

**CENTRALINA**  
Area Agency on Aging

**POLICY AND PROCEDURES MANUAL**

**March 1, 2010**

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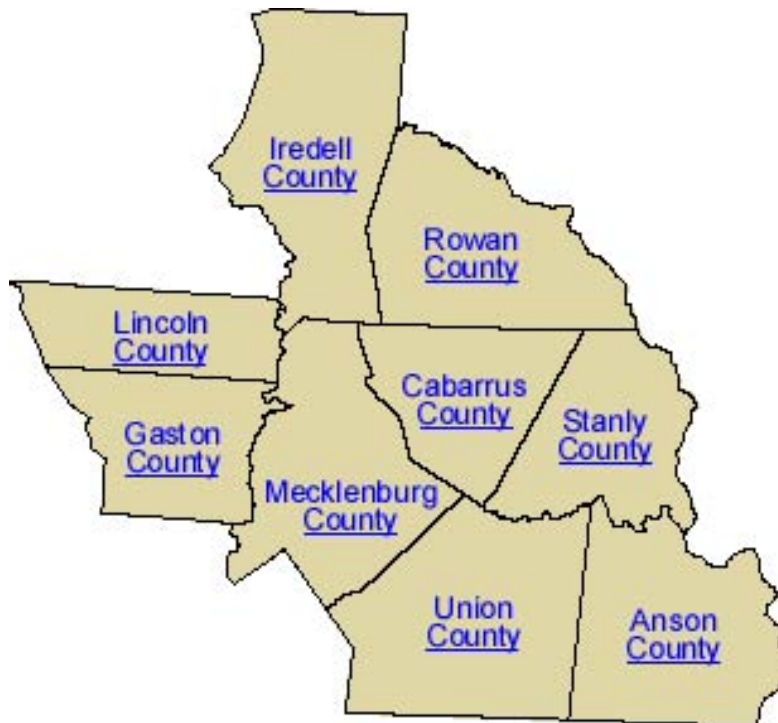


## MISSION STATEMENT

Mission of Centralina Area Agency on Aging is to improve the quality of life for older and disabled adults and those who provide their care.

## VISION STATEMENT

Centralina Area Agency on Aging will provide leadership, advocacy and direction for the development of a comprehensive system of care that enables older adults, disabled adults and their family caregivers to live their lives as they choose.



**CENTRALINA  
AREA AGENCY ON  
AGING  
PROVIDER  
SECTION**

# I. STANDARDS

## A. Federal & State Requirements

Programs administered by the Centralina Area Agency on Aging have a variety of requirements that must be met in order to be in compliance. Providers who contract with the AAA must be in compliance with Requirements of the Centralina Area Agency on Aging, United States Department of Health and Human Services, North Carolina Division of Aging and Adult Services and any other agencies that fund programs.

1. Providers must adhere to all Federal and State program requirements.
  - a. Older American's Act: [http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx)
  - b. NC Department of Health and Human Services:  
<http://www.ncdhhs.gov/partnersandproviders/index.htm>
  - c. NC Division of Aging & Adult Services  
<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>
  - d. US Department of Labor (SCSEP Program only):  
[http://www.doleta.gov/Seniors/other\\_docs/etaOReg.pdf](http://www.doleta.gov/Seniors/other_docs/etaOReg.pdf)
  - e. Any other federal or state requirements mandated will be made available to providers.
2. Providers must adhere to all Federal and State fiscal requirements.
  - a. OMB Circular A-122 "Cost Principles for Non-Profit Organizations":  
[http://www.whitehouse.gov/omb/circulars\\_a122\\_2004/](http://www.whitehouse.gov/omb/circulars_a122_2004/)
  - b. OMB Circular A-87 "Cost Principles for State, Local, and Indian Tribal Governments": <http://www.whitehouse.gov/omb/rewrite/circulars/a087/a087-all.html>
  - c. North Carolina Local Government Budget and Fiscal Control Act:  
<http://www.ncga.state.nc.us/gascripts/Statutes/StatutesTOC.pl?Chapter=0159>
  - d. North Carolina GS 143C-6-23:  
<http://www.ncga.state.nc.us/gascripts/Statutes/Statutes.asp>
  - e. Any other federal or state requirements mandated will be made available to providers.

## **B. Supplemental Policies**

### **1. Nutrition Services Region F Policies & Procedures**

These guidelines set forth operating procedures that the Centralina Area Agency on Aging follows in the planning and administering of nutrition services to which service providers receiving Home and Community Care Block Grant (HCCBG) funding must adhere. While some of these policies and procedures are in addition to requirements listed in the NC Department of Health and Human Services Division of Aging Nutrition Service Standards and Home and Community Care Block Grant Procedures Manual for Community Service Providers that will also apply, most of the following statements clarify the NC Division of Aging Nutrition Service Standards. *Updated 2009*

#### **UNIT OF SERVICE:**

Congregate:

- In order to assure that a complete unit of service is provided, participant attendance must not be taken as persons enter the congregate site for the day but rather the unit is marked when the participant receives the complete meal.

Home Delivered:

- The unit of service must be documented when the complete meal is delivered to the client and not when it is ordered or packed.

Supplemental:

- A complete liquid supplement unit of service is 2 cans of liquid supplement provided to a client. This can be in addition to the client receiving a meal at a dining site or delivered to the home. It should be counted as 2 meals and must provide 66% of the RDA. The number of supplemental meals delivered to a client should correspond to and not exceed the physician's authorization for the number of cans per day. The 2 units of service is recorded when the client receives the supplement.

#### **ELIGIBILITY:**

All Nutrition Services:

1. Volunteers under the age of 60 may be served a meal in accordance with the local county policy.
2. No Title III-C meals (congregate, home delivered, and supplemental) are to be

provided to residents of the following in Region F: Retirement/Continuing Care Communities, Assisted Living Facilities or Adult Care Homes including Family Care Homes, Group Homes, and Nursing Homes.

3. Disabled adults under the age of 60 may not be served unless the client has been deemed disabled by the Social Security Administration. They must also meet other nutrition program eligibility requirements. Verification of disability status must be kept in the client file and status can include:
  - A copy of the SSI form (Proof of Disability Statement)
  - Documentation from Social Security Administration or the Veteran's Administration such as verification of benefits or approval letter
  - Any document proving disability status approved by Centralina

#### Congregate:

- A spouse under age 60 is eligible for the service only when the other spouse is age 60 and over and receives the congregate nutrition service.

