3100 Non-Medical Home and Community Based Services System (NMHCBS)

3101 Overview

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. Minimum standards associated with the various services identified within a Non-Medical Home and Community Based System must be met by the Area Agency on Aging within its Planning and Service Area.

This section provides an outline of the Aging and Adult Administration policies and procedures for the Non-Medical Home and Community Based Service System. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as Amended in 2000, P.L. 106-501, §102, §306, §307, §308 §321 and §339; Title 45 C.F.R. §1321.63; and A.R.S. Title 46 Chapter 1, Article 8, §46-191 and §46-192.

3102 Operational Principles

3102.1 The Non-Medical Home and Community Based Services System has the following goals:

A) To assist functionally impaired individuals to care for themselves in their home and community.

B) To prevent or delay less desired and more costly institutional placement.

C) To maintain the dignity, autonomy and independence of individuals and their families.

3103 Operational Procedures

3103.1 The Non-Medical Home and Community Based Services System includes, but is not limited to the following services:

A) Adult Day Care/Adult Day Health Care

B) Case Management

C) Housekeeper/Chore Services

D) Home Health Aid

E) Personal Care

F) Respite and Supportive Services for families and caregivers

G) Nursing (may also be referred to as Visiting Nurse Services or Home Nursing)

H) Minor Home Repair and Adaptation

I) Home Delivered Meals

J) Adaptive Aids and Devices, dependent upon available funding.

K) Other services as defined by Federal and State requirements.

3110 NMHCBS Eligibility Requirements

3111 Overview

The Aging and Adult Administration shall provide Non-Medical Home and Community Based Services to at-risk older, frail or disabled adults in an effort to delay or prevent the institutionalization of older and disabled adults, and to enable them to maximize their ability to continue to live in the environment of their choice.

This section provides an outline of the Aging and Adult Administration operational principles and procedures for the Non-Medical Home and Community Based Services System Eligibility Requirements. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as Amended in 2000, P.L. 106-501, §102 §306, §307 §308, §321 and §339; P.L. 92.603, §1602 (a)(10)(b)(1,2,3) of the Social Security Act; A.R.S. §46-251, §46-252, §46-253 and §46-192; and the Arizona Taxonomy 2003.

3112 Operational Principles

3112.1 The Non-Medical Home and Community Based Service System is a care managed system where case managers determine eligibility and need, authorize services, arrange for the provision of services, and monitor the services.

3112.2 The Supplemental Payments Program had been considered an entitlement program for Aging and Adult Administration clients eligible for Housekeeper, Home Health Aid and/or Visiting Nurse services until June 30, 1993. It is now a discretionary program, based upon funding availability.

3113 Operational Procedures

3113.1 The following individuals are eligible to receive Non-Medical Home and Community Services (NMHCBS):

A) Individuals 60 years of age or older.

B) Individuals under 60 years of age with a disability.

C) Family Caregivers as defined in the Aging and Adult Administration Policy and Procedures Manual Chapter 3600 – Family Caregiver Support Program.

3113.2 The following eligibility criteria apply to NMHCBS. Individuals shall be assessed for Non-Medical Home and Community Based Services eligibility as defined in Chapter 3120 – Case Management for NMHCBS. See also Exhibit 3000A – Service Eligibility Matrix.

A) Individuals must be assessed as moderately to severely impaired in two areas of Activities of Daily Living <u>or</u> two areas of Instrumental Activities of Daily Living in order to be eligible for the following services: Adult Day Care/Adult Day Health Care; Personal Care; In-Home Respite/Group Respite; Minor Home Repair and Adaptation, Adaptive Aids and Devices,

and Supplemental Payments Program services. Other eligibility criteria apply for Supplemental Payments Program services as described in section 3113.2.B and C.

B) Individuals assessed as moderately to severely impaired in one Activity of Daily Living and one Instrumental Activity of Daily Living is not eligible to receive the services identified in section 3113.1.A.

C) Home health aid and home nursing are medically related services within the NMHBCS System. The following eligibility criteria apply:

1) Documentation of medical need from a health care practitioner of one of the following: insulin set-up, medication set-up, vital monitoring, nursing assessment, teaching by nurse, medication management/ monitoring, wound care, and catheter/colostomy care.

2) Documentation that the individual has no other resources available for obtaining the needed care, for example, the individual resides alone or the spouse or caregiver of the individual is incapacitated and unable to assist the individual with the medically related function.

3) Individuals must be assessed as moderately to severely impaired, in two areas of the Activities of Daily Living or medical need is identified as described in section 3124.2.A.2.

D) Individuals must be assessed as moderately to severely impaired in two areas of Instrumental Activities of Daily Living in order to be eligible for Housekeeping services and Home Delivered Meals. For Housekeeping services, one of the Instrumental Activities of Daily Living must be shopping, laundry, or housework. For Home Delivered Meals, one of the Instrumental Activities of Daily Living must be meal preparation. Other eligibility criteria apply for Home Delivered Meals as described in 3113.3.A.

3113.3 Operational Procedure 3113.1 does not apply to other Non-Medical Home and Community Based Services that have specific eligibility tests, as follows:

A) Home Delivered Meals as described in section 3203.2 of the Aging and Adult Administration Policy and Procedures Manual Chapter 3200-Nutrition Programs.

B) State Supplemental Payments Program (Housekeeping Services)

1) Individuals must meet the following criteria to be eligible for Housekeeping Services under the Supplemental Payments Program:

a) Must be a recipient of Supplemental Security Income (SSI) benefits.

b) Must be a resident of the State of Arizona.

c) Must be 18 years of age and older.

2) Individuals who were enrolled in the Supplemental Payments Program **prior** to June 30, 1993 were authorized to maintain a $70 monthly payment to purchase Housekeeping Services. This is also known as the Supplemental Payments Program Direct Pay.

a) The continuation of the $70.00 monthly payment is contingent upon the individual being impaired in one of the following three Instrumental Activities of Daily Living:

i) Shopping

ii) Laundry

iii) Housework

3) Individuals who were enrolled in the Supplemental Payments Program **after** June 30, 1993 are authorized to receive Housekeeping Services.

C) State Supplemental Payments Program (Home Health Aid and Visiting Nurse Services)

1) Individuals must meet the following criteria to be eligible for Home Health Aid and/or Visiting Nurse services under the Supplemental Payments Program.

a) Be a recipient of SSI benefits

b) Be a resident of the State of Arizona

c) Be 65 years of age or older.

d) Be moderately to severely impaired in two Activities of Daily Living or documentation for medical need must be provided.

D) Family Caregiver Support Program Services

1) Refer to Aging and Adult Administration Policy and Procedure Manual, Chapter 3600 – Family Caregiver Support Program.

EXHIBIT:
3000A – Service Eligibility Matrix

3120 Case Management for NMHCBS

3121 Overview

Case management is provided to any individual entering the Non-Medical Home and Community Based Service System (NMHCBS). Case management is a service provided by experienced or trained case managers to an older, frail and/or disabled individual, at the direction of the individual, family member, or caregiver. For the individual eligible for case management services, appropriate services and/or benefits are identified and comprehensively assessed, planned and coordinated with formal and informal resources, obtained and provided, recorded and monitored, modified, or terminated with follow-up provided where and when appropriate. The Area Agency on Aging, or entity that such agency has contracted with, is required to maintain a comprehensive case management system wherein an older, frail and/or disabled adult is determined eligible to receive services from the Non-Medical Home and Community Based Services System within the Planning and Service Areas.

This chapter provides an outline of the Aging and Adult Administration operational principles and procedures for case management. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as Amended in 2000, P.L. 106-501, §102, §306, §307 and§339, A.R.S. §46-191 and §46-192, and the Arizona Taxonomy.

3122 Operational Principles

3122.1 Area Agencies on Aging shall facilitate the coordination of community-based long-term care services designed to enable older, frail and/or disabled individuals to remain in their home by means that include one or all of the following:

A) Development of Case Management Services as a component of the long-term care services, as defined in section 3122.2.

B) Involvement of the long-term care providers in the coordination of such services.

