

Scope of Work
Area Agencies on Aging

1.0 DES Vision and Mission Statement

- 1.1 DES Vision - Every child, adult, and family in the state of Arizona will be safe and economically secure.
- 1.2 DES Mission - The Arizona Department of Economic Security promotes the safety, well-being, and self sufficiency of children, adults, and families.

2.0 Purpose

- 2.1 Purpose Statement – This contract provides programs and services through contracts with the Area Agencies on Aging that include non-medical home and community-based programs, disease prevention and health promotion, legal assistance, long-term care ombudsman, family caregiver supports, mature workers, state health insurance assistance program, senior Medicare patrol, and elder refugee services.
- 2.2 Legal Authority – Arizona Revised Statute (A.R.S.) §41-1954 (A)(6) provides DES the authority to enter into contracts and incur obligations within the general scope of its activities and operations subject to the availability of funds.
 - 2.2.1 The Older Americans Act of 1965, as amended, created the National Aging Network comprising the Administration on Aging on the federal level, State Units on Aging, and Area Agencies on Aging at the local level. Through this federal legislation, DES provides services to vulnerable and older individuals living in Arizona.
- 2.3 Funding – Services may be funded through various sources including, but not limited to, the U.S. Department of Health and Human Services, Administration for Community Living (ACL) and the Office of Refugee Resettlement, U.S. Department of Labor, and Arizona State General Funds.
 - 2.3.1 Exhibit A – Funding by Service identifies funding which supports each service as of July 1, 2015. The chart is located in the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.
 - 2.3.2 Non-Federal In-kind/Cash Match Requirement
 - 2.3.2.1 In accordance with the Older Americans Act regulations, Title 45 Part 74 of the Code for Federal Regulations as may be amended, and the DAAS policy as may be amended, agencies are required to provide ten (10) percent non-federal match for all services funded under an approved Area Plan on Aging for the cost of carrying out Older Americans Act programs. The match shall consist of non-federal cash and in-kind contributions and shall be expended for goods and services necessary for and specifically identifiable to the contract. Program income cannot be utilized to meet the match requirements. Program income is defined as “gross income earned by a recipient from activities part or all the cost of which is either borne as a direct cost by the grant or counted as a direct cost toward meeting a cost sharing or matching requirement of a grant”.
 - 2.3.2.2 Agencies are required to provide ten (10) percent of the non-federal share of the cost of carrying out a program under Family Caregiver Support Program (FCSP). The non-federal share shall be provided from local sources and may be met with cash or in-kind expenditures. Expenditures used to satisfy the non-federal share requirement must be related to the purpose of FCSP and may not be used to meet maintenance of effort or non-federal share requirements in other federal programs, including other sections of the Older Americans Act, Title III. Expenditures previously used to “over match” other programs may be used to satisfy the non-federal share requirement in the FCSP provided that those expenditures no longer are counted toward meeting the non-federal share requirement of such other programs and those expenditures are related to the purpose of the FCSP.
 - 2.3.2.3 Non-federal in-kind/cash match requirement for Older Americans Act funding is based on the following formula:

$$\frac{(\text{funds allocated}) \times (.10)}{(.90)}$$

- 2.4 Definitions – See the DAAS Policy and Procedure Manual, Chapter 6000 at the following link:
https://www.azdes.gov/uploadedFiles/Aging_and_Adult_Services/Policy/polpro_ch6000_glossary.pdf

3.0 Program Description

- 3.1 The DAAS is the designated State Unit on Aging for Arizona. The DAAS’ mission is to support and enhance the ability of at-risk and older adults to meet their needs to the maximum of their ability, choice, and benefit. The Independent Living Supports (ILS) Unit within DAAS houses a variety of programs and services to enable older persons and vulnerable adults to remain independent in their communities. Programs and services are provided through contracts with Area Agencies on Aging (AAA) that play a pivotal role in assessing community needs and developing programs that respond to those needs.

Scope of Work
Area Agencies on Aging

Additionally, the AAAs act as advocates for improved services for older persons and their families. They often serve as portals to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost-effectiveness of services.

3.2 Programs and services provided through contracts with Agencies include non-medical home and community-based programs, disease prevention and health promotion, legal assistance, long-term care ombudsman, family caregiver supports, mature workers, state health insurance assistance program, senior Medicare patrol, and elder refugee services.

4.0 Contract Term

4.1 The contract term shall have an effective date of July 1, 2015 and shall end on June 30, 2020.

5.0 Administrative Requirements – The Contractor shall:

5.1 Provide services that are culturally relevant and linguistically appropriate to the population to be served.

5.2 Comply with the DAAS Policy and Procedure Manual, as may be amended, located at:

<https://www.azdes.gov/daas/policy/>

5.2.1 Comply with Discretionary Grants approved by the U.S. Department of Health and Human Services Administration on Aging, as described in the DAAS Policy and Procedure Manual.

5.3 Area Plan on Aging

5.3.1 Comply with all aspects of the Area Plan on Aging requirements as outlined in DAAS Policy and Procedure Manual as may be amended, located at <https://www.azdes.gov/daas/policy/>

5.3.2 Implement the Area Plan on Aging, as approved by the DAAS.

5.4 Comply with the following as may be amended:

5.4.1 Medicare Prescription Drug, Improvement and Modernization Act of 2003. (PL-180-179);

5.4.2 Consolidated Appropriations Act, 2001 (PL-106-554);

5.4.3 45 CFR Part 74, Administration of Grants; and Office of Management and Budget (OMB) circular A-110 or Circular A-127, as appropriate;

5.4.4 Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) including Section 2352 “Title XX Block Grants”, 42 U.S.C. 1397 and 42 U.S.C. 1297A, D, and e; 45 CFR, Part 96; and the Arizona Title XX Social Services Plan;

5.4.5 The Older American’s Act, 42 U.S.C., Chapter 35, Sub-chapter I, Section 3002, paragraph 33;

5.4.6 The Older Americans Act of 1965, as amended 42 U.S.C. 3001 through 3035;

5.4.7 45 CFR Parts 1321 and 1326; and

5.4.8 A.R.S. §46-452-01, §46-452-01, §46-251-253, and §46-191-193.

5.5 Staffing and Security

5.5.1 Prevent conflicts of interest of staff members and volunteers in the provision of services and management of the programs.

5.5.2 Provide to all staff and volunteers timely and accurate information and appropriate training relevant to the services they provide.

5.5.3 Maintain documentation that key staff has received appropriate training or hold appropriate certification/licensure in accordance with their job descriptions.

5.5.4 Train appropriate personnel in the use and preparation of client assessment and reporting forms.

5.5.5 It is best practice that until an employee receives their clearance card, the employee provides services under direct visual supervision and oversight of an employee who possess a Level One Fingerprint Clearance Card until they are issued a valid fingerprint clearance card that meets the Level One requirements.

5.5.6 Maintain client/recipient confidential information in a secure location.

5.6 Equipment

5.6.1 Communicate with DAAS electronically through email to convey Microsoft-based text and spreadsheet documentation, and access information from the DAAS, and other web sites.

5.6.2 Utilize computer backup/recovery systems and procedures to ensure no loss of data required for DAAS reports, and to ensure that there is no disruption or degradation of services provided.

5.6.3 Utilize a computer-based tracking system for which monthly, quarterly, and other reports may be generated.

5.6.3 Comply with DAAS data sharing/security requirements to include at a minimum, but not limited to staff certification and annual re-certification training.

5.6.4 Directly input client and financial data into the DAAS reporting system (DAARS) in accordance with system Guides, as may be amended.

5.6.5 Directly extract programmatic and financial reports from DAARS to monitor service delivery and financial expenditures.

Scope of Work
Area Agencies on Aging

- 5.7 Service Provision
- 5.7.1 Provide services directly, as allowed, or through qualified subcontractors.
- 5.7.2 Document/report all costs associated with the provision of contract services.
- 5.7.3 Maintain documentation that key staff has received appropriate training or hold appropriate certification/licensure in accordance with their job descriptions.
- 5.7.4 Collect and report required client data per DAAS Policy and Procedure Manual, as may be amended.
- 5.7.5 Maintain and utilize a policy and procedure manual that includes, at a minimum, detailed intake procedures, program description and eligibility requirements, client grievance procedures, non-discrimination policy, and confidentiality requirements.
- 5.7.6 Maintain client-focused facility locations which offer sufficient client waiting space or waiting rooms, adequate seating, and restrooms for program applicants at all permanent facility locations indicated on the Facility Location Chart.
- 5.7.7 Utilize client grievance procedures which respond timely and effectively to client complaints.
- 5.7.8 Impose no fees upon recipients for service unless the fund source permits a fee to be charged for the service. A fee policy shall have written approval by the DAAS prior to implementation. The Contractor shall comply with any restriction or stipulation set by the DAAS. Income generated from client fees shall be used exclusively to expand existing program services.
- 5.7.9 Exhibit B - Service Detail summarizes a number of key service attributes. The chart is located in the DAAS Policy and Procedure Manual, as may be amended.
- 5.8 Subcontract Related Service Provisions
- 5.8.1 Document/report all costs associated with the provision of subcontracted services.
- 5.8.2 Provide administrative assistance, training and technical assistance to subcontractors in support of administrative, financial and programmatic functions as needed or requested by subcontractors.
- 5.8.3 Require subcontractors to comply with administrative and emergency preparedness requirements as well as requirements specified in service scopes of work.
- 5.8.4 Provide technical assistance to subcontractors through procedural interpretation and/or by additional research upon request.
- 5.8.5 Develop and present initial and refresher training to subcontractor staff as deemed necessary by the Contractor, subcontractor, or DAAS.
- 5.8.6 Implement a coordinated service delivery system that establishes standards for service delivery and operations across the designated service area.
- 5.8.7 Hold periodic meetings with subcontractors to communicate new developments, discuss problems, share ideas for improvements, or address other identified topic areas.
- 5.8.8 Utilize client grievance procedures that respond timely and effectively to customer complaints.
- 5.8.9 Train appropriate personnel in the use and preparation of client assessment and other forms.
- 5.9 Monitoring and Evaluation
- 5.9.1 Conduct at a minimum, on-site contract compliance monitoring of subcontractors at least annually, to include but not limited to facilities, administrative and financial operations, and programmatic service delivery.
- 5.9.2 Participate in DES/DAAS evaluation studies, when required.
- 5.10 Networking
- 5.10.1 Develop partnerships and network with related programs to provide timely resolution to issues and expand resources.
- 5.10.2 Form local partnerships with social service professionals and community agencies to enhance program service information sharing and delivery.
- 5.10.3 Collaborate to hold and participate in education, training, and information seminars, workshops, and conferences.
- 5.10.4 Participate in conference calls and attend meetings initiated by DAAS to receive training, share best practices and/or obtain information.
- 6.0 **Emergency Preparedness Requirements – The Contractor shall:**
- 6.1 Coordinate activities and develop long-range disaster/emergency preparedness plans with local and state disaster/emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery.
- 6.2 Establish and implement, as necessary, a Disaster/Emergency Management Plan that includes components of disaster/emergency preparedness, disaster/emergency response, and disaster/emergency recovery as described in the DAAS Policy and Procedure Manual, as may be amended.

Scope of Work
Area Agencies on Aging

7.0 Notices

7.1 The Contractor shall address all correspondence regarding this contract to:
Arizona Department of Economic Security
DAAS Contracts Management Unit
P. O. Box 6123 - Site Code 950A
Phoenix, AZ 85005-6123

7.2 The Department will address all correspondence regarding this contract to the individual(s) identified in **Attachment X**. (We will indicate attachment number at a later date).

8.0 Reporting Requirements – The Contractor shall:

8.1 Submit the following items to:

Arizona Department of Economic Security
DAAS Contracts Management Unit
P. O. Box 6123 - Site Code 950A
Phoenix, AZ 85005-6123

- 8.1.1 Programmatic and financial reports as identified in the DAAS Policy and Procedure Manual, as may be amended.
- 8.1.2 Contractor's Insurance Certificate(s) as required in the DES Special Terms and Conditions, Insurance Requirements section
- 8.1.3 Subcontractors' Insurance Certificates as required in the DES Special Terms and Conditions, Insurance Requirements section.
- 8.1.4 Contractor's Equipment List form (FES1000AFORFF) for all equipment costing \$5,000 or more purchased by Contractor or Subcontractor, in whole or in part with DES/DAAS funds **(Exhibit X)**.
- 8.1.5 By June 30th annually, a 12-month monitoring plan that includes at a minimum: which direct service subcontractors are to be monitored during the twelve (12) month period beginning July 1st (of the same year), and for each: the type (desk or on-site) and scope (administrative, fiscal, and/or programmatic) of the monitoring for each, the specific service(s) to be monitored, and the target monitoring start and completion dates for each.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

9.0 ADAPTIVE AIDS AND DEVICES/ASSISTIVE TECHNOLOGY

9.1 Purpose Statement

9.1.1 The service provides medically necessary adaptive aids, devices and assistive technology to individuals in their residence which allows them to perform normal living skills and remain independent in their homes and communities.

9.1.2 For the Family Caregiver Support Program, this service is provided on a limited basis, to complement the care provided by the caregiver.

9.2 Service Description

9.2.1 Taxonomy Definition – A service that provides or fabricates specialized equipment that will assist persons in performing normal living skills, and any necessary installation, fitting, adjustment and training.

9.2.2 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis. The adaptive aid, device, or assistive technology must be shown to complement the care provided by the caregiver.

9.2.3 Assisted technology (AT) includes thousands of devices and products that enable people to be more independent in activities such as communication, self-care, mobility, education, and employment.

9.2.4 AT devices can offer an alternative way to accomplish a task, and work by enhancing existing abilities or by compensating for absent or non-functional skills.

9.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapters 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

9.3 Service Requirements – The Contractor shall:

9.3.1 Provide service on a temporary and limited basis as defined in the DAAS Policy and Procedure Manual, as may be amended, Chapter 3000, Section 3600-Family Caregiver Support Program.

9.3.2 Review the individual's medical conditions and the results of specialist evaluations or examinations.

9.3.3 Determine the aid and/or device best suited to meet those needs in consultation with the referral source or in accordance with professionally identified needs.

9.3.4 Provide, construct, or adapt the appropriate aid or device (including augmentative and/or alternative communication devices).

9.3.5 Provide aids or devices that meet all generally accepted standards for those products and for product performance, as well as any applicable safety and health standards set by law or generally accepted in the industry.

9.3.6 Install/or fit the aid and/or device, as necessary.

9.3.7 Train the individual, his/her family and/or the care contractor in the proper use and maintenance of the aid or device, including but not limited to provision of maintenance and operation manuals.

9.3.8 Provide follow-up evaluations and make any adjustments as necessary.

9.3.9 Require that offered adaptive aids, devices and assistive technology include access to maintenance and repair services.

9.4 Licensure/Certification Requirements – The Contractor shall:

9.4.1 Provide services in accordance with:

1. A.R.S. §31-1681, et. seq. for dispensing opticians, as may be amended.
2. A.R.S. §32-1684.01 for optical establishments, as may be amended.
3. A.R.S. §32-1293, et. seq. for dentist, dental technologist and dental lab technician, as may be amended.
4. A.R.S. §36-1921, et. seq. for dispenser of hearing aids, as may be amended.

9.5 Performance Measure

9.5.1 The number of ~~clients~~ individuals receiving adaptive aids/devices and/or assistive technology who were able to remain in their homes.

9.6 Reporting Unit

9.6.1 One unit of service equals one adaptive aid or device provided to eligible individuals.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

10.0 ADULT DAY CARE/ADULT DAY HEALTH CARE

10.1 Purpose Statement

10.1.1 The service improves the emotional and mental well-being of eligible individuals, enabling eligible individuals to interact socially, receive health monitoring, and to acquire knowledge and skills, and provides respite for the caregivers of eligible individuals. Services provide respite for family caregivers from the demanding responsibilities of their role, helping to avoid costly and unwanted placement of the care recipient in a full-time care facility.

10.2 Service Description

10.2.1 Taxonomy Definition – A service that provides supervised planned care and health-related services to adults in a group setting during a portion of a 24-hour day.

10.2.2 In general, there are three types of adult day centers: social (which provides meals, recreation and some health-related services), medical/health (which provides social activities as well as more intensive health and therapeutic services) and specialized (which provide services only to specific care recipients, such as those with diagnosed dementias or developmental disabilities). Caregivers typically select the type of center a care recipient attends based on the care needed.

10.2.3 Adult Day Care is a component of community-based long-term care systems and a service that supports the caregiver. As a supportive caregiver service, adult day care can diminish caregiver burden and stress, and can prevent or delay more costly unwanted out-of-home placement for care recipients.

10.2.4 Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day.

10.2.5 Adult Day Care is a caregiver-focused service, but can be provided to individuals living at home alone as an opportunity for socialization and health care supervision.

10.2.6 Adult Day Care is a case-managed service.

10.2.7 Adult Day Care is short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need.

10.2.8 Adult Day Care is normally planned in advance as part of a care plan, but can also be provided on an emergency basis.

10.2.9 For the purpose of the Family Caregiver Support Program, this service is to be provided to the caregiver as a form of respite care service and is considered to be a temporary substitute supportive service that provides a brief period of relief or rest for caregivers. Temporary is defined as not more than 8 hours per week.

10.2.10 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

10.3 Service Requirements – The Contractor shall:

10.3.1 Provide supervision and monitoring.

1. Review case manager authorization for duration of service and any special service requirements.
2. Develop a written care plan for each individual upon entry. The care plan shall utilize the individual's family and/or friends when applicable/possible. The care plan shall include a plan of action to be followed in the event of an emergency.
3. Maintain monthly progress notes for each individual. Reassess at least every six months, in writing, the adequacy of the individual's care plan. Reassessments are to be completed more frequently than six months if the individual's medical condition changes.
4. Refer individuals/caregiver to and coordinate with the appropriate agencies and resources when additional social, emotional or physical needs are present.

10.3.2 Require that services provided to the care recipient include, but are not limited, to:

1. Provide short-term personal care and supervision.
2. Provide supervision of the individual to protect the individual's welfare and safety.
3. An initial visit may be conducted to set up a care plan that addresses the individual's interests, e.g., cards, sports.
4. Require that the individual receives medication as prescribed.
5. Provide first aid and appropriate attention to injury and illness.
6. Provide food to meet daily dietary needs, including a therapeutic diet if prescribed.
7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.

8. Provide individual or family psycho-social intervention when applicable.
9. Require that for individuals living in nursing homes, services shall only be provided when there is a discharge plan which indicates a definite time-line for transitioning back into the community.

10.4 Licensure/Certification Requirements – The Contractor shall:

- 10.4.1 Require that the facility where Adult Day Care/Adult Day Health Care is provided is licensed by the Department of Health Services according to the Arizona Administrative Code (A.A.C.) R9-10-501 through R9-10-514, as may be amended. Tribal providers need approval from the tribal government or the Bureau of Indian Affairs in operating an Adult Day Care/Adult Day Health Care facility.
- 10.4.2 Require that programs that provide meals comply with the nutrition requirements as specified in the A.A.C. R9-10-509, as may be amended.
- 10.4.3 Service providers shall meet the requirements according to A.A.C. R9-10-501 through R9-10-514, as may be amended.

10.5 Performance Measures

- 10.5.1 The number of caregivers who were provided respite through the provision of Adult Day Care services.
- 10.5.2 The ability to care for the individual was enhanced as measured by the pre and post service delivery evaluation (Caregiver Assessment Tool).

10.6 Reporting Unit

- 10.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) - Area Agencies on Aging

11.0 **ADVOCACY**

11.1 **Purpose Statement**

11.1.1 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

11.2 **Service Description**

11.2.1 A service that is to investigate and resolve complaints relating to administrative action that may adversely affect the health, safety, welfare and rights of individuals who are residents of long term care facilities.