#### Home Delivered:

- The spouse, regardless of age or condition, of an eligible home delivered meal client may receive a home delivered meal when receipt of the meal is in the best interest of the homebound older person.

#### Supplemental:

DAAS Administrative Letter No. 4-10 (June 28, 2004)

Revised Liquid Nutritional Supplements Policy, DAAS Nutrition Service Standards

This administrative letter is to serve as notification of the revision of participant eligibility for serving liquid nutritional supplements under the Older Americans Act. As stated in the letter, nutrition program service providers may receive HCCBG reimbursement for a liquid nutritional supplement when:

1. Served in addition to a complete congregate nutrition or home delivered meal and may be counted as 2 meals but together they must provide at least 66% of the RDA.
2. Replacing a meal based on assessed need as determined by the authorizing professional. Such products cannot replace conventional meals unless a disability or medical condition warrants their sole use. Liquid supplements may be served to participants who cannot tolerate solid foods or cannot chew food.

The intent of the Older Americans Act is to provide food, not supplements. It is inappropriate to substitute supplements for a meal if the client can tolerate solid foods even if the older adult is underweight, has a poor appetite, or is at high risk of malnutrition.

Providers who do serve liquid nutrition supplements must continue to comply with the current program standards.

- Prior to distribution, written authorization must be obtained and must be kept on file from one of the following professionals: physician, physician assistant, nurse practitioner, registered nurse, or licensed dietician/nutritionist.
- The nutrition services provider must disclose to the professional who has authorized distribution the name of the product that will be disbursed, nutritional content for one serving, and the amount that will be needed to constitute the required 1/3 of the RDA in order to be approved for reimbursement.
- The authorization must include name of recipient, reason why product is needed, amount and frequency of product to be provided, date of authorization, signature of authorizing professional, and all pertinent information of authorizing professional (name, contact information, phone, etc.).
- Form used to authorize use of supplements must be updated every 6 months with updated signature and date. Any other changes must be noted as well.
- The use of Nutrition Services Incentive Program (NSIP) money follows the same guidelines for reimbursement eligibility.
- Liquid nutritional supplements must still be submitted for reimbursement under service code 182 (congregate liquid supplements) and 022 (home delivered liquid supplements).

#### **LOCATION OF SERVICE/SITE REQUIREMENTS:**

Congregate:

1. All congregate nutrition sites to be opened or relocated must be approved in advance in writing by the Area Agency on Aging (AAA). A "Request to Open or Relocate Title III Congregate Meal Site" form must be submitted to the AAA prior to opening for conditional approval. When all items are completed, final approval will be given. All items must be completed within two (2) months of the site opening.
2. Written agreements must be developed with each agency or organization where a congregate nutrition site is located. These signed agreements must be on file at the service provider agency by July 1 each year and must cover the entire contract period. Contract/agreements with open-ended dates may also be used. These signed agreements must at a minimum address
  - dates of the agreement period
  - days and hours the facility is available for use by the nutrition program
  - costs to be incurred by the nutrition program (such as utilities, rent, garbage



- service or cleaning services, etc.)
  - responsibilities of each party
  - signatures of each party must be affixed to the agreement
3. Each site must be assessed *once* during the contract period (July-June) by the Nutrition Program Director/Supervisor utilizing the Performance Review Tool for the Congregate Nutrition Program - Attachment A: Site Review. All written documentation must be maintained in the service provider agency files.
  4. All sites must be inspected at least once during the contract period by a local fire department. All congregate nutrition sites with written reports/letters of findings must be on file at the service provider agency, and documentation must reflect that the service provider either corrected the findings or notified the proper officials for corrections to be made. *Note: In the event that the local fire department has been contacted of an expiring or expired inspection or of a contract period ending, the Agency will not be cited if documentation of all contacts with the local fire department exists in agency files. Documentation can include copies of letters, emails, or documentation of phone calls.*
  5. ALL sites must be inspected quarterly by the local health department, this includes sites both with and without on-site food preparation. All sites must maintain a Grade "A" sanitation rating. Any written reports/letters of findings must be on file at the service provider agency, and documentation must reflect that the service provider either corrected the findings or notified the proper officials for corrections to be made. *In the event that the local health department has been contacted of an expiring or expired inspection or of a contract period ending, the Agency will not be cited if documentation of all contacts with the local health department exists in agency files. Documentation can include copies of letters, emails, or documentation of phone calls.*
  6. When a site receives a "B" sanitation rating, the following steps must be completed:
    - The program director/supervisor must be notified the same day the "B" grade occurs.
    - The program director/supervisor must immediately notify the Area Agency on Aging.
    - The agency may continue service provision if the health department approves continued operation with a "B" grade.
    - The program director/supervisor must immediately make corrections if it is within the Agency's jurisdiction to do so and/or the program director/supervisor must notify proper officials to make corrections as soon as possible.
    - As soon as corrections are made (no more than thirty days), the program director/supervisor must notify the Health Department to conduct another inspection (the Health Department must complete this requested inspection within fifteen days).
    - The Agency must do everything possible to assure that food is handled safely during this period which can include additional staff and volunteer training, procedural changes, etc.