3122.2 The Area Agency on Aging shall ensure that case management services be provided through the following:

A) Public or non-profit agencies that:

1 Give each individual seeking services a list of agencies that provide similar services within the jurisdiction of the Planning and Service Area.

2 Give each individual the right to make an independent choice of service providers and document the receipt by such individual of such a statement.

3 Ensures case managers act as agents for an individual receiving the services and not as promoters for the agency providing services.

B) The Area Agency on Aging may provide case management services directly if approval was granted by the Aging and Adult Administration through the direct services waiver, as described in Chapter 2100 – Area Plan on Aging.

3122.3 Case management shall be an integrated system that accomplishes the following:

A) Provides access to the Non-Medical Home and Community Based Service System through a single point of entry utilizing approved eligibility assessment instruments.

B) Applies a client-centered approach in determining needed services.

C) Allows for a problem-solving orientation that uses a holistic assessment of the client's situation and mechanism that addresses the problems contributing to the client's situation.

D) Promotes networking to ensure the coordination of service and development of a cost-effective service plan.

3122.4 In providing case management, the Area Agency on Aging, or entity that such agency has contracted with, shall comply with the following:

A) Not duplicate case management services provided through other Federal and State programs, such as the Arizona Long-term Care System (ALTCS); the Arizona Department of Economic Security, Division of Developmental Disabilities (ADES, DDD); and the Arizona Department of Health Services (ADHS). Efforts shall be made, to the extent possible, to ensure that coordination with other service systems do not result in services being duplicated and that the client's goals and objectives are not compromised between service systems.

B) Conduct a functional assessment of all clients entering the Non-Medical Home and Community Based Service System to determine eligibility.

3122.5 The Area Agency on Aging shall ensure case management providers receive the appropriate orientation and training on case management policies and procedures.

3123 Operational Procedures for Assessing Eligibility

3123.1 The Area Agencies on Aging shall be the single point of entry into the Non-Medical Home and Community Based Service System.

3123.2 Individuals shall be assessed for eligibility within **seven** business days after the referral has been screened and accepted.

3123.3 Eligibility for entry into the NMHCBS System requires the use of one of the following assessment instruments:

A) The Arizona Standardized Client Assessment Plan (ASCAP), as defined in section 3123.4.

B) The Short Form Intake Document (SFID – formerly known as the Short Term Form or STF), as defined in section 3123.5.

3123.4 The ASCAP is the recommended assessment instrument for the individual and the case manager to be used on individuals requiring assistance, except as defined in section 3123.5.

A) A home visit is required for all individuals assessed with the ASCAP.

B) The ASCAP shall be used to determine eligibility for the following services:

1) Adult Day Care/Adult Day Health Care

2) Housekeeping (includes chore and shopping)

3) Personal Care

4) Home Delivered Meals

5) Home Health Aid

6) Home Nursing

7) Respite (in home and group)

C) The case management provider shall conduct a re-determination of eligibility every twelve months, or more frequently, as appropriate.

3123.5 The SFID is generally used when services are needed for a period less than 90 days or for caregiver support services as described in 3123.5 B. **If Non-Medical Home and Community Based Services were authorized through the ASCAP, the SFID shall not be used.**

A) A home visit is not required when using the SFID to assess individuals for eligibility, except for services described in 3123.5.B.3.a.

B) The SFID may be used to determine eligibility for the following services:

1) One Time Case Management

2) Short Term Home Delivered Meals, *if Home Delivered Meals is the only service being authorized.* If the applicant is determined eligible for home delivered meals and the spouse meets the requirements as described in 3203.2.B, Long Term Home Delivered Meals for the spouse may be authorized.

3) Family Caregiver Support Services

a) In-Home or Group Respite (This does not include emergency respite.)

b) Supplemental Services

3123.6 Qualifiers may also be used in determining eligibility as outlined in the Aging and Adult Administration Arizona Standardized Client Assessment Plan Manual.

3123.7 Services may be denied to individuals if one of the following are met:

a. The criteria described in section 3113 are not met.

b. With the exception of disclosing information on income, information necessary to complete an assessment is not provided.

3124 Operational Procedures for Service Authorization

3124.1 Services may be authorized to individuals meeting the eligibility criteria described in 3113.

3124.2 Services should be authorized based on the following priorities in descending order:

A) Individuals 60 years of age or older with greatest social and economic need with particular attention to older individuals who are low-income minority, older individuals residing in rural areas, older individuals with severe disabilities, older individuals with limited English speaking abilities, and older individuals with Alzheimer's disease or related dementias.

B) Individuals under 60 years of age who are disabled.

C) Eligible individuals accepted in an entitlement program or receiving services through another service system.

3124.3 Services are authorized using the assessment instruments described in 3123.3. **A correlation must be demonstrated between the individual's impairment level(s) and the service(s) authorized.**

A) The ASCAP is the primary assessment instrument used to authorize services.

1) The ASCAP shall be used to authorize the services described in 3123.4.B.

2) If individuals do not meet the criteria for medically related services identified in 3113.2.C.3, but are determined to be in need of a medically related service, authorization may be provided if the following is documented: At least one of the eight applicable choices in Category 9 of the Medical/Nursing Services is marked.

B) The SFID is <u>generally</u> used to authorize services for a period less than 90 days or for caregiver service authorization as described in 3123.5.B.

3124.4 Area Agencies on Aging may identify and authorize non-case management providers within their Planning and Service Area to complete and submit the SFID for an individual requiring short-term intervention. A non-case management provider may only authorize Short Term Home Delivered Meals.

3124.5 Tribal Area Agencies on Aging who do not have a case management system for aging services in their Planning and Service Areas may use the SFID to authorize services.

3124.6 Service authorizations, whether authorized with the ASCAP or SFID shall not exceed a 12-month period. The following applies when the authorization is provided using the SFID:

A) In-Home or Group Respite Services may be authorized for a 12-month period and must comply with section 3123.5.B.3.a.

B) Authorizations for Home Delivered Meals for the spouse shall coincide with the authorization of Home Delivered Meals for the primary recipient. *The SFID must cross reference the corresponding social security number of the primary recipient in order for the spouse's authorization to be valid.*

3124.7 Service Authorizations shall not exceed the levels required to meet the eligible individual's needs. The services authorized for an individual shall not deviate more than 25% from the actual levels that can be provided on a monthly basis. *Service authorizations may incorporate the "fifth week factor". The use of this factor is limited to those months that have a fifth week, with services being provided every week of the month. The "fifth week" factor shall not be used as a general business practice in service plan development.*

3124.8 The case management provider shall complete all mandatory fields on the assessment tools and obtain the necessary signatures and comply with the following time-frames:

A) The assessment tool shall be submitted to the Area Agencies on Aging for input into the Aging Information Management System (AIMS) within **seven** business days following the completion of the assessment.

B) Service plans must be forwarded to the service providers within **five** business days of authorization.

C) Service provision by the providing agency can commence before receipt of the service plan, but initiation is limited to **five** days before receipt of the plan.

D) Service providers shall initiate service provision authorized by the ASCAP and SFID within **seven** business days after an individual has been assessed for eligibility for the service(s) developed in the service plan.

3124.9 The Area Agency on Aging shall ensure data from the ASCAP and SFID is entered into the Aging Information Management System within **ten** business days after receipt of the ASCAP or SFID. If the ASCAP or SFID contains blank mandatory fields**,** the Area Agency on Aging must establish a process with their case management provider for completion of blank mandatory fields. **Documentation must exist that the case management provider supplied information for completion.**

3125 Operational Procedures for Case File Documentation

3125.1 The Area Agency on Aging shall ensure that their case management provider completes case files on each individual referred for case management.

3125.2 Case files must be maintained in accordance with the requirements for confidentiality outlined in the Aging and Adult Administration Policy and Procedures Manual Chapter 1900.

3125.3 Case files must contain the following documentation:

A) A copy of the annual assessment/reassessment instrument.

B) Case notes, through regular narrative entries, about the individual and his/her services based on contacts with providers, significant others, and the individual. Case notes should address the current functional status of the individual and identify linkages between the service plan goals, and the services selected and authorized for the client.

