

Walk with Ease is a self-directed program that combines self-paced walks with health topic discussions. It is designed to reduce the pain and discomfort of arthritis, increase balance and strength, build confidence in the ability to be physically active and to improve the overall health of older adults.

For further information and requirements go to: https://www.arthritis.org/living-with-arthritis/tools-resources/walk-with-ease/?utm_source=print&utm_medium=vanityurl

Walk with Ease Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature, and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.9 A Matter of Balance

A Matter of Balance emphasizes practical strategies to reduce fear of falling and increase

activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

For further information and requirements go to www.mainehealth.org/mob

A Matter of Balance Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipient's signature, and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name.) A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.10 Stepping On

Stepping On offers information, strategies and exercises to reduce falls and increase self-confidence in situations where there is a risk of falling. The program content covers falls and risk, strength and balance exercises, safe footwear and walking, vision and falls, home and community based safety, medication review and management, bone health, and coping after a fall. The program's goal is to facilitate taking control to choose, adopt and follow-through with safety strategies in everyday life.

For further information and requirements go to: http://ncoa.org/improve-health/center-for-healthy-aging/stepping-on.html

Stepping On Services Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipients' signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then

their name. It must be documented that they are unable to sign their name). A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.20.11 Bingocize

Bingocize is a health promotion program that strategically combines the fun game of bingo with exercise and falls prevention education. It is designed to increase functional performance, health knowledge, cognition and social engagement.

For further information and requirements go to: www.bingocize.com

Bingocize Fund Identifier: Title III-D, LIFE, Local

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

Documentation Requirements: A sign-in sheet that includes the date, beginning and ending time, service recipients' signature and staff/instructor signature must be completed and maintained by the provider. If the service recipient is unable to sign, a representative may sign for them (the representative must sign the service recipient's name and then their name. It must be documented that they are unable to sign their name). A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.21 Title III-E National Family Caregiver Support Program (NFCSP)

NFCSP, established in 2000, provides grants to states and territories to help alleviate caregiver burden. Funding is based on the share of population aged seventy (70) and over. Title III-E funds a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. Families are the major provider of long-term care, and research has shown that caregiving exacts a heavy emotional, physical and financial toll. Additionally, many caregivers who work outside the home and provide care experience conflicts between these responsibilities. The client in Title III-E is the family (unpaid) caregiver. Title III-E supplements but does not replace the care provided by the unpaid caregiver.

Definitions:

- **Caregiver –** Family member or other unpaid person who gets a break from caregiving responsibilities through Title III-E. The caregiver does not have to live with the care receiver to be eligible for Title III-E respite but must show that there is physical and/or emotional stress resulting from caregiving responsibilities that could be eased through these services.
- **Service Recipient –** The person who receives the Title III-E service**. For Title III-E, this is the caregiver** (not the at-risk, frail individual or the individual with a diagnosis of Alzheimer's or a related dementia).
- **Care Receiver –** Person for whom care is provided. (This is the at-risk, frail individual or the individual with a diagnosis of Alzheimer's or a related dementia.)
- **Worker –** In-home direct care worker employed by the county aging provider.

From the list of services included in the NFCSP, each service provider has the flexibility to design and implement services that best meet the needs of the caregivers they serve. The only restrictions are those described in the eligibility requirements for each service and the training standards listed in Policy Section 300.7 for respite workers. For the purpose of Title III-E services, frail is defined as having a physical or mental disability, including Alzheimer's disease or a related dementia, which restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently.

Administrative costs are included in the cost reimbursement. No more than ten percent (10%) of a county's award may be used to purchase equipment. The equipment must be directly related to Title III-E services, and all equipment purchases must be approved by the AAA and the Bureau. The provider match is to be twenty-five percent (25%) (federal award divided by three (3) annually) and can be cash or in-kind non-federal sources not used to match other programs. Local cash (not project income), state funds (including LIFE), and in-kind are all legitimate match, but the costs must be in support of Title III-E services.

The following services are available in West Virginia under Title III-E:

300.21.1 Caregiver Information and Assistance

Information is provided, on an individual basis, to unpaid, family caregivers about available programs and services that could help them care for their loved ones at home.