- The program director/supervisor must notify the Area Agency on Aging when this inspection is completed and provide a copy of the inspection report to the Area Agency on Aging.
  - These same procedures also apply if the Agency's caterer receives a "B" grade at the production site.
7. Since the service standards state that sites are to be open five (5) days per week except for designated holidays or emergencies, all congregate nutrition sites to be closed or relocated temporarily must be approved in writing by the AAA. A "Request to Temporarily Close or Relocate Title III Congregate Meal Site" form must be submitted to the AAA for signature, approved and kept on file by the service provider agency. This form must be completed for all emergency closings (weather, site not available due to owner use such as funerals, voting precinct, barbecues, etc.). Non-emergency closings (staff closures due to staff retreats, site trips, etc.) are limited to two (2) per year per site. Picnic or shelf stable meals should be provided to congregate participants for non-emergency closings and regular or shelf stable meals are strongly encouraged to be provided to home delivered clients on these occasions. Forms can be submitted to the AAA prior to the closing if possible. However, due to inclement weather and other circumstances, the AAA realizes that this is not generally possible. Please submit forms with 48 hours (excludes weekends) after the closing.
8. For counties (or sites) providing congregate meals only, each site must average 25 meals per day on a monthly basis. If in any given month a site drops below an average of 25 congregate meals per day, the Agency must take **some** action to increase participants at the site such as increase outreach efforts, marketing, etc. Documentation of these efforts should be maintained by the Agency. At a minimum, the Agency should notify participants and Centralina of the need to increase participation and steps they have taken to avoid closure. If participation continues to drop and the site has below 25 averages for three consecutive months, the Agency must notify Centralina to initiate discussions to either begin closure of the site or extenuating circumstances as to why the site should be kept open. At the time of the discussion, the Agency must show that during the three month period, the Agency has addressed the following steps:
- Advertise the program available at the site (mailings, distributing flyers, open house and other media attempts).
  - Determine if it is cost-effective for Agency to continue operating the site.
  - Explore all possibilities of transporting clients to another site close by.
  - Examine the effects of closing the site and reopening in another area.
  - Determine if the benefits of the service can be delivered by an alternate method.

If the Agency can show documentation and/or a plan that the steps have been addressed and all efforts have been made to increase participation, and the Agency still believes there is just cause for keeping the site open, a waiver may be requested

from the Area Agency on Aging. In evaluating the request for a waiver the Area Agency on Aging will consider:

1. If the Agency documented and implemented its efforts as outlined above to increase participation at the site
2. If the site located in an area/township that can be documented as being primarily rural (minimum of 50% of older adults considered rural)
3. If the Agency can document that 75% of the participants at the site are low-income or minority or live alone
4. If the Agency has information to reflect that transporting the participants to another site would not be as cost-effective as keeping the site open

Documentation of consideration #1 and at least two of the other three would be legitimate grounds for a waiver for the site to remain open.

9. If a congregate site does not average 25 meals per day for those counties (or sites) providing both congregate and home delivered meals, then the site should average a combined total of 40 congregate and home delivered meals per day on a monthly basis with an average of at least 18 congregate meals per day. If a daily combined average of 40 meals is not met, then procedures must be followed as outlined above in #8.
10. All effort should be made for participants of congregate programs, including those at more traditional dining sites or non-traditional sites such as restaurants, to utilize a minimum of 12 meals per 30 day period. This does not include special situations such as hospitalization, illness, etc. in which the participant requests to be placed in a hold status until they are able to return to the congregate program. Each nutrition services program should have a written attendance policy which should be distributed to each participant upon entry into the program.

## **MENUS:**

Congregate and Home Delivered Meals:

1. Centralina Area Agency on Aging will accept a variety of menu options. Programs can utilize
  - The regional menu developed by the consultant dietician for Region F.
  - The state menu developed by the dietician at DAAS.
  - The menu developed for their program by a licensed dietician either through the subcontracting caterer or directly through the licensed dietician.Thirty days prior to the start of each contract year (by June 1), the nutrition services provider must notify Centralina of which menu they will be using for the upcoming year and provide a signed copy of at least 6 months of the menus to Centralina for their files and approval. Signatures of both the licensed dietician and designated Centralina staff must be on the menus. Providers requesting menu

changes to their menus will be responsible for contracting with a Registered Dietician to approve the changes. The Agency must provide an approved menu with a Registered Dietician's signature and a nutrient analysis for each day in which changes were made to Centralina Area Agency on Aging two weeks before implementation of that menu.

2. Each provider of a restaurant voucher nutrition program is responsible for contracting with a registered dietician to develop and approve menus that will be used at each restaurant dining site. The Agency must provide an approved menu with a Registered Dietician's signature and a nutrient analysis for each day in which changes were made to Centralina Area Agency on Aging two weeks before implementation of that menu.

### **EMERGENCY MEALS:**

All Nutrition Services:

Emergency/shelf stable meals may be provided for any holiday. A registered dietitian must approve emergency meal menus. Meals must be reported for reimbursement on the day they are distributed. Meals may be provided for inclement weather days if distributed in advance of the inclement weather. If advance meals are not distributed and the site is closed, meals may be provided for weekend days for the same number of days as sites were actually closed, if the Agency chooses.

### **FOOD PROCUREMENT REQUIREMENTS:**

All Nutrition Services:

1. Written contracts/agreement for procurement of food must be developed with each food service contractor. All contracts/agreements must be signed prior to July 1 of each year and a copy with original signatures of both parties provided to Centralina by July 15. All food service contractors must be assessed *once* during the contract period utilizing the Region F Assessment of the Food Service Contractor form or similar prior approved form. Written reports must be maintained by the service provider agency for review by the AAA.
2. ***The intent of the federal regulations of the Title III-C program is that nutrition services are to be awarded on a competitive bid process. If a county or agency is using multi-year contracts with a caterer, this process must be competitively bid at least once every three (3) years.***

## **ADMINISTRATIVE REQUIREMENTS:**

### All Nutrition Services:

The Agency must maintain a Policies and Procedures Manual for all nutrition services which includes all necessary program information including but not limited to appropriate agency personnel policies and procedures, job descriptions, grievance procedures, termination procedures, service policies and procedures as outlined in the NC Division of Aging Service Standards and Centralina Policies and Procedures document.

### Supplemental:

1. Agencies providing supplemental meals must submit a written request and plan to Centralina Area Agency on Aging before the service is started. Within three to six months after the start of the service, as specified by the Area Agency on Aging, the Agency must submit a copy of all forms being used in the service as well as a written evaluation of the service to that date.

## **NSIP ONLY REIMBURSEMENT:**

### All Nutrition Services:

1. NSIP only reimbursement is available for meals not funded under Title III of the Older Americans Act. The following criteria MUST be met:
  - a. Each meal MUST meet 1/3 of the Recommended Dietary Allowance (RDA).
  - b. Meals MUST be served to persons age 60 or older and their spouses regardless of age. Meals may be served to individuals providing volunteer services during the meal hours and individuals with handicaps or disabilities who have not attained 60 years of age but reside with an eligible older adult or reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.
  - c. Meals MUST be served by a nutrition service provider who is under the jurisdiction, control, management, and audit authority of Centralina Area Agency on Aging. Centralina must oversee the nutrition service operations of the provider to ensure that criteria (a) and (b) above are followed, as well as any other applicable regulations and policies prescribed by the Department of Health and Human Services and NSIP (previously USDA).
  - d. The Agency MUST work with Centralina Area Agency on Aging to establish site route worker code(s) for NSIP only reimbursements.
  - e. The Agency MUST at a minimum provide Centralina with a summary of their project including target population, participant eligibility, project budget, and an overview of how the project will function.