C) Copies of the referral forms utilized by case management agencies assigning the individual to a service provider.

D) Quarterly review and update of the individual's service plan.

3126 Operational Procedures for Monitoring of Service Plans

3126.1 The Area Agency on Aging shall ensure that their case management provider monitors service plans for individuals authorized to receive services **every 90 days** and shall be accomplished through a home visit unless otherwise specified:

A) Monitoring of the service plan is required to determine the following:

1) That the services authorized meet the individual's needs.

2) That services are being provided in accordance with the service plan.

3) The quality of the services provided.

4) That issues or problems relative to the service delivery process are identified.

5) That a course of action for identified issues or problems are developed.

B) Monitoring of service plans may be accomplished through the following approaches:

1) A telephone contact.

2) Inter-agency monthly or 90-day case conferences held with the service provider to discuss the service plan, service delivery issues, and/or problems encountered with the individual.

3) A home visit. A home visit is required **every 180 days**.

3126.2 Monitoring of service plans may result in revisions made to the service plan, based upon individual need(s). Revisions may include service continuation, modification or termination.

A) The following applies to services authorized through the ASCAP:

1) Home visits are required when service additions or deletions are made to the individual's service plan.

a) The case management provider shall obtain the necessary signatures for services added to or deleted from the service plan. *Signatures are not required for service level increases or decreases.* The ASCAP shall be submitted to the Area Agency on Aging based on the time frames identified in section 3124.7.

2) Services must be re-determined every 12 months. Home visits are required for services when conducting a re-determination.

3) Services may be terminated for some of the following reasons: voluntarily by the individual, the individual dies, the individual moves out of the planning and service area or the state, the individual is accepted by the Arizona Long Term Care System, the individual is admitted to an institution for an indefinite stay, or the individual becomes a resident of a long-term care facility. Termination of services within the service plan or case closures must be forwarded by the case management provider to provider agencies and the Area Agency on Aging within **seven** business days after the individual's case is closed. *Signatures are not required for termination of all services within the service plan.*

   a) When the reason for service termination is the individual's death, the case management provider must end date the service authorization(s) with the actual date of death.

   b) Voluntary service termination may occur when the individual and the case management provider agree that the service needs of the individual have been met. Documentation in the case file must support the voluntary termination.

   c) Services may also be terminated if the individual has not cooperated with the delivery of service. The lack of cooperation must be documented with specificity. Documentation in the case file must demonstrate attempts at resolution and subsequent service termination.

B) The following applies to services authorized through the SFID:

1) The individual shall be contacted by the case management provider at least **ten** business days **before** the end of the 90 day period to determine service continuance or termination. If service continuance is not warranted, the case management provider shall submit the SFID to the Area Agency on Aging within **seven** business days following the end of the 90 day period so that the services to that individual may be closed in AIMS.

2) If the SFID was used to authorize **Respite** only, monitoring of the service plan must be made every 90 days to assess the older individual. If during the monitoring, it is determined that only respite service is needed, then the SFID may be used to continue the respite service with the understanding that service plan monitoring is to occur every 90 days. If, during the service plan monitoring, it is determined that other services are needed, an ASCAP must be completed.

3127 Operational Procedures for NMHCBS Reporting Requirements

3127.1 The Area Agency on Aging shall collect data and maintain records relating to the Non-Medical Home and Community Based Services System as defined in the Aging and Adult Administration Policy Chapter 1600.

3200 Nutrition Programs

3201 Overview

The Division of Aging and Adult Services, though it's contracts with the Area Agencies on Aging, shall provide nutrition services to older adults and eligible persons with disabilities. For older adults, adequate nutrition may be especially important because of their increased vulnerability to chronic disease and conditions which may impair their functionality, their access to adequate food and nutrition, and their ability to live at home in the community. The old-old, minority individuals, low-income individuals, individuals who live alone, individuals with a disabling condition particularly those that interfere with their ability to shop and cook for themselves, individuals with limited English proficiency, and individuals with multiple chronic diseases may be at highest risk for poor nutrition and the resultant health consequences. Adequate nutrition is integral to healthy aging and the prevention or delay of chronic disease and disease-related disabilities. Congregate nutrition services improve a participant's physical and mental health and prevent more costly interventions. Home-delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow him/her to stay in their home and community.

This chapter provides an outline of the Division of Aging and Adult Services operational principles and procedures for Nutrition Programs and reporting requirements. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act, P.L. 109-365, Sections 306, 312, 313, and 339; CFR 1321.69(b); and 42 U.S.C. 3030g-21; 45 CFR 1321.67; A.R.S. § 46-141, A.R.S. § 13-3623, A.R.S. § 41-1758.03; Arizona Department of Economic Security, Division of Aging and Adult Services Nutrition, Food Service and Wellness Manual 2008; Nutrition Services Incentive Program (formerly NPE).

3202 Operational Principles

3202.1 The Nutrition Service System shall provide older Arizonans access to nutrition services, nutrition education, and nutritionally balanced meals.

3202.2 The objectives of the nutrition programs are to provide the opportunity for older adults to live years in dignity by:

A) Providing healthy, appealing meals;

B) Preserving and promoting health and preventing disease;

C) Reducing malnutrition risk and improve nutritional status;

D) Reducing social isolation and increase social interaction;

E) Linking older adults with other community-based services such as physical activity programs, community health, or case management services;

F) Providing an opportunity for meaningful community involvement (ie. volunteering).

3203 Operational Procedures for Nutrition Program Eligibility

3203.1 The following individuals are eligible to receive a meal at a congregate nutrition site:

A) An individual age sixty or older.

B) The spouse of an individual age sixty or older. The spouse may be of any age.

C) An individual with a disability, under age sixty who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided.

D) An individual with a disability who resides at home with and accompanies an older individual who participates in the program.

E) A volunteer under age sixty who provide services during the meal hour(s).

3203.2 The following individuals are eligible to receive home-delivered meals:

A) An individual sixty years of age or older who has functional limitations, as described in 3113.2.D of the Division of Aging and Adult Services Policy and Procedures Manual Chapter 3100-NMHCBS, which restricts their ability to obtain and prepare appropriate meals within their home and has no other meal preparation assistance.

B) The spouse of an individual defined in 3203.2.A, regardless of age or condition where receipt of the meal is in the best interest of the eligible home delivered meal participant.

C) An individual with a disability under age sixty who resides with a person defined in 3203.2.A where receipt of the meal is in the best interest of the eligible home delivered meal participant.

D) An individual with a disability, under age sixty, who has functional limitations, as described in 3113.2.D of the Division of Aging and Adult Services Policy and Procedures Manual Chapter 3100-NMHCBS, which restricts their ability to obtain and prepare appropriate meals within their home and has no other meal preparation assistance. Funds other than Older Americans Act must be expended for persons in this category.

3204 Operational Procedures for Files

3204.1 The following documentation must be maintained in a central file to support the eligibility of nutrition program participants:

A) A sign-in sheet listing congregate meal participants.

B) A route sheet that identifies the date and time of delivery that is signed by each home delivered meal participant.

3204.2 An assessment is required for a home-delivered meal participant that establishes that the participant meets the eligibility requirements described in

3203.2. Documentation should comply with the requirements detailed in the Division of Aging and Adult Services Case Management Policy Chapter 3120.

3204.3 Nutrition screening must be administered to all nutrition program participants. (Exhibit A)

3205 Operational Procedures for the Administration of Nutrition Programs

3205.1 U.S. Dietary Guidelines shall be utilized when planning menus.

A) Each meal must meet a minimum of 33 1/3% of the Dietary Reference Intakes, if the project provides one meal per day. Each meal must contain an average of 650 calories; at least 500 calories but not more than 800 calories.

B) Menus shall be prepared as written. All substitutions must be documented on the menu for site review. All meals must be prepared as hot meals. Menus must be submitted on a standardized menu form and approved by a Registered Dietitian, Nutritionist, Registered Dietetic Technician, or a Certified Dietary Manager prior to posting. The Registered Dietitian, Nutritionist, Registered Dietetic Technician, or Certified Dietary Manger will verify the requirements specified in 3205.1.A by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the Nutrition, Food Service and Wellness Manual.

