West Virginia

Bureau of Senior Services



CHAPTER 300 – OLDER AMERICANS ACT TITLE III SERVICES POLICY MANUAL

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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 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. Program funding is based on factors that include the percentage of an area's older population sixty (60) and older, minority population, low-income population and rurality.

Title III services available include:

- Title IIIB – Supportive Services
- Title III-C1 – Congregate Nutrition Services
- Title III-C2 – Home-Delivered Nutrition Services
- Title IIID – Evidence-Based Disease Prevention and Health Promotion Services
- Title IIIE – National Family Caregiver Support Program Services

OAA Title III services are available to individuals who are age sixty (60) or older. Title IIIE 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. 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 300.16.1 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 and that promote choice, independence, respect, dignity, and community integration. The Bureau has a grant agreement with the AAAs to operate, administer, and monitor Title III services in their designated Planning and Service Area (PSA).

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Provider agency board of directors, with local input via public meetings, determines service priorities for the county programs.

Service providers must utilize a minimum of fifty percent (50%) of their Title IIIB and IIIE as required under sections 306 (a)(2) and 307(a)(2) for the delivery of each of the following categories of priority services (1) services associated with access to services (i.e. transportation, assisted transportation and (2) IIIB in-home services (Personal Care, Homemaker, Chore, Adult Day Care and (3) IIIE Respite Services).

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.

Access Services - as used in sections 306 and 307 of the Act (42U.S.C. 3026 and 3027), these are services which may facilitate connection to or receipt of other direct services, including transportation, outreach and information and assistance.

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.

Aging and Disability Resource Center (ADRC) – The ADRC provides a coordinated and integrated system for older individuals, individuals with disabilities and caregivers with comprehensive information and assistance on the full range of public and private long-term care programs, options, service providers and resources within a community.

Area Agency on Aging (AAA) – Agencies designated under section 305(a)(2)(A) of the Older Americans Act 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.

At-Risk Individuals – At risk of experiencing adverse outcomes from mistreatment, injury, disease or the effects of dysfunctional behavior. Some individual level characteristics which can increase and/or identify risk level include functional

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dependence, disability, poor physical health, vision issues, nutritional risks, frequent hospitalizations, high number of prescription medications (6+), cognitive and/or memory impairment, poor mental health, low income, isolation, minimal family/community supports, etc.

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

Caregiver – An adult family member, or another individual, who is an unpaid informal provider of in-home and community care to an older individual or an individual with Alzheimer's disease or a related dementia.

Child – An individual who is not more than eighteen (18) years of age or an individual aged nineteen (19) to fifty-nine (59) who has a severe disability. This term relates to the 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 the federal State Program Report (SPR) utilizing the Older Americans Act Performance System (OAAPS) – Includes Adult Day Care, Chore, Homemaker, Home-Delivered Meals and Personal Care.

Cluster 1 Required Demographics – Requires reporting of unduplicated service recipient and unit counts, age, ADL's, IADL's, gender, gender identity, rural, federal poverty level, household status, race and ethnicity, and if applicable, number of persons with high nutrition risk.

Cluster 2 Registered Services (for the federal SPR utilizing OAAPS) – Includes Assisted Transportation, Congregate Meals and Nutrition Counseling. Title IIIE is not categorized by ACL as a Cluster 2 Registered Service but requires unduplicated caregiver and unit counts, gender, gender identity, date of birth, race/ethnicity, rural status and relationship to the care recipient**. For IIIE respite services (and FAIR), the CAREGIVER is the client. You must complete a SAEF for the caregiver and you must identify the relationship of the caregiver to the individual they care for in SAMS.**

Cluster 2 Required Demographics – Requires reporting of unduplicated service recipient and unit counts, age, gender, gender identity, rural, federal poverty level, household status, race and ethnicity, and if applicable, number of persons with high nutrition risk.

Cluster 3 Non-Registered Services (for the federal SPR utilizing OAAPS) – Includes Transportation, Nutrition Education, Information and Assistance, Outreach, IIID Evidence-Based Disease Prevention and Health Promotion, and Legal (WV Senior Legal Aid only).

Cluster 3 Required Demographics – Requires reporting service units.

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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.

Conflicts of Interest - 1) One or more conflicts between the private interests and the official responsibilities of a person in a position of trust, 2) One or more conflicts between competing duties, services, or programs of an organization and/or portion of an organization, and 3) Other conflicts of interest identified in guidance issued by the Assistant Secretary for Aging and/or by State agency policies (OAA §1321.3).

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.

Determine Your Nutritional Health Screening Tool – A screening tool developed by the American Dietetic Association, the National Council on Aging and the American Academy of Family Physicians in order to address the prevalence of malnutrition among older adults. ACL requires nutrition programs funded by the OAA to use this tool annually for all clients receiving congregate or home-delivered meals to identify persons at high nutritional risk (score of six (6) or higher). Individuals at high nutritional risk are to be referred to their doctor, a dietitian and/or other qualified health or social service professional.

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.

Domestic Partner – Adults in a committed relationship with another adult, including both same sex and opposite-sex relationships, including civil union.

Domestically Produced Foods – agricultural foods, beverages and other food ingredients which are a product of the United States, its Territories or possessions, the Commonwealth of Puerto Rico, or the Trust Territories of the Pacific Islands, except as may otherwise be required by law, and shall be considered to be such a product if it is grown, processed, and otherwise prepared for sale or distribution exclusively in the United States except with respect to minor ingredients. Ingredients from nondomestic sources will be allowed to be utilized as a United States product if such ingredients are not otherwise: (1) Produced in the United States; and (2) Commercially available in the United States at fair and reasonable prices from domestic sources.

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.

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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. ECSOP's must include the agency's continuity of operations plan (COOP) and an all-hazards emergency response plan based on completed risk assessments for all hazards (Attachment twenty-four (24)).

Ethnicity – Consistent with Office of Management and Budget (OMB) requirements ethnicity categories are Hispanic or Latino (of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) or not Hispanic or Latino.

Evidence-Based Program – 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.

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.

Family Alzheimer's In-Home Respite (FAIR) – a state-funded program designed to provide support and respite for caregivers of individuals with a written diagnosis of Alzheimer's or a related dementia.

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, legal representative, or an outside source - 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 county 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)). The main senior center location in each county where a county aging provider operates their services for seniors.

Frail – Functionally impaired because the individual is unable to perform at least two (2) Activities of Daily Living (ADL) without substantial human assistance, including verbal reminding, physical cueing, or supervision or due to cognitive or other mental impairment,

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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 –Need caused by noneconomic factors, which include:
(1) Physical and mental disabilities;
(2) Language barriers;
(3) Social or geographical isolation, including due to:
- (i) Chronic conditions;
- (ii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
- (iii) Interpersonal safety concerns;
- (iv) Rural location; or
- (v) Any other status that:
  - (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
  - (B) Threatens the capacity of the individual to live independently.

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)).
For more information go to:
https://acl.gov/sites/default/files/nutrition/NSI_checklist_508%20with%20citation.pdf

Immediate Family – as used in this policy pertaining to conflicts of interest, means a member of the household or a relative with whom there is a close personal or significant financial relationship.

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.

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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, ability to use a telephone, transportation, managing money and grocery shopping.

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

Lighthouse – A state funded program to provide in-home personal care services. It is targeted to individuals who meet functional eligibility requirements and do not qualify for Medicaid in-home care programs.

Multipurpose Senior Center – as used in the Act, a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals, as practicable, including as provided via virtual facilities.

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.

Nutrition Counseling – A standardized service as defined by the Academy of Nutrition & Dietetics that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status with a measurable goal.

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 physical fitness or health (as it relates to nutrition) information and instruction to service recipients and/or caregivers. Services must be provided by a registered dietician (RD) 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

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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.

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).

Periodic - Frequency of client assessment and data collection, means, at a minimum, once each fiscal year, and as used in section 307(a)(4) of the Act (42 U.S.C. 3027(a)(4)) to refer to the frequency of evaluations of, and public hearings on, activities and projects carried out under state and area plans, means, at a minimum once each state or area plan cycle.