## **REASSESSMENT PROCEDURES FOR HOME DELIVERED NUTRITION SERVICES:**

Effective 11/29/05 and in accordance with NC DAAS Administrative letter 05-13 addressing the policy revision for home delivered meal client reassessment requirement, agencies may choose to reassess home-delivered meal clients only in one of two ways:

1. Agencies may continue to reassess home delivered meal clients as outlined in the NC DAAS Nutrition Service Standards which states: "A written in-home reassessment must be conducted every 6 months, except for people on temporary home delivered meal status. This reassessment must include the updating of client registration information." (page 34-35 Section IX)
2. The agency may reassess home delivered meal clients who meet the following criteria by conducting a telephone reassessment every other 6 month review so long as an in-home, face to face assessment is conducted every 12 months. Criteria for phone reassessment is as follows:
  - a. **Client must be medically stable.** "Medically stable" means that physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, other therapies or a combination of these remedies. "Medically unstable" means an acute illness or complication of a chronic condition not under control by the above therapies.
  - b. **Client has a caregiver or a stable source of social support** involved with their nutritional health when the nutrition program is not in operation.
  - c. If the Agency representative discovers during the course of a telephone reassess that the client is no longer medically stable, and then the Agency representative must conclude phone assessment and schedule and conduct an in-home assessment with the client.
  - d. Agency should always documents client status (medically stable or unstable) at each assessment, and type of assessment (either telephone or in-home). This should be documented on CRF DOA 101 every 6 months.

## **WAIVERS:**

All Nutrition Services:

- Service Providers in Region F may request waivers of any Centralina Policies and Procedures relating to nutrition services as specified in this document. Any waiver must be submitted and approved before the standard is not met. Centralina cannot waive Division of Aging and Adult Services Standards.

## **2. Region F Confidentiality Policies & Procedures**

*Effective 12/2/93*

### **1. CLIENT INFORMATION.**

Information obtained by the Area Agency on Aging regarding a specific client will be treated as confidential and will not be disclosed in any way to identify the individual without the informed consent of the person or legal representative unless disclosure is required by court order, or for program monitoring by authorized Federal, state, local or other designated monitoring agencies. Confidential information received by telephone will only be handled by designated individuals (Ombudsman calls will be handled by the Ombudsman, Area Agency on Aging Administrator) and confidential information to be typed will be handled by the Aging Technician or one designated secretary (Cynthia Winfield or Office Manager, Audrey McCaskill in her absence).

### **2. INFORMATION FROM OTHER AGENCIES.**

Information received from another agency or individual shall be treated as confidential and disclosure will be governed by any conditions of the agency or individual furnishing the information.

### **3. DISCLOSURE PURSUANT TO OTHER LAWS.**

The agency will disclose or maintain confidential client information in accordance with any binding federal or state statutes or regulations

### **4. OWNERSHIP OF RECORDS.**

Client information contained in Agency records is property of the Agency. The information shall be protected according to the policies established in this document.

### **5. SECURITY OF RECORDS.**

Client records and reports are maintained in files in locked areas. Only employees, interns, or volunteers who must obtain information in order to carry out agency responsibilities may access the information. Confidential records and reports remain in the locked areas except for active Ombudsman cases that may be assigned to an Ombudsman. Automated Data Processing Systems used in the Agency to house confidential client information are protected with secret passwords assigned only to specific staff that must access the information in order to perform their duties. Confidential information will not be saved on automated data processing systems unless designed for special storage areas that require a password.

**6. RELEASE OF CLIENT INFORMATION.**

Client information is confidential and may not be released without client consent. Agency Staff will be a signed "Consent for Release of Information" from the client or legal guardian before information is released. (See Attachment 1.)

**7. CLIENT ACCESS TO RECORDS.**

The client has the right to access information about himself without charge upon written or verbal request to be provided within five working days from the request. INFORMATION MAY BE WITHHELD IN THE FOLLOWING SITUATIONS but the client must be notified that information is being withheld any why:

- a) Information required by state or federal statues or regulations to keep confidential
- b) Information originating from another agency
- c) Information that would breach another individual's right to confidentiality.

An Agency representative will be present when the information is reviewed and Staff will document in the Client Record the date and information reviewed by the client.

**8. CONTESTED INFORMATION.**

If a client contests the accuracy, completeness or relevancy of the information in his record, the Agency will:

- a) Investigate the dispute information
- b) Document the client file with the date, the disputed information, and the results of the investigation by the Staff
- c) Staff supervisor will review decision by Staff.

**9. DISCLOSURE OF CLIENT INFORMATION WITHOUT CLIENT CONSENT.**

Client information included in the client record may be disclosed without the consent of the client under the following circumstances:

- a) To other employees of the Agency for the purpose of making referrals, supervision, consultation or determination of eligibility
- b) For reporting and monitoring purposes between the Area Agency on Aging, local service providers, and state and federal agencies
- c) When the Agency serves as Information and Case Assistance Provider for calls around the region, state, and nation, the Agency may contact the specific local service provider to access services and provide follow-up.