C) With written approval, meals may be prepared and served for persons needing diabetic, renal or restricted sodium diets **when feasible and appropriate** and cost effective, to meet particular dietary needs. An example of written approval is a diet order from the participant's physician. Special diet menus must be approved by a Registered Dietitian or Nutritionist.

D) Menus must be retained by the provider and at the Area Agency on Aging for audit at least one year after the meals have been served.

3205.2 Area Agencies on Aging must ensure that Nutrition Service providers comply with the following:

A) Complete a fingerprint based criminal background check on employees and volunteers who have direct contact with vulnerable individuals (mentally disabled, frail or chronic disease states that put them at risk for abuse) or personal information on clients at time of hire, or as a result of reassignment after hire.

B) All state and local health laws and ordinances regarding the preparation, handling and serving of food. All food purchases and contributions must be from an approved source and documented as such.

C) Utilize proper equipment that can maintain safe temperatures of all menu items throughout the entire serving period.

D) Have a written emergency feeding plan which can be implemented as soon as necessary.

E) Must hold a minimum of two nutrition education sessions per quarter for congregate meal site participants. Printed nutrition education materials shall be provided two times per quarter to Home Delivered Meals participants.

F) Must establish and maintain project/site participant councils and provide activities that encourage social interaction such as recreation and group activities.

G) Provide any eligible individual, who receives a meal, the opportunity to contribute to the cost of the meal as identified in the Division of Aging and Adult Services Service Contribution Policy Chapter 2900.

H) Where applicable, provide nutrition counseling which is the provision of individualized advice and guidance by a registered dietician to participants who are at nutritional risk because of their health or nutritional history, dietary intake, medication use or chronic illnesses.

3205.3 Area Agencies on Aging may contract with Nutrition Service providers for catering services.

A) Area Agencies on Aging that contract with Nutrition Service Providers and who engage catering services with other Nutrition Providers must decide whom to reimburse.

B) Area Agencies on Aging must ensure that Nutrition Service providers meet Nutrition Service provider requirements.

3206 Operational Procedures for the Monitoring of Nutrition Programs

3206.1 The Area Agency on Aging will monitor the centers/sites for compliance, including the requirements outlined in the Division of Aging and Adult Services Nutrition, Food Service, and Wellness Manual. Area Agencies on Aging must ensure that center/sites respond to monitoring reports and initiate any necessary corrective action within 30 days.

3206.2 The Division of Aging and Adult Services will review the Area Agency on Aging monitoring reports during an annual assessment. The Area Agency on Aging will respond to the assessment report from the Division of Aging and Adult Services and initiate corrective action within 30 days, as necessary.

3207 Operational Procedures for Nutrition Services Incentive Program

3207.1 The Nutrition Services Incentive Program (NSIP) was formally known as the United States Department of Agriculture (USDA) Cash in Lieu of Commodities. The Division of Aging and Adult Services has elected to receive cash only for this program and not to receive commodities.

3207.2 Age is primary factor in determining eligibility; however, other persons may participate as described in section 3203.

3207.3 Each meal recipient may contribute to the cost of the meal as identified in the Division of Aging and Adult Services Service Contribution Policy Chapter 2900.

3207.4 NSIP cash may not be used to purchase USDA commodities.

3208 Operational Procedures for Nutrition Programs Reporting Requirements

3208.1 The Area Agency on Aging shall collect data and maintain records relating to Nutrition Programs as defined in the Division of Aging and Adult Services Policy and Procedure Manual Chapter 1600.

Exhibit
3000B Nutrition Screening Initiative DETERMINE Checklist

3300 Eldercare

3301 Overview

Eldercare activities and services are consistent with the intent of the Older Americans Act and the mission of the Area Agencies on Aging to foster the development of comprehensive and coordinated service systems for all older individuals. The Aging and Adult Administration encourages Area Agencies on Aging to enter into contractual relationships with private sector organizations for the provision of eldercare services, in accordance with the criteria established in this chapter.

This chapter provides an outline of the Aging and Adult Administration on Aging operational principles and procedures on the necessary and sufficient conditions for Area Agencies on Aging to enter into contractual relationships with private sector corporations for the provision of eldercare benefits. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Administration on Aging P.I.-90-06 Issued April 10, 1990.

3302 Operational Principles

3302.1 Eldercare activities/services may include the following:

A) Information and Referral

B) Advocacy

C) Education and Training

D) Service Coordination

E) Support Groups

3302.2 Other services/functions may be provided through a corporate eldercare contract or other arrangement on behalf of corporate employees who have caregiver responsibilities for elderly relatives. These services may include Case Management, Home Care, Respite Care or Adult Day Care.

3303 Operational Procedures for Eldercare Activity

3303.1 *Exclusivity:* An Area Agency on Aging shall not enter into an eldercare agreement that demands exclusivity, inappropriate withholding of information or any other provision which limit the ability of the Area Agency on Aging to judge or act in the public interest, or which would restrict the ability of the Aging and Adult Administration to exercise appropriate oversight of the Area Agency on Aging.

3303.2 *Confidentiality:* The Area Agency on Aging must assure all personal, identifying information obtained regarding corporate eldercare program participants remain confidential.

A) Disclosure of program participant information in a form which identifies the participants (employed caregivers and their elderly relatives) is not allowed unless disclosure is required by court order, written consent by the program

participant or their legal representatives for program monitoring by Federal, State or Local authorities.

3303.3 *Public Interest and Oversight:* In order to enable an Area Agency on Aging to communicate publicly how its role in corporate eldercare supplements or supports its public purpose, goals and functions, Area Agencies on Aging shall describe any eldercare activities on services in their Area Plan on Aging or amendments to the Area Plan on Aging.

A) Area Agencies on Aging will make corporate eldercare contracts and other agreements available for the Aging and Adult Administration's review.

B) The Aging and Adult Administration will discharge its oversight responsibility through review and approval of the Area Plan on Aging, or amendment to the Area Plan on Aging.

3303.4 *Targeting:* Each Area Agency on Aging engaged in eldercare activities shall fully and effectively comply with its responsibilities to target resources and services to an older individual with the greatest economic or social need, with particular attention to a low-income minority older individual and an older individual living in rural areas.

3303.5 *Fiscal Controls and Operating Budgets:* Area Agencies on Aging shall establish separate accountability for Older Americans Act funds, or other public funds awarded to the Area Agency on Aging, as distinct from funds received from a private corporation under an eldercare contract or other arrangement.

A) Public funds shall not be used to supplement third party payments made by a corporation under an eldercare contract. Such subsidization not only would amount to compromising the purposes for which public funds were awarded, but also might be construed as a form of unfair competition with other potential providers who may wish to compete for eldercare contracts.

B) Corporate eldercare contracts with Area Agencies on Aging shall fully cover the cost of the activities and services, including the full cost of administration and overhead.

C) Contract operating budgets in the approved Area Plan on Aging shall include the services, revenues and planned units of service for eldercare contracts.

D) These budgets shall be updated annually to reflect the actual level of service to be performed during the fiscal year.

3303.6 *Programmatic and Expenditure Reporting:* Expenditures incurred in the provision of eldercare services shall be reported by the Area Agency on Aging to the Aging and Adult Administration on forms developed by the Aging and Adult Administration or an approved facsimile which contains the information identified by the Aging and Adult Administration.

A) Programmatic information including services provided, units provided and monthly and year-to-date client counts shall be provided by the Area Agency on Aging to the Aging and Adult Administration on forms developed by the Aging and Adult Administration or an approved facsimile which contains the information required by the Aging and Adult Administration.

3400 State Health Insurance Assistance Program

3401 Overview

Under a Congressional mandate, the Centers for Medicare & Medicaid Services (CMS) funds a program in each state to provide education, outreach, counseling and information to Medicare beneficiaries, their families, and caregivers. The program is under the Aging and Adult Administration, which applies for other grants to provide additional services that are complementary to the State Health Insurance Assistance Program (SHIP) services. A toll free hotline is maintained at the State office and funds are combined and allocated to the Area Agencies on Aging to provide services at the local level.