11.2.2 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

1. Advocacy ensures the availability of information about and access to human services and community resources and enhances and/or supports the provision of direct services to eligible individuals and families. Area Agencies on Aging provide information to agencies, organizations, legislators, and the general public about issues affecting older individuals, planning to meet current needs, and formulating policy that will address the future needs of older individuals. Continued advocacy efforts are necessary to reduce barriers and to improve responsiveness to the needs and concerns of older and vulnerable adults.

11.3 **Service Requirements - The Contractor shall:**

11.3.1 Identify the individual's legal and social problems, and needs for services.

11.3.2 Identify appropriate providers to provide needed services.

11.3.3 Identify barriers to an individual's access to needed services and assist individuals to remove barriers which prevent them from meeting identified needs.

11.3.4 Assist in training community groups and individuals in advocacy techniques, community organizations, and the legislative process.

11.3.5 Provide technical assistance and support to individuals and groups involved in advocacy actions to remove barriers impeding individuals.

11.3.6 Identify changes in procedures, laws, regulations, or appropriations which would increase an individual's access to necessary services or increase or clarify legal protections for them.

11.3.7 Identify gaps in necessary services.

11.3.8 Disseminate information or provide education to appropriate agencies or groups to assist in effecting necessary changes in laws, regulations, or appropriations.

11.3.9 Provide advocacy to assist in modifying, changing, or adding to procedures, laws, regulations, or appropriations, as necessary.

11.4 **Optional Tasks/Activities - The Contractor may:**

11.4.1 Assess the nature and level of counseling and/or representation necessary to assist an individual to realize his/her rights and/or entitlements under the law.

11.4.2 Provide counseling or representation for the individual as appropriate to the level of expertise of the advocate and the individual's needs. Where legal representation or counseling is required, it shall be provided by licensed attorneys or by paralegals or lay advocates under the supervision and direction of a licensed attorney as is consistent with or required by the ethical requirements of the Arizona Bar Association or existing laws.

11.4.3 Identify appropriate existing resources.

11.4.4 Refer individuals to appropriate resources.

11.4.5 Assist individuals in completion of application for service.

11.4.6 Follow-up referrals to verify service delivery.

11.4.7 Initiate and enforce standardized follow-up procedures.

11.4.8 Institute a regular assessment procedure, which shall include individual or consumer participation.

11.4.9 Establish an individual grievance or appeals procedure.

11.4.10 Inform individuals of grievance and appeals procedures.

11.4.11 Establish standardized assessment methods for analysis of the service delivery system.

11.4.12 Analyze and assess the problems in the delivery system.

11.4.13 Make recommendations with individual input as necessary to improve the service system.

11.4.14 Make assessment of existing attitudes and policies.

- 11.4.15 Identify problem(s) and/or need(s).
- 11.4.16 Develop a plan of action to be taken within a specified time frame.
- 11.4.17 Implement the plan of action.
- 11.4.18 Evaluate the plan of action.
- 11.4.19 Modify as necessary.

11.5 Performance Measures

- 11.5.1 Using standardized evaluation tools, demonstrate an increase in client satisfaction annually.

11.6 Reporting Unit

- 11.6.1 One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

12.0 ATTENDANT CARE

12.1 Purpose Statement

12.1.1 The service provides assistance with routine housekeeping tasks, personal physical needs, and related services at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

12.2 Service Description

12.2.1 Taxonomy Definition - A service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities.

12.2.2 Attendant care is a case managed service.

12.2.3 Attendant care provides assistance with homemaker services, personal care, coordination of services, general supervision and assistance, companionship, socialization and skills development at an individual's place of residence.

12.2.4 The Non-Medical Home and Community Based Services System is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. Attendant Care is a component of community-based long-term care systems.

12.2.5 Attendant care increases an individual's ability to live independently in the community.

12.2.6 The service may be used as part of the Home Care cluster.

12.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

12.3 Service Requirements – The Contractor shall:

12.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service provider to determine specific tasks to be performed is recommended. During this visit, a care plan is developed and specific tasks can be assigned to the attendant care worker for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each individual at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

12.3.2 Provide attendant care services in accordance with the individual's care plan as authorized by the case manager. Services include but are not limited to:

1. Provide housekeeping/homemaker tasks to maintain safe and sanitary living conditions for individuals.
2. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances.
3. Wash, dry and fold laundry. Ironing to be included if clothes cannot be worn otherwise.
4. Provide Personal care services including
 1. Assist with showering, bathing, toileting, dressing, oral care and shampooing.
 2. Assist with transfer to and from wheelchair and/or bed.
 3. Assist with eating, where the assistance required may include: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; (assist with menus/food selection) and feeding the individual.
 4. Assist with routine ambulation activities.
 5. Assist with routine nail and skin care.
 6. Assist with tasks necessary for the comfort and safety of the movement-restricted (tasks that do not require medical or nursing supervision)
 7. Assist the individual with special appliances and/or prosthetic devices, if the procedure is routine and well established.
 8. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate.
5. Provide general supervision which includes:
 1. ~~Client~~ Individuals' self-administration of medications;
 2. Monitoring the Member's medical condition and functional level; and

3. Reporting findings to the Case Manager.
6. Provide assistance with recreational/socialization skill development.
7. Encourage the individual, family, caregiver or representative to provide input into and support the individual's service plan to verify that activities and services are provided to meet the objectives of the individual's service plan.
8. Other tasks such as documenting and communicating to the individual's case manager, any decline, improvement or continuing maintenance of the individual's condition.
9. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.
10. Staff may not handle client's cash or write checks for clients.

12.4 Optional Tasks/Activities - The Contractor may:

12.4.1 Provide or verify nutritional maintenance for eligible individuals.

1. Plan and cook meals.
2. Shop for and store food.
3. Shop for and store household supplies and medicines.

12.4.2 Attain safe living conditions for individuals.

1. Provide heavy cleaning such as ceiling, walls or floors.
2. Provide yard work such as cleaning yard and hauling away debris.
3. Provide pest control services, when insect infestation presents a health concern for the client. Pest control services will be purchased from licensed agencies, if no other funding for this service is available.

12.4.3 Assist individuals in obtaining and/or caring for basic material needs for water, heating and food.

1. Haul water for household use.
2. Gather and haul firewood for household heating or cooking. This includes sawing logs and chopping wood into usable sizes.
3. Care for livestock used for consumption. This includes feeding, watering and milking.
4. Care for the garden used for food consumption.
5. Dig out dirt floors and replacing with fresh dirt.
6. Turn heating and/or cooling systems on or off. The person who performs the chore service of turning on/off utilities shall have instruction about heating and cooling systems from the local utility company or weatherization project.

12.5 Licensure/Certification Requirements – The Contractor shall:

12.5.1 Require that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

12.5.2 Require the following staffing standards:

1. Newly hired employees providing Attendant Care shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Attendant Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that want to become an approved testing site will be made available on the ADES website. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
3. The direct service staff supervisor shall have at least two (2) years full time employment experience in supervisory capacity; one (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience. Orientation to target population is also required, unless otherwise evident in background.
4. The direct service staff supervisors demonstrates knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

12.6 Performance Measures

12.6.1 Percentage of individuals 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Attendant Care services.

12.6.2 Percentage of individuals 60+ years of age living below the poverty level that receive Attendant Care services.

12.7

12.7.1

Reporting Unit

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

13.0 CAREGIVER TRAINING - DIRECT CARE WORKFORCE

13.1 Purpose Statement

13.1.1 The services helps to facilitate the availability of a qualified Direct Care Workforce (DCW) that meets the needs of the population and the non-medical home and community based service system.

13.2 Service Description

13.2.1 Taxonomy Definition – A service that provides training to assist caregivers in performing care giving activities, decision making, and problem solving.

13.2.2 Service includes training for individuals in preparation for employment as direct care professionals and support staff in the community as well as continuing education.

13.2.3 Services are to be designed in accordance with the goals of the DCW Initiative, utilizing the *Principles of Caregiving* model curriculum and related materials.

13.2.4 Training may be offered to professional and informal caregivers and individuals desiring to become caregivers.

13.2.5 This service may also encompass the training of instructors or supervisors of direct care staff and related activities, such as curriculum development and outreach.

13.2.6 Target Population

1. Individuals seeking employment as direct care workers or desiring to improve their qualifications.
2. Trainers and supervisors of direct care staff at provider agencies.
3. Individuals providing support and development services for activities related to the training program.
4. Informal caregivers and volunteers.

13.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

13.2.8 Background - A training curriculum was developed for direct care professionals based upon the recommendation of the Citizens Workgroup on the Long-Term Care Workforce with the goal to establish standardized training for direct care workers in Arizona. The DCW Training Program promotes collaboration between training entities and employers to build support for the program. Common outreach materials will be developed to inform providers in Arizona about the curriculum and the objectives of the training. Based on recommendations submitted by the DCW Committee in 2008, a standardized test for direct care workers and a public awareness campaign to promote the value of qualified, trained direct care workers were developed. Workshops for trainers enable subcontractors to train direct care workers on the curriculum.

13.3 Service Requirements – The Contractor shall:

13.3.1 Provide professional development for trainers or supervisors of direct care staff

1. Provide workshops for trainers or supervisors in a classroom setting or alternate formats, to meet the needs of trainers in the respective region, including rural and underserved areas.
2. Utilize materials and experiences from the direct care curriculum pilot project and previous workshops. New materials and findings shall be documented and made available to DES and/or other agencies providing training.
3. Utilize an evaluation tool to allow participants to evaluate their training.

13.3.2 Provide training for the direct care workforce

1. Facilitate the training of direct care professionals through payment of tuition, instructional materials, instructors and facilities, and other approved means.
2. Utilize the *Principles of Caregiving* model curriculum as appropriate and provide training that meets the standards determined by the DCW Initiative.
3. Include direct care providers and professionals in rural and underserved areas and informal caregivers as appropriate.
4. Utilize an evaluation tool to allow participants to evaluate their training and to collect data n participants and their needs.

13.3.3 Provide course development

1. Provide for development of curriculum revisions, supplemental materials, such as tests and materials in different languages, or alternative delivery methods, including electronic media, to facilitate continuing compliance with standardized competency and testing requirements for direct care workers delivering services for public programs.
2. Develop delivery methods appropriate to rural settings, where applicable.

- 13.3.4 3. Utilize existing course materials and competencies, building on the work of the DCW Initiative.
Provide Outreach
1. Coordinate or participate in statewide public awareness activities in collaboration with the DCW Initiative and related committees regarding career development, best practices in training and supervision, and related activities.
 2. Identify providers of non-medical home and community based services and engage them in the direct care workforce initiative through a variety of activities, including the dissemination of outreach materials, invitations to trainer workshops, and related activities.
 3. Provide planning, logistics, and program support for special events, such as conferences or professional development events.

13.3.5 Evaluate training materials, classes or workshops, or the effectiveness of other activities related to the direct care workforce initiative.

13.3.6 Designate ~~that~~ a staff person ~~shall be designated~~ who will be responsible for coordinating activities, submitting reports, and facilitating communication and collaboration among project participants including those in other regions.

13.3.7 Require that instructors/trainers have the educational qualifications and/or required certifications or related experience in the subject matter, through an industry-recognized standard or an educational institution.

13.3.8 Ensure that training is appropriate in design and implementation to account for different types of service delivery, employee profiles, and client demographics.

13.4 Performance Measures

13.4.1 Evaluation instruments used at workshops show that trainers/supervisors of direct care workers have increased their knowledge of relevant topics or skills.

13.4.2 Individuals participating in worker training are prepared to take the Arizona Standardized DCW tests.

13.4.3 Course materials address specific needs identified by the DCW Initiative, related committees, or providers of direct care.

13.5 Reporting Unit

13.5.1 One unit of service equals one completed activity or deliverable.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

14.0 CAREGIVER TRAINING – FAMILY CAREGIVER SUPPORT PROGRAM

14.1 Purpose Statement

14.1.1 The service helps to enhance the well-being and skill level of family caregivers, to allow them to provide safe, confident care to loved ones in a community setting, helping to avoid costly and unwanted placement of the care recipient in a care facility.

14.1.2 Caregiver Training can also provide skills-based training designed to mitigate the effects of stress and burden related to their caregiving roles.

14.2 Service Description

14.2.1 Taxonomy Definition – A service that provides training to assist caregivers in performing caregiving activities, decision making, and problem solving.

14.2.2 Caregiver Training is an educational service that focuses on improving informal caregivers' practice of providing care. Caregiver Training assists caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their care giving roles. The service also provides information about and access to human services and community resources, to improve the physical, emotional, and mental well being of eligible individuals, and to meet the needs of diverse caregivers who have different preferences and schedules. Specific training designed to mitigate the effects of stress and burden related to care giving can also be included in this service.

14.2.3 This service provides training for family members and other home-based caregivers which focuses on caregiver related topics including:

1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
3. Making the home environment safe and barrier-free.
4. Stress management and other techniques to help the caregiver take care of him or herself.

14.2.4 Specific Caregiver Training for grandparents raising grandchildren is allowable, including skills training related to guardianship, school enrollment, and other child-related training.

14.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in Section 3602.3, as may be amended.

14.2.6 Background - Recognition of the need to support family caregivers culminated in the establishment of the National Family Caregiver Program as part of the re-authorization of the Older Americans Act in 2000. Caregiver Training was included as one of the core services of the program, and this services remains as crucial component to caregiver support. Studies have shown that training caregivers in basic skills of moving and handling, facilitation of activities of daily living, and simple care tasks reduces burden of care and improves quality of life in care recipients and caregivers.

14.3 Service Requirements – The Contractor shall:

14.3.1 Provide caregiver training on a one-on-one basis or in a classroom setting.

14.3.2 Provide training with cultural sensitivity and flexibility suitable to the caregiver's needs.

14.3.3 Provide training that at a minimum assists caregivers in the areas of health, nutrition, and financial literacy and in making decisions and solving problems relating to their caregiving roles. Topics may include: nutrition counseling or instruction; home injury control services (including screening of high-risk home environments); proper lifting techniques, bathing, and patient care skills; medical management and/or medication administration; money management; helping caregivers to care for themselves and how to obtain necessary information and resources; and other additional caregiver training, as needed.

14.3.4 Utilize a tool to allow participants to evaluate training.

14.4 Licensure/Certification Requirements – The Contractor shall:

14.4.1 Require that instructors/trainers have the educational qualifications and/or required certifications/related experience for the applicable subject matter to be trained.

14.4.2 Require that training is appropriate in design and implementation to account for different types of interventions caregivers will provide and to account for the cultural diversity of the caregivers being trained.

- 14.5 Performance Measures**
- 14.5.1 Evaluation instruments used at training sessions show that participants have increased their knowledge of the subject matter.
 - 14.5.2 Percentage of caregiver trainings targeted to grandparents raising grandchildren.
 - 14.5.3 Total number of caregivers attending caregiver training events.
 - 14.5.4 Provision of training opportunities throughout the Planning and Service Area by mapping locations of caregiver training events.
- 14.6 Reporting Unit**
- 14.6.1 One unit of service equals one training session.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

15.0 CASE MANAGEMENT

15.1 Purpose Statement

15.1.1 The service identifies, facilitates, and coordinates formal and informal services in order to assist clients to maintain independence and avoid institutional placement, while complementing caregiver support.

15.2 Service Description

15.2.1 Taxonomy Definition – A service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminate. This may include: assessment to determine their needs and eligibility when applying for/receiving services, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

15.2.2 Case management is a service or process that establishes a relationship through a strength-based collaboration with an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner.

15.2.3 Appropriate services and resources, including home and community-based services (HCBS), are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated.

15.2.4 Case management consists of intake and screening, assessment, service planning and implementation, follow-up and monitoring, and reassessment and termination of services.

15.2.5 Screening and/or intake may be provided before a referral to case management is made.

15.2.6 Specifically related to the Family Caregiver Support Program, case management for a caregiver is considered a counseling service focused on the needs of the caregiver and doesn't include client (care-recipient) assessment or authorization of client-supported services.

15.2.7 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the DAAS Policy and Procedure Manual, with priority given as indicated in Chapter 3100, as may be amended.

15.3 Service Requirements – The Contractor shall:

15.3.1 Provide Intake

1. Provide intake of the individual.
2. Identify and record name and contact information of the individual or caregiver who is seeking assistance.
3. Identify and record information regarding self-assessment of health and of Activities of Daily Living (ADLs) and Instrumental ADLs (IADLs), assets and resources, and formal and informal support systems.
4. Identify and record the individual's wants, problems, strengths and needs, or caregiver's level of stress.
5. Provide the individual or caregiver with information about available services, eligibility, and conditions of acceptance for services.
6. Inform the individual or caregiver of his/her rights and responsibilities in relation to services.
7. Arrange for or facilitate access to one-time-only or emergency services needed by the individual or caregiver. Document the name of the individual or caregiver and the type of service for which arrangements were made.
8. Determine if the individual or caregiver is appropriate for case management or for an assessment.

15.3.2 Provide Assessment

1. Provide an in-home visit by a case manager to conduct an in-depth assessment using an ADES approved tool (see the DAAS Policy and Procedure Manual Chapter 3000, Section 3123 as may be amended).
2. Assess the individual's strengths based on daily living situation, health, finance/insurance, social supports, leisure/recreational activities, spirituality/religion and develop a service plan in collaboration with the individual or caregiver and other appropriate persons.
3. Establish and record the individual's or caregiver's goals.
4. Client-supported caregiver services require additional assessment using an ADES approved tool. (See the DAAS Policy and Procedure Manual, as may be amended).
5. Determine if the individual or caregiver is eligible to receive services.

15.3.3 Develop a Service Plan

1. Identify and record what services have been chosen to be provided to the individual or caregiver.

2. Identify and record how services will be provided.
3. Identify and record who will provide the service.
4. Identify and record, with input from the individual or caregiver, when the plan will begin, when it is to end, when specified milestones are to be accomplished and when progress is to be assessed.
5. Identify and record the criteria for measuring the results to be achieved by the plan.
6. Identify and record the process to be utilized for renegotiating the service plan.

15.3.4 Provide Service Plan Implementation

1. Authorize and record the covered services to be provided to the individual or caregiver.
2. Record referrals made for non-covered services (services other than those authorized).
3. Give each individual seeking services a list of agencies that provide similar services.
4. Coordinate and facilitate the access to and the delivery of services to the individual or caregiver and record this information.
5. Assist the individual or caregiver in obtaining needed services and resources through education and advocacy.
6. Provide direct intervention to assist with the individual or caregiver's overall goals.

15.3.5 Provide Service Plan Monitoring

1. Determine and record the type and quantity of services the individual or caregiver received.
2. Identify and record the individual or caregiver's progress toward established goals.
3. Identify and record the quality and appropriateness of the services provided.
4. Identify, record and reassess the service goals and resolve any problems related to the service assist the individual or caregiver with appeals, hearings and/or grievances.
5. Determine and record the individual or caregiver's continued eligibility and need for services.
6. Conduct a review of the entire service plan at least every six months.
7. Conduct a reassessment of the individual's needs and preferences annually or if changes have occurred since the last review.
8. Follow up to determine whether changes were implemented.

15.3.6 Provide Service Plan Closure

1. Identify, assess and record the individual or caregiver's progress toward his/her goals.
2. Identify and record the individual or caregiver's status at the close of the service plan.
3. Identify and record the reasons for closure of the plan.

