

Area Agency on Aging



Serving Cass, Christian, Greene, Jersey, Logan, Macoupin, Mason, Menard, Montgomery, Morgan, Sangamon, & Scott Counties

Service Provider Manual

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Area Agency on Aging for Lincolnland, Inc.

Service Provider Manual

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100: SERVICES ALLOWABLE UNDER THE OLDER AMERICANS ACT

101: Purpose of Chapter

This chapter specifies the policies and procedures that the Area Agency on Aging for Lincolnland will use in funding and overseeing services funded under the Older Americans Act, as revised.

102: General Requirements Applicable to All Services

102.1 : Department Approval of Area Agency Subgrants or Contracts

- A. The State agency may not require the Area Agency on Aging for Lincolnland to submit to it for prior review or approval any proposed subgrants or contracts with public or private nonprofit agencies or organizations.
- B. The Area Agency on Aging for Lincolnland must submit to the State agency for prior approval any proposed contracts with profit making organizations to provide services under the area plan as outlined in Section 1100 of the IDoA Policies Manual.

102.2 : Licensure and Safety Requirements

All services provided under this chapter must meet any existing State and local licensure and safety requirements for the provision of those services.

102.3 : Outreach, Training, Coordination, and Multigenerational Requirements

All service providers under this chapter must comply with procedures established by the Area Agency on Aging for Lincolnland --

- A. Outreach activities to ensure participation of eligible older persons with special emphasis on the following groups of the older population: [Older Americans Act, Section 306(a)(4)(B)]
 - 1. Older individuals residing in rural areas.
 - 2. Older individuals with greatest economic need (with particular attention to low- income minority individuals and older individuals residing in rural areas).
 - 3. Older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).
 - 4. Older individuals with severe disabilities.

As outlined in §102 (48) of the Older Americans Act, severe disability means a severe, chronic

disability attributable to mental or physical impairment or a combination of mental and physical impairments, that---

- a. is likely to continue indefinitely; and
- b. results in substantial functional limitation in 3 or more of the major life activities outlined below:
 - i. self-care,
 - ii. receptive and expressive language,
 - iii. learning,
 - iv. mobility,
 - v. self-direction,
 - vi. capacity for independent living,
 - vii. economic self-sufficiency, and
 - viii. cognitive functioning.

5. Older individuals with limited English-speaking proficiency.

6. Older individuals with Alzheimer's Disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

7. Older individuals at risk of institutional placement.

B. Training and use of elderly and other volunteers and paid personnel; and

C. Coordination of services provided under the Older Americans Act with other local and State services that benefit older individuals.

D. Provision of multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

102.4 : Preference for Older Persons with Greatest Economic or Social Need [Older Americans Act, § 305(a)(2)(E)]

All service providers under this chapter must follow priorities set by the Department and the Area Agency on Aging for Lincolnland for serving older persons with greatest economic or social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Service providers may use methods such as location of services and specialization in the types of services most needed by these groups to meet this requirement.

102.5 : Targeting Requirements [Older Americans Act, § 306(a)(4)(A)]

The service providers must:

- A. set objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement.
- B. include specific objectives for providing service to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

102.6 : Residency

The Area Agency has established and is following methods to assure that no requirements as to duration of residence or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

102.7 : Voluntary Contributions for Services Under the Area Plan [Older Americans Act, § 315(b)]

- A. Opportunity to Contribute: Each service provider must ---
 - 1. Provide each older person with an opportunity to voluntarily contribute to the cost of the service;
 - 2. Protect the privacy of each older person with respect to his or her contribution;
 - 3. Establish appropriate procedures to safeguard and account for all contributions; and
 - 4. Use all contributions to expand the services of the provider under this part and supplement (not supplant) funds received under the Older Americans Act. Nutrition service providers must use all contributions to increase the number of meals served, facilitate access to such meals, or to provide other supportive services directly related to nutrition services.
- B. Contribution Schedules: Contributions shall be encouraged for individuals whose self-declared income is at or above 185% of the poverty line, at contribution levels based on the actual cost of services. Each service provider may develop a suggested contribution schedule for services provided under this part.