This chapter provides an outline for the operational policies and procedures for the SHIP. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging and/or the Centers for Medicare and Medicaid Services.**

Reference: Omnibus Reconciliation Act (OBRA)) 90, §4360, P.L. 101-508; SSA §1857 (e) (2); and OBRA 99, P.L. 105-277

3402 Operational Principles

3402.1 The Area Agency on Aging, or entity that such agency has contracted with, must comply with the CMS grant terms and conditions as received by the Aging and Adult Administration.

3402.2 The Arizona SHIP sustains a strong working relationship among partners toward a common purpose to inform and educate people with Medicare about their benefits, rights, and protections so they may make better health care decisions. This is accomplished through the provision of training, education, individual counseling, problem solving, assistance with appeals, and fraud prevention.

3402.3 Experienced and/or trained SHIP staff have the appropriate level of knowledge and the ability to counsel Medicare beneficiaries, their families and caregivers in the following areas: Medicare Eligibility, benefits and claims filing; Medicaid eligibility; Long-Term Care Insurance; Medicare Secondary Payor; other types of health insurance benefits; Medi-gap Insurance, Medicare Select, group insurance comparison and claims filing; Medicare +Choice plan options and enrollment; Medicare Cost Sharing Programs and other dual eligibles enrollment; and Medicare/Medicaid fraud, waste and abuse.

3403 Operational Procedures

3403.1 The Regional SHIP Coordinator is responsible for the following activities:

A) Receive training identified in 3403.1B from the Arizona SHIP Coordinator.

B) Provide training and technical assistance to SHIP staff and/or volunteers. Training must include, but not be limited to, the following:

1) Utilize the State Health Insurance Assistance Program training manual to provide 24 hours of initial training.

2) Provide a minimum of 10 hours of in-service training per year on related topics.

3) Provide training on health care issues within the planning and service area.

C) Attend quarterly meetings with other SHIPs at the Aging and Adult Administration to share best practices and receive training and information.

D) Attend at least one outside training each year to increase knowledge.

E) Further enhance the quality of the program and the information it provides by participating in additional projects to enhance the program as guided by the Area Plan on Aging.

F) Ensure that staff and volunteers receive timely and accurate information.

G) Develop and administer a security plan for confidential beneficiary information.

H) Conduct activities described in 3403.2 through 3403.6.

3403.2 The Regional SHIP Coordinator and/or the Coordinator's staff (including volunteer staff) shall provide information to individuals through the following activities:

A) Participate in outreach events to promote the program and disseminate current information. Expand outreach events to reach the vulnerable, underserved, and Limited English Proficiency populations.

B) Hold educational presentations on Medicare, Medicaid, other health insurance, and fraud, waste and abuse in the system.

C) Identify needs, provide simple and/or complex information, and expand the capacity to respond to written, telephone or walk-in requests from an individual or community agencies.

D) Enhance the ability to access the Internet for Medicare information.

3403.3 The Regional SHIP Coordinator and/or the Coordinator's staff shall participate in program evaluation, as follows:

A) Conduct participant evaluations of training and educational presentations.

B) Compile the evaluations for program improvement.

3403.4 The Regional SHIP Coordinator and/or the Coordinator's staff shall develop partnerships and network with related programs to provide more immediate resolution to issues and expand resources, as follows:

A) Form local partnerships with entities whose services coincide, as follows:

1) Social Security Administration

2) Arizona Health Care Cost Containment System (AHCCCS)

3) Adult Protective Services (APS)

4) Local Medicare Advantage Programs

5) Others as determined.

B) Network with social service professionals within the community to expand their means to receive and disseminate information.

C) Collaborate with partnerships and networks to hold annual health fairs.

3403.5 The Regional SHIP Coordinator and/or the Coordinator's staff shall recruit and retain volunteers, as follows:

A) Provide adequate volunteer counselors to serve an individual's needs.

B) Provide counseling sites throughout the service area to make services easily accessible.

C) Develop and/or maintain two Senior Patrols to provide information about Medicare fraud and abuse.

D) Provide annual recognition of volunteers.

3404 Operational Procedures for SHIP Reporting Requirements

3404.1 The Area Agency on Aging shall collect data and maintain records relating to the SHIP as defined in the Aging and Adult Administration Policy Chapter 1600.

EXHIBITS:
3000C - Client Agreement and Authorization (AAA-1053A)
3000D - Counselor Certification Guidelines
3000E - Counselor Job Description
3000F - Volunteer Counselor Responsibilities and Obligations (AAA-1051A)

3500 Legal Services Assistance Program

3501 Overview

The Legal Services Assistance Program is the focal point for elder rights including such issues as guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits, and dispute resolution. The Legal Services Assistance Program delivers legal services assistance to older individuals.

This chapter provides an outline for the Aging and Adult Administration operational principles and procedures for the Legal Services Assistance Program. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as Amended in 2000, P.L. 106-501, §306 and §307; and Title 45 C.F.R. §1321.67, §1321.69 and §1321.71.

3502 Operational Principles

3502.1 The Legal Services Assistance Program goals and priorities are as follows:

A) To serve persons most economically and socially in need.

B) To meet the legal needs of older individual in the area.

C) To demonstrate the capacity to provide support to other advocacy efforts, for example, the Long-Term Care Ombudsman Program.

D) To provide outreach to serve the institutionalized and homebound.

E) To have the capacity to serve clients in their own language.

3502.2 Area Agencies on Aging must ensure that Title III funds as approved in the State Plan allotted for Part B to the Planning and Service Area shall be expended for the delivery of legal services assistance.

3503 Operational Procedures for the Administration of the Legal Services Assistance Program

3503.1 The Area Agency on Aging shall ensure that the entity that such agency has contracted with delivers legal services assistance that most fully meet the following standards:

A) Have staff with expertise in the specific areas of law effecting older individuals, such as:

1) Economic and social need including public benefits, institutions and alternatives to institutionalization.

2) Estate planning.

3) Wills and trusts.

4) Guardianship/conservator-ship.

5) Health law including quality of care, living will, medical and general durable power of attorney, long-term care.

6) Pensions.

7) Remedies for abuse, neglect and exploitation.

8) Consumer.

9) Landlord/tenant.

10) Probate.

11) Age discrimination in employment.

B) Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older individuals with economic and social needs.

C) Demonstrate the capacity to deliver legal services assistance to institutionalized, isolated and homebound, older individuals.

D) Demonstrate the capacity to provide legal services assistance in the principal language used by the client in the area, or to acquire interpreters in order to break down communication barriers. This includes sign language and oral interpreters for deaf and hard-of-hearing elderly, as required by the Americans with Disabilities Act.

E) Demonstrate the capacity to provide services without requiring the imposition of an income or means test for services.

F) Demonstrate the capacity to provide the client with the opportunity to contribute voluntarily to the cost of services.

G) Provide services within the entire planning and service area or at least a county within the planning and service area.

3503.2 The Area Agency on Aging shall ensure that the entity that such agency has contracted with comply with the following requirements:

A) Establish priorities to serve persons age sixty or over who are frail, homebound by reason of illness, incapacity, disability, or are otherwise isolated, as established in the Area Plan on Aging.

B) Establish guidelines to prevent conflict of interest by other interference in professional responsibilities by attorneys providing services under the provisions of the Older Americans Act.

C) Establish procedures that ensure assistance is not provided in a fee generating case unless other adequate representation is unavailable or there

is an emergency requiring immediate legal action for referral of fee-generating services.

D) Establish procedures that no attorney while engaged in legal assistance funded by the Older Americans Act engages in any political activity.

E) Establish procedures that ensure that no Older Americans Act funds will be used for lobbying activities, including but not limited to, influencing any decision or activity by a non-judicial Federal, State or Local individual or body.

F) Establish a system to permit older persons the opportunity to contribute voluntarily to the cost of service, to protect the privacy of older persons with regard to their contribution, and to account for and use the contributions to expand the delivery of legal services.