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. Person-centered care training includes training on collaborative and respectful partnerships between staff and service recipients that promote equal partnerships in planning, developing and monitoring care.

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.

Planning and Service Area (PSA) – An area or portion of the state designated by the state agency for purposes of planning, development, delivery and overall administration of services for older adults. Refer to Older Americans Act section 305(a)(1)(E).

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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.

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 earned by the non-federal entity that is directly generated by a supported activity or earned as a result of the federal award during the period of performance except as provided in §75.307(f). Program income includes but is not limited to voluntary contributions, federal cost share income, income from fees for services performed, the use or rental of real or personal property acquired under federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with federal award funds. Interest earned on advances of federal funds is not program income. Except as otherwise provided in federal statutes, regulations, or the terms and conditions of the federal award, program income does not include rebates, credits, discounts and interest earned on any of them. See §75.307, §75.407 and 35 U.S.C. 200-212.

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 be given the opportunity to designate all categories that apply to them.

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

Registered Services – Registered Services are the cluster of services for which ACL requires the collection of client-specific data as a component of SPR/OAAPS reporting.

Reporting Period – The timeframe for which a county provider agency submits data to the State Unit on Aging and the State Unit on Aging submits data to the Administration for Community Living (ACL). The timeframe is the federal fiscal year which begins each

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year on October 1 and ends on September 30. The federal fiscal year is designated by the calendar year in which it ends; for example, federal fiscal year 2025 begins on October 1, 2024, and goes through September 30, 2025.

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

Senior Community Service Employment Program (SCSEP) – A program authorized under Part V of the Older Americans Act that provides part-time community service training positions to low-income persons aged fifty-five (55) and older.

Social Assistance Management System (SAMS) – The Bureau's official web-based data collection application utilized for service recipient tracking, reporting of services and federal reporting 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 (1/3) 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)).

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

Trauma-Informed Care - A framework for relating to and helping individuals who have experienced negative consequences after exposure to dangerous experiences. Principles emphasize the need to understand trauma impacts on health, thoughts, feelings, behaviors, communication and relationships. Trauma-informed approaches ask not "what is wrong with you?" but rather "what happened to you?". Resources for both information and training can be found on the internet.

Unduplicated Service-Recipient 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.

Universal Precautions – The Occupational Safety and Health Administration (OSHA) defines universal precautions as an approach to infection control to treat all human blood and body fluids as if they contain bloodborne pathogens.

Volunteer – An uncompensated individual who provides services or support to service providers.

Voluntary Contributions – A non-coerced monetary sum or other personal resource 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 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 aged 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 and maintain 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.

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3) Have a federal tax identification number (FEIN).
4) Have an organizational chart.
5) Complete and maintain a Board Certification Form (refer to Policy Section 300.11 and Attachment ten (10). The Board Certification Form must be submitted to the AAA annually and at any time changes occur.
6) Notify the AAA and the Bureau of any change in administration, including but not limited to, the Executive Director, the Assistant Director and the Chief Financial Officer within two (2) calendar days of ending employment. It is preferable that notification occurs prior to the change in administration.
7) Must annually submit to the agency board of directors and the AAA IRS Form 990.
8) Maintain appropriate personnel information on all Title III agency staff, which includes their qualifications.
9) Have written policies and procedures for processing service recipient grievances (refer to Policy Section 300.6 and OAA Section 306(a)(10).
10) Have written policies and procedures for processing complaints from staff or service recipients.
11) Have written policies and procedures for the discontinuation of a service recipient's services.
12) Have office space that allows for service recipient confidentiality.
13) Have policies and procedures for people with limited English proficiency and/or accessible format needs to ensure meaningful access to services.
14) Have an Emergency Contingency Service Operation Plan (ECSOP) for service recipients and office operation (refer to Policy Section 300.12).
15) Meet Americans with Disabilities Act of 1990 (ADA) requirements for physical accessibility (refer to 28CFR36, as amended). These include but are not limited to: a) Provides an unobstructed pedestrian passage in the hallways, offices, lobbies, bathrooms, entrance and exits. b) The entrance and exit have accessible handicapped curbs, sidewalks and/or ramps. c) The restrooms have grab bars for convenience. d) A telephone is accessible. e) Drinking fountains and/or water are made available as needed.
16) Be readily identifiable to the public.
17) Maintain a primary telephone that is listed under the name and local address of the business. 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.
18) Maintain an agency secure (HIPAA compliant) e-mail address for communication with the Bureau and the AAA.
19) 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. The "main" focal point center for the delivery of comprehensive services must be open at least forty (40) hours per week.
20) Contain space for securely maintaining service recipient and personnel records and written policies regarding a service recipient's right to request their records.
21) Maintain a contact method during any hours of service provision.

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22) Provide the Bureau with a contact phone number for the director and a designee for emergencies.
23) Maintain on file a completed Confidentiality Agreement for each board member (Attachment One (1)), and all employees, SCSEP employees and volunteers (Attachment Two (2)). Review annually with employees, volunteers and board members.
24) 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, 300.21.6).
25) Furnish information to the AAA or the Bureau, as requested, as per the Notification of Grant Award (NGA).
26) Maintain records that fully document and support the services provided.
27) Maintain a list of current service recipients.
28) 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.
29) Ensure that services are delivered and documentation meets regulatory and professional standards before an invoice is submitted.
30) Enter all service recipient services that are funded by the Bureau into the SAMS system.
31) Follow the Bureau policy regarding prioritization of services (refer to Policy Section 300.16.1).
32) Follow the Bureau federal cost share policy (refer to Policy Section 300.17).
33) Develop and submit to the AAA an annual agency consolidated budget, service projections and other required documents (i.e. Verification of Intent, Assurances and updates to Focal Points and service days/hours).
34) Develop provider plans in coordination with the AAA and the development of required Area Plans. Area Plans must meet federal requirements.
35) Have public meetings to receive input from seniors and other interested parties regarding services they want the county aging provider to provide. Public comments should be considered and incorporated within the four (4) year Provider Plan/Area Plan (refer to #34 above)
36) Annual audit must be presented by the auditor to the agency board of directors (refer to NGA for details on required audits).
37) Must have written policies and procedures in effect regarding whistle-blowers and the intentional destruction of internal documents per Sarbanes-Oxley Act.
38) Must have written policies and procedures in effect regarding document retention and destruction (refer to Sarbanes-Oxley Act and Title III Policy Manual Section 300.3).
39) 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 or financial gain and that demonstrate no conflict between competing duties, services or programs of an organization.

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40) Must have computer(s) for staff with HIPAA secure email accounts, internet access, and current (within the last five (5) years) software for spreadsheets.
41) Utilize any database system, software, etc., compatible with and/or mandated by the Bureau.
42) Must have written policies and procedures for the use of personally and agency owned electronic devices which include, but are not limited to:
    - Prohibits using personally identifiable information (PII) in texts and subject lines of emails.
    - Prohibits the use of PII in the body of emails unless the email is sent securely and is HIPAA compliant.
    - Prohibits PII be posted on social media sites.
    - Prohibits using public Wi-Fi connections without use of secure VPN (Virtual Private Network) connection.
    - Informs agency employees that during an investigation, information on their personal cell phone is discoverable.
    - Requires all electronic devices be encrypted.
43) Must participate in all mandatory meeting/training sessions.
44) Ensure they do not require employees to sign any type of agreement that limits employment opportunities that would affect service recipient's choice of provider agency or worker.
45) Have an Emergency Succession Plan in place for unplanned or temporary Executive Director leadership changes. Emergency Succession Plans are to be signed by the Board President and updated and maintained annually by the Board.

300.3 Service Recipient Record/Documentation Requirements

County Aging 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.

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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.

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.

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, signed, initialed, logged, etc. 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.

Rubber stamps are prohibited as a means of signature and/or for authenticating a record.

Providers must ensure that access to a hard copy and/or electronic 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.

For documentation that requires service recipient signatures, 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.