# CONSENT FOR RELEASE OF INFORMATION

CENTRALINA COUNCIL OF GOVERNMENTS

AREA AGENCY ON AGING

1. Name/Address of Agency,  
Organization or Individual Which  
Posses Information To Be Released

2. Name/Address of Agency,  
Organization or Individual To Whom  
Information Is To Be Released

3. Nature of extent of information to be released: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Why information is needed: \_\_\_\_\_  
\_\_\_\_\_

5. Consent to release information is valid from \_\_\_\_\_ to \_\_\_\_\_ (Not to exceed 1 year)

6. Changes to the Consent to Release Information preferred by the client: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The doctrine of informed consent has been explained to me and I understand the contents to be released, the need for the information, and that there are status and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Patient/Client; Parent, or Legal Guardian (Specify)

Witness

\_\_\_\_\_

\_\_\_\_\_

Address

Address

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### **3. Region F Procedures for Appeals**

When the Region F Aging Advisory Committee recommends denial or reduction of a bidder's application for funds to provide services under the Older Americans Act or grant funds, or when the Region F Aging Advisory Committee recommends that a service provider's existing contract be terminated, the bidder/service provider will have an opportunity to appeal that recommendation in accordance with the following provisions:

1. A written request for a hearing must be received by the Aging Program Administrator of the Area Agency on Aging (AAA) with ten (10) calendar days following its verbal or written notice to the bidder/service provider of the adverse action. The request must be signed by the applicant agency chief administrative officer and the agency board chairman. The request for hearing must state procedural grounds for the appeal.
2. When a request for a hearing is received, the AAA will notify the Agency of the date, time and location of the hearing. The notification shall be sent to the chief administrative officer for the appellant bidder via certified mail within ten (10) calendar days of the receipt of the request for the hearing. The notification will state the procedural issues to be heard relative to the selection process and indicate the process by which the appeal will be heard and a decision rendered. The AAA will make every effort to conduct the hearing with ten (10) working days after the date that the request was received.
3. Representatives of the agency will make their written and oral appeal at the hearing before an appeals committee consisting of the members of the Region F Aging Advisory Committee from the county that the agency has proposed to begin or continued serving, that county's delegates serving on the Centralina Council of Governments Board of Delegates and Region F Aging Advisory Committee members from other counties.
4. The AAA may also present information at the hearing and may invite representatives from other agencies or individuals to present testimony.
5. The appeals committee will return a decision to the Centralina Council of Governments Board of Delegates for final action.
6. The chief administrative officer for the appellant bidder will be notified via certified mail of the Centralina Council of Governments Board's final decision within ten (10) calendar days after such action. Any changes necessitated in the Area Plan as a result of Board action will be carried out by the Aging Program Administrator.
7. If the appellant wishes to contest the decision further, the appellant will have thirty (30) calendar days from the date of the Centralina Council of Governments Board decision to petition the Division of Aging. Prior to submitting the petition the bidder will contact the Chief of Field Operations, whereupon written instructions regarding the submission of the petition will be forwarded to the bidder. The Division of Aging will not hear any appeals until all appeal procedures established by the Area Agency on Aging have been exhausted.

## **II. Funding**

### **A. Types of Funding**

#### **HCCBG**

Funding for the majority of local services is provided through the Home and Community Care Block Grant (HCCBG). The block grant is made up a variety of state funds and Federal Older American Act funds. The Block Grant funds are available yearly from July 1 through June 30 and they are distributed through an intrastate funding formula.

**The intrastate funding formula adds these indicators:**

- (50%) of the number of 60+ population in the county
- (30%) of the number of 60+ population living in poverty
- (10%) of the number of 60+ population who are minority
- (10%) of the number of 60+ population living in rural areas

This formula determines allocations for Home And Community Care Block Grant funds. Each county is required to assemble a committee of professionals and consumers who are charged with allocating the funds among needed services in the community. The HCCBG committee can fund a variety of the 17 allowable HCCBG services, based on prioritization of service needs. The planning process begins in January each year and culminates with the allocation of funds to services, County Commission Approval and a signed contract with the county. A lead agency is appointed in the county to assist facilitate the HCCBG planning process. AAA staff also provides technical assistance during this process.

There is a mandatory 10% match on all HCCBG funds.

For more information on the HCCBG process, please see the “HCCBG Orientation Manual”.

#### **LEGAL SERVICES**

Legal services funds are made up of state and federal OAA funds. Legal service funds are used to provide older individuals with legal advice and representation, appropriate referrals to human services agencies or pro-bono services and utilize preventative measures such as community education. Legal assistance primarily consists of legal advice and representation provided by an attorney to older individuals with economic and social needs. Such assistance includes to the extent feasible, counseling or appropriate assistance by a paralegal or law student under the direct supervision of an attorney and counseling or representation by a non-lawyer where permitted by law.

Each year the Region F Aging Advisory Committee must vote to determine how much of the regional allotment of HCCBG funds they will take off the top and use for regional Legal Services. Once this vote has occurred, the Division of Aging and Adult Services will release the official allocations for the region. Centralina AAA will then initiate a Request for Proposal process. Each year Centralina Area Agency on Aging seeks to identify and fund a maximum of one Legal Service Provider in each county in Region F.

There is a 10% required local match for these funds. For more information, please review the most recent RFP.

## **FAMILY CAREGIVER**

Family Caregiver Support Program Funds (FCSP) are federal funds allocated from Title III-E of the Older American's Act. County allocation amounts are based on the 70+ population estimates. The Family Caregiver Support Program was created in 2000 to support family and informal (unpaid) caregivers to care for their loved ones at home for as long as possible. The purpose is to reduce caregiver stress and depression so they can care for their loved one longer, avoiding more expensive long term care alternatives. In North Carolina, the services provided through the Family Caregiver Support Program will differ according to the community resources within each county.

Each year Centralina Area Agency on Aging seeks to identify and fund one Family Caregiver Support Program proposal in each county in Region F. Once the AAA receives FCSP allocations from the Division of Aging and Adult Services, a Request for Proposal Process is initiated.

There is no match requirement for these funds. For more information on FCSP, please review the most recent RFP.

## **HEALTH PROMOTION/ DISEASE PREVENTION**

Health Promotion/ Disease Prevention Funds (HP/DP) are federal funds allocated from Title III-D of the Older American's Act. County allocation amounts are based on the funding formula and on the basis of medically underserved counties. The purpose of the Health Promotion and Disease Prevention funds is to provide programs and activities which will assist older adults in maintaining a healthy lifestyle and/or in identifying health problems or potential problems and to offer effective interventions to address these problems.

Each year Centralina Area Agency on Aging seeks to identify and fund one Health Promotion Disease Prevention proposal in each county in Region F. Once the AAA receives HPDP allocations from the Division of Aging and Adult Services, a Request for Proposal Process is initiated.

There is a 10% local match for all HPDP funds. Of the total allocation in each county, 25.44% of funds must be spent on Medication Management activities and 35% must be spent on Evidence Based Programs. For more information on HPDP, please review the most recent RFP.