In developing a contribution schedule the provider must consider the income ranges of older persons in the community and the provider's other sources of income.

- C. Means Tests & Failure to Contribute: The service providers that receive funds under this part shall not means test for any service for which contributions are accepted or shall not deny any older person service because the older person will not or cannot contribute to the cost of service.
- D. Contributions as Program Income: Contributions made by older persons are considered program income.

102.8 : Cost Sharing for Services Under the Area Plan

- A. Department Approval for Cost Sharing: The Department, in consultation with the Area Agency on Aging for Lincolnland, is permitted to implement cost sharing for certain services funded under the Area Plan.

1. A service provider will not be allowed to implement cost sharing for services provided under the Area Plan without submitting a plan to implement cost sharing to the Department and with written approval from the Department.
 2. The Department will establish a sliding scale for cost sharing, based solely on individual income and the cost of delivering services.
- B. Service Exceptions for Cost Sharing: The Department, the Area Agency on Aging for Lincolnland, and service providers are not permitted to implement cost sharing for the following Area Plan services:
1. Information and Assistance, Outreach, Benefits Counseling, or Case Management services.
 2. Ombudsman, Elder Abuse Prevention, Legal Assistance, or other consumer protection services.
 3. Congregate Meals and Home Delivered Meals.
 4. Any services delivered through tribal organizations.
- C. Income Prohibitions for Cost Sharing:
1. The Department, Area Agency on Aging for Lincolnland, and service providers will not permit cost sharing by a low-income older individual if the income of such individual is at or below the Federal poverty line.
 2. The Department, Area Agency on Aging for Lincolnland, and service providers may exclude from cost sharing low-income individuals whose incomes are above the Federal poverty line.
 3. The Department, Area Agency on Aging for Lincolnland, and service providers must not consider any assets, savings or other property owned by older individuals when defining low-income individuals who are exempt from cost sharing, when creating a sliding scale for the cost sharing, or when seeking contributions from any older individual.
- D. Cost Sharing Requirements: Area Agency on Aging for Lincolnland and service providers will:
1. Protect the privacy and confidentiality of each older individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual.
 2. Establish appropriate procedures to safeguard and account for cost share payments.
 3. Use each collected cost share payment to expand the service for which such payment was given.
 4. Not consider assets, savings, or other property owned by an older individual in determining whether cost sharing is permitted.
 5. Not deny any service for which funds are received under the Older Americans Act for an older individual due to the income of such individual or such individual's failure to make a cost sharing

payment.

6. Determine the eligibility of older individuals to cost share solely by confidential declaration of income and with no requirement for verification.
7. Widely distribute Department created written materials in languages reflecting the reading abilities of older individuals that describe the criteria for cost sharing, the Department's sliding scale, and the mandate described in #5, above.

102.9 : Maintenance of Non-Federal Support for Services Each service provider must –

- A. Assure that funds under this chapter are not used to replace funds from non-federal sources; and
- B. Agree to continue or initiate efforts to obtain support from private sources and other public organizations for services funded under this chapter.

102.10 : Advisory Role to Service Providers of Older Persons

Each service provider under the area plan must have procedures for obtaining the views of participants about the services they receive.

102.11 : Disaster Response and Assistance Activities

The Department, Area Agency on Aging for Lincolnland, and their service providers have the legislative mandate to advocate on behalf of older persons who reside in Illinois and to work in cooperation with other state and federal programs to provide for the needs of older disaster victims.