Providers must keep documentation for services provided to service recipients such as rosters, SAEF's, Personal Care Plans of Care, Homemaker Plans of Care, Chore Plans of Care, In-Home Respite Activity Plans, Congregate Respite Activity Schedules, sign-in signature sheets, log sheets, contact notes, Personal History documents, Home-Delivered Meal Assessment Forms, grab & go 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(s), confidentiality agreements, driver licenses, criminal investigation background checks (CIB), and Form I-9's must be maintained on file by providers.

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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 as required by Title VI of the Civil Rights Act of 1964;
3) To be free from abuse, neglect and exploitation;
4) To have personal records maintained confidentially (OAA Section 314 (3));
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;
7) To take part in planning and decisions about their services (OAA Section 314 (1)(B));
8) To be fully informed in advance about each service provided and about any change in such service that may affect the well-being of the service recipient (OAA Section 314 (1)(A));
9) The right to voice a grievance with respect to services without discrimination or reprisal (OAA Section 314 (2));
10) The right to have their property treated with respect (OAA Section 314 (4)); and
11) To have services responsive to their interests, physical and mental health, social needs and available supports, and desire to live where and with whom they choose.

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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 (i.e. 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, or 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 (i.e. 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 and/or the AAA;
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

Applicants who are denied eligibility and 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 (OAA Section 306(a)(10)) 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.

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All other types of complaints or issues are to be handled internally according to the county aging providers approved agency policy. This includes complaints about menu items, personality conflicts between service recipients, issues regarding what activities are offered and at what time, etc.

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 and documentation are to be maintained in an administrative file for monitoring purposes.

You must contact your AAA anytime a grievance is filed with your agency.

If a service recipient files a grievance, services are to continue until the grievance is finalized. Providers may make exceptions to this requirement if they deem it to be 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, the provider may choose to bypass the grievance procedure and instead contact their local law enforcement agency and the AAA and maintain documentation. If the situation subsides, the service recipient should be provided with his/her grievance rights.

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.
- Once scheduled, 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.

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- 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.

If unable to make contact with the grievant after a minimum of three (3) documented attempts (at least one of those via certified mail), the provider agency may uphold their grievance decision based on grievant unavailability and lack of response/participation. If a grievant is a no-show to a scheduled grievance hearing, the provider may also uphold the grievance decision. In both situations, a notification of decision must be sent to the grievant. The provider agency must maintain all documentation.

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 AAA and 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 AAA and the Bureau for the Level Three review.

If unable to make contact with the grievant after a minimum of three (3) documented attempts (at least one of those via certified mail), the board of directors may uphold their grievance decision based on grievant unavailability and lack of response/participation. If a grievant is a no-show to a scheduled grievance hearing, the board of directors may also uphold the grievance decision. In both situations, a notification of decision must be sent to the grievant. The provider agency must maintain all documentation.

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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 Director 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 (carbon copy (cc) the Executive Director, board of directors and AAA).

If unable to make contact with the grievant after a minimum of three (3) documented attempts (at least one of those via certified mail), the review team may uphold their grievance decision based on grievant unavailability and lack of response/participation. If a grievant is a no-show to a scheduled grievance hearing, the review team may also uphold the grievance decision. In both situations, a notification of decision must be sent to the grievant.

The Level Three decision by the State Review Team is final and not appealable.

300.7 Staff Training Requirements

A. **Directors and Program Managers:** 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 within the first sixty (60) calendar days of employment.

B. **Direct Care Workers:** This includes all staff providing services and supports with direct contact with service recipients (i.e., Personal Care, Homemaker, Chore, Home-Delivered Meals, Transportation, Adult Day Care, IIID, IIIE Caregiver In-Home Respite, and Caregiver IIIE Congregate Respite).

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Direct care workers 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 skills-based physical demonstration. Online CPR courses are allowed if it contains a post test that includes a skills-based physical demonstration.

2) **First Aid** – Must be provided by a certified trainer, the agency RN or a qualified internet provider.

3) **Service Recipient Health and Welfare** – Must be provided by the agency RN, social worker/counselor, a documented specialist in this content area, or a qualified internet training provider. Training must include emergency plan response (signs of heart attack, stroke, infection, confusion), 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 (i.e., mental health, specific equipment, special diets, etc.).

4) ***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.

5) *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.

6) **Universal Precautions** - Provided by the agency RN, a documented specialist in this content area or a qualified internet training provider.

7) ***Person-Centered Care and Trauma-Informed Care** – Person-centered care training on collaborative and respectful partnerships between staff and service recipients that promote equal partnerships in planning, developing and monitoring care. Trauma-informed care training that acknowledges the need to understand an individual's life experiences in order to deliver effective 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.

*OAA provider agencies who are also Medicaid ADW and/or Personal Care providers may use training modules provided by the Medicaid Operating Agency for these mandatory trainings.

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C. **Direct Care Workers that Provide Personal Attendant Services:** Staff that provide Personal Care, Adult Day Care, IIIE Caregiver In-Home Respite and/or Caregiver Congregate Respite must have this additional training:

1) **Personal Care Skills** – Must be provided by the agency RN. Training on assisting service recipients with ADLs such as bathing, grooming, feeding, toileting, transferring, positioning and ambulation.

These training requirements apply to all employees providing direct care services, as well as SCSEP employees and volunteers doing the same type of work.

Documentation that each trainee successfully completed each required training must be maintained by the agency and made available upon request.

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 and their staff.

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 (i.e. If First Aid training was conducted July 3, 2024, it will be valid through July 2025).

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 and/or Adult Day Care, must receive four (4) more hours of 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.

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300.7.2 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.

Certification cards for CPR and First Aid belong to the individual that took the course, not the agency. These cards should be made available to the employee.

300.7.3 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, at a minimum, 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.

Provider agencies must have financial staff that have the ability to perform computerized accounting, develop and monitor annual program budgets, perform cost allocation, determine meal costs and have knowledge of local, state, and federal regulatory and reporting requirements. Provider agencies are required to utilize computerized accounting software such as FreshBooks, QuickBooks, Intuit, etc. It is recommended that provider agency employees who perform financial responsibilities be bonded.

300.7.3.1 Volunteers

County aging providers will make use of trained volunteers in providing services to older individuals and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers (such as organizations carrying out federal service programs administered by the Corporation for National and Community Service (AmeriCorps), in community service settings (OAA Section 306 (6)(C)(iii)).

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300.7.4 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 State 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.

Refer to Chapter 700 West Virginia Clearance for Access: Registry & Employment Screening (WV CARES) for criminal background check information. https://dhhr.wv.gov/bms/Provider/Documents/Manuals/Chapter%20700%20WV%20CARES%20Policy%20FinalApprovedforManual.pdf

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

300.8 Personal Conduct Policy

Individuals that display inappropriate, disruptive and/or threatening behaviors despite staff's attempts to mediate and counsel, may be suspended from 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 person's residence and if doing so does not present a health and safety risk for staff.

If that is not an option due to health and safety risks, alternative services, resources and referrals are to be offered. Examples 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 suspension requires 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)).

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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. Service recipients must also be provided with their grievance rights (refer to Section 300.6).

300.9 Voluntary Program Termination/Agency Closure

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 AAA with review and approval by the Bureau, may terminate their entire OAA grant agreement. If this occurs, the Bureau will also terminate 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 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

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, for non-performance, for falsifying and/or altering documentation, for providing false and/or fraudulent information or for the conviction of any crime related to service delivery. Providers who have violated the rules and/or regulations or have been convicted of a crime related to health care delivery, may likewise

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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 AAA and/or the Bureau, the contract entity shall deliver to the AAA and/or Bureau, or any other person designated by the AAA and/or 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.

300.10.1 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 AAA and/or Bureau, or any other person designated by the AAA and/or 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 receives 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 - resident 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 (i.e., attorney, CPA, physician, pharmacist, psychologist, United Way, Family Resource Network).

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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) County Provider Agencies are to establish their own policies regarding board member term limits to ensure a qualified and functioning board that serves the interests of the seniors of their county. This should include members who are active in their communities, willing to devote time and effort, individuals whose education and experience may provide support for the agency (i.e. administration/management, legal, human resources, promotion/marketing, financial, etc.) and individuals with an understanding of senior issues.