15.4 Staffing Requirements – The Contractor shall:

- 15.4.1 Require that case managers have at a minimum a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have two years' experience in social or health services.
- 15.4.2 Require that the Case Management Supervisor has at least a Master's degree or at least four years experience in social or health services.
- 15.4.3 Require that case managers have a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.
- 15.4.4 Require that case managers have the knowledge, skills, and experience necessary to assess the client's strengths and need for services and perform the core functions of case management.
- 15.4.5 Require that case managers confirm that appropriate assistance is given to each individual, family member, caregiver, or an individual's legal representative, by providing accurate and complete information about available services allowing the individual self-directed care.
- 15.4.6 Require that case managers display effective communication skills and be able to work as part of a team of service providers on behalf of the individual.
- 15.4.7 Require that case managers assume responsibility for their own professional growth and continuing education to enhance their case management skills, and keep up with the many changes of available resources in the health and social service fields.
- 15.4.8 Require that case managers do not engage in any personal relationships with the individual, caregiver, or family members that may lead to any personal or professional gain or impair professional judgment.
- 15.4.9 Require that staff providing intake have the knowledge, skills, and experience necessary to refer individuals to case management as appropriately.
- 15.4.10 Require that a newly hired employee providing case management services shall submit three references from persons other than family members in order for the Contractor to verify the employee's previous employment record. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

15.5 Performance Measures

- 15.5.1 Increase in the percentage of individuals 60+ years of age living below the poverty level who receive Case Management services.

- 15.5.2 Increase in the percentage of individuals 60+ years of age with severe disabilities (3+ ADL limitations) who receive Case Management services.
 - 15.5.3 Informal supports and private pay options identified during assessment and monitoring are incorporated into the service plan.
- 15.6 Reporting Unit**
- 15.6.1 One case management unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

16.0 COMMUNITY EDUCATION AND INFORMATION

16.1 Purpose Statement

16.1.1 The service helps to create awareness and provide information to the community related to services available to assist individuals in maintaining their independence and ability to remain in their home and community.

16.1.2 Specifically related to the Family Caregiver Support Program, the purpose is to create awareness and provide information to the community related to support services available to family caregivers.

16.2 Service Description

16.2.1 Taxonomy Definition – A service that provides information on, and/or instructions in, various subjects through public contact and/or meetings, printed materials and media presentations focused on a particular subject, field of interest, agency or service(s).

16.2.2 The service is designed to distribute information and educational resources related to aging issues, aging services, long-term care, long-term care planning, retirement planning, and other related topics.

16.2.3 The Older Americans Act indicates that Area Agencies on Aging are to include community education services in their area plans related to the need to plan for long-term care in advance and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

16.2.4 Specifically related to the Family Caregiver Support Program:

1. The service consists of the presentation of a spectrum of information activities, designed to make it likely that members of local communities are aware of the availability and accessibility to human services and community resources related to informal caregiving.
2. The service provides awareness of training available for family members and other home-based caregivers which focuses on caregiver related topics including:
 1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
 2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
 3. Making the home environment safe and barrier-free.
 4. Stress management and other techniques to help the caregiver take care of him or herself.
3. The service may include a caregiver assessment, development of an individualized plan that focuses on the caregiver, setting goals and establishing a routine for ongoing support for the caregiver.

16.2.5 Target Population - This service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

16.3 Service Requirements – The Contractor shall:

16.3.1 Develop and distribute informational literature for the purpose of educating the general public on currently available resources.

16.3.2 Provide presentations, in person or through other media, to groups or individuals who are potentially in need of service throughout the Planning and Service area.

16.3.3 Provide presentations, in person and/or through other media, to groups or individuals who have knowledge of, or are in a position to refer, individuals who need or could benefit from services.

16.3.4 Require that the service is provided by persons who are knowledgeable of available human resources and sensitive to the needs of the community as the service is intended to meet the needs of diverse individuals or caregivers who have different preferences and schedules

16.4 Performance Measures

16.4.1 Evaluation instruments used at the events show that participants have increased their awareness of available programs and services.

16.4.2 Estimated audience size for all events within the Planning and Service Area.

16.5 Reporting Unit

16.5.1 One unit of service equals one event/activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

17.0 CONGREGATE MEALS

17.1 Purpose Statement

17.1.1 The service helps to increase the nutrient intake of participants to prevent or reduce the risk of chronic diseases, preserve and promote health, and improve nutritional status.

17.2 Service Description

17.2.1 Taxonomy Definition – A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual in a congregate setting.

17.2.3 Congregate nutrition services:

1. Provide for meal planning, preparation and service.
2. Provide staff training, nutrition education and social interaction.
3. Link older adults with community-based services and provide resources that give participants choices for physical and health interventions, where available.

17.2.4 The Older Americans Act as amended in 2006 adopted 1/3 of Dietary Reference Intakes as the meal standard.

17.2.5 Eligibility Requirements – The Contractor shall provide services ~~are provided~~ to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the DAAS Policy and Procedure Manual, as may be amended.

17.3 Service Requirements – The Contractor shall provide:

17.3.1 Menu planning

1. Develop cycle menus to be used on a semi-annual basis (every 6 months). A cycle menu is a six or more week menu that will be rotated throughout the period.
2. Keep menus, as served, available for audit inspection for at least one year after the meals have been served. Menus shall also be kept for at least one year at the meal preparation site and the location where the meal was served.
3. Guarantee a mechanism is in place to solicit the advice and expertise of:
 - a. a dietitian or other individual described in paragraph in 17.4
 - b. meal participants, and
 - c. other individuals knowledgeable with regard to the needs of older individuals as stated in DAAS Policy and Procedure Manual, Chapter 3000, Section 3200
4. Compose menus in the dominant language or languages of the participant group for each site.
5. Incorporate ethnic and cultural preferences of participants when planning menus.
6. Plan, prepare, provide and serve meals in accordance with the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual (2008)” and as amended.
7. Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes for nutrients as may be amended, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
 - i. Each meal must contain a specified number of calories as defined in DAAS policies and procedures.
 - ii. Plan the menu with a majority as hot meals.
 - iii. A few cold meals may be planned, such as once a week during the summer, to add variety to the menu. Examples include chef salad, sub sandwich or deli plate.
8. Submit menus per the DAAS Policy and Procedures Manual, as may be amended on a standardized menu form and secure the approval of a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to serving.
 - i. The R.D., Nutritionist, DTR, or CDM shall verify this by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual” and as may be amended. ~~from time to time.~~
9. Plan menus to reduce the frequent use of foods high in sugar, salt, and saturated fats.
10. Plan menus considering the availability of foods during seasons when they are most plentiful.

17.3.2 Provide meal preparation and service

1. Prepare or arrange for preparation and service of meals, and adhere to menus as written. Substitutions which shall be made because of a temporary inability to obtain certain foods shall be selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans.

Substitution menus for holidays and special occasions must meet menu requirements. All substitutions shall be documented on the menu for site review.

2. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
3. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual's physician, e.g., diet order. All special diet menus shall be approved by a Registered Dietitian or Nutritionist.
4. Maintain a distinct and physical separation of dining facilities from food preparation facilities.
5. Use facilities and equipment that are suitable and accessible for use by aged and disabled individuals when providing congregate meals.
6. Allow adequate aisle space between tables for the use of wheelchairs, or to allow persons with canes or other support devices to walk with ease.
7. Post menus at the site at least one week in advance, in a location at the site that is clearly accessible and visible to individuals attending the congregate meals site.
8. Obtain the individual's signature and date for each meal served and maintain the signatures in a central file, or contractor staff shall certify the individuals and dates for which each meal was served and maintain the certification in a central file.
9. Document the number of meals provided each month.
10. Review food service expenditures in order to further cost effective management.
11. Develop and implement an emergency plan to be used when a meal cannot be prepared or is unsuitable for consumption. This includes a one-day emergency menu with supplies on hand for implementation.
12. Give participants an opportunity to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual Chapter 3000, Section 3200, as may be amended.
13. Prepare and serve congregate meals in compliance with all municipal, county, state, and federal requirements related to the food service operation.

17.3.3

Staff Training

1. Provide food safety and sanitation training for all new food service personnel within the first month of employment to include at a minimum, but not limited to: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal and/or storage of left-overs.
2. Require that all food handlers pass a course in food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or other course approved by their County Health Department.
3. Provide training on a periodic basis to persons preparing and delivering meals. Training is encouraged in the areas of food safety and sanitation, storage, food preparation and service, cost effective management, purchasing, menu planning, equipment operation and safety.
4. Document staff certification and training in personnel files.

17.3.4

Nutrition Education

1. Plan, develop, and implement a written nutrition education program that includes at least two sessions/activities each quarter.
2. Nutrition education includes written materials, demonstrations, audio-visual presentations, lectures, and small group discussions.
3. Nutrition education pertains to nutritionally related topics that are culturally sensitive such as: dietary guidelines for older adults, modified meals and chronic disease, food and drug interaction, physical fitness health information as it relates to nutrition, meal planning and preparation, budgeting, shopping, and sanitation.
4. Nutrition information shall be backed by credible research. Only materials from reputable sources shall be used such as The American Dietetic Association, United State Department of Agriculture, United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration on Aging, and the National Institute on Aging.
5. Post and advertise nutrition education sessions/activities in advance.
6. Require that each center/site submits to the Contractor an outline of the proposed nutrition education program annually.
7. Document the date, topic covered, name of the presenter and the number of people who attended the nutrition education. Keep documentation available for audit inspection for at least one year at the center/site.

8. Require that every participant is given the Nutrition Screening Checklist initially, and annually thereafter. Those at high nutritional risk with a score of six or higher are referred to a healthcare professional for nutrition-related counseling.

17.3.5 Social Interaction

1. Provide activities that encourage social interaction, e.g., recreation and group activities.
2. Establish and maintain project/site councils to provide input on activities.

17.3.6 Site Monitoring

1. Monitor on an annual basis the centers/sites for compliance to the scope of work.
2. Establish timeframes (not to exceed 30 days) for centers/sites to respond to monitoring reports and to initiate corrective actions.

17.4 Licensure/Certification Requirements – The Contractor shall ensure require that:

17.4.1 Registered Dietitians and Registered Dietetic Technicians meet the requirements for membership in the American Dietetic Association, have successfully completed the examination for registration, and meet continuing education requirements.

17.4.2 Nutritionists hold a Bachelor's or Master's degree in food and nutrition.

17.4.3 Certified Dietary Managers meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association, in good standing with the Board, and meet continuing education requirements.

17.4.4 Staffing Standards

1. Newly hired employees providing congregate meals shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

17.5 Performance Measures

17.5.1 Number of congregate meals served annually.

17.5.2 Site Council minutes indicate participant input into menu planning.

17.6 Reporting Unit

17.6.1 One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

18.0 CONSULTATION

18.1 Purpose Statement

18.1.1 The service assists with effective program development and implementation in order to use resources efficiently and enhance the ability to achieve desired goals.

18.2 Service Description

18.2.1 Taxonomy Definition – A service that provides professional information and advice to assist in planning, developing, implementing and evaluating individual and service programs and in providing coordination with the professional community.

18.2.2 The service is provided to assist DES and Area Agencies on Aging in developing new programs or expanding existing programs.

18.2.3 The service provides professional information and advice to assist in planning, developing, implementing and evaluating individuals and service programs and in providing coordination with the professional community.

18.2.4 This service provides support and/or enhancements to the provision of direct services to individuals and families and to provide assistance in program development and implementation as applicable.

18.3 Service Requirements – The Contractor shall:

18.3.1 Receive approval from the DES/Division of Aging and Adult Services for specific of a summary that includes the following at a minimum: project description, methodology, and budget prior to initiating services.

17.2.2 Provide Research

1. Review literature related to the specified subject
2. Review relevant activities in other States or regions and report findings
3. Prepare summaries of key findings and information
4. Prepare bibliography and provide suggestions for readings

18.3.3 Provide Assistance with ongoing projects

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff or other appropriate individuals.
3. Evaluate implementation of plan, expansion, improvement, and/or integration and develop recommendations for appropriate modifications.

18.3.4 Prepare and provide reports as requested by ADES.

18.3.5 Provide related services as described in the project description/methodology/budget as pre-approved.

18.4 Licensure/Certification Requirements – The Contractor shall:

18.4.1 Comply with applicable licensure requirements when consultation is provided in areas for which there exists licensing or certification requirements.

18.5 Performance Measure

18.5.1 Consultant satisfactorily meets the conditions of their contract.

18.6 Reporting Unit

18.6.1 One unit of service equals one completed activity or deliverable.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

19.0 COORDINATION – ELDER REFUGEES

19.1 Purpose Statement

19.1.1 The service include special services geared toward elder clients (age 60 years and older) which are faced with many issues that make them uniquely vulnerable in their effort to transition to life in the United States. Services include addressing: chronic health and emotional problems stemming from the conditions of client flight, family loss and separation, an inability to advocate for themselves because of cultural, linguistic or educational barriers, limited access to appropriate health and social service providers, limited incomes due to work histories, and barriers to meeting the requirement for United States naturalization. Specifically, many clients are in jeopardy of losing public benefits because they have not acquired United States citizenship.

19.1.2 “Refugees” include:

1. Refugees*, admitted under INA §2034, as may be amended
2. Asylees*, granted asylum under INA §208, as may be amended
3. Cuban and Haitian entrants as defined under 45 CFR §401.2, as may be amended
4. Certain Amerasians
5. Victims of Trafficking certified by DHHS:
 1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
 2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
6. Permanent Residents who had held one of the above statuses (19.1.2.1-5) in the past
7. Others as indicated by RRP

*Note: Individuals who are paroled into the United States as **refugees or asylees** under INA § 212(d)(5) are also eligible for ORR assistance and services, NOT to be confused with general parolees under § 212(d)(5), such as "Lautenberg" parolees, other "public interest parolees" and "humanitarian interest parolees”.

19.2 Service Description

19.2.1 Taxonomy Definition - A service that promotes efficiency through the cooperation and collaboration of multiple entities concerned with the same issue or need.

19.2.2 Actual Service Definition - This service includes:

1. Outreach initiatives for services related to United States citizenship acquisition to guarantee the preservation of benefits and other necessary assistance in collaboration with other community organizations, such as, citizenship classes;
2. Assistance with medical waivers and interviews with the U. S. Citizenship and Immigration Services (USCIS) which may include escorting them to provide interpretation at the doctor’s office and the office of the USCIS;
3. Referral to Board of Immigration Appeals (BIA) accredited voluntary agencies for assistance with preparing and submitting the citizenship applications; and
4. Providing assistance for benefits eligibility with the Social Security Administration (SSA).
5. Services shall be provided only in Maricopa and Pima Counties, in Arizona.

19.2.3 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

19.2.4 Background – While the Refugee Resettlement Program (RRP) strongly believes that the Arizona refugee network infrastructure must be maintained, it is also committed to funding programs that will deliver efficient, effective, and high-quality services to refugees. Through research, RRP recognizes that there is a great potential for creative service paradigms for refugees, and encourages potential Contractors to explore innovative and cooperative approaches to the delivery of seamless services.

19.3 Service Requirements – The Contractor shall:

1. Determine, provide, refer, and track an individual's participation.
2. Provide culturally and linguistically appropriate elder client services that address the individual's need to acquire United States citizenship and access to culturally and linguistically appropriate mainstream aging services.

3. Provide services through persons who have a demonstrated ability to serve elder ~~clients~~ individuals and have a demonstrated ability to develop socio-cultural adaptation and educational support services that are appropriate for elder ~~clients~~ individuals.
4. Provide volunteer opportunities for clients to learn new skills.
5. Survey all individuals participating in the program about their satisfaction with the elder program and quality of service provided by staff.
6. Coordinate with ~~client~~ ethnic organizations appropriate for the individual to encourage ~~elder~~ their participation in organization activities, and encourage organizations to sponsor ~~elder-client~~ events in support of elder refugees.
7. Require that appropriate staff attends technical assistance training required by RRP.
8. Maintain a case record for each ~~client~~ individual, to include at a minimum:
 1. Contact sheet (e.g., individual's name, address, phone number).
 2. The date, purpose, type and method of contact, action, and outcomes, efforts undertaken to assist the client in attaining social and economic independence.
 3. A copy of the INS Form I-94 or other INS documentation that verifies ~~client~~ the individual's eligibility.
 4. Application for assistance.
 5. Authority to Release Information form signed by the individual and staff.
 6. A signed copy of the rights and responsibilities of the agency and the individual.
9. Determine, provide, refer and track ~~client~~ the individual's participation for efforts to acquire U. S. Citizenship and access to linguistically and culturally appropriate mainstream elder services.
10. Conduct an in-depth assessment of the individual's needs and prioritize needs in accordance with 45 CFR 400.1434, as may be amended.
11. Coordinate and facilitate access to social and medical services, appeals, hearings, grievance, applications and interviews with public and private agencies.

19.4

Reporting Units

1. One unit of service equals one hour of service staff time.
2. One unit of service equals one ~~client~~ person that received services.

Scope of Work
Area Agencies on Aging

20.0 EMERGENCY HUMAN SERVICES

20.1 Purpose Statement

20.1.1 This service provides for emergency home and community based services and/or emergency housing services to Adult Protective Services (APS) client(s). Without the intervention, the client would be at-risk.

20.2 Service Description

20.2.1 Taxonomy Definition – Services respond to crises-related situations where there is an inability to provide for the basic needs. Services may include, but are not limited to: case management, financial and referral.

20.2.2 Services include, but are not limited to the following: homemaker/housekeeping, personal care services, home health aid, nursing, home delivered meals, case management, Adult Day Health Care, short term emergency respite, durable medical equipment, and/or emergency placement/housing for up to 14 days.

20.2.3 Eligibility Requirements – The contractor shall comply with eligibility requirements identified in the DAAS Policy and Procedure Manual, as may be amended.

20.3 Service Requirements – The Contractor shall:

20.3.1 Receive referral and corresponding intake information on client(s) who have been assessed by an APS worker and for which an APS case exists.

20.3.2 If emergency home and community based services are necessary, develop a short-term case plan in coordination with the APS worker. Establish contact with the client within two business days of the referral date. Notify APS if the contact is unsuccessful. Request the APS worker's accompaniment in instances where there is a potential for an unsafe or unstable environment. Complete an assessment using the Arizona Standardized Client Assessment Plan and enter the information into the Aging Information Management System. Determine eligibility for emergency home and community-based services. The client must be agreeable to the service(s). Notify the APS worker of the service plan and start date of services if applicable within one week of the assessment. Make the referral to service providers. Obtain APS approval of service expenses. Pursue other agency resources to contribute as necessary.

20.3.3 If emergency placement is necessary, locate appropriate placement; coordinate placement and Tuberculosis testing clinics with the APS worker. Teleconference with the APS worker and his/her supervisor within five business days of placement to coordinate a case plan for the client. Complete a short form intake document and enter the information into the Aging Information Management System.

20.3.4 Coordinate with the APS worker to establish a resolution, generally not to exceed 90 days, prior to APS case closure.

20.3.5 Record the client information and services rendered and submit to DES within the established timelines. Submit billings in accordance to policy and contract terms.

20.4 Licensure/Certification Requirements – The Contractor shall ensure:

20.4.1 Comply with all federal, state, and local licensure/certification requirements.

20.5 Performance Measure

20.5.1 Number of clients that receive the services annually.

20.6 Reporting Unit

20.6.1 One unit of service equals 60 minutes of service time. For instances of durable medical equipment, the unit of service equals one device.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

21.0 GENERAL TRANSPORTATION

21.1 Purpose Statement

21.1.1 The service helps to assist older individuals and individuals with disabilities to maintain their independence and avoid costly and unwanted placement in a care facility by providing access to services.

21.2 Service Description

21.2.1 Taxonomy Definition - A service that provides or assists in obtaining various types of transportation for specific needs.

21.2.2 The service includes the arrangement/provision of transportation services which may include the use of a bus or van.

21.2.3 Under the Family Caregiver Support Program, the service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

21.2.4 Senior center participants may be transported from their place of residence to the center and returned to their residence; they may also be transported to appointments or other community services such as shopping.