## **SENIOR CENTER GENERAL PURPOSE**

Senior Center General Purpose funds (SCGP) are state appropriated funds allocated from the North Carolina General Legislature. Agencies eligible for this funding must be identified by the AAA as a multi-purpose senior center, or a developing senior center. Allocation amounts are based on status as a senior center, and whether or not the center has received any type of state or national certification. The purpose of the SCGP funds is to provide programs and activities which will assist older adults in maintaining a healthy and active lifestyle.

Each year Centralina Area Agency on Aging seeks to fund all eligible Senior Centers in each county in Region F. Once the AAA receives SCGP allocations from the Division of Aging and Adult Services, a Request for Proposal Process is initiated. There is 25% local match requirement for these funds. For more information, please review the most recent RFP.

## **SENIOR COMMUNITY SERVICE EMPLOMENT PROGRAM**

Senior Community Service Employment Program is established through Title V of the Older American's Act and it is funded and administered by the Department of Labor. Each year the State allocates the program funds based on an equitable distribution formula. One provider in each county that wishes to receive this funding must complete a proposal and budget.

Currently Centralina AAA is the direct service provider for Mecklenburg and Stanly Counties. Anson, Cabarrus, Iredell, Rowan and Union counties all sub-contract with the AAA to provide this program. There is 10% local match requirement for these funds. For more information, please review the most recent RFP.

## **SPECIAL FUNDING STREAMS**

Centralina AAA is often the recipient of one time funding streams, such as the Heat Fan program, or one time federal allocations. Depending on the funding stream, the AAA will release a memorandum addressing funding and application process. Various requirements will be necessary, depending on the funding stream.

***All funds allocated to the counties must first be approved by the  
Region F Aging Advisory Committee.***

## **B. Centralina AAA Aging Grant Funds Budget Revision/ Reallocation Policies**

Budget revisions can be made only between January 1 and May 1 unless otherwise instructed.

If at the end of March or 75% of the contract period, an agency is at less than 67% of the goal for any service, the agency will be required to release for reallocation the projected unspent funds as determined by the Area Agency on Aging (AAA). Agencies who are between 67% and 75% will also be required to release the projected unspent funds unless they can document to the AAA that the funds will be spent by year-end.

When budget revisions are initiated by the service provider or the Area Agency on Aging and funds are to be released from a service, those funds will be reallocated as follows:

- Funds may be shifted to other services in the Agency/County using the same funding source.
  
- If transfers are allowable between funding sources, these may be considered by the Area Agency on Aging so that the funds may be retained in the respective county.
  
- If funds cannot be used in the same county, they will be shifted to other counties to services with the same funding source.
  
- Priority will be given to other counties who can use additional funds in the following order:
  1. To any counties under their formula amount and over serving in the appropriate fund source. Top priority in this group will be county(ies) most under formula amount.
  2. To any counties over their formula amount and over serving in the appropriate fund source. Top priority in this group will be counties closest to their formula amounts.

Funds shifted must not cause the units provided year-to-date to drop more than eight (8%) percentage points (one month) below the percentage for the current month of the year.

If funds cannot be used in the region, they will be released to the NCDOAAS, if possible.

## III. Reporting

### A. Aging Resources Management System (ARMS)

#### *Reimbursements*

All HCCBG, Legal service, HPDP, FCSP and SCGP funds are reported into the Aging Resources Management System (ARMS).

1. All agencies must have at least 1 staff member with an ARMS user ID. To obtain access, go to <http://www.centralinaaging.org/Providers/providers.htm> and complete the ARMS new user form. Submit this form to the regional ARMS coordinator for approval.
2. All information must be entered into ARMS according to the North Carolina ARMS manuals: <http://www.ncdhhs.gov/aging/arms/armsman.htm>
3. In order to receive reimbursements the following month, agencies should adhere to the reporting deadlines. The schedule can be accessed at: <http://www.ncdhhs.gov/aging/arms/armsched.htm>
4. Reimbursements will be available by the beginning of the following month, or as soon as the Area Agency on Aging receives the funds from the state and processes the checks.

#### *Client & Service Data*

1. Client data for HCCBG and FCSP services must be entered into the ARMS system in a timely manner. This data is used for state and federal reporting as well as monitoring of programs and for reimbursements. For guidelines on what and how to report, visit: <http://www.ncdhhs.gov/aging/arms/armsman.htm>
2. Non-unit data must be entered into the ARMS system as required by program.

### B. Senior Community Service Employment Program Reports

#### *Reimbursements*

1. Agencies receiving Title V funds must complete the AAA Title V financial report monthly and submit it to the AAA no later than the 8<sup>th</sup> of each month.
2. Reimbursements will be available by the beginning of the following month, or as soon as the Area Agency on Aging receives the funds from the state and processes the checks.

#### *Program Reports*

1. Agencies are to submit the Title V Quarterly report form to the AAA.
2. Other reports, as needed, should be provided to the AAA for review.

## C. Other Program Reports

### *Health Promotion/ Disease Prevention*

1. EBHP Class Participation Report form should be submitted upon the completion of an EBHP class eligible for HPDP funds. Upon receipt and approval of all materials, agency will receive reimbursement for EBHP class. (Reimbursements are reported into ARMS on the 10<sup>th</sup> of each month. Forms received after this date will be reported the following month.)
2. Disease Prevention/ Health Promotion Service Report is due to the AAA at the end of each fiscal year.

### *Family Caregiver Support Program*

1. Family Caregiver Support Program monthly expense report should be submitted to AAA by the 8<sup>th</sup> of each month.
2. Data for Progress Check should be submitted to AAA by 15<sup>th</sup> calendar day of January and July.