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, domestic partners, parents-in-law, children-in-law, grandparents, grandchildren, stepparents, 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 seven (7) calendar days of approval.

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

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information, refer to West Virginia Code, West Virginia Non-Profit Corporation Act, Chapter 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. The ECSOP describes how contingency services are provided to eligible service recipients and agency operations continue to function during times of inclement weather, natural disasters, pandemics and other health-related situations that affect the county and the senior population.

The plan must be a continuity of operations plan (COOP) and an all-hazards emergency response plan based on completed Risk Assessment Worksheet (Attachment Twenty-Four (24)) for all hazards (45 CFR Subpart E 1321.97 – Emergency and Disaster Requirements).

The ECSOP is to be submitted to the AAA annually. The ECSOP must address at a minimum:

1) Emergency Closure of Services Operations
   a) Descriptions of conditions or reasons an agency 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). Providers should work and cooperate with county health departments and emergency services on emergency planning and implementation.
   e) Plans for coordination with federal, local and state emergency response agencies, relief organizations, local and state governments, and any other entities that have responsibility for disaster.
   f) 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.

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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 for possible repayment of corresponding budget amounts, as outlined in the NGA, or for adjustment in financial awards.

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.

300.13.1 Legislative Initiatives For the Elderly (LIFE)

LIFE funds are appropriated by the Legislature through lottery funds and are allocated based on legislative instruction. LIFE funds are distributed equally to Title IIIB program providers. Funds are available on a State fiscal year (July 1 to June 30) and do not have a match requirement. LIFE funds can also be utilized for operational costs (i.e., rent, utilities, facility insurance, repairs, kitchen equipment). Providers may also use LIFE monies for any Title III service as well as Lighthouse and FAIR authorized supplemental funds. Funds used for services must adhere to the program/service policies for which they were used. Any program income received as a result of the provision of LIFE services is to be used to provide additional services, is to be accounted for separately and must be expended in the current fiscal year it is received or the following fiscal year.

LIFE monies cannot be used for gifts, raffles and fundraising events.

For information on LIFE budget and invoicing processes, contact your AAA.

300.13.2 Private Pay Programs, Contracts and Commercial Relationships

County aging providers may provide private-pay programs and may enter into contracts and commercial relationships but must develop policies and procedures to: (OAA 1321.9 (c)(2)(xiv)).

a) Promote fairness, and adherence to the requirements of the Older Americans Act, including meeting conflict of interest requirements, meeting financial accountability requirements, and prohibiting the use of funds for direct services under Title III to support provision of services via private pay programs other than as part of routing information and assistance.

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b) Individuals who receive information about private pay programs who are eligible for Title III services must be made aware of those Title III services, and any similar voluntary contributions-based service options, even if there is a waiting list for those services. They must be provided with this information initially and on a periodic basis to allow individuals to determine whether they will select voluntary contributions-based services or private-pay programs.

County aging providers must notify and receive approval from their AAA regarding their intent to establish a private-pay program or enter into a contract or commercial relationship. Policies and procedures documentation is to be provided to your AAA upon request.

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 (10^{th}) 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 (10^{th}) 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.

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For services whose service unit is one (1) hour, you must round to the nearest one quarter (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 Person-Centered and Trauma-Informed Services

Services must be provided to older adults and family caregivers in a manner that is person-centered and trauma-informed. Services should be responsive to their interests, physical and mental health issues, social needs, available support, and desire to live where and with whom they choose.

Services should, as appropriate, provide older adults and family caregivers with the opportunity to develop a person-centered plan led by the individual or, if applicable, by the individual and the individual's authorized representative (OAA Section § 1321.77).

300.16.1 Prioritization of Services and Waitlists

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

- 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

Instructions on the prioritization scoring system are included in Attachment Three (3) with the SAEF.

There is a system within SAMS that will allow each individual county aging provider, Area Agencies on Aging and the Bureau to monitor and track eligible individuals for services that county aging providers are unable to serve at any given time (commonly referred to as a waitlist). Wait-listed service options in SAMS include home-delivered meals, IIIB Personal Care, IIIB Homemaker, IIIE In-Home Respite as well as state-funded programs Lighthouse and FAIR.

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Individuals placed on waitlists within WellSky must be individuals that reside in an area of your county that you are capable of serving (i.e. home-delivered meals on a current meal route).

A fully completed SAEF per policy manuals must be completed to determine that an individual is eligible prior to being entered into SAMS on a waitlist. Individuals that have not been determined eligible by the completion of a SAEF determining eligibility, cannot be placed on their county waitlist within SAMS as those individuals have not even been determined eligible for the service.

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 board of directors. All individuals on a waitlist must also be referred to the Aging and Disability Resource Center (ADRC).

The Nutrition and Aging Resource Center also mentions these waitlist considerations in their Senior Nutrition Program Prioritizing Participants Guide (March 2021) at: https://acl.gov/sites/default/files/SN/SNPQuickGuide_Prioritizing508.pdf

- Assign a waitlist manager and select/develop a tracking tool.
- Decide on waitlist criteria for additions and removals.
- Develop a list of other resources for clients on the waitlist.
- Make a communication schedule for people who are waiting.
- Train staff on the waitlist processes.
- Consider how to use data beyond the waitlist's primary purpose.
- Evaluate the waitlist process and make improvements.

300.17 Federal Cost Share (Optional)

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

- Title IIIB Personal Care
- Title IIIB Homemaker
- Title IIIB Chore
- Title IIIB Adult Day Care
- Title IIIE Caregiver In-Home Respite
- Title IIIE 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 may 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

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self-declaration 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 300.16.1) and must be made aware of the share of service costs that they will be given an opportunity to contribute to. Providers who choose to cost share will give all service recipients the Title III Cost Share Initial Notification Form (Attachment Twelve (12)) at the initiation of a cost share service. At the end of each month, providers will provide all service recipients on cost share the Title III Cost Share Monthly Statement (Attachment Thirteen (13)) detailing services provided and their opportunity to share in 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 maintain and/or 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 IIIB Supportive Services

Title IIIB Supportive Services enable older adults to access services that address functional limitations, promote socialization, promote health and independence, and

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protect elder rights. Together these services promote older adults' ability to maintain the highest possible levels of function, participation and dignity in the community.

Service providers must utilize a minimum of fifty percent (50%) of their Title IIIB as required under sections 306 (a)(2) and 307(a)(2) and the West Virginia Bureau of Senior Service State Plan on Aging, State Plan Guidance Attachment B for the delivery of each of the following categories of priority services: (1) services associated with access to services (i.e. transportation, assisted transportation) and (2) IIIB in-home services (Personal Care, Homemaker, Chore, Adult Day Care).

Administrative costs are included in the cost reimbursement.

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 IIIB. Title IIIB providers do not have to offer all services; however, they must demonstrate that comprehensive and priority services are being offered to meet the needs of seniors in their county.

OAA §1321.9(c)(1)(i) requires State Units on Aging to have policies and procedures regarding requirements for client eligibility, periodic assessment (at a minimum, once each fiscal year) and person-centered planning. Each Title IIIB service below provides information on eligibility and assessment.

300.18.1 Adult Day Care

Personal care and activities provided to individuals who require care and supervision in a supervised, protective, congregate setting for a portion of a twenty-four (24) hour day (aximum daily is eight (8) hours). 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 six to one (6:1), with an ideal ratio of four to one (4:1). Even with as few as two (2) 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 IIIB, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial); daily maximum eight (8) hours

WellSky Service Entry: Roster

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Eligibility Requirements: Age 60+. Must complete Level 1, Level 2 and Level 3 of the SAEF. 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: Documentation that includes the date, beginning and ending time, service recipient's signature and staff signature must be documented and maintained by the provider. 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. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

300.18.2 Homemaker

Homemaker services are direct and practical assistance with light housekeeping 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 or will meet those needs. Activities can include dusting, vacuuming, mopping, dishes, laundry, making beds, disposing of trash, grocery shopping, preparing meals, running errands, managing money, using the telephone and other household services as needed. Homemaker services are to be provided only for the service recipient's living space in the home (i.e. the service recipient's bedroom, the bathroom used by the service recipient, etc.).