21.2.5 Services may include the transport of groups to activities such as recreational, educational or community events.

21.2.6 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers who meet the eligibility requirements described in Chapter 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

21.3 Service Requirements – The Contractor shall:

21.3.1 Require that the vehicles used are constructed specifically for the transportation of persons. All seats are securely fastened to the body of the vehicle, individuals are properly seated when the vehicle is in operation, and individuals utilize seatbelts.

21.3.2 Require the availability and use of vehicles that are wheelchair accessible for those individuals who are wheelchair bound.

21.3.3 Maintain logs of maintenance completed on all vehicles used for the transportation of individuals.

21.3.4 Require that drivers, including volunteers, carry required identification.

21.3.5 Provide training to drivers that includes instructing drivers how to assist individuals entering and exiting vehicles, handling emergencies, safe driving, vehicle safety, and disease specific training (e.g., Alzheimer's, Parkinson's, and Diabetes).

21.3.6 Protect of the individual's physical, emotional and mental well-being while using this service.

21.3.7 Provide information to individuals on accessing the transportation service.

21.3.8 Arrange transportation for individuals -

1. Make arrangements for transportation through public or private transportation methods.
2. Determine, with the individual and/or significant others, a plan for providing transportation.
3. Require that drivers are physically capable and carry identification, when transportation is provided by a volunteer.

21.3.9 Provide transportation for individuals

1. Transport individuals from one location to another. (This includes traveling to and from designated locations to pick up or drop off individuals.)
2. Require that drivers are physically capable to assist the individual with entering and exiting the vehicles as needed, and securing them safely within the vehicle.
3. Provide transportation to individuals with a physical disability in a vehicle adapted to their needs.
4. Record services delivered to each individual.
5. Adhere to time schedules.

21.4 Licensure/Certification Requirements – The Contractor shall:

21.4.1 Require that vehicles used for the transportation of individuals meet federal, state and local safety and maintenance standards.

21.4.2 Require that individuals providing transportation are at least 18 years of age and possess valid Arizona Operator's or Commercial Driver's License.

21.4.3 Require that the vehicle in which transportation is provided has a valid Arizona license plate and, at a minimum, the required level of liability insurance.

21.4.4 Require that individuals providing transportation services have the expertise in safely standards to perform their tasks which may include training in CPR and first aid.

21.4.5 Require drivers to pass a physical prior to providing transportation service to individuals and pass a physical at least every two years thereafter.

21.5 Performance Measure

21.5.1 Number of one-way trips annually.

21.6 Reporting Unit

21.6.1 One unit of service equals one trip per person one way.

Scope of Work

Arizona Department of Economic Security (DES)- Area Agencies on Aging

22.0 HEALTH EDUCATION- DISEASE PREVENTION AND HEALTH PROMOTION

22.1 Purpose Statement

22.1.1 The purpose is to provide evidence-based interventions that help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging.

22.2 Service Description

22.2.1 Taxonomy Definition -A service that provides individual or group instruction to maintain or improve physical well-being.

22.2.2 Health promotion and disease prevention programs are designed to maintain or improve the emotional and physical well-being of older adults.

22.2.3 Evidence-based health promotion and disease prevention programs that relate to prevention and mitigation of the effects of chronic disease for participants and eligible individuals in the community are provided.

22.2.4 Programs provide planned activities to identify, prevent, or decrease risk factors for specific conditions, diseases, and injuries.

22.2.5 Programs provide a variety of health promotion activities on a weekly basis at senior centers that may include; health risk assessments, blood pressure checks, physical fitness, medication management, health screenings, and disease specific education.

22.2.6 Programs increase participants' control of factors associated with optimal psychosocial and physical health through education.

22.2.7 Programs provide nutrition education to promote health and help to prevent disease by improving the diets of older adults and assisting them achieve or maintain optimal nutritional status.

22.2.8 Programs provide information and access to community resources.

22.2.9 Related to outreach including information and referral, the service:

1. Provides the individuals with current information on opportunities and services available to the individuals within their communities.
2. Links the individuals to the opportunities and services that are available.
3. To the maximum extent practicable, requires that the individuals receive the services needed by the individuals, and individuals are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures as applicable.
4. Provide outreach materials related to evidence-based disease prevention health promotion programs and information as available.

22.2.10 Related to Chronic Disease Self-Management Education (CDSME) grant:

1. Increase the number of older and/or disabled adults in Arizona with chronic conditions who complete the Healthy Living (Stanford Chronic Disease Self-Management Program) in English and Spanish and/or the Diabetes Self-Management Program (DSMP) in English and Spanish with a purpose of maintaining or improving individual health status.
2. Strengthen and expand integrated and sustainable service systems within Arizona to provide Healthy Living (Stanford Chronic Disease Self-Management Program) in English and Spanish and/or the Diabetes Self-Management Program (DSMP) in English and Spanish.

22.2.11 Eligibility Requirements-The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3300 of the DAAS Policy and Procedure Manual, as may be amended.

22.3 Service Requirements -The Contractor shall:

22.3.1 Title IIID section 361 of the Older Americans Act for Disease Prevention and Health Promotion shall only be used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective and meet the tiered set of criteria defining an evidence-based intervention set forth by the Administration for Community Living (ACL).

22.3.2 Where applicable, partner with community health centers, mental health centers, state and local government agencies, centers for independent living, public health departments, state and local non-profit organizations, educational and/or health care institutions, community organizations, or other identified entities to provide one or more of the services listed below:

1. Health risk assessments.
2. Routine health screenings, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening.
3. Nutritional counseling and educational services for individuals and their primary caregivers.

4. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, depression, falls prevention, physical activity and improved nutrition.
5. Programs regarding physical fitness, group exercise and music, art, and dance-movement therapy, including programs for multigenerational participation that are provided by an institution of higher education, a local educational agency, or a community-based organization.
6. Home injury control services, including screening of high risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.
7. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services.
8. Educational programs on the availability, benefits, and appropriate use of prevention health services covered under Title XVIII of the Social Security Act (42 USC 1395 et seq.), as may be amended.
9. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and brain dysfunction.
10. Gerontological counseling.
11. Counseling regarding social services and follow-up health services.

22.3.3 Provide disease prevention health promotion information to individuals.

1. Identify needs and provide simple and/or complex information in response to written, telephone, walk-in or electronic requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and intercede on behalf of the individual.
3. Disseminate information to the public about Information and Referral Services.

22.3.4 Document every referral provided to each individual for each identified need. Refer individuals to human services and community resources, as appropriate.

1. Identify needs and provide referral information in response to written, telephone, or walk-in requests from individuals or community agencies.
2. Follow-up with individuals as appropriate

22.3.5 Provide the following Disease Prevention and Health Promotion activities if the AAA is a designated Chronic Disease Self-Management Education (CDSME) recipient:

1. Work in partnership with the Arizona Living Well Institute to carry out (CDSME) grant work plan deliverables.
2. Increase the number of Arizonans who enroll in the Healthy Living (Chronic Disease Self-Management Program) in English and Spanish.
3. Increase the number of host organizations that provide Healthy Living (Chronic Disease Self-Management Program) and the Diabetes Self-Management Program (DSMP) in English and Spanish.
4. Systematically embed CDSMP and COSME into service systems to provide CDSMP and DSMP workshops.

22.4
22.4.1 **Licensure/Certification Requirements- The Contractor shall:**

Require that certification and licensure standards are met when providing an evidenced-based program for which licensing or certification requirements exist.

22.4.2 Require that educators/presenters providing health promotion activities meet appropriate certification/licensure standards.

22.5
22.5.1 **Performance Measure**

Number of evidence-based programs offered annually.

Number of participants completing evidence-based programs.

22.6 **Reporting Unit**

One unit of service equals one activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

23.0 HOME DELIVERED MEALS

23.1 Purpose Statement

23.1.1 The service helps increase the nutrient intake of older adults at nutrition risk and allow them to remain independent in their homes.

23.2 Service Description

23.2.1 Taxonomy Definition – A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual, delivered to his/her place of residence.

23.2.2 Home delivered nutrition services provide older adults, in their home or place of residence, with nutritious meals that meet 1/3 of the Dietary Reference Intakes.

23.2.3 Home delivered nutrition services provide resources and options, when available, that allow older adults to remain independent in their homes and communities.

23.2.4 A “wellness check” is conducted at the time of the meal delivery to evaluate the general health and well-being of the individual.

23.2.5 The service also provides for the opportunity for socialization.

23.2.6 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

23.3 Service Requirements – The Contractor shall provide:

23.3.1 Menu planning

1. Develop cycle menus of six weeks or more to be rotated on a semi-annual basis (every six months).
2. Keep menus available, as served, for audit inspection for at least one year after the meals have been served.
3. Develop/distribute menus in the dominant language or languages of the participant group.
4. Incorporate ethnic and cultural preferences when planning menus.
5. Require a mechanism ~~is in place~~ to solicit the advice and expertise of:
 1. a dietitian or other individual described in 23.3.1.11,
 2. meal participants, and
 3. other individuals knowledgeable with regard to the needs of older individuals as stated in the DAAS Policy and Procedure Manual, Chapter 3000, Section 3230
6. Plan, prepare, provide and serve meals in accordance with the Arizona Department of Economic Security Division of Aging and Adult Services “Nutrition, Food Service, and Wellness Manual” as amended.
7. Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes of nutrients, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
8. Require that meals are planned following the current Dietary Guidelines for Americans, as may be amended.
9. Each meal must contain a specified number of calories as defined in the DAAS Policy and Procedure Manual.
10. Plan a majority of meals as hot. A few cold meals may planned, such as once a week during the summer, to add variety to the menu. Examples include chef salad, sub sandwich or deli plate.
11. Submit menus on a standardized menu form to, and secure the approval of, a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to serving. The R.D., Nutritionist, DTR, or CDM verifies menus by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the DES/DAAS “Nutrition, Food Service and Wellness Manual” as may be amended.
12. Plan menus to reduce the frequent use of foods high in sugar, salt, and saturated fats.
13. Plan menus considering the availability of foods during seasons when they are most plentiful.

23.3.2 Meal Preparation and Service

1. Provide a nutritious home delivered meal at least once a day, five days a week except in rural areas where such frequency is not feasible, and as approved by the DAAS.
2. Prepare or arrange for preparation and service of meals, and adhere to menus as written.
3. Require that menu substitutions made because of a temporary inability to obtain certain foods are selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans.

1. Substitution menus for holidays and special occasions must meet menu requirements.
2. All substitutions must be documented on the menu for site review.
4. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
5. Package and deliver meals in a safe and sanitary manner.
6. Deliver meals directly to an individual, i.e., not left on doorsteps, mailboxes, or porches.
7. Provide each new participant with a current week's menu and provide on-going individuals with a copy of the menu at least one week in advance.
8. Obtain the individual's authorized signature and date for each meal delivered and maintain the signatures in a central file.
9. Document in the individual's service log the number of meals received each month.
10. Maintain record/log of the number of meals delivered each month to each individual.
11. Assess general mental and physical health status ("wellness check") of the individual at the time of meal delivery.
12. Refer all individuals for appropriate action who present additional medical or social problems during the course of service delivery.
13. Prepare then chill/freeze for distribution when appropriate for the preservation of the nutritional quality of the meal and/or the efficiency of food delivery. Documentation of the individual's ability to store and reheat the meal to appropriate temperatures must be maintained in the file.
14. Provide a frozen or shelf stable meal when it will be used as meals for non-delivery days, additional meals for the same day, or where it is cost-effective to service expansion to provide frozen meals beyond the limitations of a hot meal delivery circuit, provided that:
 1. The meal, its menu, and its preparation meet all the required standards;
 2. It is verified and documented in the case record that the individual has the facilities to properly store and prepare frozen meal(s); and
 3. If an individual is to receive more than one frozen meal per delivery, that the reason for receiving delivery of multiple meals is documented in the individual's case record.
15. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual's physician, e.g., diet order. All special diet menus must be approved by a RD, Nutritionist, DTR, or CDM.
16. Review food service expenditures in order to further cost effective management.
17. Develop and implement an emergency plan to be used when the meal cannot be prepared or is unsuitable for consumption. This includes a one-day emergency menu with supplies on hand for implementation.
18. Give individuals an opportunity to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual, Chapter 3190, as may be amended.
19. Require that every individual given the Nutrition Screening Checklist initially, and annually thereafter. Those at high nutritional risk with a score of six or greater are referred to a healthcare professional for nutrition-related counseling.

23.3.3

Staff Training

1. Provide food safety and sanitation training for all new food service personnel within the first month of employment to include at a minimum: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal or storage of leftovers.
2. Require that all food handlers complete a course of food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or other course approved by their County Health Department.
3. Provide training on a periodic basis to persons preparing and delivering meals. Training is encouraged in the areas of food safety and sanitation, storage, food preparation and service, cost effective management, purchasing, menu planning, equipment operation and safety;
4. Train meal delivery staff in communication and observation skills necessary to evaluate an individual's general mental and physical status at the time of meal delivery. This evaluation is considered a wellness check.
5. Document staff certification and training in personnel files.

23.3.4

Nutrition Education

1. Provide to home delivered meal participants the printed nutrition education materials two times per quarter.

2. Plan, develop, and implement a written nutrition education program that includes at least two handouts each quarter, and that pertain to nutritionally related topics that are culturally sensitive such as, but not limited to:
 1. dietary guidelines for older adults
 2. modified meals and chronic disease
 3. food and drug interaction
 4. physical fitness health information as it relates to nutrition
 5. meal planning and preparation
 6. budgeting, shopping
 7. sanitation
3. Require that materials provided to participants individuals to allow for participant individual choices to achieve optimal nutritional health and remain independent in their homes and communities.
4. Require that nutrition information provided to participants individuals is backed by credible research, such as but limited to: The American Dietetic Association, United State Department of Agriculture, United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration on Aging, and the National Institute on Aging.

23.4 Licensure/Certification Requirements – The Contractor shall:

- 23.4.1 Require that Registered Dietitians and Registered Dietetic Technicians meet the requirements for membership in the American Dietetic Association, have successfully completed the examination for registration, and meet continuing education requirements.
- 23.4.2 Require that Nutritionists hold a Bachelor’s or Master’s degree in food and nutrition.
- 23.4.3 Require that Certified Dietary Managers meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association and who meet continuing education requirements and are in good standing with the Board.
- 23.4.4 Prepare and deliver meals in compliance with all local, county, state, and federal regulations and requirements for food service.

23.5 Performance Measure

- 23.5.1 Number of home delivered meals served annually.

23.6 Reporting Unit

- 23.6.1 One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

24.0 HOME HEALTH AID

24.1 Purpose Statement

The services provides intermittent health maintenance and assistance with personal physical needs at an individual's place of residence, and helps clients to maintain their independence and avoid costly and unwanted placement in a care facility.

24.2 Service Description

24.2.1 Taxonomy Definition – A service that provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individuals place of residence.

24.2.2 Home Health Aid is a case managed service.

24.2.3 Home Health Aid is a medically related service within the NMHCBS System.

24.2.4 This service provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individuals place of residence.

24.2.5 This service may be used as part of the Home Care cluster.

24.2.6 The service of Nursing-Home Nursing is not required for the provision of home health aid services.

24.2.7 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3113 of the DAAS Policy and Procedure Manual, with priority given as indicated in Section 3124, as may be amended.

24.3 Service Requirements – The Contractor shall:

24.3.1 Provide assessment, supervision and monitoring

1. Develop a care plan under the supervision of a registered nurse for each person who is to receive this service, using a strength-based assessment of the individual's level of functioning, need for service, and preferences.
2. Implement the care plan under the supervision of a registered nurse or registered physical therapist to include at a minimum continued treatment, monitoring and/or maintenance of a health condition.
3. Review the plan of care for adequacy at least every 90 days, by or under the supervision of a registered nurse or registered physical therapist.

24.3.2 Provide health maintenance and continued treatment or monitoring of a health condition under the supervision of a registered nurse or registered physical therapist, including but not limited to:

1. Monitor vital signs and report variations to the registered/licensed nurse.
2. Provide care for the prevention of bedsores.
3. Assist with catheter (not to include catheter insertion) and meatus hygiene.
4. Assist with bowel, bladder and/or ostomy program.
5. Reinforce the nurse's or registered physical therapist's instructions.
6. Provide toe and fingernail care.
7. Provide skin care and foot care.
8. Provide bathing, shampooing, shaving and toileting.
9. Assist with eating where assistance is required by including: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; and feeding the individual including those who frequently gag or choke due to difficulty in swallowing or routine naso-gastric tube feeding.
10. Assist with routine ambulation and ambulation activities for severely impaired individuals.
11. Assist with range of motion activities.
12. Assist with simple exercise program.
13. Assist the individual with special appliances and/or prosthetic devices.
14. Provide transfers to and from wheelchair and bed.
15. Assist the individual physically to perform activities of daily living in order to increase physical mobility.

24.4 Optional Service Requirements: The Contractor may:

24.4.1 Provide information, education and/or referrals in support of health maintenance, by or under the supervision of a registered nurse or registered physical therapist.

1. Teach and encourage the individuals, family members and/or friends in how to perform home health tasks when such persons are available and can provide appropriate care.
2. Provide information about nutrition to individuals receiving home health service.
3. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

24.5 Licensure/Certification Requirements – The Contractor shall provide services in accordance with:

24.5.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

24.5.2 DHS A.A.C. R9 10-1103.D for home health aides, as may be amended.

24.5.3 A.R.S. Title 32, Chapter 15 for a Licensed Practical Nurse, as may be amended.

24.5.4 A.R.S. Title 32, Chapter 20, for a Registered Physical Therapist, as may be amended.

24.5.5 A.R.S. Title 32, Chapter 15 for a Registered Nurse, as may be amended.

24.5.6 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

24.5.7 Professional Standards

1. Newly hired employees providing services shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.
3. Home Health Aides shall have a current certification as Certified Nursing Assistants (CNA).
4. Home Health Aides shall have advance training when providing services delegated by a nurse and typically provided by a nurse, for example, assistance with routine naso-gastric feeding.
5. Home Health Aides shall work under the supervision of a ~~license~~ Licensed Practical Nurse (LPN) or registered nurse or registered physical therapist.
6. Licensed Practical Nurses shall work under the supervision of a registered nurse.
7. Any subcontracted provider agency must be monitored at least annually for compliance with all service standards and requirements.

24.6 Performance Measures

24.6.1 Percentage of individuals 60+ years of age living below the poverty level utilizing Home Health Aid services.

24.6.2 Percentage of individuals 60+ years of age with severe disabilities (3+ Activities of Daily Living (ADL) Limitations) receiving Home Health Aid services.

24.7 Reporting Unit

24.7.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

25.0 HOME REPAIR AND RENOVATIONS

25.1 Purpose Statement

The service helps to assist older adults to obtain adequate housing, including residential repair and renovation projects designed to enable older adults to maintain their homes in conformity with minimal housing standards.

25.2 Service Description

25.2.1 Taxonomy Definition – A service that provides for safety and/or structural repairs to the home.

25.2.2 Home repair increases or maintains independence of eligible individuals.

25.2.3 Home repair increases the individual's mobility, safety, and access to and around the home.

25.2.4 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

25.2.5 Eligibility Requirements - The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements as described in Chapter 3000, Sections 3100 and 3600 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

25.3 Service Requirements – The Contractor shall:

25.3.1 Require that all subcontractors receive an orientation to the Contractor's agency and to the target group being served.

25.3.2 For purposes of the Family Caregiver Support Program, require that services are provided on a temporary and limited basis as defined in the DAAS Policy and Procedures Manual, Chapter 3000, Section 3600, as may be amended.

25.3.3 Examine and utilize all other available resources (e.g., funding) prior to providing the service.

25.3.4 Assess the adequacy of the individual or caregiver's residences in relation to his/her needs, desires and preferences, and specify/document the needed structural repairs or adaptations.