Caregiver Information and Assistance Fund Identifier: Title III-E, LIFE, Local

Service Unit: One (1) contact

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any

age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: A contact note that includes the date, service recipient's name or signature (signature if in person I&A), staff signature and a brief description of the information assistance provided must be documented and maintained by the provider. A fully completed SAEF (Level 1) is required to enter the service recipient into the Roster in SAMS. (**Note:** The service recipient is the caregiver). (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.21.2 Caregiver Counseling/Support Groups

Caregiver counseling/support groups provides advice, guidance, support and instruction for caregivers, in an individual or group setting. It may also include information about options and available services.

Caregiver Counseling/Support Groups Fund Identifier: Title III-E, LIFE, Local

Service Unit: One (1) session (One (1) hour minimum)

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: For individual caregiver counseling/support, a contact note that includes the date, beginning and ending time, service recipient's name or signature (signature if in person individual caregiver counseling/support), staff signature, a description of the caregiver counseling provided and information on any referrals, resolution and/or follow-up must be documented and maintained by the provider. A fully completed SAEF (Level 1, Level 2 and Level 4) is required to enter the service recipient into the Roster in SAMS. (**Note**: The service recipient is the caregiver). (Refer to Attachment Three (3) for SAEF completion instructions).

For caregiver support groups, a sign-in sheet that includes the date, beginning and ending time, service recipient's signature, staff/facilitator signature and a description of the caregiver group support topic/activity must be documented and maintained by the provider. Group caregiver counseling/support is entered as a group service in SAMS.

Re-Evaluation Requirements: N/A

300.21.3 Caregiver Training

Caregiver training is offered to assist family members and other unpaid caregivers in the

performance of in-home services for dependent seniors. It is **not** training for staff.

Caregiver Training Fund Identifier: Title III-E, LIFE, local

Service Unit: One (1) hour

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: For individual caregiver training a contact note that includes the date, beginning and ending time, service recipient's signature, staff/facilitator signature and a brief description of the caregiver training provided must be documented and maintained by the provider. A fully completed SAEF (Level 1, Level 2 and Level 4) is required to enter the service recipient into the Roster in SAMS. **(Note**: The service recipient is the caregiver).

For group caregiver training, a sign-in sheet that includes the date, beginning and ending time, service recipient's name, service recipient's signature, staff/instructor signature and a description of the caregiver group training provided must be documented and maintained by the provider. Group caregiver training is to be entered as a group service in SAMS. **(Note**: The service recipient is the caregiver). (Refer to Attachment Three (3) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.21.4 Caregiver In-Home Respite

Caregiver In-home respite is substitute support delivered in the home setting to provide a brief period of relief for unpaid caregivers. It must also provide activities, socialization and companionship for the care receiver (the at-risk, frail individual or the individual with Alzheimer's disease or a related dementia).

Services must be provided by a trained worker employed by the county aging provider. The worker may be any qualified and properly trained individual, with the exception of the spouse or primary caregiver of the care receiver (the at-risk frail individual or the individual with Alzheimer's or a related dementia).

Title III-E respite and FAIR may be provided to the same client, but not in the same month. Any exception to this rule must be approved by the Director of Alzheimer's Programs at the Bureau. Provider agencies must ensure that state cost share income for FAIR and program income for Title III-E services are recorded separately and handled according to each program's policies.

Caregiver In-Home Respite Fund Identifier: Title III-E, LIFE, Local

Service Unit: One (1) hour

Service Limit: Maximum of sixteen (16) hours per week (the maximum number of hours must also include any Title III-E caregiver congregate respite hours).

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: A worker note (Attachment Twenty-One (21)) that includes the date, beginning and ending time, care receiver's name, service recipient's signature (unpaid caregiver), staff signature and a brief description of the activities provided must be documented and maintained by the provider. A Personal History, Facts and Insights (Attachment Fifteen (15)) for the care receiver must be completed and an Activity Plan (Attachment Sixteen (16)) for the care receiver developed based on the Personal History. A fully completed SAEF (Level 1, Level 2 and Level 4) is required to enter the service recipient (unpaid caregiver) into the Roster in SAMS. (**Note**: The service recipient is the caregiver). (Refer to Attachment Three (3) for SAEF completion instructions). Completion of a monthly Supplemental Service Recording Log (Attachment 22).