Homemaker Fund Identifier: Title IIIB, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial)

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+. Must complete Level 1, Level 2 and Level 3 of the SAEF. 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.

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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. 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. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

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 the service recipient is incapable of performing.

Chore services may not be provided when a landlord is responsible for the tasks. Chore services are to be provided only for the service recipient's space in/at the home (i.e. moving furniture in the service recipient's bedroom, turning service recipient's mattress, etc.).

Chore Fund Identifier: Title IIIB, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial)

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+. Must complete Level 1, Level 2 and Level 3 of the SAEF. 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. 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. **Note:** Re-evaluations are current if they are completed within the

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same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

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. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs) such as shopping, preparing meals, managing finances, managing medication, housekeeping, and using transportation. Care is provided in the service recipient's residence and possibly other community settings when the individual is active outside their home (i.e. grocery store, church, medical appointment).

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 IIIB 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 both programs correctly in SAMS.

Personal Care Fund Identifier: Title IIIB, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial)

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+. Must complete Level 1, Level 2 and Level 3 of the SAEF. Must need "Much Assistance" or "Unable to Perform" in at least two (2) areas of ADLs 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. The Plan of Care/Service Worksheet must also be initialed by the direct care worker as instructed on the form and instructions as well as signed by the direct care worker and RN. 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

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completion of a SAEF. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

300.18.5 Assisted Transportation

Services or activities that provide or arrange for the travel for individuals from one location to another. This service includes escort or other appropriate assistance for a person who has difficulties (physical or cognitive) using regular vehicular transportation (i.e., hand-to-hand, elbow-to-elbow, door-through-door, door-to-door service). All activities conducted in relation to the actual assisted transportation trip (i.e. phone calls, scheduling, etc.) are included in the assisted transportation service. Recreational travel cannot be invoiced to federal funds.

Assisted Transportation Fund Identifier: Title IIIB, LIFE, Local

Service Unit: One (1) one-way trip

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+. Must complete Level 1 and Level 2 of the SAEF. 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: Documentation that includes the date, time, destination, service recipient’s name and staff signature must be documented and maintained by the provider. 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. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

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300.18.6 Transportation

Services or activities that provide or arrange for the travel of individuals from one location to another. All activities conducted in relation to the actual transportation trip (i.e., phone calls, scheduling, etc.) are included in the transportation service. Recreational travel cannot be invoiced to federal funds.

Transportation Fund Identifier: Title IIIB, LIFE, Local

Service Unit: One (1) one-way trip

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+. Must complete Level 1 of the SAEF.

Documentation Requirements: Documentation that includes the date, destination, service recipient's name and staff signature must be documented and maintained by the provider. A fully completed SAEF (Level1) 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: N/A

300.18.7 Information and Assistance (One-on-One)

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.

NOTE: Information and Assistance does not include providing basic information such as what is on the lunch menu, scheduling an individual for transportation to an appointment, informing someone of the time of an exercise class. Providing individuals with this type of information is part of that specific service provision. These examples are all part of the normal course of conducting senior center business. Information and Assistance is

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explaining services and resources, assessing problems and assisting an individual in accessing those services and resources through your senior center or another resource. These should be referred to the ADRC as needed.

Information and Assistance Fund Identifier: Title IIIB, LIFE, Local

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

WelSky Service Entry: Group

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

Documentation Requirements: Documentation that includes the date of the incoming call, visit, or website contact (with information requested/provided), staff signature and a brief description of the information assistance provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.18.8 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 that older adults understand and maintain their rights, exercise their choices, benefit from available services and get their disputes resolved. The program also promotes the benefit of lifetime planning through the understanding and the use of advance directives.

Legal Assistance Fund Identifier: Title IIIB

Service Unit: One (1) hour

Eligibility Requirements: Age 60+

300.18.9 Outreach (One-on-One)

Initiates contacts with potential service recipients to encourage use of existing services and benefits. Outreach services provided under this service is restricted to services provided to individuals on a one-on-one basis.

Outreach Service Fund Identifier: Title IIIB, LIFE, Local

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Service Unit: One (1) contact

WellSky Service Entry: Group

Eligibility Requirements: Contact must target potential service recipients.

Documentation Requirements: Documentation that includes the date, service recipient name, staff signature, and a brief description of the outreach information provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.18.9.1 Public Information/Education

Services or activities targeted to provide information to groups of current or potential clients and/or aging network partners and other community entities regarding available services for the elderly and to encourage use of existing services and benefits (i.e. participation in a community senior fair, publications, publicity campaigns, mass media campaigns, presentations at local events, etc.).

Public Outreach/Education Service Fund Identifier: Title IIIB, LIFE, Local

Service Unit: One (1) activity/event (i.e. setting up a booth at a senior fair is to be counted as one (1) activity/event in WellSky/SAMS).

WellSky Service Entry: Group

Eligibility Requirements: Contact must target current or potential clients.

Documentation Requirements: Documentation that includes the date, staff signature, and a brief description of the public outreach/education provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

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 IIIB, LIFE, Local

Service Unit: One (1) hour (can be partial)

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WellSky Service Entry: Group

Eligibility Requirements: Age 60+.

Documentation Requirements: Documentation 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. A fully completed SAEF (Level 1) is required to enter the service recipient in SAMS (refer to Attachment Three (3) for SAEF completion instructions). Group client support is 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 IIIB, LIFE, Local

Service Unit: One (1) hour (can be partial)

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+.

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

300.19 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.

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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. Individuals who score six (6) or higher are to be referred to the state contracted Registered Dietician, their doctor, a dietitian and/or other qualified health or social service professional. Nutritional screening data is a federal collection requirement 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 AAA and the Bureau. The OAA requires that all Title III-C meals served must be high quality, nutritionally complete, and 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, SCSEP staff and volunteers must receive training at least every two (2) years or as required per health department regulations on the prevention of foodborne 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: Life funds may be used to supplement Nutrition Services, one dollar ($1.00) per meal. The supplement must be reflected in both Title III and LIFE budgets. The LIFE budget will reflect the amount of LIFE funds allocated for nutrition services and the one dollar ($1.00) supplemental per meal. 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 to 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.

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

OAA §1321.9(c)(1)(i) requires State Units on Aging to have policies and procedures regarding requirements for client eligibility, periodic assessment (at a minimum, once each fiscal year) and person-centered planning. Each Title IIIC service below provides information on eligibility and assessment.

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 safe and accessible site where socialization is provided in a group setting. This could include senior centers, community centers, adult daycare facilities, multi-generational meal sites, housing facilities occupied primarily by individuals over the age of sixty (60), churches, dining rooms in grocery stores and hospitals. 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).

Meal sites must be prior approved by the AAA.

Congregate Meal Fund Identifier: Title III-C1, LIFE, Local

Meal Service Unit: One (1) meal

WellSky Service Entry: Roster (Exception: Picnic entry is group, large celebration events)

Eligibility Requirements: Age 60+ Must complete Level 1 and 2 of the SAEF and the Nutritional Health Assessment in Level 3.

Other individuals eligible to receive congregate meals include:

- The spouse of a service recipient 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.

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- Individuals under the age of sixty (60) who provide volunteer services during the meal hours if they volunteer at least twenty-four (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: Documentation that includes the date and service recipient's signature/name must be completed and maintained by the provider. The use of registration, reporting and data entry software (i.e. CoPilot, MySeniorCenter, etc.) is acceptable documentation for services. A fully completed SAEF (Level 1, Level 2 and the Nutritional Health 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. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

Congregate Meal Donations:

- Service recipients are to be given an opportunity to voluntarily and confidentially contribute to the cost of their meals (OAA Section 315 (b)).
- Voluntary contributions are to be **non-coercive** (OAA Section 315 (b)(1)). Violations may result in financial penalties and/or termination of the NGA.
- 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.
- Clear information explaining there is no obligation to contribute, and the contribution is voluntary, including information in alternative formats and in languages other than English in compliance with federal civil rights laws, shall be provided.
- The suggested contribution levels shall be based on the actual cost of the service/meal.
- 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 (OAA 315(b)(3)).
- 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.
- Providers must develop and have in place processes to count monies received, deposit monies received and ensure accuracy and fiscal accountability.
- Providers must account for contribution funds under a separate accounting ledger.