25.3.5 Adapt, repair or build structural items which increase the person's ability to perform activities of daily living independently or which eliminate unsafe conditions, such as, but not limited to:

1. Building of ramps.
2. Cooler and heater repair/maintenance.
3. Widening of doorways.
4. Installation of grab bars.
5. Screen repair.
6. Installation of safety mats.
7. Window repair.
8. Minor roof repair.
9. Door repair.
10. Floor repair.

25.3.6 Any adaptations to be done to rental property shall have prior signed consent of the owner/landlord.

25.4 Licensure/Certification Requirements – The Contractor shall:

25.4.1 Comply with all federal, state and local licensure/certification requirements.

25.4.2 Require that materials and work meet industry standards.

25.4.3 Require that all repairs and adaptations conform to state and local building codes.

25.5 Performance Measure

25.5.1 Number of individuals that receive services annually.

25.6 Reporting Unit

25.6.1 One unit of service equals one repair or adaptation.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

26.0 HOUSEKEEPING/HOMEMAKER

26.1 Purpose Statement

26.1.1 The service provides assistance with routine housekeeping tasks at an individual's place of residence in order to maintain and improve safe and sanitary living conditions and the nutritional value of foods/meals for eligible individuals.

26.2 Service Description

26.2.1 Taxonomy Definition – A service that provides assistance in the performance of routine household activities at an individual's place of residence.

26.2.2 Housekeeping/Homemaker is a case managed service.

26.2.3 Housekeeping/Homemaker is a medically related service within the NMHCBS System.

26.2.3 The complete curriculum and information related to agencies that want to become an approved testing site for the Arizona Direct Care Standards will be made available on the DES website.

26.2.4 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, with priority given as indicated in section 3100, as may be amended.

26.3 Service Requirements – The Contractor shall:

26.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the housekeeper service agency to determine specific tasks to be performed is conducted. During this visit, a care plan is developed and specific housekeeping tasks can be assigned to the housekeeper for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each individual at least every 180 days or more frequently if required, to determine if the Housekeeper is performing tasks according to the care plan and to remedy areas of deficiency.

26.3.2 Maintain safe and sanitary living conditions for individuals.

1. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances.
2. Wash, dry and fold laundry. Ironing is to be conducted if clothes cannot be worn otherwise.

26.4 Optional Service Requirements – The Contractor may:

26.4.1 Plan and cook meals to promote nutritional maintenance for eligible individuals.

26.4.2 Shop for and store food, household supplies and medicines.

26.4.3 Promote safe living conditions for individuals:

1. Provide heavy cleaning such as ceiling, walls or floors.
2. Provide yard work such as cleaning yard and hauling away debris.
3. Provide pest control services, when insect infestation presents a health concern for the individual.
4. Pest control services will be purchased from licensed agencies, if no other funding for this service is available.

26.4.4 Assist individuals in obtaining and/or caring for basic material needs for water, heating and food:

1. Haul water for household use.
2. Gather and haul firewood for household heating or cooking. This includes sawing logs and chopping wood into usable sizes.
3. Care for livestock used for consumption. This includes feeding, watering and milking.
4. Care for the garden used for food consumption.
5. Dig out dirt floors and replacing with fresh dirt.
6. Turn heating and/or cooling systems on or off. The person who performs the chore service of turning on/off utilities must have instruction about heating and cooling systems from the local utility company or weatherization project.

26.5 Licensure/Certification Requirements – The Contractor shall:

26.5.1 Require compliance with A.R.S. Chapter 32, Sections 2212 as may be amended, for persons who perform pest control (Arizona Structural Pest Control Board).

26.5.2 Require direct service staff has current certification in CPR

26.5.3 Staffing Standards:

1. Newly hired employees providing services shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Employees shall have training in home accident prevention and first aid.
3. Housekeepers shall not provide Housekeeping/Homemaker service until they have been certified competent in this area by the provider by demonstrating knowledge and skills consistent with the Arizona Direct Care Standards.
4. As described in the DAAS Policy and Procedure Manual, as may be amended, documentation of Arizona Direct Care Standard test results (knowledge and skills) or verification of prior testing shall be included in employee personnel records.
5. Supervisors shall have at least one (1) year of full-time employment experience in a supervisory capacity and have completed an orientation to the target population, unless it is evident in the supervisor's background that s/he has previous experience serving the target population.
6. Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level as the employees being supervised.

26.6 Performance Measures

- 26.6.1 Percentage of individuals 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Housekeeping/Homemaker services.
- 26.6.2 Percentage of individuals 60+ years of age living below the poverty level that receive Housekeeping/Homemaker services.

26.7 Reporting Unit

- 26.7.1 One unit of service is equal to 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

27.0 INFORMATION AND REFERRAL

27.1 Purpose Statement

27.1.1 The service provides information to the community related to, and assistance in accessing, various services available to assist individuals in maintaining their independence and to enhance their ability to remain in their home and community.

27.1.2 Specifically related to the Family Caregiver Support Program, the service provides information to the community related to, and assistance in accessing, support services available to family caregivers.

27.2 Service Description

27.2.1 Taxonomy Definition – A service that provides or arranges for assistance to individuals to enable them to gain access to services through the provision of accurate and current information and referral to appropriate resources. Referral may involve short-term supportive assistance and follow-up.

27.2.2 The terms “information and referral” and “information and assistance” are used synonymously for this service.

27.2.3 Area Agencies on Aging include information and referral services in their area plans related to long-term care resources in their Planning and Service Area.

27.2.4 Related to home and community based services, the service:

1. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology.
2. Assesses the problems and capacities of the individuals.
3. Links the individuals to the opportunities and services that are available.
4. To the maximum extent practicable, verifies that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.

27.2.5 Related to the Family Caregiver Support Program:

1. Community education consists of the presentation of a spectrum of information activities, designed to promote awareness of the availability and accessibility to human services and community resources related to informal caregiving.
2. The service provides awareness of training available for family members and other home-based caregivers which focuses on caregiver related topics including:
 - i. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
 - ii. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
 - iii. Making the home environment safe and barrier-free.
 - iv. Stress management and other techniques to help the caregiver take care of him or herself.

27.2.6 The service may include a caregiver assessment, development of an individualized plan that focuses on the caregiver, setting goals and establishing a routine for ongoing support for the caregiver.

27.2.7 Agencies designated as an Aging and Disability Resource Center (ADRC):

1. Serve as a single, coordinated system of information, assistance, and access for all persons seeking long-term care services.
2. Complete required training and sign an ADRC memorandum of understanding with the Division of Aging and Adult Services (DAAS).
3. Staff an Options Counselor/Transition Coach position(s).
4. Options counseling establishes a relationship through a strength-based collaboration with the hospital discharge planner, an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner to avoid hospital readmission within the first thirty days of discharge.

27.2.8 Target Population

1. The service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapter 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.
2. Options Counselor/Transition Coach is intended to serve Medicare beneficiaries with chronic illnesses that are being discharged from the hospital and remaining at home.

27.3 Service Requirements – The Contractor shall:

27.3.1 Provide information to individuals.

1. Identify needs and provide simple and/or complex information in response to written, telephone, walk-in or electronic requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual.
3. Disseminate information to the public about Information and Referral Services.
4. Maintain a resource file of human and social services. The resource file is recommended to be updated at least annually to provide accuracy and comprehensiveness of content.
5. Maintain a 24-hour phone number for the designated geographic area.

27.3.2

Refer individuals to human services and community resources, as appropriate.

1. Identify needs and provide referral information in response to written, telephone, or walk-in requests from individuals or community agencies.
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual.
3. Follow-up with individuals as appropriate to determine if services from other referred service providers have been received by the individual.
4. Document every referral provided to each individual for each identified need.
5. Address the different needs of individuals and caregivers and link them with the opportunities and services to meet their unique circumstances.

27.3.3

Determine and document if the service met the individual's need.

27.3.4

Provide the following Options Counselor/Transition Coach services if Contractor is a designated ADRC:

1. Work with at least one hospital and their respective discharge planners within the planning and service area.
2. Work with the Center for Independent Living within the planning and service area.
3. Implement the Coleman's Care Transition Model (CCTP), utilizing the Four Pillars approach.
4. Serve as a part of the interdisciplinary team, providing appropriate services and resources, including home and community-based services (HCBS), that are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated.
5. Follow-up with individuals to determine if services have been received by the individual.

27.4

Licensure/Certification Requirements – The Contractor shall:

27.4.1

Require that service providers are Alliance of Information and Referral Systems (AIRS) Certified.

27.4.2

Require compliance with the following staffing standards:

1. Information and referral staff have the knowledge, skills, and experience necessary to screen potential clients for wants, problems, strengths and needs.
2. Staff have good communication and basic interviewing skills.
3. Staff are familiar with available home and community-based resources in the community.
4. For the purposes of the Family Caregiver Support Program, staff are trained relative to the specific issues of caregiving and have knowledge of supportive resources for caregivers.

27.5

Performance Measures

27.5.1

Number of individuals served annually.

27.5.2

Performance Measures for Options Counseling/Transition Coach include:

1. Number of individuals that remained at home more than 30 days after hospital discharge.
2. Number of hospital discharges referred to the Options Counselor during a quarter.

27.6

Reporting Unit

27.6.1

One unit of service equals one initial service contact. (Subsequent communications pertaining to the initial request are not separate units of service.)

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

28.0 JOB DEVELOPMENT AND PLACEMENT - MATURE WORKER PROGRAM

28.1 Purpose Statement

28.1.1 The service provides opportunities for older people to work and remain self-sufficient throughout their lives and to support business growth and development across the state in light of the aging workforce.

28.2 Service Description

28.2.1 Taxonomy Definition - A service that provides assistance in obtaining employment for job-ready individuals.

28.2.2 Mature Worker Programs:

1. Facilitate dialogues among mature workers, businesses, government, education, and local communities focusing on the needs of the employers.
2. Raise visibility, awareness, appreciation of and employment opportunities for mature workers.
3. Assist mature workers secure fulltime or part-time/paid and unpaid employment.
4. Recruitment mature workers.
5. Recruitment employers seeking employees.
6. Provide assessment of individuals' abilities in relation to employment goals.
7. Provide technical assistance to employers related to mature worker issues.
8. Coordinate Job development and job placement with local Workforce Investment Act (WIA) One-Stop Career Centers.

28.2.3 Job development and placement is intended to provide mature workers with new points of access to training and paid and unpaid employment opportunities that will allow them to remain competitive in the job market and to provide those connections to employers who value their experience.

28.2.4 Eligibility Requirement - Services are made available for all mature job seekers and the business community, as identified in the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

28.3 Service Requirements – The Contractor shall:

28.3.1 Conduct Outreach in retirement communities, the core city, faith communities and other areas where mature workers reside.

28.3.2 Provide outreach to mature jobseekers and to employers to list paid and unpaid job openings.

28.3.3 Assist jobseekers to identify available services required to address identified barriers to employment. If appropriate, refer the jobseeker to the nearest One-Stop Career Center for additional services including but not limited to; job development, skills training, job search, job fairs, job clubs, job referrals, and/or workshops.

28.3.4 Develop and use a formal referral process to community resources (e.g., One-Stop Programs).

28.3.5 Train:

1. Job seekers on how to market their skills and prepare them for the job search and hiring process.
2. Employers on recruitment, hiring and retention of mature workers.
3. One-stop partner program staff on how to serve the mature worker population.

28.3.6 Refer all individuals identified as job ready to the Arizona Workforce Connection for registration into the AWC automated client management system.

28.3.7 Partner with the WIA One-Stop programs to identify suitable job openings and other job-related assistance.

28.3.8 Develop and conduct annual satisfaction surveys to measure employer and job applicant satisfaction with service delivery.

28.4 Performance Measures

28.4.1 Performance will be measured per the DAAS Policy and Procedure Section 1603.2 (F), as may be amended.

28.4.2 Collaborations are formed between the Aging Service Provider network and the business community that promote the value of mature workers.

28.5 Reporting Requirements

28.5.1 **For jobseekers**, one unit of service equals one jobseeker recruited and receiving job-readiness services (recruitment, assessment, skill development, job development and placement)
For employers, one unit of service equals one employer recruited, assessed, and provided with technical assistance.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

29.0 LEGAL ASSISTANCE

29.1 Purpose Statement

29.1.1 The service provides legal assistance, legal advice, advocacy and representation to older individuals, and in particular, those with the most economic or social need. This includes:

1. Vulnerable persons who have limited access to legal services and the justice system.
2. Individuals with few financial resources, physical or mental disabilities and those reliant on public resources who are most at risk of being unable to secure needed legal services. Legal interventions are necessary to ensure their rights are protected.

29.2 Service Description

29.2.1 Taxonomy Definition- A service that provides consultation and representation in civil legal matters.

29.2.2 Services protect the rights of older individuals and make certain they receive the services to which they are entitled.

29.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

1. Services are available to persons who are 60 years or older and low income.
2. Legal Services Assistance is available to persons under 60 years of age only if supported by funds other than those authorized in Older Americans Act.

29.3 Service Requirements – The Contractor shall:

29.3.1 Provide legal services.

1. Identify the individual's legal needs by means of a personal interview.
2. Research the law pertaining to the identified legal issues.
3. Conduct issue research and investigation.
4. Provide legal advice to the individual regarding the identified need.
5. Draft legal documentation pertaining to the identified need.
6. Provide legal advice, advocacy or representation.
7. Schedule service hours to be flexible to the locally defined needs.
8. Utilize only licensed attorneys to provide legal advice and representation.
9. Utilize paralegals or law students who provide legal counseling or assistance only under the direct supervision of an attorney licensed to practice in Arizona.

29.3.2 Provide education and outreach activities.

1. Disseminate information and provide education to individuals and community groups regarding legal issues affecting the elderly.
2. Provide technical assistance to individuals and groups involved in advocacy on behalf of the elder population.
3. Identify changes to policies, regulations and laws which would increase access to necessary services or clarify available legal remedies.
4. Participate in outreach activities that inform seniors and the community of the Older Americans Act legal service and other available legal resources.
5. Participate in community coalitions and network activities.

29.3.3 Collect accurate data for needs assessment, program evaluation, and reporting

1. Collect at a minimum the following data on each individual who requests assistance: individual's name, age and ethnicity, as well as a detailed description of the presenting issue and resolution.
2. Collect at a minimum the number of participants and type of activity on each public outreach and educational activity where the program participated.
3. Collect participant evaluations of training and educational presentations.
4. Evaluate collected data to determine current legal needs and identify systemic trends.
5. Compile the evaluations for program improvement.

29.3.4 Attend and participate in meetings with the DAAS and other legal services contractors and sub-contractors as scheduled.

29.4 Licensure/Certification Requirements – The Contractor shall:

29.4.1 Utilize attorneys that hold a current license to practice in the State of Arizona.

29.5 Performance Measure

29.5.1 Using standardized evaluation tools, achieve a client satisfaction of at least 85 percent annually.

29.6

Reporting Unit

29.6.1

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

30.0 LONG-TERM CARE ADVOCACY - OMBUDSMAN

30.1 Purpose Statement

30.1.1 The service helps to ensure that residents of long term care facilities receive quality care and have the best possible quality of life.

30.2 Service Description

- 30.2.1 Taxonomy Definition - A service that investigates and resolves complaints relating to administrative actions that may adversely affect the health, safety, welfare and rights of individuals who are residents of long-term care facilities.
- 30.2.2 The service provides assistance to and advocacy for residents of long term care facilities to assist them in understanding and maintaining their human, civil, and resident rights.
- 30.2.3 Long-Term Care Ombudsmen visit long term care facilities, investigate complaints, and assist in ensuring quality of life and quality of care for the residents of long-term care facilities.
- 30.3.4 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements as described in Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.

30.3 Service Requirements – The Contractor shall:

- 30.3.1 Provide personnel and an administrative structure for the Long-Term Care Ombudsman Program which includes the supervision and coordination of ongoing ombudsman activities.
- 30.3.2 Provide a complaint resolution process in which the date of initial contact with a resident, their legal representative, and/or the complainant is made within two (2) business days of the receipt of the complaint. Follow up with documentation, investigation and resolution of complaints made by, or on behalf of, residents of long term care facilities. These processes shall be in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.
- 30.3.3 Follow an established quarterly visitation schedule to include all long term care facilities within the Area Agency on Aging region or as established by contract.
- 30.3.4 Provide technical support for the development of resident and family councils within long term care facilities.
- 30.3.5 Make referrals to other governmental or community agencies and/or the Office of the State Long-Term Care Ombudsman (OSLTCO), as appropriate.
- 30.3.6 Utilize the DES Long-Term Care Ombudsman Database as required in Chapter 3000, Section 3700 of the DAAS Policies and Procedures Manual, as may be amended.
- 30.3.7 Utilize all forms as required by the DAAS Policy and Procedure Manual, as may be amended, and by the OSTLCO.
- 30.3.8 Assist residents in identifying their rights and interests under state and federal law and obtaining the rights and services to which they are entitled.
1. Provide specific information to residents/individuals on their rights and available services.
 2. Respond to the need for services identified by the resident/individual.
 3. Identify appropriate contractors of services and existing resources.
 4. Refer residents/individuals to appropriate resources.
 5. Monitor referrals to ensure service delivery.
 6. Assist residents/individuals in removing barriers, including language and cultural barriers, which prevent them from meeting identified needs.
- 30.3.9 Identify, investigate and resolve complaints, which will include but are not limited to those made by or on behalf of residents that are related to action, inaction, or decisions of individuals or organizations that may adversely affect the health, safety, welfare, or rights of residents. Those individuals or organizations include, but are not limited to the following:
1. Providers of long term care services and staff of their facilities
 2. Representatives of the above providers
 3. Public agencies
 4. Health and social service agencies
 5. Government agencies
- 30.3.10 Provide follow-up and coordination procedures that require timely and quality service delivery and resolution of issues.
1. Initiate and utilize standardized follow-up procedures.

2. Follow established procedures for recording client contacts, accepting individual complaints and concerns and addressing these problems.
3. Maintain and advertise a phone number for use by complainants.
4. Maintain procedures for handling urgent requests from the complainants and the OSLTCO.
5. Require that procedures will address the protection of client confidentiality as well as access to the records by the OSLTCO and program/contract monitoring.
6. Uphold privacy and confidentiality for the purpose of hearing, investigating and resolving complaints and rendering advice to residents of the long term care facilities.
7. Inform residents and/or their legal representatives of resolution procedures.
8. Provide and document follow-up and ongoing monitoring during the complaint resolution process with complainant or resident.
9. Uphold state and federal law, as well as the DAAS Policy and Procedure Manual, as may be amended, related to the protection of confidential information and the appropriate release of files/records the program maintains.
10. Provide education, training, and technical assistance to citizen's groups, the general public, local volunteer groups, human services workers, long term care facility staff, and others involved in the long term care industry, concerning residents' rights and related issues.
11. Promote the local Long-Term Care Ombudsman Program by providing information, technical assistance, and education in all long term care facilities and communities throughout the region to increase visibility of the program.

30.3.11 Develop partnerships and network with related programs to provide more immediate resolution to issues and to expand resources

1. Form local partnerships with the Social Security Administration, Arizona Health Care Cost Containment System (AHCCCS), Adult Protective Services (APS), law enforcement agencies and other agencies and services.
2. Participate in licensing surveys conducted by the Arizona Department of Health Services, Division of Licensing Services, or the Centers for Medicare and Medicaid Services.
3. Network with social service professionals within the community.
4. Increase coordination between non-tribal and tribal regional Ombudsman coordinators.

30.3.12 Expand the Ombudsman volunteer base.

1. Provide continuous outreach and recruitment of volunteers.
2. Provide annual recognition of volunteers.

30.3.13 Require Regional Ombudsman Program Coordinators to attend and participate in scheduled tri-annual meetings, monthly conference calls, and other trainings as required by the OSLTCO, or appoint a designee to attend and participate.