G) Establish and use case priorities for services to include areas of concern for older persons such as abuse, neglect and exploitation, quality of health care, or residential care, long-term care, home and community based care, access to services and public benefits, guardian/conservator, Social Security, SSI, Medicare, Medicaid, landlord/tenant, and client referrals to the Long-Term Care Ombudsman Program or Adult Protective Services.

H) Establish procedures to ensure that when the provider has contracts to provide legal assistance funded by funds other than the Older Americans Act that efforts be maintained to continue to meet service obligations to an individual sixty years of age or older under other funding sources.

I) Serve clients whose primary language is not English as described in section 3503.1.D.

J) Provide outreach to serve homebound or institutionalized persons.

K) Accept case referrals from the Long-Term Care Ombudsman and Adult Protective Services for legal assistance.

L) Maintain professional liability insurance coverage to cover errors and omissions by staff and management. The State will be named as a co-beneficiary on the policy.

M) Establish an efficient intake system that is responsive to the needs of older individuals.

N) Establish and enforce standards for staff training, performance, and review to ensure that quality legal assistance is provided within the Canons of Ethics of the Bar Association.

O) Establish a client grievance system that shall be either posted or given to the client.

P) Coordinate services with other elderly services in the service area so as to make appropriate referrals including linkages with services to the homebound or institutionalized older persons including the Long-Term Care Ombudsman Program.

Q) Provide sufficient documentation for program evaluation that does not violate client confidentiality or attorney client privilege.

R) Provide that offices are accessible for persons with mobility handicaps, and that guidelines are followed regarding physical and program access under the Americans with Disabilities Act.

3505.3 Area Agencies on Aging are required to monitor annually the entity that such agency has contracted with using a monitoring document approved by the Aging and Adult Administration. The Aging and Adult Administration will review the Area Agency on Aging monitoring reports during an annual assessment.

3504 Operational Procedures for Legal Services Assistance Program Reporting Requirements

3504.1 The Area Agency on Aging shall collect data and maintain records relating to the Legal Service Assistance Program as defined in the Aging and Adult Administration Policy Chapter 1600.

3600 Family Caregiver Support Program

3601 Overview

The Family Caregiver Support Program (FCSP) is intended to provide a multifaceted system of support services for family caregivers and for grandparents or older individuals who are a relative caregiver, including information, assistance, counseling, support groups, training, respite, and supplemental services. For family members of individuals who informally provides care to older individuals, the program will help sustain their efforts to care for older individuals who have a chronic illness or disability and will promote the ability of older individuals to remain in their homes and local communities instead of being placed in residential facilities. For grandparents and relative caregivers of children, the program will promote retention of these children in a nurturing family environment instead of placement in foster care.

This chapter provides an outline of the Division of Aging and Adult Services operational principles and procedures for the FCSP. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as Amended in 2006, P.L. 109-365, National Family Caregiver Support Act, Subpart 1, Caregiver Support Program, §371-374; A.R.S. Article 7, §46-181, §46-182 and Article 8, §46-191, §46-192, and §46-193.

3602 Operational Principles

3602.1 The Area Agency on Aging, or entity that such agency has contracted with, shall develop a multifaceted system of caregiver support services as follows:

A) Information to caregivers about available services.

B) Assistance to caregivers in gaining access to the services.

C) Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their care-giving roles.

D) Respite care to enable caregivers to be temporarily relieved from their care-giving responsibilities.

E) Supplemental services, on a limited basis, to complement the care provided by caregivers.

3602.2 Services shall be provided to the following:

A) Family caregivers defined as adult family members, or another individual, who is an informal provider of in-home and community care to an older individual or any individual with Alzheimer's Disease or related neurological disorder.

B) Grandparents or older individuals who are relative caregivers defined as a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption, who is 55 years of age or older; and

1) Lives with the child who is not more than 18 years of age or who is an adult child between 19 and 59 years of age with a disability. In the situation when it is an adult child with a disability, the caregiver cannot be the parent.

2) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the minor child.

3) Has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

3602.3 Priority shall be given to family caregivers, and to grandparents or older individuals who are relative caregivers, who are caring for an older individual or eligible child, and who are in greatest social and economic need (with particular attention to low-income an older individual), those residing in a rural or geographically isolated area, and to older individuals providing care to individuals with severe disabilities. When providing services to family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, priority shall also be given to caregivers who provide care for older individuals with such disease or disorder.

3602.4 In implementing the FCSP, the Area Agency on Aging, or entity that such agency has contracted with, shall provide all service recipients with an opportunity to voluntarily contribute to the cost of services received in accordance with the Older Americans Act Amendments of 2006 §315 (b) and the Division of Aging and Adult Services Policies and Procedures Chapter 2900 – Service Contributions.

3602.5 In implementing the FCSP, the Area Agency on Aging, or entity that such agency has contracted with, may choose to implement cost sharing in accordance with the Older Americans Act Amendments of 2006 §315 (a) and the Division of Aging and Adult Services Policies and Procedures Chapter 2900 – Service Contributions.

3602.6 The Area Agency on Aging shall collect data and maintain records relating to the FCSP. These records will enable the Division of Aging and Adult Services to monitor program administration and compliance, and to evaluate and compare the effectiveness of the FCSP.

3603 Operational Procedures

3603.1 Each Area Agency on Aging shall provide a multifaceted system of caregiver support services for family caregivers and for grandparents of older individuals who are relative caregivers. It is the intent of the Division of Aging and Adult Services that a multifaceted system include funding or program development for all services identified in 3602.1 and address all groups identified in 3602.2.

3603.2 Funds allocated under FCSP for services provided by an Area Agency on Aging, or entity that such agency has contracted with, shall be expended as follows:

A) Information to caregivers about available services. *Examples include outreach, community education and information, and information and referral.*

B) Assistance to caregivers in gaining access to the services. *Examples include case management and information and referral (assistance).*

C) Individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles. *Examples include supportive intervention/guidance counseling, peer counseling, and caregiver training.*

D) Respite care to enable caregivers to be temporarily relieved from their care-giving responsibilities. *Examples include respite care and adult day care/adult day health care.* Temporarily means not more than an average of eight hours per week. For emergency respite services, temporarily means not more than three days. Documentation must be provided to justify situation in excess of the aforementioned hour and/or day limitations.

E) Supplemental services on a limited basis, to complement the care provided by caregivers *Examples include home repair/renovation, adaptive aids and devices, and supplemental provisions.* ***On-going direct payments to caregivers shall not be allowed in the FCSP.*** Limited basis means the following dollar thresholds: A $5,000 cap per client/home for the Home Repair/Renovation and a $3,000 cap per client for Adaptive Aids and Devices. For other supplemental services, limited basis means a maximum of $2,000 per family per year. Documentation must be provided to justify situations in excess of these dollar threshold limitations.

3603.3 The Area Agency on Aging may use not more than twenty percent of the funds allocated under FCSP to provide supplemental services.

3603.4 The Area Agency on Aging may use not more than ten percent of the funds allocated under the FCSP to provide support services to grandparents and an older individual who is a relative caregiver. This limit does not apply to services provided to grandparents and other relative caregivers providing care to an adult child with a disability or a severe disability.

3603.5 The services provided under the FCSP shall supplement, and not supplant, any services described in 3603.2 of this policy.

3603.6 Services specified in 3603.2 (d) and (e) shall be provided to a family caregiver who is providing care to an older individual who is determined to be functionally impaired because the individual is unable to perform at least two activities of daily living or instrumental activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision. Functional screening is **not** required for grandparents or an older individual who is a relative caregiver to receive these services. (Refer to the Policy and Procedure Manual Chapter 3120 - Case Management for NMHCBS.)

3603.7 The Area Agency on Aging, or entity that such agency has contracted with, shall ensure the provision of the full range of caregiver support services in the community by coordinating its activities with the activities of other community agencies and voluntary organizations providing supportive services to family caregivers and grandparents or an older individual who is a relative caregiver of children.

3603.8 The Area Agency on Aging is required to provide 10% of the non-Federal share of the cost of carrying out a program under FCSP. The non-Federal share must be provided from Local sources and may be met with cash or in-kind expenditures.