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- 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. Violations may result in financial penalties and/or termination of the NGA.
- All nutrition contributions must be used to expand the service for which the contributions were given and to supplement (not supplant) funds received through this program (OAA Section 315(b)(4)(E)).

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 (DGA). Nutrition providers must have recipes/menus that follow and comply with one of the following methods:

  1) Food Pattern Modeling Guidelines
  2) Nutrition Analysis Guidelines

  Note: There are food pattern menus available for your use that were developed by the Registered Dietician at www.wvseniorservices.gov The U.S. Department of Health & Human Services and the U.S. Department of Agriculture work together to update the Dietary Guidelines every five (5) years based on current nutrition science. Therefore, the use of outdated menus/recipes may not meet the current Dietary 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.

- 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 a minimum of six (6) festive meals per year featuring special holiday menus or meals featuring a special interest to older Americans.

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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://ods.od.nih.gov/HealthInformation/nutrientrecommendations.aspx

Nutritional Supplements (i.e. Ensure, Boost): 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 Older Americans Act requirements (DGA and DRI). The meal itself must meet the requirements separate from the nutritional supplement. NSIP funds cannot be used to purchase nutritional supplements.

Days/Hours of Operation:

- Meals must be served at least two hundred fifty (250) days a year (excluding holidays) within a nutrition provider's county. **Note:** This specifically applies to a nutrition provider's "main" nutrition site.
- A provider's main congregate meal site must provide one (1) hot or other appropriate meal per day, five (5) or more days of the week. (OAA Section 331(1)) unless written approval has been obtained from the AAA and approved by the Bureau to serve less frequently.
- 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 accessible facilities (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).

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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. 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 provider should develop agency processes to inform service recipients on how to safely handle carry-out 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).

Inventory Management Guidance: Inventory management is a necessity for the proper management of any food service establishment and is supported by the Administration for Community Living through meal cost resources developed for OAA nutrition providers. Inventory Management assists with:

- ensuring proper amounts of stock;
- minimizing costs;
- avoiding excessive purchasing;
- increasing efficiency;
- decreasing waste and loss/theft;
- establishing processes such as First In, First Out (FIFO);
- being accountable to funders;
- determining the affordability to serve more seniors and expand programs;
- determining what to charge staff/guests for meals;
- increasing service recipient satisfaction and;
- accurately determining meal costs.

Inventory of food and supplies is normally done monthly or at a minimum quarterly on the last working day of the month or the first working day of each new month/quarter. Accurate food/meal costs can then be calculated utilizing inventory.

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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 emergency meals home with congregate meal service recipients. The nutrient content of the meal must meet all nutritional requirements of the program. Phone contact must be made with service recipients the provider agency has identified as 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.

Emergency meals are to be reported in SAMS for the day that they are sent to the service recipient. Documentation is to be maintained and available upon request.

Fourteen (14) emergency meals per meal recipient per federal fiscal year are permitted without prior approval from the AAA.

Congregate Non-Emergency Meals: Non-emergency meals are for situations such as holidays.

Emergency Closure: If an emergency occurs that requires 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 or denied by the AAA. Some of the determining factors will include public comments, provider agency financials, the average service recipient attendance at the site,

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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 congregate site, including providing transportation.
- If denied, the service provider may appeal the AAA 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 timeframe 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.

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 and policies and operational procedures established by the Bureau (refer to OAA Title III Nutrition Program Operations Manual). At the time of assessment, alternative ways an older person can realistically obtain meals should be explored. Where feasible, participation in congregate meal settings should be encouraged, thereby increasing socialization.

The following apply to home-delivered meals:

- Home-delivered service recipients must receive at least five (5) meals per week (OAA 1321.87(b)).
- A service recipient must have a score of six (6) or higher on the SAEF Nutrition Risk Score to receive a weekend meal(s). These individuals at high nutritional risk are to be referred to the state contracted Registered Dietician, their doctor, a dietitian and/or other qualified health or social service professional. Any exceptions to this requirement must be approved in writing by the AAA.
- Meals must be delivered to each eligible service recipient at least three (3) times per week.

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- Providers who have extenuating circumstances preventing these meal delivery requirements must get written approval from their AAA. Emergencies such as weather are exempt from AAA approval.
- If a meal will not be delivered, every effort should be made to notify service recipients by telephone, public media, mass notification alert system, neighbor, emergency contact, or some other means.
- Meals should be recorded in SAMS for the day they are delivered and intended to be consumed by the meal recipient (Exception: emergency meals).
- The maximum percentage for pre-packaged/frozen meals is forty percent (40%), no more than two (2) meals per week. Exceptions to this requirement for reasons such as ruralness must be approved in writing by the AAA.
- 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.
- The provider agency assumes all liability for the meal delivery.

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

Meal Service Unit: One (1) meal

WellSky Service Entry: Roster

Eligibility Requirements: Age 60+ Must complete Level 1 and 2 and 3 of the SAEF.

MUST MEET ONE OR BOTH OF THE FOLLOWING:

- The person has difficulty leaving his/her house 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, or physical, emotional, or behavioral conditions that would make receiving their service at a congregate nutrition site difficult and/or intolerable for them and/or others;

- The person 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 an 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.

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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. Home-delivered meal participants may be encouraged to attend congregate meals and other activities, as feasible, based on a person-centered approach and service availability (OAA 1321.87).

Documentation Requirements: Documentation 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. Due to the high number of home-delivered meal referrals many providers receive, a provider may choose to do the initial SAEF assessment over the phone to determine eligibility. 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 the completion of an Initial/Annual Home Delivered Meal Assessment (Attachment twenty (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. **Note:** Re-evaluations are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

Home-Delivered Grab & Go Meals: Pick-up, carry-out, drive-through or other similar meals. Funds expended for these meals cannot exceed twenty-five percent (25%) of total C2 funding. Eligibility and documentation requirements for these meals are the same as regular home-delivered meals (i.e. Level 1 and 2 and 3 of the SAEF and documentation that includes the date and service recipient's signature/name. Home-delivered grab & go meals may be provided for the following:

- During disaster or emergency situations affecting the provision of nutrition services;
- To older individuals who have an occasional need for such meal; and/or
- To older individuals who have a regular need for such meal, while still targeting services to those in greatest economic need and greatest social need

Eligibility, documentation, re-evaluation, donations, dietary guidelines and nutrition education requirements for "regular" congregate meals all apply to grab & go meals.

These must be entered in SAMS and are reimbursed at the congregate meal rate.

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Providers must be compliant with the grab & go policy above by October 1, 2025.

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 for developing 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.

Home-Delivered Emergency Meals: Emergency meals must be provided to home-delivered service recipients in case of emergency. The nutrient content of the meal must meet all requirements of the program.

Fourteen (14) emergency meals per meal recipient per federal fiscal year are permitted without prior approval from the AAA.

Emergency meals are to be reported in SAMS for the day that they are sent to the service recipient. Phone contact must be made with service recipients during emergencies to ensure health and safety.

Home-Delivered Non-Emergency Meals: Non-emergency meals are for situations such as holidays or days your driver does not deliver (i.e. illness, etc.).

Nutritional Supplements (i.e. Ensure, Boost): 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 Older Americans Act requirements (DGA and DRI). The meal itself must meet the requirements separate from the nutritional supplement. NSIP funds cannot be used to purchase nutritional supplements.

Home-Delivered Meal Donations:

- Service recipients are to be given an opportunity to voluntarily and confidentially contribute to the cost of their meals (OAA Section 315 (b)).
- Voluntary contributions are to be **non-coercive** (OAA Section 315 (b)(1)). Violations may result in financial penalties and/or termination of the NGA.
- 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.
- Clear information explaining there is no obligation to contribute, and the contribution is voluntary, including information in alternative formats and in languages other than English in compliance with federal civil rights laws, shall be provided (OAA Section 315(b) (42 U.S.C. 3030c-2(b))).