30.4 Certification Requirements – The Contractor shall:

30.4.1 Recruit, hire, train and supervise local Long-Term Care Ombudsman Program staff and volunteers in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended. .

30.4.2 Utilize program policies and procedures, reporting requirements, training modules and designation requirements provided by the OSLTCO.

30.4.3 Require that ombudsman staff and volunteers receive training in accordance with Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.

30.4.4 Complete a fingerprint criminal history background check for each prospective and current ombudsman, as defined by ARS 46-141(A & I) Criminal Record Information Checks, as may be amended.

30.4.5 Require that all ombudsmen have successfully passed a criminal history background check as defined by ARS 46-141, as may be amended, prior to providing services. 30.4.6 Require that the Regional Ombudsman Program Coordinator will report in writing any identified conflict of interest of any ombudsman within the region to the OSLTCO immediately after identification of the conflict.

30.4.7 Require all ombudsmen to be designated by the OSLTCO prior to their beginning to provide services.

30.4.8 Provide for uniformity of training and provision of training materials by following the OSLTCO requirements for designation of ombudsmen, including the completion of the 16-hour core curriculum and four (4) additional hours of field training for initial designation.

30.4.9 Require that Regional Ombudsman Program Coordinators are trained, designated, and re-designated by the OSLTCO.

1. Regional ombudsmen and volunteers will be trained by Regional Ombudsman Program Coordinators, or their designee, with the OSLTCO providing designation.
2. Training for re-designation of regional ombudsmen and volunteers will be provided by Regional Ombudsman Program Coordinators with the OSLTCO providing designation.
3. Designation and re-designation are valid for one year.

- 30.4.10 Require that all staff ombudsmen attend at least one outside training each year to increase program knowledge and networking capabilities.
- 30.4.11 Require that for re-designation, all ombudsmen complete eight (8) hours of continuing education training provided by the Regional Ombudsman Program Coordinator
- 30.4.12 Require that for re-designation Regional Ombudsman Program Coordinators complete an additional four (4) hours of continuing education coordinated and/or approved by the OSLTCO.
- 30.4.13 Follow the State Long Term Care Ombudsman criteria and written procedures for designation re-designation and de-designation as required by Chapter 3000, Section 3700 of the DAAS Policy and Procedure Manual, as may be amended.
- 30.4.14 Utilize all program forms appropriately and as specified within the DAAS Policy and Procedure Manual, as may be amended, and any other forms as requested by the OSLTCO.
- 30.4.15 Maintain records for each ombudsman of all training participated in, including training related to initial designation and re-designation.
- 30.4.16 Require that all ombudsmen carry identification badges, which provides proof of designation by the OSLTCO, as provided by the OSLTCO.
- 30.4.17 Provide the OSLTCO verification of completion of initial designation and re-designations for all ombudsmen.

30.5 Performance Measures

- 30.5.1 For every complaint received by a local long-term care ombudsman program, initial contact with a resident, their legal representative, and/or the complainant, as appropriate, is made within two (2) business days of receipt.
- 30.5.2 Each long term care facility is visited at least annually.
- 30.5.3 Undertake efforts to increase ombudsman volunteer base by at least 5 percent annually.
- 30.5.4 Undertake efforts to increase the number of resident and family council meetings that are attended annually by 10 percent.

30.6 Reporting Unit

- 30.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

31.0 MULTIPURPOSE CENTER OPERATIONS

31.1 Purpose Statement

31.1.1 The service is to help foster social, emotional, mental and physical well-being and reduce the social isolation of eligible individuals as well as providing beneficial intergenerational opportunities.

31.2 Service Description

31.2.1 Taxonomy Definition - A service that operates facilities and maintains activities necessary for the delivery of services.

31.2.2 Multipurpose centers are community facilities utilized for the organization and provision of a broad spectrum of services for older adults.

31.2.3 Activities and services are planned based on the participant's needs and preferences.

31.2.4 Centers provide:

1. An array of physical activities on a daily or weekly basis which may include but not limited to, chair exercises, aerobics, balance exercises, yoga, and Tai Chi.
2. Opportunities for socialization through group activities such as games, discussions, special events, crafts, and lectures
3. Required nutrition education activities such as food demonstrations, guest speakers, discussions, and videos
4. Other educational and recreational activities such as gardening, computer training, dancing
5. Outreach to the community on the available programs and services.
6. Assistance and information for available services such as housing, transportation, and legal services

31.2.5 Centers that serve as nutrition sites provide meals that meet 1/3 of the Dietary Reference Intakes.

31.2.6 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described Chapter 3100 of the DAAS Policy and Procedure Manual, as may be amended.

31.3 Service Requirements – The Contractor shall provide:

31.3.1 Operations

1. Provide services to meet the cultural and language needs of those being served.
2. Employ bilingual staff in centers whose participants have limited English proficiency
3. Maintain records (e.g., client participation, financial, staffing, activities).
4. Establish and post a donation/contribution policy for services.
5. Train staff on services related to the elderly.
6. Establish and maintain project/site councils.
7. Involve participants in program planning and implementation.

31.3.2 Information on available services

1. Maintain and update a resource file of currently available services and resource referrals.
2. Provide written and verbal information on the following as available: housing, transportation, legal services, governmental programs, physical and mental health related services, food assistance, financial assistance, support groups, residential repair, energy assistance, and other relevant information.

31.3.3 Referral and assistance in accessing the services.

1. Assess/determine the services needed by individuals and groups.
2. Contact agencies providing the identified services.
3. Provide/arrange for transportation of individuals and groups to services when necessary.
4. Provide or arrange for assistance when the individual is handicapped or has limited English abilities.
5. Provide follow-up with individual and with agency providing service to ensure contact was made by the agency.

31.3.4 Outreach

1. Conduct outreach to ensure the participation of economically and socially needy individuals and of minorities.
2. Provide written and verbal information to community groups on services available at the center and offered by other agencies.
3. Conduct home visits to home-bound elderly in the community to conduct wellness checks.

31.3.5 Education

1. Provide educational opportunities that assist older individuals with their economic and personal needs including the following topics: consumer and continuing education, retirement and financial planning.
2. Provide or arrange a variety of health promotion and disease prevention sessions designed to maintain and/or improve the physical and mental health status of older individuals.
3. Provide written information on health promotion, disease prevention, mental and physical health to include home bound individuals.
4. Develop and maintain on-going physical activity programs.
5. Coordinate with local community resources to provide health screening and health risk assessments.
6. Provide training on the self-management of chronic conditions.
7. Develop and distribute a monthly calendar for educational activities.

31.3.6

Volunteer Opportunities

1. Designate a volunteer coordinator to provide meaningful volunteer opportunities for older individuals.
2. Develop a volunteer recruitment system.
3. Provide job descriptions for volunteers.
4. Provide training for volunteers.

31.3.7

Recreational Activities

1. Provide recreational activities appropriate to the physical and emotional needs of older individuals.
2. Develop and distribute a monthly calendar for recreational activities that may include, but not limited to entertainment, arts and crafts, field trips, special interest classes, and table games.

31.3.8

Intergenerational Programs

1. Provide intergenerational programs of mutual benefit that includes input from all age groups involved.

31.4

Licensure/Certification Requirements

31.4.1

All facilities used for Multipurpose Center Operations shall comply with Federal, State and local laws regarding public facilities, fire and sanitary codes and licensures, as may be amended.

31.5

Performances Measure

31.5.1

Participants needs and preferences will be met at least 90 percent of the time as measured through client satisfaction surveys conducted annually.

31.6

Reporting Unit

31.6.1

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

32.0 NURSING – COMMUNITY NURSING

32.1 Purpose Statement

32.1.1 The service provides medical-related counseling and education to eligible individuals at their place of residence or in the community, helping clients to maintain their independence and avoid costly and unwanted placement in a facility.

32.2 Service Description

32.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

32.2.2 The service includes the coordination of health related services such as counseling and disease treatment education.

32.2.3 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3200, Section 3213 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, with priority given as indicated in Section 3224, as may be amended.

32.3 Service Requirements – The Contractor shall:

32.3.1 Provide a nursing assessment of the individual, family, and/or community as related to health.

1. Identify individuals, families and/or groups in need of or in potential need of health services.
2. Conduct a nursing assessment of the health status of an individual and/or family including the following dimensions: physical/developmental/behavioral, environmental/cultural/spiritual, and socio-economic.
3. Identify health status, resources, and action potential of the individuals, families and/or group.

32.3.2 Develop a plan of nursing intervention based on the nursing assessment.

1. Establish a plan of care to meet individual, family and/or group identified health needs.
2. Collaborate with other professionals and agencies in developing plan of care.
3. Identify barriers that relate to the level of function, priorities and accessibility to services for individuals, families and groups.

32.3.3 Implement a plan of nursing intervention for the individual, family and/or group.

1. Instruct individuals, families and/or groups regarding disease prevention, health promotion, maintenance and/or restoration based on needs assessment and learner readiness.
2. Provide information needed to seek and utilize appropriate health care resources.
3. Perform nursing techniques in personal, preventive, therapeutic and rehabilitative care.
4. Support individuals, families and/or groups making independent decisions unless the action is detrimental to their health or the health status of others.
5. Utilize epidemiological methods in disease prevention and control.

32.3.4 Evaluate responses of the individuals, families and/or groups to the nursing intervention, then modify the plan of nursing intervention as necessary.

32.3.5 Require that newly hired employees providing the service submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

32.4 Licensure /Certification Requirements - The Contractor shall provide services in accordance with:

32.4.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

32.4.2 DHS A.A.C. R9 10-1103.D for home health aides, as may be amended.

32.4.3 A.R.S. Title 32, Chapter 15 for a Licensed Practical Nurse, as may be amended.

32.4.4 A.R.S. Title 32, Chapter 19, for a Registered Physical Therapist, as may be amended.

32.4.5 A.R.S. Title 32, Chapter 15 for a Registered Nurse, as may be amended.

32.4.6 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

32.4.7 Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.

32.5 Performance Measure

32.5.1 Event evaluations or surveys indicate an increase in individual awareness of available programs and services.

32.6

32.6.1

Reporting Unit

One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

33.0 NURSING – HOME NURSING

33.1 Purpose Statement

33.1.1 The service provides intermittent health maintenance based on medical needs to improve the physical and mental health of eligible individuals at their place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a facility.

33.2 Service Description

33.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

33.2.2 Home Nursing is a case managed service,

33.2.3 Home Nursing is a medically related service within the NMHCBS system.

33.2.4 The service may be used as part of the Home Care cluster.

33.2.5 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3300, Section 3313 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, with priority given as indicated in Section 3324, as may be amended.

33.3 Service Requirements – The Contractor shall:

33.3.1 Provide Assessment, Supervision and Monitoring.

1. Obtain a written statement from the primary health care provider that contains the diagnosis of a disabling condition or illness, and medical orders if needed for the individual prior to the person receiving skilled nurse services, as specified in the Nurse Practice Act.
2. A Registered Nurse shall develop a written individual nursing care plan for each individual within seven (7) working days of individual's initiation to service. The plan shall be written in measurable objectives and shall include, at a minimum, the following: the specific services to be provided; who will provide specific services; anticipated frequency and duration of each specific service; expected outcome of service; coordination of these services with other services being received by or needed by the individual; input of the individual and/or legally responsible party.
3. A Registered Nurse shall review and revise the nursing care plan for specific treatment at least every 90 days, or when changes in an individual's status occur.

33.3.2 Provide skilled nursing services by a licensed nurse.

1. Observe, evaluate, and document the individual's response to treatment.
2. Provide training activities aimed at instructing the individual, family and/or other caregivers in providing care for the individual.
3. Provide direct services such as medication management, injections or insertions of catheters. To determine whether such services should be performed by the nurse, consider: the complexity of the service, the condition of the individual; and, if the service is within the scope of the Arizona Nurse Practice Act.
4. Coordinate health-related services.
 - i. Provide education/counseling to help the individual manage illness or disability.
 - ii. Collaborate with other health professionals and Health Care Team members to meet identified individual/family needs.
 - iii. Require that newly hired employees providing home nursing submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
5. Licensed Practical Nurses (LPN) shall work under the supervision of a Registered Nurse (RN).

33.3.3 Require that staff have received training in home accident prevention and first aid.

33.4 Licensure /Certification Requirements – The Contractor shall provide services in accordance with:

33.4.1 DHS A.A.C. R9-10-1100 et. seq. regarding home health services, as may be amended.

33.4.2 A.R.S. Title 33, Chapter 15 for a Licensed Practical Nurse, as may be amended.

33.4.3 A.R.S. Title 33, Chapter 15 for a Registered Nurse, as may be amended.

33.4.4 DHS A.A.C. R9-10-1104 regarding supervisory visits, as may be amended.

33.4.5 Direct service staff shall have current certification in CPR.

33.4.6 Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid.

33.5 Performance Measures

33.5.1 Percentage of individual 60+ years of age living below the poverty level utilizing Home Nursing services.

33.5.2 Percentage of individual 60+ years of age with severe disabilities (3+ Activities of Daily Living (ADL) limitations) receiving Nursing services.

33.6 Reporting Unit

33.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

34.0 OUTREACH

34.1 Purpose Statement

34.1.1 The service identifies/targets individuals for focused efforts to provide information about specific programs and resources available to assist those individuals in maintaining their independence and ability to remain in their home and community.

34.1.2 Specifically related to the Family Caregiver Support Program, the service identifies/targets eligible caregivers for focused efforts to provide information about specific programs and resources available to assist those caregivers in maintaining their role providing care to an individual and helping them to maintain their independence and ability to remain in their home and community.

34.2 Service Description

34.2.1 Taxonomy Definition – A service that provides a systematic method to identify and directly contact persons in need of services.

34.2.2 Outreach is a home and community based and Family Caregiver Support Program service, that:

1. Provides information about assistance, advice, or other services for individuals and caregivers who would not otherwise have access to services
2. Is initiated by an agency or organization to identify potential clients to inform them of existing services and benefits.
3. Tailors the outreach strategy to the intended audience's needs in relation to information and access to human services and community resources
4. Is communication, training, and service that engage agencies with external constituencies.
5. Outreach activities generate knowledge, share resources, and apply the expertise of the agencies in ways that advance both the public good and the missions of the aging network.

34.2.3 Target Population - This service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapter 3000, Section 3600 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

34.3 Service Requirements – The Contractor shall:

34.3.1 Provide a systematic method to identify individuals in need of services.

1. Identify individuals or families in potential need of services through face-to-face contact in their homes and/or other locations outside of the agency.
 1. Identify individuals or families in potential need of services through telephone contacts.
 2. Educate individuals and families on the need of available services through TV and radio programs, and the internet.
 3. Provide follow-up contacts to individuals and/or families who were identified as needing services but who have not requested or received services.

34.3.2 Determine if services were provided and appropriate.

1. Contact individual/family to determine what services were received.
2. Determine if service(s) met individual/family needs
3. Provide follow-up contacts of individuals/families that have received services but are no longer active

34.4 Performance Measure

34.4.1 Event evaluations and surveys show an increase in awareness of available programs and services.

34.5 Reporting Unit

34.5.1 One unit of service equals one outreach activity.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

35.0 PEER COUNSELING

35.1 Purpose Statement

35.1.1 The purpose is to provide support for informal caregivers by offering support groups attended by cohorts promoting self-help strategies and allowing expression of shared feelings in a non-judgmental environment. Support groups can mitigate the effects of stress and burden related to caregiving, allowing the caregiver to continue to provide care, helping to avoid costly and unwanted placement of the care recipient in a care facility.

35.2 Service Description

35.2.1 Taxonomy Definition - A service that provides self-help opportunities.

35.2.2 Peer counseling refers to a range of individual or group services that assist individuals in need and/or their caregivers in making decisions, solving problems, and gaining knowledge related to their caregiver role.

35.2.3 Caregiver support groups are a primary component of this service, providing a forum in which caregivers can:

1. Come together and exchange ideas
2. Learn to maintain a sense of self and establish good boundaries
3. Learn to enlist the help of other family members and friends
4. Relieve stress and anxiety through sharing experiences with cohorts
5. Experience a healthier attitude and approach to caregiving
6. Learn how to enlist the help of family and friends to share the load
7. Validate the difficulty and complexity of the caregiving role
8. Reduce stress and guilt by learning and implementing coping skills

35.2.4 Support groups for grandparents raising grandchildren are included in the service.

35.2.5 Eligibility Requirements – The Contractor shall provide services to caregivers that meet the eligibility requirements described in Chapter 3000, Section 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in 3602.3, as may be amended.

35.3 Service Requirements – The Contractor shall:

35.3.1 Organize support groups for eligible caregivers, providing disease specific peer counseling and specific groups for grandparents raising grandchildren, when appropriate.

1. Assess the community need for caregiver support groups in specific geographic/service areas.
2. Determine appropriate location(s) and times where caregiver support groups will be conducted, based upon the community assessment.
3. Establish appropriate local guidelines for qualifications of support group facilitators that will provide leadership and guidance for the groups, ensuring at a minimum the facilitators/leaders have an understanding of the risks and burdens associated with caregiving and a good knowledge of caregiver support needs, including knowledge of community resources.
4. Publicize the availability of the support group(s) through a multifaceted approach, such as flyers, Internet, and direct mailings, targeted to the general public and caregivers already receiving agency-funded services.
5. To the extent possible, support groups should be tailored to the needs of the specific caregiver groups, such as caregivers of persons with Alzheimer's Disease, etc.
6. Convene initial support group meetings.
7. Provide regularly scheduled caregiver support group meetings.

35.3.2 Evaluate the satisfaction level of support group members every six months, including an independent evaluation of the facilitator by group participants.

35.3.3 Support group facilitators/leaders shall have the educational qualifications and/or required related experience for the type of support group being facilitated.

35.3.4 Support groups shall be appropriate in design and implementation to account for different types of issues that participating caregivers may present

35.3.5 Consider the cultural diversity of the participating caregivers.

35.4 Performance Measures

35.4.1 The number of caregivers provided support through the service annually.

35.4.2 Evaluation instruments show that the service enhanced the ability of the caregiver to care for the care recipient.

35.5

Reporting Unit

35.5.1

One unit of service equals one peer counseling session.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

36.0 PERSONAL CARE

36.1 Purpose Statement

The purpose is to provide assistance with personal physical needs at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

36.2 Service Description

36.2.1 Taxonomy Definition - A service that provides assistance with personal physical needs.

36.2.2 Personal care is a case managed service.

36.2.3 Assistance with activities of daily living is provided at an individual's place of residence.

36.2.4 Personal care workers help individuals with tasks they are unable to complete independently due to illness, disability, or the natural progression of aging.

36.2.5 The service may be used as part of the Home Care cluster.

36.2.6 Licensed medical personnel are not required to provide this service.

36.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3213 of the Division of Aging and Adult Services Policy and Procedure Manual, with priority given as indicated in Section 3224, as may be amended.

36.3 Service Requirements – The Contractor shall:

36.3.1 Provide supervision and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service agency to determine specific tasks is to be performed. During this visit, a care plan is developed and specific tasks can be assigned to the personal care worker for completion during each visit in the time allotted.
2. The supervisor shall conduct home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

36.3.2 Provide personal care services

1. Assist with showering, bathing, toileting, dressing, oral care and shampooing.
2. Assist with transfer to and from wheelchair and/or bed.
3. Assist with eating, where the assistance required may include: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; (assist with menus/food selection) and feeding the individual.
4. Assist with routine ambulation activities.
5. Assist with routine nail and skin care.
6. Assist with tasks necessary for the comfort and safety of the movement-restricted (tasks that do not require medical or nursing supervision)
7. Assist the individual with special appliances and/or prosthetic devices, if the procedure is routine and well established.
8. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate.
9. Encourage the individual, family and caregiver to provide input into and support the individual's service plan.
10. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

36.4 Licensure/Certification Requirements – The Contractor shall:

36.4.1 Require that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

36.4.2 Require the following staffing standards:

1. Newly hired employees providing Personal Care shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
2. Personal Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Personal Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that want to become an

approved testing site will be made available on the ADES website. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.