A) 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.

B) 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.

3603.9 The Area Agency on Aging, or entity that such agency has contracted with, choosing to implement cost sharing in the FCSP shall do so in accordance with the Older Americans Act Amendments of 2000 §315 (a). The Area Agency on Aging may not implement cost sharing and seek voluntary contributions for the same individual for the same service.

3604 Operational Procedures for Family Caregiver Support Program Reporting Requirements

3604.1 The Area Agency on Aging shall collect data and maintain records relating to the FCSP as defined in the Division of Aging and Adult Services Policy Chapter 1600.

3700 Long-Term Care Ombudsman Program

3701 Overview

The Aging and Adult Administration shall develop, monitor, and enforce policies and procedures governing the Long-Term Care Ombudsman Program.

This chapter provides an outline of the Aging and Adult Administration operational principles and procedures for the Long-Term Care Ombudsman Program. **This policy chapter is subject to change as additional information and/or regulations are received from the U.S. Department of Health and Human Services, Administration on Aging.**

Reference: Older Americans Act of 1965, as amended in 2000, P.L. 106-501, §711-713; §307(9); A.R.S. 46-452.01; and A.R.S. 46-452.02.

3702 Operational Principles

3702.1 The Long-Term Care Ombudsman Program exists to protect the human and civil rights of a long-term care resident and to promote his/her autonomy through individual and collective advocacy efforts to enhance his/her quality of life in long-term care settings.

3702.2 The Long-Term Care Ombudsman Program is a resident centered advocacy program. The Long-Term Care Ombudsman will make every reasonable effort to assist, represent, and intervene on behalf of the resident.

3702.3 Long-Term Care Ombudsman Program services may be provided by contract with a regional public agency or a nonprofit organization.

3703 Operational Procedures for Ombudsman Services

3703.1 The Long-Term Care Ombudsman Program offers the following services:

A) Complaint investigation and resolution

B) Information and referral

C) Community education

D) In-Service education to facility staff

E) Routine visits

F) Issues advocacy

G) Assistance to resident and family councils

3703.2 The Long-Term Care Ombudsman Program has developed the following inter-agency partnerships and continues to network with related programs to provide more immediate resolution to issues and expand resources:

A) Arizona Department of Health Services.

B) Arizona Adult Protective Services.

3704 Operational Procedures for Regional Ombudsman Program Coordinator Roles and Responsibilities

3704.1 The Regional Ombudsman Program Coordinator will be limited in geographic scope to the area specified in the approved plan for the contracted service provider.

3704.2 In administering the Regional Long-Term Care Ombudsman Program, the Regional Ombudsman Program Coordinator(s) is responsible for the following activities:

A) Recruiting, screening, selecting, training, managing, and providing technical support to staff and/or volunteers.

B) Ensuring that all certified ombudsman follow policy, rules, and laws of the program.

C) Ensuring that staff and volunteers remain eligible for re-certification.

D) Representing the interests of residents before government agencies.

E) Seeking legal, administrative, and other remedies on behalf of residents.

F) Analyzing, commenting on, and monitoring the development of laws, regulations, policy, and actions pertaining to long-term care residents.

G) Supporting the development of resident and family councils.

H) Providing information, consultation, and education to the residents, families, long-term care facility staff, and to the community.

I) Making referrals to other governmental and/or community agencies as appropriate

J) Reporting program issues directly to the Office of the State Long-Term Care Ombudsman.

K) Reviewing monthly reports and responding in a timely fashion to requests for data and other information as requested by the Office of the State Long-Term Care Ombudsman.

L) Participating in scheduled conference calls and quarterly meetings with the Office of the State Long-Term Care Ombudsman.

3704.3 The Regional Ombudsman Program Coordinator may delegate the following responsibilities to certified staff and/or volunteers. Some of the following responsibilities may be delegated to other appropriate staff, when certified staff are not available with approval from the Office of the State Long-Term Care Ombudsman.

A) Receiving, investigating, and resolving complaints.

B) Representing the interests of residents before government agencies.

C) Seeking legal, administrative, and other remedies on behalf of residents.

D) Analyzing, commenting on, and monitoring the development of laws, regulations, policy, and actions pertaining to long-term care residents.

E) Supporting the development of resident and family councils.

F) Providing information, consultation, and education to the residents, families, long-term care facility staff, and to the community.

G) Making referrals to other governmental and/or community agencies as appropriate.

3705 Operational Procedures for Screening for Conflict of Interest

3705.1 An individual who serves as a representative, or seeks to serve as a representative of the Office of the State Long-Term Care Ombudsman shall sign a Conflict of Interest Screen form (Exhibit 3000J). A copy of the form will be kept on file at the Office of the State Long-Term Care Ombudsman. An individual who serves as a representative of the Office of the State Long-Term Care Ombudsman shall review and sign a new Conflict of Interest Screen form at least every three years or if a change in status occurs.

3705.2 Conflict of interest occurs when an individual or a member of the individual's immediate family:

A) Has direct involvement in licensing and/or certifying long-term care facilities.

B) Is a provider of long-term care services.

C) Has ownership or investment interest in a long-term care facility.

D) Has ownership or investment interest in a long-term care service.

E) Is employed by and/or manages a long-term care facility.

F) Receives or has the right to receive, either directly or indirectly, remuneration with an owner or operator of a long-term care facility.

3705.3 Regional Program Coordinators will report any identified conflict of interest to the Office of the State Long-Term Care Ombudsman.

3705.4 The Office of the State Long-Term Care Ombudsman will review the conflict of interest to determine if a waiver can be given.

A) Waivers will be determined on a case-by-case basis.

B) Written responses will be provided to the Regional Ombudsman Program Coordinator within 30 days of receipt of the request.

3706 Operational Procedures for the Maintenance of Ombudsman Information

3706.1 The Office of the State Long-Term Care Ombudsman and an individual designated to act on behalf of the Office of the State Long-Term Care

Ombudsman shall not disclose any information with respect to whom the program maintains files:

A) Information pertaining to the resident, complainant, and ombudsman intervention.

B) Information pertaining to deposition of staff and volunteers by the Ombudsman.

3706.2 Persons requesting information are to be informed that the name of a resident or a complainant with whom the program has had intervention is confidential information and can be revealed only under the following circumstances:

A) The complainant, resident, and/or legal representative gives consent to the disclosure in writing; or

B) The complainant, resident, and/or legal representative gives oral consent and the consent is documented contemporaneously in writing by the Long-Term Care Ombudsman; or

C) The disclosure is required by court order.

3706.3 Residents, complainants, and/or legal representatives will be asked to complete the Authorization for Release of Confidential Information Form prior to the Ombudsman disclosing identity. (Exhibit 3000J)

3706.4 Ombudsmen will document contemporaneously the resident's, complainant's, and/or legal representative's oral consent on the Case Notes Form (Exhibit 3000G)

3706.5 Subpoenas received by the Regional Ombudsman representative shall be sent to the Office of the State Long-Term Care Ombudsman within **two working days** of receipt by the Regional Ombudsman Program Coordinator.

A) Regional Ombudsman representatives shall not discuss with the requesting attorney, his/her staff, or any other inquirer, any information requested in the subpoena or any information related to the case, including extent of Long-Term Care Ombudsman involvement in the case.

B) The Office of the State Long-Term Care Ombudsman will issue a response to the requesting attorney based on the discretionary authority of the office. A copy of the response letter will be forwarded to the Regional Ombudsman Program Coordinator, as well as the representative served the subpoena.

3706.7 Court orders received by Regional Ombudsmen representatives shall be sent to the Office of the State Long-Term Care Ombudsman within two working days of receipt. The Regional Ombudsman Program Coordinator shall follow the instructions as issued by the Office of the State Long-Term Care Ombudsman regarding the response to the court order.

3707 Operational Procedures for Ombudsman Legal Representation and Liability

3707.1 The official duties as specified in the Arizona Revised Statute and the Older Americans Act of 1965, **when performed in good faith** are considered State conduct or action. Official duties are as defined in the Older Americans Act of

1965, as amended in 2000, §712 (a)(5)(A) and (B). Official duties are also those as defined in ARS § 46-452.02.B.