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- The suggested contribution levels shall be based on the actual cost of service/meal (OAA Section 315).
- Means tests shall not be used for any service supported by OAA funds (OAA 315(b)(3)) to determine eligibility for or to deny services (Section 315(a)(5)(E)).
- 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.
- Providers must develop and have in place processes to count monies received, deposit monies received and ensure accuracy and fiscal accountability.
- Providers must account for contribution funds under a separate accounting in their ledger.
- Any form of correspondence resembling a billing for meals received by a service recipient is prohibited.
- Any correspondence 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. Violations may result in financial penalties and/or termination of the NGA.
- All nutrition contributions must be used to expand the service for which the contributions were given and to supplement (not supplant) funds received through this program (OAA Section 315(b)(4)(E)).

Dietary Guidelines:

- A home-delivered 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:

    - Food Pattern Modeling Guidelines
    - Nutrition Analysis Guidelines

  Note: There are food pattern menus available for your use that were developed by the Registered Dietician at www.wvseniorservices.gov The U.S. Department of Health & Human Services and the U.S. Department of Agriculture work together to update the Dietary Guidelines every five (5) years based on current nutrition science. Therefore, the use of outdated menus/recipes may not meet the current Dietary 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).

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- 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.

- 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 a minimum of six (6) festive meals per year 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://ods.od.nih.gov/HealthInformation/nutrientrecommendations.aspx

Days of Operation:

- Home-delivered meals are to be served five (5) days of the week. A service recipient must have a score of six (6) or higher on the SAEF Nutrition Risk Score to receive a weekend meal(s). These individuals at high nutritional risk are to be referred to the state contracted Registered Dietician, their doctor, a dietitian and/or other qualified health or social service professional. Any exception to this requirement must be approved in writing by the AAA.

- Meals must be delivered to each eligible service recipient at least three (3) times per week, unless written approval has been obtained from the AAA to serve less frequently.

- 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.

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- 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).
- Sanitary practices in handling food in transit shall 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.
- 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.

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 or denied by the AAA. Some of the determining factors

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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 (i.e. grab & go meal, other nutrition providers).
- If denied, the service provider may appeal the AAA decision to the Bureau.
- A temporary reduction/elimination of three (3) months or less only requires AAA and Bureau notification and approval.

300.19.3 Nutrition Education

NOTE: IF AN AGENCY RECEIVES TITLE III-C1 AND/OR TITLE III-C2 FUNDS, THEY ARE REQUIRED BY FEDERAL OAA REGULATIONS TO PROVIDE NUTRITION EDUCATION TO BOTH CONGREGATE AND HOME DELIVERED MEAL RECIPIENTS. FAILURE TO DO SO MAY RESULT IN A DISALLOWMENT OF TITLE IIIC FUNDS.

Nutrition Education is a program to promote better health by providing physical fitness or health (as it relates to nutrition) information and instruction.

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.

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 registered dietician or reviewed and approved by a registered dietician.

Nutrition Education must be provided a 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.

Nutrition Education Fund Identifier: LIFE, Local

Service Unit: One (1) session

WellSky Service Entry: Group. Enter as one (1) session regardless of the number of participants.
Examples:

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(1) An agency provides a cooking demonstration during the congregate meal to fifty (50) service recipients. This is counted in SAMS under a group as one (1) session.

(2) An agency sends the RD newsletter to one hundred (100) home-delivered meal participants. This is counted in SAMS under a group as one (1) session.

Eligibility Requirements: Age 60+

Documentation Requirements: Documentation that includes a brief description of the education provided, date, and a staff signature must be documented and maintained by the provider. A fully completed SAEF (the SAEF you completed for the meal service) is required.

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

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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 IIID Evidence-Based Disease Prevention and Health Promotion Services

Evidence-Based Disease Prevention and Health Promotion Services (OAA, Section 361) 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. States that receive Title IIID OAA funds are required to spend those funds on evidence-based programs to improve health and well-being and reduce disease and injury. Priority is given to serving elders living in medically underserved areas of the state or who are of greatest economic and/or social 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 an 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.

One source of funding may not be sufficient to meet all the disease prevention and health promotion needs of service recipients. Partnerships and collaboration can extend the reach of health promotion programs. Many providers use Title IIID funding to leverage other funds. It is common practice to blend funding streams. Funding streams may

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include LIFE, local funds, public health departments, hospitals, foundation giving, universities, professional organizations such as pharmacy and dental associations, voluntary donations and others. Some providers in other states have also pooled their Title IIID funding and implemented regional programs to provide training and licensing services to a broader geographic area.

Fund Identifier: Title IIID, LIFE, Local

WellSky Service Entry: Roster

Service Unit: One (1) hour

Eligibility Requirements: Age 60+ Must complete Level 1 of the SAEF (refer to specific program for any additional eligibility requirements).

Documentation Requirements: Documentation that includes the date, beginning and ending time, service recipient's signature (if in person) and staff/instructor signature must be completed 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

Note: Providers should refer to specific evidence-based programs for any additional requirements of that program.

Attachment Twenty-Three (23) on the Bureau website www.wvseniorservices.gov contains a list of Evidence-Based Disease Prevention and Health Promotion programs most commonly used by West Virginia County Aging Providers.

The following is a link to other federally approved programs:
https://www.ncoa.org/evidence-based-programs/

If there is a program a service provider wants to offer that is not on the list, it must be approved by the Bureau based on federal guidelines.

300.21 Title IIIE National Family Caregiver Support Program (NFCSP)

For IIIE services, the unpaid CAREGIVER is the client. You must complete a SAEF for the unpaid caregiver and you must identify and link the relationship of the unpaid caregiver to the individual being cared for in SAMS.

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NFCSP, established in 2000, provides grants to states and territories to help alleviate unpaid caregiver burden. Funding is based on the share of population aged seventy (70) and over. Title IIIE funds a range of supports that assist family and informal unpaid 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.

Title IIIE supplements but does not replace the care provided by the unpaid caregiver.

Service providers must utilize a minimum of fifty percent (50%) of their Title IIIE as required under sections 306 (a)(2) and 307(a)(2) for the delivery of IIIE Respite Services.

OAA §1321.9(c)(1)(i) requires State Units on Aging to have policies and procedures regarding requirements for client eligibility, periodic assessment (at a minimum, once each fiscal year) and person-centered planning. Each Title IIIE service below provides information on eligibility and assessment.

Definitions:

Caregiver of an Older Adult – An adult family member, or another individual, who is an unpaid informal provider of in-home and community care to an older individual or an individual with Alzheimer's disease or a related dementia.

Care Recipient – 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.

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 300.21.6 for respite workers. For the purpose of Title IIIE 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 IIIE services, and all equipment purchases must be approved by the AAA. 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 IIIE services.

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The following services are available in West Virginia under Title IIIE:

300.21.1 Caregiver of Older Adults Information and Assistance (One-on-One)

Caregiver of older adults information and assistance provides caregivers with one-on-one information on opportunities and services available within their communities, including information relating to assistive technology, assesses the problems and capacities of the individuals and links them with opportunities and services available. To the maximum extent practicable, ensures that the caregiver receives the services by establishing adequate follow-up procedures.

Caregiver of Older Adults Information and Assistance Fund Identifier: Title IIIE, LIFE, Local

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

WellSky Service Entry: Group

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

Documentation Requirements: Documentation that includes the date of the incoming call, visit, or website contact (with information requested/provided), staff signature and a brief description of the information provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.21.1.1 Caregiver of Older Adults Public Information/Education

A public and/or media activity that conveys information to caregivers about available services, including in-person interactive presentations, booth/exhibits, radio, TV or web events.

Caregiver of Older Adults Public Information/Education Fund Identifier: Title IIIE, LIFE, Local

Service Unit: One (1) activity/event
WellSky Service Entry: Group - Enter as one (1) activity/event regardless of the number of participants. (i.e. Setting up a booth at a senior fair is to be counted as one (1) activity/event in WellSky/SAMS).