### *General Reports*

1. Agencies should submit AAA Units of Service form to AAA by 8<sup>th</sup> of each month.
2. Agencies should submit monthly Consumer Contributions form to AAA by 8<sup>th</sup> of each month.
3. Agencies should submit AAA Non-units/ Line Item expense report to AAA by 8<sup>th</sup> of each month.
4. Agencies should submit Cumulative Expenditures form to the AAA by January 31<sup>st</sup> and August 31<sup>st</sup>.
5. Other reports may be requested by AAA and State as needed. Agencies should comply with any other reporting requests.
6. Non-profit agencies should annually submit a copy of the Conflict of Interest form to the Area Agency. This document will be reviewed annually (reference NC General Statutes Chapter 143.642)
7. Agency should submit a copy of annual audit and compliance forms to the AAA as soon as it becomes available each year. See below for audit guidelines:

Community service providers must provide a copy of their yearend financial statements, and any required audit, to the Area Agency on Aging. Community service providers, as specified in paragraph one (1) are subject to audit and fiscal reporting requirements as stated in NC General Statute 143-6.2, and OMB Circular 1-133, where applicable. Home and Community Care Block Grant providers are not required to submit Activities and Accomplishments Reports. For-profit corporations are not subject to the requirements of OMB Circular A-133, but are subject to NC General Statute 143-6.2 and Yellow Book audit requirements, where applicable. Federal funds may not be used to pay for a Single or Yellow Book audit unless it is a federal requirement. State funds will not be used to pay for a Single or Yellow Book audit if the provider receives less than \$500,000 in state funds. The Department of Health and Human Services will provide confirmation of federal and state expenditures at the close of



the state fiscal year. Information on audit and fiscal reporting requirements and forms can be found at <http://www.ncauditor.net/nonprofitsite> .

The following provides a summary of reporting requirements under NCGS 143-6.2 and OMB Circular A-133 based upon funding received and expended during the service provider’s fiscal year.

Annual Expenditures Fiscal Year Ending June 30	Required Reporting to the Area Agency on Aging*	Funds Allowed for Cost of Audit
<ul style="list-style-type: none"> <li>Less than \$25,000 in State or Federal funds</li> </ul>	Certification (attachment #1) and State Grants Compliance Reporting <\$25,000 (attachment #2)  (NOTE: item # 11, Activities and Accomplishments does not have to be completed)  OR  Audited Financial Statements in compliance with GAO/GAS (i.e. Yellow Book)	N/A
<ul style="list-style-type: none"> <li>Greater than \$25,000 and less than \$500,000 in State or Federal Funds.</li> </ul>	Certification (attachment #1) and Schedule of Grantee Receipts >\$25,000 or more (attachment #3) and Schedule of Receipts and Expenditures (attachment #4)  OR  Audited Financial Statements in compliance with GAO/GAS (i.e. Yellow Book)	N/A
<ul style="list-style-type: none"> <li>\$500,000+ in State funds and Federal pass through funds in an amount less than \$500,000</li> </ul>	Audited Financial Statement in compliance with GAO/GAS (i.e. Yellow Book)	May use State funds but not Federal funds
<ul style="list-style-type: none"> <li>\$500,000+ in State funds and \$500,000+ in Federal pass through funds (i.e. at least \$1 million in funding)</li> </ul>	Audited Financial Statement in compliance with OMB Circular A-133 (i.e. Single Audit)	May use State and Federal funds
<ul style="list-style-type: none"> <li>Less than \$500,000 in State funds and \$500,000+ in Federal pass through funds</li> </ul>	Audited Financial Statement in compliance with OMB Circular A-133 (i.e. Single Audit)	May use Federal funds but not State funds

- Local non-profit or for-profit providers who chose to complete an audit may submit this information to the Area Agency on Aging in lieu of the Schedule of Grantee Receipts and the Schedule of Receipts and Expenditures.
- All audits must be submitted to the Area Agency on Aging within six months of the end of the Agency’s fiscal year. The Area Agency will review all audits for any corrective action issues. The Area Agency will review until all corrective action issues have been corrected.

## IV. Monitoring

### Provider Performance Review Information

#### A. ASSESSMENT PLAN

Performance review of services listed in the Home and Community Care Block Grant (HCCBG) Funding Plan, Family Caregiver Support Program, Health Promotion/ disease Prevention, Senior Community Service Employment Program and Senior Centers are the responsibilities of the Area Agency on Aging. Centralina will handle these functions as follows:

1. A Risk Evaluation will be completed in June of each year on each Agency receiving funds from Centralina Area Agency on Aging to determine level of Risk and inform the Area Agency on Aging in development of the Annual Assessment schedule for the Area Plan. (The Risk Evaluation Matrix will be utilized)
2. Reviews will be conducted on each Community Service Provider providing a service within the Region at a minimum of once in two years regardless of Risk Evaluation. Reviews may be conducted more frequently depending on the Risk Determination and prior monitoring visits. The following reviews are included:
  - Administrative Review
  - Programmatic Review for Title IIIB & IIIC Services (includes Senior Center Operations)
  - Senior Center Long Term Obligations
  - Health Promotion/Disease Prevention
  - Senior Community Service Employment Program
  - Senior Center General Purpose
  - Fiscal Reviews
  - Consumer Contribution Reviews
3. Reviews may be made more frequently in the following circumstances:
  - The Community Service Provider is a new contracted agency with the AAA and has no recent history in providing aging services
  - The Community Service Provider will no longer provide services under AAA funding streams.
  - If the Supervisor of the Service is new.
  - If requested in writing by the Community Service Provider.
  - If requested by the County Manager or County Board of Commissioners.
4. Unit Verification will be performed as needed but at least every other year for all aging services provided by each community service provider.

5. Fiscal Reviews.
  - Centralina Area Agency will have an Internal Control Questionnaire on file for each agency receiving funding through Centralina. The Control Questionnaire will be updated at a minimum once every three years.
  - Agency audits will be reviewed yearly for any corrective action issues.
  - The Area Agency on Aging will review monthly reports submitted to the Area Agency for accuracy, timeliness, and compliance.
  - Regardless of Risk Determination, the Area Agency on Aging will conduct an on-site Fiscal Review at least once every three years. The Fiscal Review will consist of:
    - Track consumer contributions received through reporting to Division of Aging and Adults Services
    - Track line item expenses from expenditure to reporting
    - Review of Internal Control Questionnaire
    - Review of Units for verification of expenditures
  - The Compliance Supplement Criteria Review will be conducted as part of the specific service review
  
6. More frequent reviews for all services listed above in 2. will be conducted if:
  - a. Risk Determination is moderate or high.
  - b. Non-compliance findings are identified and not corrected by the community service provider within the time frame specified in the Corrective Action Plan.
  - c. The Area Agency on Aging and either office of the county manager or the board of commissioners agree that an additional assessment(s) is/are warranted.
  - d. The Area Agency on Aging and Division of Aging agree that an additional assessment(s) is/are warranted.
  - e. Requested, in writing, by the community service provider.