3707.2 Certified representatives of the Office of the State Long-Term Care Ombudsman performing state conduct or action are provided State legal representation.

3707.3 Certified representatives performing action outside of the official duties specified will be interpreted as performing unauthorized action.

3707.4 Certified representatives performing unauthorized action are not provided State legal representation and may be open to personal liability.

3707.5 Certified representatives performing unauthorized action may be subject to De-certification as described in section 3711.

3708 Operational Procedures for Ombudsman Certification

3708.1 The Regional Ombudsman Program Coordinator will conduct a screening interview of an individual wishing to be considered for certification as a representative of the Office of the State Long-Term Care Ombudsman. During this screening interview, the individual is informed of the Ombudsman Program role and its requirements. The individual's capacity to serve as an ombudsman representative must be determined. The Coordinator will request from the applicant three personal references.

3708.2 Certification will occur when the applicant has met the following requirements:

A) Complete required administrative paperwork as evidenced by completion of the Volunteer Registration (Exhibit 3000H) and Confidential Reference (Exhibit 3000I).

B) Is free of conflict of interest as demonstrated in signing the Conflict of Interest Screen form (Exhibit 3000J).

C) Has demonstrated that he/she is free of infectious tuberculosis (TB) as evidenced by receipt of a document supplied by the medical facility.

D) Has completed the training described in section 3709 as evidenced by receipt of a training completion certificate.

E) Has agreed to be in compliance with state and federal law, with state and local Ombudsman Program policy and procedure, and with Ombudsman rules as evidenced in signing the Volunteer Contract (Exhibit 3000K).

F) Has demonstrated the capability to carry out the duties of the office as determined by the Regional Ombudsman Program Coordinator upon completion of the field training.

3708.3 The Regional Ombudsman Program Coordinator will advise the Office of the State Long-Term Care Ombudsman that all certification requirements have been met by an applicant. The Coordinator shall submit copies of the documentation defined in section 3708.1 to the Office of the State Long-Term Care Ombudsman.

3708.4 When all certification requirements have been met, the Office of the State Long-Term Care Ombudsman will certify the applicant to act as a representative of the Office.

3708.5 The Office of the State Long-Term Care Ombudsman will issue by mail a certification card with photo identification and expiration date to the Regional Ombudsman Program Coordinator. This card is to be carried when the Ombudsman is acting as a representative of the Office of the State Long-Term Care Ombudsman.

3709 Operational Procedures for Ombudsman Training

3709.1 The Office of the State Long-Term Care Ombudsman will develop and keep current, a uniform core training curriculum based on model standards as established by the National Ombudsman Resource Center and as supported by the Administration on Aging. The Office of the State Long-Term Care Ombudsman and the Regional Ombudsman Program Coordinator shall work together to provide the core training to the applicant. The 16-hour core curriculum shall consist of the following content:

A) Long-Term Care Ombudsman Program

B) Functions and Roles of the Ombudsman

C) Aging Process; Common Illnesses and Conditions

D) Long-Term Care System

E) Resident Rights

F) Communication

G) Complaint Process

H) Volunteerism – applies only to Regional Ombudsman Program Coordinators

I) Maintaining Representative Records – applies only to Regional Ombudsman Program Coordinators

3709.2 The Regional Ombudsman Program Coordinator will also provide 4 hours of field training to the applicant.

3709.3 Regional Ombudsman Program Coordinators will keep a record of core training participation for each individual applicant. This record is to be placed in the ombudsman's personnel file, and will be evaluated during the monitoring process.

3709.4 Regional Ombudsman Program Coordinators will receive the training identified in 3709.1 and 3709.2 from the Office of the State Long-Term Care Ombudsman.

3710 Operational Principles for Ombudsman Re-certification

3710.1 In order to maintain certification, representatives of the Office of the State Long-Term Care Ombudsman shall:

A) Remain free of conflict of interest and the Conflict of Interest Screen shall be reviewed every three years or earlier if a change of status occurs.

B) Complete annual Tuberculin (TB) screening as described in section 3711.

C) Complete a refresher training session every 3 years.

D) Complete 8 hours of annual in-service each year.

E) Remain in compliance with State law, Federal law and State and local policy and procedure, and Ombudsman Program rules.

F) Continue to demonstrate the ability to carry out the duties of the office.

3710.2 Regional Ombudsman Program Coordinators and the Office of the State Long-Term Care Ombudsman shall work together to provide opportunities to meet the required 8 hours of annual in-service training.

A) Regional Ombudsman Program Coordinators shall complete an additional 4 hours of in-service training.

3710.3 The Regional Ombudsman Program Coordinators shall advise the Office of the State Long-Term Care Ombudsman that all re-certification requirements have been met by the representative. The Coordinator shall submit copies of the documentation defined in section 3710 to the Office of the State Long-Term Ombudsman.

3711 Operational Procedures for Ombudsman De-certification

3711.1 The Regional Ombudsman Program Coordinator and/or the sponsoring agency may recommend de-certification of an Ombudsman Representative to the Office of the State Long-Term Care Ombudsman as described in 3711.3. De-certification of an Ombudsman Representative may also occur voluntarily, should the representative request to resign from the program.

3711.2 No representative of the Office of the State Long-Term Care Ombudsman shall be de-certified without cause. The following are examples of actions that may result in de-certification:

D) Failure of the individual to meet and/or maintain the criteria for certification.

E) Deliberate failure of the individual to disclose any conflict of interest or the existence of an un-remedied conflict of interest.

F) Violation of confidentiality requirements.

G) Failure to provide adequate and appropriate services to long-term care residents.

H) Falsification of records.

I) Failure to act in accordance with applicable federal and state laws, rules, regulations, and policies.

3711.3 The Regional Ombudsman Program Coordinator will submit a written recommendation with documentation to the Office of the State Long-Term Care Ombudsman.

3711.4 When cause is provided, the Office of the State Long-Term Care Ombudsman will review the recommendation and documentation and de-certify as appropriate. The Office of the State Long-Term Care Ombudsman will consult with the relevant Regional Ombudsman Program Coordinator and/or the sponsoring agency to consider remedial actions that may prevent de-certification.

3711.5 If an attempt at remedial action is unsuccessful and cause still exists, the Office of the State Long-Term Care Ombudsman shall provide written notice of the intent to de-certify to the representative of the Office of the State Long-Term Care Ombudsman with a copy to the Regional Ombudsman Program Coordinator and/or sponsoring agency. The written notice shall inform the de-certified representative that cause has been established and set forth the effective date of the de-certification.

3711.6 If the de-certification of a representative of the Office of the State Long-Term Care Ombudsman results in the absence of ombudsman services in a planning and service area, the Office of the State Long-Term Care Ombudsman and Regional Ombudsman Program Coordinator and/or the sponsoring agency shall arrange for the provision of ombudsman services until the decertified representative is replaced.

3711.7 The Regional Ombudsman Program Coordinator and/or sponsoring agency must ensure that a de-certified representative abides by the following:

A) Surrenders the Ombudsman Certification card immediately to the Regional Ombudsman Program Coordinator and/or sponsoring agency. The Coordinator and/or sponsoring agency shall return the surrendered card to the Office of the State Long-Term Care Ombudsman.

B) Ceases to identify himself/herself as a representative of the Office of the State Long-Term Care Ombudsman.

C) Maintains confidentiality regarding events witnessed and/or experienced while performing duties as a representative of the Office of the State Long-Term Care Ombudsman.

3712 Operational Procedures for the Long-Term Care Program Reporting Requirements

3712.1 The Area Agency on Aging shall collect data and maintain records relating to the Long-Term Care Ombudsman Program as defined in the Aging and Adult Administration Policy Chapter 1600.

EXHIBITS:
3000G - Authorization for Release of Confidential Information
3000H - Case Notes
3000I - Volunteer Registration
3000J - Confidential References
3000K - Conflict of Interest Screen
3000L - Volunteer Contract