Re-Evaluation Requirements: Each service recipient (unpaid caregiver) will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes a home visit and completion of a SAEF. The Personal History document must be updated annually or more frequently if needs change. The In-Home Respite Activity Plan will be completed at least annually or more frequently if needs change based on the Personal History.

300.21.5 Caregiver Congregate Respite

Caregiver Congregate respite is substitute support delivered in an adult daycare or institutional setting to provide a brief period of relief for unpaid caregivers. It must also provide activities, socialization and companionship for the care receiver (an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia).

Services must be provided by a trained worker employed by the county aging provider. The worker may be any qualified and properly trained individual with the exception of the spouse or primary caregiver of the care receiver (the at-risk frail individual or the individual with Alzheimer's or a related dementia).

Providers should adhere to a staffing ratio of no more than 6:1, with an ideal ratio of 4:1. Even with as few as three service recipients, there must be a second staff person available in the building, who can help with activities or when an individual requires one-on-one attention.

Title III-E respite and FAIR may be provided to the same client, but not in the same month. Any exception to this rule must be approved by the Director of Alzheimer's Programs at the Bureau. Provider agencies must ensure that state cost share income for FAIR and program income for Title III-E services are recorded separately and handled according to each program's policies.

Caregiver Congregate Respite Fund Identifier: Title III-E, LIFE, Local

Service Unit: One (1) hour

Service Limit: A maximum of sixteen (16) hours per week (the maximum number of hours must also include any Title III-E In-Home respite hours).

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: A sign-in sheet that includes the date, arrival and departure time, the care receiver's name, the service recipient's signature (unpaid caregiver), and staff signature must be documented and maintained by the provider. A Personal History, Facts and Insights Form (Attachment Fifteen (15)) for the care receiver must be completed. An Activity Plan (Attachment Sixteen (16)) must be maintained that shows the activities scheduled on a daily basis and takes into account the functional limitations of each participant. A fully completed SAEF (Level 1, Level 2 and Level 4) is required to enter the service recipient into the Roster in SAMS. (**Note:** The service recipient is the caregiver). (Refer to Attachment Three (3) for SAEF completion instructions). Completion of a monthly Supplemental Service Recording Log (Attachment Twenty-two (22)).

Re-Evaluation Requirements: Each service recipient (unpaid caregiver) will be re-evaluated at least annually or more frequently if needs change. Re-evaluation includes an in-person completion of a SAEF. The Personal History document must be updated annually or more frequently if needs change.

300.21.6 Additional Training Requirements for Title III-E Respite Staff

In addition to the training requirements in Policy Section 300.7, Title III-E Respite staff must have the following additional training within twelve (12) months of their beginning date of employment:

1) Communication skills;
2) Psycho-social needs of service recipients (geriatric, social and psychological needs);
3) Client rights; and

4) Role of the respite worker.

It is also recommended, but not mandatory, that respite staff receive the dementia care training, *The Person Comes First: A Practical Approach to Alzheimer's Care,* prior to providing care.

300.21.7 Caregiver Assistance with Access to Services

Assistance includes links to opportunities and services available, and to the maximum extent possible, ensuring that each individual is made aware of service opportunities and receives needed services. Providers must have adequate follow-up procedures in place or make referral to the Aging and Disability Resource Network for assistance and follow-up.

Caregiver Assistance with Access to Services Fund Identifier: Title III-E, LIFE, Local

Service Unit: One (1) contact

Eligibility Requirements: There must be an unpaid caregiver (who is the service recipient) of an at-risk, frail individual at least sixty (60) years old or an individual of any age with a written diagnosis of Alzheimer's disease or a related dementia.

Documentation Requirements: A fully completed SAEF is required to enter the service recipient into the Roster in SAMS. (**Note:** The service recipient is the caregiver). (Refer to Attachment Three (3)) for SAEF completion instructions).

Re-Evaluation Requirements: N/A

300.22 Title IIIE NFCSP – Grandparents and Other Elderly Caregivers Serving Children (For Mission West Virginia and Healthy Grandfamilies only)

Provides a system of support services to grandparents, or other older relatives with primary caregiving responsibilities for a child 18 years of age or under or an individual 19 – 59 years of age who has a severe disability.