3. The direct service staff supervisor shall have at least two (2) years full time employment experience in supervisory capacity; one (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience. Orientation to target population is also required, unless otherwise evident in background.
4. The direct service staff supervisors demonstrates knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

36.5

Performance Measures

- 36.5.1 Percentage of individuals 60+ years of age living below the poverty level that receive Personal Care services.
- 36.5.2 Percentage of individuals 60+ years of age with severe disabilities (3+Activities of Daily Living (ADL) limitations) that receive Personal Care services.

36.6

Reporting Unit

- 36.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

37.0 PROGRAM DEVELOPMENT

37.1 Purpose Statement

37.1.1 For purposes of Older Americans Act programs, the service is provided to assist agencies in developing new programs or expanding existing programs. The service is not designed to be an on-going administrative expenditure.

37.2 Service Description

37.2.1 Taxonomy Definition - A service that researches and/or establishes a new service(s), improves, expands or integrates an existing service(s).

37.2.2 For purposes of Older Americans Act Programs, the service is designed to assist agencies in developing new programs or expanding existing programs that:

1. Achieve a specific service(s) goal and objective.
2. Provide services that will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

37.2.3 Development of new programs or expanding existing programs should not cause a reduction in service levels from an existing program or service.

37.2.4 Program Development funds shall be expended within the State Fiscal Year.

37.2.5 Program Development is available to agencies that meet the requirements described in Chapter 2800 of the Division of Aging and Adult Services Policy and Procedure Manual, as may be amended.

37.3 Service Requirements – The Contractor shall:

37.3.1 Expand, improve, or integrate upon existing services and/or programs.

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff or other appropriate individuals.
3. Develop Assessment Instrument.
4. Develop research instrument(s).
5. Conduct Assessment.
6. Compile and analyze data.
7. Modify existing design and/or instruments, if necessary.
8. Prepare narrative, statistical and/or other appropriate report(s) making recommendations: participate in discussions of such reports for programmatic and fiscal planning.
9. Establish timeline for execution and completion of development of service(s) or program(s).
10. Implement the expansion, improvement, and/or integration of service(s) and/or program(s).
11. Evaluate implementation of plan, expansion, improvement, and/or integration and make appropriate modifications.

37.3.2 Continue coordination efforts through involvement and support as an active community resource for specific functions.

1. Share information on mutually advantageous subjects such as client characteristics, community and agency needs, and any other issues or subjects related to the identified problem or need.
2. Establish a system or mechanism for continuous feedback on the identified problem or need, status, and identification of new problems or needs.
3. Expand and maintain ongoing public relations and information exchanges with agencies, organizations, businesses, and/or individuals related to the identified problem or need.
4. Recruit and coordinate individuals, agencies, and other entities to better serve the target population.
5. Develop and modify as needed, a community-resource directory related to the identified problem or need which is addressed.
6. Develop impact or outcome measures of coordination efforts related to the identified problem or need.

37.3.3 Establishing new service(s) and/or program(s)

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff, end users and other appropriate individuals.
3. Develop study design and methodology.
4. Develop research instrument.
5. Conduct specified research.
6. Collect, compile and analyze data.
7. Modify existing design and/or instruments, if necessary.

8. Prepare narrative, statistical and/or other appropriate reports, making recommendations, and participate in discussions of such reports for programmatic and fiscal planning.
9. Establish timelines for execution and completion of development of service(s) or program(s).
10. Implement new service(s) or program(s), expansion, improvement or integration.
11. Evaluate implementation of plan, expansion, improvement, and/or integration and make appropriate modifications.

37.4

Performance Measure

37.4.1

Progress of program development activities and accomplishments.

37.5

Reporting Unit

37.5.1

One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

38.0 PROTECTIVE SERVICES-TRIBAL ADULT PROTECTIVE SERVICES

38.1 Purpose Statement

38.1.1 The service helps to protect elders within the jurisdiction of the Navajo Nation from abuse, neglect, exploitation and maltreatment; and offers available and appropriate services to assist in accordance with individual needs and acceptance.

38.1.2 This service supports the provisions of the Dine' Elderly Protection Act of 1996.

38.2 Service Description

38.2.1 Taxonomy Definition – Services provide support to individuals who are in abusive, self-neglect or vulnerable situations. Services may include, but are not restricted to: financial assistance, shelter, legal aid, counseling, information and referral, and follow-up.

38.2.2 Services includes assessing reported incidents of abuse, neglect, or exploitation of incapacitated or vulnerable adults; and it includes available and appropriate services to assist in accordance with individual needs and acceptance.

38.2.3 Services are provided to individuals who are in physical/sexual abused, neglect, financial exploitation, maltreated and/or vulnerable situations. The services include some counseling on budgeting, financial assistance referral to Social Services; shelter placement, nursing or group home placement; lay-legal assistance related to: filing of Power of Attorney, Guardianship, Wills, Involuntary Placement, Temporary Protection Order; counseling on elder abuse, neglect, exploitation and maltreatment.

38.2.4 Eligibility Requirements – The Contractor shall comply with eligibility requirements identified in the DAAS Policy and Procedure Manual, as may be amended.

38.3 Service Requirements – The Contractor shall:

38.3.1 Receive reports of abused, exploited or neglected, incapacitated or vulnerable adults, and receive, from any source, information regarding an adult who may be in need of protective services.

38.3.2 Conduct an evaluation upon receipt of reports/information noted in 38.3.1 above, to determine if the adult is in need of protective services, and what services, if any, would properly address the need.

38.3.3 Offer adults who are in need of protective services, (or a guardian, if the situation dictates) appropriate services based on the evaluation.

38.3.4 File petitions, as necessary, for the appointment of guardian and/or conservator, or temporary guardian and/or temporary conservator.

38.3.5 Apply for special visitation warrants, when appropriate, within provisions of the law.

38.4 Licensure/Certification Requirements - The Contractor shall make certain that:

38.4.1 Direct service providers hold at least a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have at least two years' experience in social or health services.

38.4.2 A newly hired employee providing protective services submits three references from persons other than family members in order for the Contractor to verify the employee's previous employment record. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

38.4.3 The direct services supervisor holds a Master's degree or has at least four years' experience in social or health services.

38.4.4 Direct service staff has a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.

38.4.5 The service is provided in accordance with the Tribal Protective Services approved by the tribal government.

38.4 Performance Measure

38.4.1 Number of older individuals served annually.

38.5 Reporting Unit

38.5.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

39.0 REASSURANCE

39.1 Purpose Statement

39.1.1 The service helps to increase or maintain functional independence and promote the physical and emotional well-being of eligible individuals.

39.2 Service Description

39.2.1 Taxonomy Definition - A service that provides a regular contact system for individuals restricted to their place of residence.

39.2.2 The service provides a regular wellness telephone contact to vulnerable homebound individuals utilizing volunteers, provides regular personal communication with vulnerable individuals who may live alone or be at risk of harm, provides older individuals with opportunities for social interaction, and provides an opportunity to evaluate an individual's emotional health through discussion.

39.2.6 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, Section 3100 of the DAAS Policy and Procedure Manual, as may be amended.

39.3 Service Requirements – The Contractor shall:

39.3.1 Maintain regular personal communication with eligible individuals.

1. Negotiate and develop a written emergency and back-up plan that will be implemented for each individual if the individual cannot be contacted.
2. Communicate personally with the individual on a scheduled basis and determine if the individual's status is being maintained.
3. Arrange follow-up if an individual has had a change in status.
4. Notify the contact in the emergency plan if attempts to reach the individual are not successful.
5. Implement the back-up plan in the event the emergency plan produces negative results.

39.3.2 Require that volunteers providing reassurance services have the training and skills to serve the needs of older adults.

39.4 Optional Service Requirements – The Contractor may:

39.4.1 Recruit volunteer and/or community groups to provide reassurance.

39.4.2 Train volunteers and/or community groups in how to provide reassurance.

39.4.3 Supervise and coordinate ongoing reassurance activities.

39.5 Performance Measures

39.5.1 Provide training to volunteers on the service, the Contractor's organization, and the target group being served.

39.5.2 The number of individuals contacted on a quarterly basis.

39.6 Reporting Unit

39.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

40.0 RESPITE CARE

40.1 Purpose Statement

The purpose is to provide temporary relief or rest to caregivers from the demands and stressors of providing ongoing unpaid care in the home, helping to avoid costly and unwanted placement of the care recipient in a care facility. “Temporary” is defined by DAAS Policy and Procedure to mean not more than an average of 60 hours per month for adult day care or group respite and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than three consecutive days and nights.

40.2 Service Description

40.2.1 Taxonomy Definition - A service that provides short-term care and supervision consistent with the health needs of the person, to supplement existing care, to provide a safe living environment, and to support or relieve the burden of caregivers.

40.2.2 Respite care is a caregiver-focused service.

40.2.3 Respite care is a case-managed service, except when offered as a self-directed voucher.

40.2.4 Respite care is considered to be a temporary supportive service to provide a brief period of relief or rest for caregivers.

40.2.5 Respite care can take the form of in-home respite, adult day services respite, group respite, or institutional respite.

40.2.6 Respite care is typically short-term in duration (4-8 hours at a time), but can vary in length based on the caregiver’s specific need.

40.2.7 Respite care is normally planned in advance as part of a care plan, but can also be provided on an emergency basis.

40.2.8 Services can diminish caregiver burden and stress, and can prevent or delay more costly unwanted out-of-home placement for care recipients.

40.2.9 Eligibility Requirements – The Contractor shall:

1. Provide services to individuals that meet the eligibility requirements described in Chapter 3000, section 3113 of the DAAS Policy and Procedure Manual, with priority given as indicated in section 3124, as may be amended.
2. For the purpose of the Lifespan Respite Care Program, provide services to any primary caregiver of an individual who does not currently receive for other publicly funded respite services, as stated in A.R.S. §46-172, as may be amended.

40.2.10 Background

1. Respite care was developed in response to the understanding of the emotional and physical risk to the caregiver involved in long-term care of a family member or loved one. Maintaining individuals in their natural homes rather than placing them in long-term care facilities has been shown to be beneficial to the individual, the involved family, and society (in terms of lowered health care costs). Respite is a component of community-based long-term care systems and a service that supports the caregiver.
2. The Lifespan Respite Program was established in 2006 for caregivers who are assisting family members who are not eligible for any other publicly supported programs.

40.3 Service Requirements – The Contractor shall provide:

40.3.1 Supervision and monitoring.

1. Review case manager authorization for duration of service and any special service requirements.
2. An initial supervisory visit by the service agency to determine specific tasks to be performed is recommended. During this visit, a care plan is developed and specific tasks can be assigned to the respite care worker for completion during each visit in the time allotted.
3. Require that the supervisor conducts home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

40.3.2 Services to the care recipient:

1. Provide short-term personal care and supervision either in or outside of the individual’s home.
2. Provide supervision of the individual to protect the individual’s welfare and safety.
3. Provide for the social, emotional, and physical needs of the individual. An initial supervisory visit may be conducted to set up a care plan that addresses the individual’s interests, e.g. cards, sports, etc.

4. Supervision of self-administration of medication as prescribed.
5. Provide first aid and appropriate attention to injury and illness.
6. Supervision of provision of food to meet daily dietary needs, including a therapeutic diet if prescribed.
7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.
8. Provide assistance with personal care and housekeeping, if authorized by the case manager.

40.4 Licensure/Certification Requirements – The Contractor shall:

- 40.4.1 Require that if services are provided within a facility outside the client's home, the facility meets Arizona Department of Health Services license requirements appropriate to the facility.
- 40.4.2 Secure the approval of tribal government and/or the Bureau of Indian Affairs for tribal facilities.
- 40.4.3 Require that direct service staff have current certification in CPR and training in home accident prevention and first aid.
- 40.4.4 Require that direct service staff do not provide services until they have been certified competent in this area by their agency.
1. As described in the DAAS Policy and Procedure Manual, as may be amended, direct service staff shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services.
 2. The complete curriculum, competencies and information related to agencies that want to become an approved testing site is available on the ADES website.
 3. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the personnel record.
- 40.4.5 Require compliance with the following:
1. Newly hired employees providing respite care shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.
 2. Direct service staff shall have received training in home accident prevention and first aid.
 3. Supervisors shall have at least two (2) years' full time employment experience in supervisory capacity.
 1. One (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience.
 2. Orientation to target population is required, unless otherwise evident in background.
 4. Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards at the same level as the employees being supervised.

40.5 Performance Measures

- 40.5.1 The number of caregivers who were provided temporary relief through the service.
- 40.5.2 The ability to care for the individual at home was enhanced as measured by a pre and post service delivery evaluation (Caregiver Assessment Tool).

40.6 Reporting Unit

- 40.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

41.0 SOCIALIZATION AND RECREATION

41.1 Purpose Statement

41.1.1 This service promotes the improvement in social, emotional, mental and physical well-being of older adults.

41.2 Service Description

- 41.2.1 Taxonomy Definition - A service that promotes mentally and emotionally healthy interaction between participants and that may be organized around leisure activities.
- 41.2.2 This service is to increase or maintain the functional independence of the eligible individuals by providing purposeful activities appropriate to the participants' preferences and needs.
- 41.2.3 Preferences and needs of the individuals, as well as the group, are evaluated and activities are planned accordingly.
- 41.2.4 The service may include physical activities such as chair exercises, balance exercises, dancing, and walking; developmental activities such as writing, drawing, reading, crafts, and sewing; emotional activities such as support groups and discussions; cognitive activities such as games, and puzzles that promote memory and thinking; and social activities such as group events (e.g., singing, dancing, trips to museums, theater, and parks).
- 41.2.5 Services include a variety of individual and group activities.
- 41.2.6 Target Population – The Contractor shall provide services in accordance with Chapter 3000, Section 3100 of the Division of Aging and Adult Services Policy and Procedure Manual, as may be amended.

41.3 Service Requirements – The Contractor shall provide one or more of the following:

- 41.3.1 Assess the preferences and needs of the participants individually and/or as a group.
- 41.3.2 Develop and implement an activity plan in conjunction with the program participants.
- 41.3.3 Establish and maintain working relationships with community resources.
- 41.3.4 Utilize community resources for the provision of services.
- 41.3.5 Provide training and instruction in techniques necessary for individuals to participate in program activities and to independently choose and perform a variety of leisure-time activities.
- 41.3.6 Actively enlist participation of individuals in the service.
- 41.3.7 Provide a variety of recreational activities.
- 41.3.8 Document those activities in which the individual participated.
- 41.3.9 Providing training to paid and volunteer staff.
- 41.3.10 Establish and maintain Project/Site Councils.

41.4 Performances Measure

41.4.1 Participants needs and preferences are documented in minutes from monthly Site Council meeting.

41.5 Reporting Unit

41.5.1 One unit of service equals 60 minutes of staff time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

42.0 STATE HEALTH INSURANCE INFORMATION, EDUCATION, AND FRAUD PROGRAM (SHIP)

42.1 Purpose Statement

42.1.1 The service provides health and long term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud, error and abuse in the system.

42.2 Service Description

42.2.1 Taxonomy Definition - Services provides health; long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.

42.2.2 The service provides information regarding Medicare (Part A, Part B, and Prescription Drug Coverage), Medigap, Long Term Care Insurance, Medicare Advantage, Medicaid, and other health benefit programs and health options to empower the individuals to: be informed of viable choices; exercise his/her individual rights and protections; and become a pro-active partner in his/her own health care decisions.

42.2.3 Target Populations – Provide services to Medicare beneficiaries, individuals under 65 with a disability and have had Social Security Disability for at least two years, and individuals with end-stage Renal Disease. See the DAAS Policy and Procedure Manual, Chapter 3420, as may be amended.

42.3 Service Requirements – The Contractor shall:

42.3.1 Provide information to individuals.

1. Provide regional outreach and enrollment events to diverse and hard to reach individuals that include activities that encompass cultural and intergenerational diversity in accordance with performance targets identified by the Division of Aging and Adult Services.
2. Hold educational presentations on Medicare, Medicaid, and other health insurances, and fraud, errors and abuses of the system.
3. Identify needs and provide information in response to written, telephone or walk-in requests.
4. Expand Internet access to additional local counseling sites.
5. Expand telephone system capabilities to receive and respond to inquiries.
6. Expand programs to accommodate for walk-in individuals and to meet the needs of individuals with disabilities.
7. Include information on SHIP and SMP on agency's website.
8. Include SHIP and SMP logo on all flyers, brochures, and factsheets.
9. Enroll new beneficiaries statewide in accordance with performance targets identified by the Division of Aging and Adult Services.
10. Conduct enrollment events as directed by Division of Aging and Adult Services.
11. Confirm that all new publications funded solely or in part by the MIPPA grant shall include the express acknowledgement, "This publication has been created or produced by Arizona with financial assistance, in whole or in part, through a grant from the Administration on Aging and the Centers for Medicare & Medicaid Services. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."

42.3.2 Collect and provide to the DAAS accurate data for needs assessment, program evaluation, and reporting in accordance with the DAAS Policy and Procedure Manual.

42.3.3 Develop partnerships and network with related organizations.

1. Form local partnerships with organizations such as Social Security, Arizona Health Care Cost Containment System, Adult Protective Services, Medicare Advantage Plans, Indian Health Services, Veteran's Administration, and Health Service Advisory Group.
2. Collaborate with community partners to expand State Health Insurance Assistance Program services to help beneficiaries understand and apply for their Medicare benefits.
3. Participate in annual health fairs and other community events.
4. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand and apply for their Medicare benefits.

42.3.4 Expand volunteer base.

1. Demonstrate Contractors expansion of the number of counselor full-time equivalents.
2. Assess the need to increase counseling sites based on community needs.

3. Provide annual recognition of volunteers.
- 42.3.5 Enhance the quality of the program and the information it provides.
1. Develop educational materials specific to local area needs.
 2. Evaluate collected data to identify trends and target future program outreach.
 3. Conduct evaluations on each public and media activity.
 4. Compile evaluations for program assessment and improvement.
 4. Any materials, systems or other items developed, refined or enhanced under the grant awards will be delivered to the Administration for Community Living (ACL) and CMS upon request.

- 42.3.6 Comply with staffing requirements:
1. Provide a staff person to be the SHIP Coordinator, and be responsible for the recruiting and training of other staff and volunteers, providing technical assistance, education and outreach events, data collection and reporting, and creation of local and network partnerships.
 2. Verify that all counselors/volunteers have no conflict of interest (i.e., direct service provider is not an agent for an entity that provides long-term care insurance).
 3. Verify that counselors shall remain impartial in educating and assisting beneficiaries in making insurance or provider choices.
 4. Verify that all staff members of the program, salaried and volunteer, shall receive timely and accurate information and appropriate training.
 5. Develop and implement a security plan for maintaining the confidentiality of client information.
 6. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community.
 7. Provide counselors a minimum of 30 hours of initial training utilizing the SHIP training manual.
 8. Provide counselors a minimum of 10 hours of in-service training per year on related topics.
 9. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed.
 10. Verify that the SHIP Coordinator participates in Centers Medicare and Medicaid Services (CMS) education and training opportunities.
 11. Participate in State SHIP ~~and SMP~~ monthly conference calls.
 12. Direct service providers attend at least one outside service-related training annually.

42.4 Performance Measures

- 42.4.1 Comply with performance measures established by the ACL, and any identified in the Division of Aging and Adult Services Policy and Procedure Manual.
- 40.4.2 Increase the locally based counseling services to individuals with dual mental health needs by 5 percent.