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Eligibility: Contact must target current or potential clients.

Documentation Requirements: Documentation that includes the date, staff signature, and a brief description of the public information/education provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.21.2 Caregiver of Older Adults Support Groups

A service that is led by a trained individual, moderator, or professional to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Must be held on a regularly scheduled basis and may be conducted in person, over the telephone or online.

Note: Caregiver of Older Adult Support Groups do not include "caregiver education groups" or "peer-to-peer support groups" without a moderator/facilitator.

Caregiver of Older Adult Support Groups Fund Identifier: Title IIIE, LIFE, Local

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

WellSky Service Entry: Group - Enter as one (1) session regardless of the number of participants.

Eligibility Requirements: Support group must target unpaid caregivers (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: Documentation that includes the date, beginning and ending time, service recipient's name and/or signature (if in person), moderator/facilitator signature and a description of the caregiver support topic/activity must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.21.3 Caregiver of an Older Adult Training

A service that provides family caregivers of an older adult with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and

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other family members. Training may include use of evidence-based programs, be conducted in person or on-line and be provided in individual or group settings. It is **not** training for staff.

Caregiver of an Older Adult Training Fund Identifier: Title IIIE, LIFE, Local

Service Unit: One (1) hour (can be partial)

WellSky Service Entry: Roster. Must link the caregiver with the care receiver in SAMS.

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: Documentation that includes the date, beginning and ending time, the caregiver's name and/or signature (if in person), staff/instructor 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 unpaid caregiver.

Re-Evaluation Requirements: N/A

300.21.4 Caregiver of an Older Adult In-Home Respite

Caregiver of an older adult 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 IIIE 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 IIIE services are recorded separately and handled according to each program's policies.

Caregiver of an Older Adult In-Home Respite Fund Identifier: Title III-E, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial)

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Service Limit: Maximum of sixteen (16) hours per week. The maximum number of hours must also include any Title IIIE caregiver of an older adult congregate respite hours.

WellSky Service Entry: Roster. Must link the caregiver with the care receiver in SAMS.

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 twenty-two (22)) is required.

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. **Note:** Re-evaluations and document updates are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

300.21.5 Caregiver of an Older Adult Congregate Respite

Caregiver Congregate respite is substitute support delivered in an adult daycare 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 six to one (6:1), with an ideal ratio of four to one (4:1). Even with as few as two (2) service recipients, there must be a

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second staff person available in the building, who can help with activities or when an individual requires one-on-one attention.

Title IIIE 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 IIIE services are recorded separately and handled according to each program's policies.

Caregiver of an Older Adult Congregate Respite Fund Identifier: Title IIIE, LIFE, Local, Federal Cost Share

Service Unit: One (1) hour (can be partial)

Service Limit: A maximum of sixteen (16) hours per week The maximum number of hours must also include any Title IIIE in-home respite hours.

WellSky Service Entry: Roster. Must link the caregiver with the care receiver in SAMS.

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 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) is required.

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 completed annually or more frequently if needs change. **Note:** Re-evaluations and document updates are current if they are completed within the same month as the initial. Example: If a SAEF was completed on July 3, 2024, the re-evaluation will be considered timely if it is completed within the month of July 2025.

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To be approved to provide congregate respite through IIIE, the provider agency must meet criteria established that include:

1. Identification of need
2. Description of site
3. Maximum number of individuals projected to be served at the congregate respite site at any one time
4. Projected hours of operation
5. Plan for dementia-specific programs and activities
6. Staffing plan, including required training

Any provider agency interested in establishing a congregate respite program that would utilize IIIE funding must submit the information referenced above to their AAA for review and approval. The AAA and/or the Bureau have the right to accept or reject any proposals in part or whole, at its discretion.

Provider agencies previously approved and providing IIIE Congregate Respite may continue that service, unless otherwise notified by their AAA and/or the Bureau.

300.21.6 Additional Training Requirements for Title IIIE Respite Staff

In addition to the training requirements in Policy Section 300.7, Title IIIE 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) Service recipient rights; and
4) Role of the respite worker.

In addition to the above training, IIIE (and FAIR) respite workers must receive four (4) more hours of training each year thereafter on topics related to caring for individuals with Alzheimer's disease or a related dementia. Service recipient specific on-the-job-training or qualified internet training can be counted toward this requirement.

It is also required that respite workers receive the dementia care training, *The Person Comes First: A Practical Approach to Alzheimer's Care,* prior to providing care.

300.22 Title IIIE Older Relative Caregivers (Grandparents and Other Elderly Relative Caregivers)

Services that provide a system of support services to older relative unpaid caregivers (i.e. grandparents, or other older relatives).

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Requirements include:

- The older relative caregiver (grandparent and other elderly relatives) must be fifty-five (55) years of age or older;
- The older relative caregiver must be related to the individual they provide care for;
- The older relative caregiver must live with and be the primary unpaid caregiver for a child or an individual with a disability of any age.

300.22.1 Older Relative Caregivers Information and Assistance (One-on-One)

Older relative caregiver information and assistance provides caregivers one-on-one information on opportunities and services available within their communities, including information relating to assistive technology. Assesses the problems and capacities of the individuals and links them with opportunities and services available. To the maximum extent practicable, ensures that the caregiver receives the services by establishing adequate follow-up procedures.

Older Relative Caregivers Information and Assistance Fund Identifier: Title IIIE, LIFE, Local

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

WellSky Service Entry: Group

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

Documentation Requirements: Documentation that includes the date of the incoming call, visit, or website contact (with information requested/provided), staff signature and a brief description of the information provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.22.2 Older Relative Caregivers Public Information/Education

A public and/or media activity that conveys information to older relative caregivers about available services, including in-person interactive presentations, booth/exhibits, radio, TV or web events.

Older Relative Caregivers Public Information/Education Fund Identifier: Title IIIE, LIFE, Local

DISCLAIMER: This chapter does not address all the complexities of the Older Americans Act, and must be supplemented with all State and Federal laws and regulations.

Service Unit: One (1) activity/event

WellSky Service Entry: Group - Enter as one (1) activity/event regardless of the number of participants. (i.e. setting up a booth at a senior fair is to be counted as one (1) activity/event in WellSky/SAMS).

Eligibility: Contact must target current or potential clients.

Documentation Requirements: Documentation that includes the date, staff signature, and a brief description of the public information/education provided must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

300.22.3 Older Relative Caregivers Support Groups

A service that is led by a trained individual, moderator, or professional to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Must be held on a regularly scheduled basis and may be conducted in person, over the telephone or online.

Note: Older Relative Caregivers Support Groups do not include “caregiver education groups” or “peer-to-peer support groups” without a moderator/facilitator.

Older Relative Caregivers Support Groups Fund Identifier: Title IIIE, LIFE, Local

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

WellSky Service Entry: Group - Enter as one (1) session regardless of the number of participants.

Eligibility Requirements: Support group must target unpaid primary caregivers (who is the service recipient) of a child or individual with a disability of any age (Refer to Section 300.22 for additional details).

Documentation Requirements: Documentation that includes the date, beginning and ending time, service recipient’s name and/or signature (if in person), moderator/facilitator signature and a description of the caregiver support topic/activity must be documented and maintained by the provider. **Note:** A SAEF is not required but you must enter your service data into WellSky.

Re-Evaluation Requirements: N/A

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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 (caregivers for Title IIIE), 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.

An exit interview will be conducted with the Executive Director and possible finding resolution discussed before the final report is sent to the Executive Director and Board President.

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 the 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) Services provided that do not meet policy requirements.
2) Performance deficiencies that show that service recipients in the provider service area are being underserved.
3) Evidence that contributions and/or federal 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 is not an all-inclusive list of conditions that may result in the recoupment of funds or the downward adjustment of a grant award.

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

1) Severe performance and review deficiencies, indicating a health and safety concern for service recipients or care receivers that are not corrected immediately.
2) Failure to report and adhere to a specified plan of correction.
3) Other severe review deficiencies.
4) Falsification of documents.
5) 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 five thousand dollars ($5000) must be reported to the AAA and the Bureau within five (5) 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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