300.22.1 GP Assistance: Information and Assistance

A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

GP Assistance: Information and Assistance Fund Identifier: Title III-E GP

Service Unit: One (1) contact

Eligibility Requirements: A grandparent or other older relative caregiver of a child (grandparent, step-grandparent, other relative of a child by blood or marriage) who is 55 years of age or older and: 1) Lives with the child; 2) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and 3) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (Refer to definition of child in the Policy Section 300.1).

Documentation Requirements: A contact note that includes the date of the incoming call, visit, assistance contact, or website contact (with information requested/provided), service recipient's name or signature (signature if in person), staff signature and a brief description of the information and assistance provided. Data reporting to the Bureau and/or ADRN per NGA requirements. Data must include data elements required for federal NAPIS reporting.

Re-Evaluation Requirements: N/A

300.22.2 GP Training

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities.

GP Training Fund Identifier: Title III-E GP

Service Unit: One (1) Activity (and # of individuals)

Eligibility Requirements: A grandparent or other older relative caregiver of a child (grandparent, step-grandparent, other relative of a child by blood or marriage) who is 55 years of age or older and: 1) Lives with the child; 2) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and 3) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. (Refer to definition of child in the Policy Section 300.1).

Documentation Requirements: A sign-in sheet that includes the date, arrival and departure time, the service recipient's signature (grandparent or other older relative caregiver) and staff signature must be documented and maintained. Data reporting to the Bureau and/or ADRN per NGA requirements. Data must include data elements required for federal NAPIS reporting.

Re-Evaluation Requirements: N/A.

300.23 Monitoring of Title III Services

Providers of Title III services will be monitored at least every twelve (12) months (within each federal fiscal year) by the AAA and/or the Bureau to document continuing compliance with policy requirements obtained in this manual and grant agreements. Monitoring may include on-site monitoring, desktop monitoring, home visits or telephone interviews with service recipients (family caregivers for Title III-E), and/or interviews with staff. Title III service recipient records, personnel records and all other documents related to the Title III program will be provided upon request. Review findings will lead to a corrective action plan. They may also result in a payback of grant funds, no reimbursement, or, in severe cases, loss of privileges to provide Title III services.

A draft report will be sent to the Executive Director for review and possible finding resolution before the final report being sent to the Executive Director and Board President. The Executive Director has seven (7) business days to respond and work with the monitor before the final report is issued.

A Plan of Correction will be requested when review findings, as evidenced by failure to follow program policies and procedures, indicate that changes need to be made to bring your program in line with policies. Agencies will be given thirty (30) calendar days to respond when a Plan of Correction is requested. Technical assistance will be provided as needed and requested. In order to correct deficiencies, conditions can be added to an NGA.

A percentage of providers may be randomly selected annually for an onsite review to validate any desktop review documentation.

Targeted onsite reviews may also be conducted based on complaints and in situations where service recipients' health and safety are in question. Targeted reviews may include a review of all records.

Conditions that may result in the recoupment of funds or the downward adjustment of grant award are as follows:

1) Expiring between fifteen (15%) and thirty-three (33%) of annual award during the prior grant year.
2) Services provided that do not meet policy requirements.
3) Performance deficiencies that show that service recipients in the provider service area are being underserved. Evidence that contributions and/or cost share funds are not being spent appropriately.
4) Employees who do not meet the requirements for the provision of services.
5) Services provided that do not meet the documentation requirements.
6) Services provided to individuals who do not meet the eligibility requirements.

This list is not an all-inclusive list of conditions that may result in the recoupment of funds or the downward adjustment of a grant award.

Conditions that may result in termination of all or part of an NGA are as follows:

1) Expiring more than thirty-three percent (33%) of your award during the prior grant year.
2) Severe performance and review deficiencies, indicating a health and safety concern for service recipients or care receivers that are not corrected immediately.
3) Failure to report and adhere to a specified plan of correction.
4) Other severe review deficiencies.
5) Falsification of documents.
6) Accumulation of any two (2) or more conditions that may result in a downward adjustment as defined above.

This list is not an all-inclusive list of conditions that may result in termination of all or part of an NGA.

Any Medicaid, Veterans Administration, or other program/service delivery deficiency findings and/or financial remittances/disallows for amounts over ten-thousand dollars ($10,000) must be reported to the AAA and the Bureau within ten (10) business days of the findings.

Monitoring tools and the Plan of Correction can be found on the Bureau website at www.wvseniorservices.gov

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