42.5 Reporting Units

- 42.5.1 One unit of service equals one event conducted.
- 42.5.2 One unit of service equals one client contact.
- 42.5.3 One unit of service equals one application completed.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

43.0 STATE HEALTH INSURANCE ASSISTANCE PROGRAM - SENIOR MEDICARE PATROL PROJECT (SMP)

43.1 Purpose Statement

43.1.1 The service provides Medicare and Medicaid beneficiaries with the tools to protect themselves - and help the government prosecute fraudsters and uncover billing mistakes. Organize volunteers who work in their communities to educate Medicare and Medicaid beneficiaries, family members, and caregivers about the importance of reviewing their Medicare notices to identify errors and potentially fraudulent activity. Provide assistance when such issues are identified, so that mistakes are corrected and suspected fraud is referred to the appropriate authorities.

43.2 Service Description

- 43.2.1 Taxonomy Definition - Services provides health; long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.
- 43.2.2 Work under the direction of the SMP Project Director to recruit a diverse population of SMP volunteers (including bilingual volunteers); ensure all required Administration for Community Living (ACL) Volunteers and Program Management (VRPM) policies and procedures are followed, including but not limited to: completion of volunteer screening forms, reference and background checks according to volunteer role; appropriately train volunteers according to their SMP role; and manage senior volunteers to carry out activities that will achieve SMP program objectives.
- 43.2.3 Maintain updated SMP volunteers contact information, training and work hours and report the information to the SMP Project Director.
- 43.2.4 Increase the number of senior volunteers to provide information and assistance to increased number of beneficiaries and their caregivers to “protect, detect and report” suspected healthcare errors, fraud, waste and abuse.
- 43.2.5 Provide at least two (2) group educational sessions each month; share the SMP message at a minimum of two (2) community events annually; provide one-on-one counseling as needed; and provide other assistance to beneficiaries, their caregivers and family members about health care errors, identify theft, fraud, waste and abuse including information regarding:
- An individual’s health care coverage errors, identify theft, fraud, waste, and abuse;
 - Long-term care insurance errors, fraud, waste, and abuse;
 - Medicare prescription drug plan errors, fraud, waste, and abuse;
 - Durable Medical Equipment (DME) marketing fraud, waste, and abuse;
 - Health Reform and the Affordable Care Act.
- 43.2.6 Provide targeted outreach and collaboration to share the SMP message throughout the sub-grantee’s assigned coverage area, including outreach to and collation with additional organizations working directly with beneficiaries and caregivers with limited-English proficiency and from other multi-cultural populations; “dual eligible” Medicare and Medicaid beneficiaries; homebound beneficiaries; homeless beneficiaries; Individuals with end-stage Renal Disease; and persons with a disability. See the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, Chapter 3410, as may be amended.
- 43.2.7 Partner with other state and community agencies to train staff and volunteers in the most accurate and up to date healthcare fraud, waste, and abuse counseling and prevention information.
- 43.2.8 Participate in SMP Media Campaigns to publicize the SMP message to all communities in the assigned area to prevent fraud, waste and abuse and to recruit SMP volunteers. Utilize the web site, www.stopmedicarefraud.gov and <http://www.seniormedicarepatrol.org/Login.aspx> for resources and tools and have at least one (1) media outreach activity monthly.
- 43.2.9 Communicate with the SMP Project Director to provide information and/or report consumer complaints and/or suspected Medicare errors, fraud, waste, or abuse and to facilitate appropriate referrals to the State’s Attorney General’s office; the Office of the Inspector General Hot Line; the CMS Regional liaison; CMS contractors or other appropriate entities for investigation of complex issues of potential healthcare fraud, waste, and abuse or related issues.
- 43.2.10 Attend all required meetings, trainings, webinars, teleconferences, and conferences, as required by Administration for Community Living (ACL), the SMP Project Director, and or the SMP Volunteer Coordinator; maintain effective communication regarding grant activities with the SMP Project Director, the SMP Volunteer Coordinator and with other grant partners, when appropriate; compile and submit to

the SMP Project Director required monthly narratives of program activities and lessons learned within specified time frames.

43.2.11 Comply with all state and federal data collection and reporting requirements related to the project within the required time frames.

43.3 Service Requirements – The Contractor shall:

43.3.1 Provide information to individuals.

1. Provide regional outreach and enrollment events to diverse and hard to reach individuals that include activities that encompass cultural and intergenerational diversity in accordance with performance targets identified by the Division of Aging and Adult Services.
2. Hold educational presentations on Medicare and Medicaid fraud, errors and abuses of the healthcare system.
3. Identify needs and provide information in response to written, telephone or walk-in requests.
4. Expand Internet access to additional local counseling sites.
5. Expand telephone system capabilities to receive and respond to inquiries and complex issues and referrals.
6. Expand programs to accommodate for walk-in individuals and to meet the needs of persons with a disability.
7. Include information on SMP on agency's website.
8. Include SMP logo on all flyers, brochures, and factsheets.
9. Disseminate timely and accurately health care fraud, waste and abuse information to staff members, SMP volunteers and beneficiaries or their caregivers.
10. Conduct outreach events as directed by the DAAS.
11. Confirm that all new publications funded solely or in part by SMP grants shall include the express acknowledgement, "This publication has been created or produced by Arizona with financial assistance, in whole or in part, through a grant from the ACL. These contents do not necessarily represent the policy of the U.S. Department of Health and Human Services and the grantee should not assume endorsement by the Federal Government."

43.3.2 Collect and provide to the DAAS accurate data for needs assessment, program evaluation, and reporting in accordance with the DAAS Policy and Procedure Manual.

43.3.3 Develop partnerships and network with related organizations.

1. Form local partnerships with organizations such as Social Security, Arizona Health Care Cost Containment System, Adult Protective Services, Medicare Advantage Plans, Indian Health Services, Veteran's Administration, and Health Service Advisory Group, including multi-cultural organizations.
2. Collaborate with community partners to expand SMP services to help beneficiaries understand, identify, protect and report healthcare fraud, errors, and abuse.
3. Develop at least two (2) multi-cultural groups or agencies serving beneficiaries with limited-English proficiency located within the assigned coverage area and coordinate culturally appropriate healthcare fraud, waste, and abuse educational presentations. Ensure appropriate marketing for each event to secure a robust turnout as well as ensuring that the message is reaching the target communities.
4. Participate in annual health fairs and other community events.
5. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand healthcare fraud, errors, and abuse.

43.3.4 Expand volunteer base.

1. Demonstrate Contractors expansion of the number of counselor full-time equivalents.
2. Ensure that culturally appropriate staff or volunteers are available to meet the language needs of limited-English speaking beneficiaries.
3. Assess the need to increase counseling sites based on community needs, including in rural and hard-to-reach areas.
4. Maintain at least one SMP to provide information about Medicare and Medicaid fraud, errors, and abuse.
5. Provide an annual event dedicated for recognition of volunteers.

43.3.5 Enhance the quality of the program and the information it provides.

1. Develop educational materials specific to local area needs.
2. Evaluate collected data to identify trends and target future program outreach.
3. Conduct evaluations on each public and media activity.
4. Compile evaluations for program assessment and improvement.
5. Any materials, systems or other items developed, refined or enhanced under the grant award will be delivered to the ACL upon request.

43.3.6

Comply with staffing requirements:

1. Provide a staff person to be the SMP Coordinator, and be responsible for the recruiting and training of other staff and volunteers, providing technical assistance, education and outreach events, data collection and reporting, and creation of local and network partnerships.
2. Verify that all counselors/volunteers have no conflict of interest (i.e., direct service provider is not an agent for an entity that provides long-term care insurance).
3. Verify that counselors shall remain impartial in educating and assisting beneficiaries in making insurance or provider choices.
4. Verify that all staff members of the program, salaried and volunteer, shall receive timely and accurate information and appropriate training for their assigned roles.
5. Implement a security plan for maintaining the confidentiality of client information.
6. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community.
7. Provide counselors a minimum of 30 hours of initial training utilizing the SMP Foundations training manual.
8. Provide counselors a minimum of 4 hours of in-service training per year on related topics.
9. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed.
10. Verify that the SMP Coordinator participates in Centers for Medicare and Medicaid Services (CMS) education and training opportunities.
11. Participate in State SMP monthly conference calls.
12. Direct service providers attend at least one outside service-related training annually.

43.4

Performance Measures

43.4.1

Comply with performance measures established by the Centers for Medicare and Medicaid Services and the ACL/Administration on Aging, and any identified in the DAAS Policy and Procedure Manual.

43.4.2

Increase the locally based counseling services to individuals with dual mental health needs by 5 percent.

43.5

Reporting Units

43.5.1

One unit of service equals one event conducted.

43.5.2

One unit of service equals one client contact.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

44.0 SUPPLEMENTAL PROVISIONS

44.1 Purpose Statement

44.1.1 The service complements on a temporary basis, the care provided by a family caregiver or a grandparent raising a grandchild to allow them to provide safe, confident care to loved ones in a community setting, helping to avoid costly and unwanted placement of the care recipient in a care facility.

44.2 Service Description

44.2.1 Taxonomy Definition - A service that provides supplemental food, clothing, toys, vouchers or household supplies to individuals. This service is intended to supplement individuals on a non-emergency basis.

44.2.2 Supplemental Provisions is a caregiver-focused service.

44.2.3 Supplemental Provisions is a case-managed service.

44.2.4 Supplemental Provisions is considered to be a temporary supportive service that may only be provided if it can be shown to complement the care of the caregiver.

44.2.5 This service may include the temporary provision of food, personal care items, or household supplies, and may include the provision of other services deemed necessary and complementary to the caregiver, but does not include the provision of toys.

44.2.6 All other available resources should be examined and utilized prior to providing this service.

44.2.7 Eligibility Requirements – The Contractor shall provide services to caregivers and their care recipients that meet the eligibility requirements described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

44.3 Service Requirements – The Contractor shall:

44.3.1 Provide supervision and monitoring for direct service staff.

44.3.2 Review case manager authorization for duration of service and any special service requirements.

44.3.3 Provide a fee schedule if cost sharing is implemented.

44.3.4 Supplemental Services within the Family Caregiver Support Program, including Supplemental Provisions, are provided on a temporary and limited basis as defined in the DAAS Policy and Procedure Manual, Chapter 3600, as may be amended.

44.4 Performance Measures

44.4.1 Service provision enhanced the ability of the caregiver to care for the care recipient.

44.4.2 Service provision helped the care recipient remain at home under the care of the family caregiver.

44.5 Reporting Unit

44.5.1 The unit of service equals one service or item of support.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

45.0 SUPPORTED EMPLOYMENT - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

45.1 Purpose Statement

45.1.1 The service helps to identify, facilitate and coordinate services for eligible individuals to assist them in addressing work-related skill gaps, and secures unsubsidized employment.

45.2 Service Description

45.2.1 Taxonomy Definition - A service that provides job development, assistance in matching the individual with an integrated competitive job and intensive time-limited supports to an employed individual once placed.

45.2.2 The SCSEP:

1. Assists eligible individuals through employment related training with skills enhancements in preparation for securing unsubsidized employment.
2. Provides recruitment of eligible individuals and host agencies.
3. Provides assessment of individuals' abilities in relation to employment goals.
4. Provides for the development of Individual Employment Plans (IEP).
5. Provides community service training assignments at host agencies.
6. Arranges for and monitors community service training assignments, general training, and/or specialized training in accordance with the IEP.
7. Provides follow-up services in order to reinforce and stabilize the community service training assignment.
8. Provides supportive services as necessary.
9. Coordinates employment plans and resources with other Workforce Investment Act programs.

45.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the Division of Aging and Adult Services Policy and Procedure Manual, as may be amended.

45.3 Service Requirements – The Contractor shall:

45.3.1 Comply with program funding allocation for Participant Wages/Fringe Benefits, Other Program Costs (including supportive services and training), and Administration in accordance with the Older Americans Act as Amended in 2006.

45.3.2 Recruit participants according to Enrollment Priorities (See DAAS Policy and Procedures Manual, Chapter 4000) and the number of allocated DES/DAAS positions to meet program goals.

45.3.3 Comply with special recruiting preferences in accordance with the Older Americans Act, as may be amended.

45.3.4 Recruit host agencies to meet participant employment goals and conduct host agency orientations in accordance with the Host agency Handbook.

45.3.5 Abide by the Income Eligibility Guidelines as periodically updated by the U.S. Department of Labor, Employment and Training Administration.

45.3.6 Orient enrollees to the program within 10 days of enrollment, on the following topics: goals and objectives of the SCSEP; training opportunities and supportive services; participant's rights and responsibilities; assessment of enrollees skills, knowledge and abilities; Individual Employment Plan (IEP); permitted and prohibited political activities; grievance procedures; plans for transition to unsubsidized employment as described in the IEP; administrative procedures (time sheets, leave requests, grievance procedures, etc.); and an overview of the following federal acts:

1. The Older Americans Act, as may be amended;
2. The Workforce Investment Act (WIA), as may be amended;
3. The Americans with Disabilities Act (ADA), as may be amended;
4. The Drug-free Workplace Act as may be amended; and
5. The Age Discrimination in Employment Act (ADEA).

45.3.7 Assess enrollees concurrent with enrollment, coordinate skill-gap analysis assessments with local One-stops/community resources as necessary, and re-assess the participant in accordance with the Individual Employment Plan (IEP).

45.3.8 Conduct recertification of eligibility for all program participants between March and May of each program year.

45.3.9 Partner with the WIA One-Stop partner programs to recruit participants and to identify suitable unsubsidized job openings and other job-related assistance for participants.

45.3.10 Enter all required data into SCSEP Performance and Results Quarterly Progress Report (SPARQ) no later than two days after the action occurs.

45..3.11 Ensure that SCSEP Program Managers have at least two years of case management or related experience and are familiar with: the needs and challenges older workers face, and the local labor market.

45.4 Performance Measures

45.4.1 Meet or exceed programmatic goals as defined by the U.S. Department of Labor and outlined in DAAS Policy and Procedure Manual, Chapter 4000, Section 4013.3 and associated contractual exhibits, as may be amended.

45.5 Reporting Units

45.5.1 One unit of service equals one Participant earning current minimum wage.

45.5.2 One unit of service equals one SCSEP Program Representative earning \$10.00 per hour, or as may be amended in the DAAS Policy and Procedure Manual.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

46.0 SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING

46.1 Purpose Statement

46.1.1 The service provides support for informal caregivers by offering professional counseling. Counseling can mitigate the effects of stress and burden related to caregiving, allowing the caregiver to continue to provide care, helping to avoid costly and unwanted placement of the care recipient in a care facility.

46.2 Service Description

46.2.1 Taxonomy Definition - A service that provides supportive intervention and/or guidance.

46.2.2 Supportive Intervention/Guidance Counseling may include one or more of the following:

1. Increasing employment potential.
2. Assistance finding and securing employment.
3. Helping improve emotional and mental well-being, and protecting physical, emotional, and mental well-being.
4. Guaranteeing the availability of information about and access to human services and community resources.
5. Helping to facilitate and strengthen the family capacity for caregiving.

44.2.3 The service promotes problem solving and helps caregivers cope with feelings of anger, frustration, anxiety, guilt, and loss.

46.2.4 Eligibility Requirements – The Contractor shall provide services to caregivers that meet eligibility requirements described in 3602.2 of the DAAS Policy and Procedure Manual, with priority given as indicated in 3602.3, as may be amended.

46.3 Service Requirements – The Contractor shall:

46.3.1 Review any existing data relevant to the individual.

46.3.2 Assess the individual, caregiver, and/or family's need/readiness for services and develop an individual, caregiver, and/or family service plan.

46.3.3 Provide counseling to the individual, caregiver, family, or significant others, including in a group setting if appropriate.

46.3.4 Assist the individual, caregiver, and/or family in obtaining needed services.

46.3.5 Monitor referrals to other services prior to termination of counseling services.

46.3.6 Monitor progress regularly of the individual, caregiver, and/or family service plan.

46.3.7 Prepare and providing regular reports which describe the progress being made and the achievement of the goals.

46.3.8 Prescribe medication as appropriate (only applies to a Psychiatrist or Psychiatric nurse).

46.4 Licensure/Certification Requirements – The Contractor shall comply with the following:

46.4.1 A.R.S. Chapter 32, Sections 1401 through 1491 and 1821 through 1826 for Psychiatrist, as may be amended.

46.4.2 A.R.S. Chapter 32, Sections 1601 through 1669 for Psychiatric Nurse, as may be amended.

46.4.3 A.R.S. Chapter 32, Sections 2061 through 2086 for Psychologist, as may be amended.

46.4.4 A.R.S. Chapter 32, Sections 3251 through 3322 for Social Worker and Counselor, as may be amended.

46.4.5 Require that individuals who provide counseling are qualified by training/experience and are supervised by a licensed professional.

46.5 Performance Measures

46.5.1 The number of caregivers who were provided support through the provision of Supportive Intervention/Guidance Counseling services.

46.5.2 Service provision enhanced the ability of the caregiver to care for the care recipient, as measured by pre and post service delivery evaluations.

46.6 Reporting Unit

46.6.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (DES) – Area Agencies on Aging

47.0 VOLUNTEER SERVICES - MANAGEMENT

47.1 Purpose Statement

47.1.1 This service provides for coordination of the recruitment, screening, training, placement and evaluation of volunteers.

47.2 Service Description

47.2.1 Taxonomy Definition – A service that provides the coordination of volunteer activities.

47.2.2 The importance of volunteers is recognized as a means of providing a cost effective source of assistance as well as a meaningful experience to the volunteer.

47.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described the DAAS Policy and Procedure Manual, as may be amended.

47.3 Service Requirements – The Contractor shall:

47.3.1 Recruit and Screen

1. Receive specific requests for volunteers.
2. Screen applicant volunteers.
3. Advertise for volunteers.
4. Determine appropriate work assignments

47.3.2 Train

1. Determine training content for volunteers and staff including program policies and procedures.
2. Train volunteers, initially and ongoing
3. Train staff in utilizing volunteers.

47.3.3 Place

1. Develop policies and procedures for staff supervision of volunteers
2. Develop a job description for volunteer responsibilities and tasks.
3. Document volunteer hours and activities accomplished.

47.3.4 Evaluate

1. Evaluate volunteer performances in placements.
2. Evaluate staff performances with volunteers.
3. Obtain staff evaluations of placements.
4. Obtain volunteer self-evaluation of placement.
5. Evaluate volunteer program.

47.4 Performance Measure

47.4.1 Demonstrate cost savings achieved annually by the use of volunteers.

47.5 Reporting Unit

47.5.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security – Area Agencies on Aging

48.0 VOLUNTEER SERVICES – PERSONAL BUDGETING ASSISTANCE

48.1 Purpose Statement

48.1.1 The service provides assistance to older adults in managing their finances in order to help enable them to remain independent in their homes and communities.

48.2 Service Description

48.2.1 Taxonomy Definition – A service that provides coordination of volunteer activities.

48.2.2 The service provides assistance in bill paying, budget planning and balancing bank accounts to frail elderly individuals who are alone, have no family who can assist them, and/or are in danger of losing their independence if their monthly bills are not paid in a timely manner.

48.2.3 Services may be provided by trained volunteers who are usually assigned one or two clients.

48.2.4 The service is non-client supported.

48.2.5 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

48.3 Service Requirements – The Contractor shall:

48.3.1 Require that volunteers receive pre-service orientation and training that is related to service provision prior to providing the service and demonstrate understanding of material/information provided.

48.3.2 Assist clients to establish a budget for payment of regular monthly bills.

48.3.3 Assist clients to balance their checkbooks.

48.3.4 Assist clients to fill out health insurance forms.

48.3.5 Assist clients to apply for various subsidy programs.

48.3.6 Require that volunteers do not handle client's cash or sign checks.

48.4 Performance Measure

48.4.1 At least 90% of clients served annually are satisfied with the services provided by volunteers.

48.5 Reporting Unit

48.5.1 One unit of service equals 60 minutes of service time.