## **B. SCHEDULING REVIEWS**

1. Based on the Risk Determination conducted in June, the Area Agency on Aging will develop a schedule of which agencies and which services will receive assessment reviews. Agencies with any of the following situations can expect annual reviews and even more frequent, if needed:
  - Determination of High Risk
  - Failure to provide a written Corrective Action Plan during prior assessments.
  - More than three non-compliance findings during the prior assessment.
  - Agency is having significant difficulty complying with requests from the Area Agency on Aging or fails to submit required reports on an on-going basis.
  
2. Agency director and program supervisors must be available during programmatic assessment. The agency director and any additional staff determined necessary by the director must be available for administrative and unit verification assessments.

3. The agency director must notify the Area Agency on Aging a minimum of one week prior to the assessment visit if entrance and/or exit interviews are desired.
4. The Area Agency on Aging Administrator and other AAA staff will be available for questions prior to the visit.
5. Agencies will receive a written copy of the Review Schedule during the September Contractor's Meeting. Agency will also receive a letter notifying them of monitoring dates and services at least 30 days prior to monitoring visit. Agency will also receive checklist of items to be reviewed (see appendix A).

### **C. ASSESSMENT REPORTS**

1. The Area Agency on Aging will provide a written monitoring report within thirty business days of the completion of the on-site visit.
2. The Monitoring Report will include, at a minimum:
  - Commendations
  - Areas for Continued Development
  - Non-Compliance findings
  - Corrective action requirements
3. Copies of the Monitoring Report will be sent to:
  - The County Manager for all HCCBG services regardless of provider and for all services provided by county agencies
  - Board Chairman (as appropriate) for Non-profit agencies
  - The Agency Director
  - Grant Administrator for the County HCCBG, if different from the above

### **D. CORRECTIVE ACTION PLAN**

1. A Corrective Action Plan will be required any time a non-compliance finding is identified, which must be corrected before the end of the fiscal year in order to assure adequate compliance with all assessment standards.
2. The written monitoring report will include Corrective Action Requirements when non-compliance findings are identified. A corrective action plan will be due to the AAA within 30 days, outlining the action the Community Service Provider will take in order to correct the non-compliance finding, how it will be done, and by what date it will be accomplished.
3. The Area Agency on Aging will provide minimum time frames in the written monitoring report for completion of the Corrective Action.

## **E. FOLLOW-UP**

1. The Area Agency on Aging will send written confirmation to the Community Service Provider once all Corrective Action Plans have been completed, to inform the Community Service Provider if the Corrective Action Plan meets expectations or whether an additional on-site visit will be provided to assure that all corrective actions meet expectations.
2. A follow-up visit will be required if the Area Agency on Aging staff cannot assure that all required components are in place based on the Corrective Action Plan.
3. Written follow-up may be requested of the Community Service Provider if the Corrective Action Plan provided needs further clarification or is incomplete.
4. All follow-up activities will be completed before June 30<sup>th</sup>.

## Appendix A.: Fall Monitoring Checklist

*This checklist is intended to serve as a guideline to help prepare your agency for the AAA monitoring visit. This checklist is not all inclusive and Area Agency on Aging staff reserve the right to request additional information as needed, in order to complete the monitoring process. Please review this list carefully and have ready all applicable items for your monitoring visit; This will increase the efficiency and accuracy of the visit. Thank you for your cooperation.*

	Congregate	Home Delivered	In Home Aide	I & A	H & HI	Transportation	ADC/ADH	Senior Ctr Operation	
Client Files	X	X	X	X	X	X	X		
Sub-Contracts	X	X	X			X	X		
Sub Recipient Monitoring	X	X	X			X	X		
Training History	X	X		X		X			
Health & Fire Inspection	X							X	
Vehicle Inspection						X			
Policies & procedures	X	X	X	X	X	X	X	X	
Sign In Sheets/ Log Sheets	X	X		X			X	X	
Driver Log Sheet						X			
Food Temps	X	X							
Consumer Contributions Deposit slips/ procedures	X	x	X	X	X	X	X	X	
Certifications/ Licensures			X	X			X	X	
Receipts				X	X			X	
Provider Assurance (Cons. Contrib)		X	X	X	X		X		
Site/ Route Visit	X	X							
IHA competence (Attach. A)			X						
IHA superv. (attach B)			X						

- Client files for each service have service specific requirements. Please see service standards to ensure that all files are in compliance

## Spring Monitoring Checklist

*This checklist is intended to serve as a guideline to help prepare your agency for the AAA monitoring visit. This checklist is not all inclusive and Area Agency on Aging staff reserve the right to request additional information as needed, in order to complete the monitoring process. Please review this list and have ready all applicable items for your monitoring visit; This will increase the efficiency and accuracy of the visit. Thank you for your cooperation.*

	<b>Congregate</b> <i>HCCBG/ARRA</i>	<b>Home Delivered</b> <i>HCCBG/ARRA</i>	<b>Title V</b> <i>Regular/ARRA</i>	<b>FCSP</b>	<b>Project CARE</b>	<b>HPDP</b>	<b>SCGP</b>	<b>SCO</b>	<b>Fiscal</b>	<b>Consumer Directed</b>
Client Files	X	X	X	X	X					X
Sub-Contracts	X	X		X	X					X
Sub Recipient Monitoring	X	X		X	X					X
Training History	X	X	X					X		X
Health & Fire Inspection	X							X		
Consent Release				X	X					
Policies & procedures	X	X		X	X	X	X	X	X	X
Sign In Sheets/ Log Sheets	X	X		X	X	X		X		X
Food Temps	X	X								
Consumer Contributions Deposit slips/ procedures	X	x		X	X	X		X	X	X
Certifications/ Licensures				X	X	X		X		X
Receipts				X	X	X	X	X	X	X
Provider Assurance for Cons. Contrib		X		X	X					X
Site/ Route/ Host Agency Visit	X	X	X							
Time Sheets			X					X	X	X
Host Agency Files			X							
General Ledger/ Acct. Records			X					X	X	
Proposal				X	X	X	X			
Board/ Advisory Records				X				X		
Program Materials				X	X	X		X		
Evaluations	X							X		

- Client files for each service have service specific requirements.
- Please see service standards to ensure that all files are in compliance