- A. Disaster Plans: The Department, Area Agency on Aging for Lincolnland, and service providers are required to have disaster plans, so as to expedite the delivery of necessary services when a disaster occurs. The disaster assistance efforts of Area Agency on Aging for Lincolnland and service providers will complement the existing relief efforts provided by federal, state and voluntary organizations.
- B. Written Coordination Agreements: Area Agency on Aging for Lincolnland and service providers must enter into written coordination agreements and regular, ongoing working relationships with Emergency Service Disaster Agencies (ESDAs), voluntary relief organizations (e.g. American Red Cross, Salvation Army and the Mennonites, etc.) and with local community-based organizations.
- C. Activation of Disaster Plans & Assessment of Needs During a Disaster: The Area Agency on Aging for Lincolnlands' and service providers' disaster plans will be activated by the Area Agency on Aging for Lincolnland upon notification by the Department and/or local emergency services disaster officials. Activation of the disaster plan requires an assessment of the need to mobilize service provider resources and personnel, which will be done in coordination with the American Red Cross; state and local emergency services agencies and/or FEMA during a Presidential declared disaster. The assessment will determine the type of action necessary to serve the special needs of disaster victims, particularly our older persons.

“Local emergencies” is defined as significant natural and man-made disaster situations that occur within the planning and service area that affect the lives of senior citizens and their caregivers. The Area Agency on Aging for Lincolnland may receive a request for assistance from local Emergency Services Disaster Agencies (ESDA), local American Red Cross Chapters, and the Department on Aging.

- D. Disaster Notification: The Area Agency on Aging for Lincolnland will notify the Department of all local emergencies and/or regional disasters. They will be responsible for activating their disaster plan, providing advocacy and outreach services (face-to-face), follow-up and regular monitoring of service providers delivery of disaster related services, with guidance from the Department. Based on the Area Agency’s notification, the service provider will contact project directors with instructions and they in turn will work to carry out their assigned duties, including the mobilization of local volunteers to provide individualized services which are needed.
- E. Delivery of Services in a Disaster: In all cases, the Area Agency on Aging for Lincolnland will provide as much flexibility as possible under Title IV and other funding titles under the Older Americans Act to allow for service compliance, continuity and creativity in the delivery of services to older disaster victims for all of the involved Area Agencies (e.g. gap-filling services, etc.).

102.12 : Reports of Abuse, Neglect & Financial Exploitation

The Area Agency on Aging for Lincolnland or Older Americans Act service provider who suspects the abuse, neglect, or financial exploitation of an eligible adult may report this suspicion to an agency designated to receive such reports under the Adult Protective Services Act or to the Department on Aging.

In carrying out their professional duties, Area Agency on Aging for Lincolnland and Older Americans Act service providers are mandated reporters, if they have reason to believe that an eligible adult, who because of dysfunction is unable to seek assistance for himself or herself, has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation.

102.13 : References to “Family” in the Older Americans Act

In *United States v. Windsor*, the Supreme Court struck down as unconstitutional section 3 of the Defense of Marriage Act, which prohibited federal recognition of same-sex marriages and spouses. In keeping with the Supreme Court’s analysis and reasoning in that decision, ACL’s post-Windsor policy calls for treating same-sex marriages on the same terms as opposite-sex marriages to the greatest extent reasonably possible. Thus, ACL programs should recognize as family members individuals of the same sex who are lawfully married under the law of a state, territory, or foreign jurisdiction. This policy applies based on the jurisdiction of celebration. In other words, if individuals of the same sex are legally married in any jurisdiction, ACL will recognize the marriage, regardless of whether the individuals are domiciled or reside in a state or territory that does not recognize the marriage. Thus, when this guidance discusses individuals of the same sex who are “legally married,” the intention is to include all legal marriages, regardless of the individuals’ current domicile or residence.

The term “family” is used throughout the Older Americans Act. See, e.g., section 102(a)(11), (18) of the Older

Americans Act, 42 U.S.C. § 3002(a)(11) (definition of case management services, caregiver); section 201(d)(2)(B)(iii), 42 U.S.C. § 3011(d)(2)(B)(iii) (requirements for the Director of the Office of Long-Term Care Ombudsman Programs); section 302(3), 42 U.S.C., § 3022(3) (definition of family caregiver). ACL will recognize an individual of the same sex who is legally married as a member of one's family with respect to each such reference.

103: Service Definitions and Standards for Older Americans Act Programs

The services delineated in this section are fundable under Title III of the Older Americans Act. Funding for other services not included in this section will require written prior approval from the Area Agency on Aging for Lincolnland.

Fundable services and units of service are defined in this section. All units of service based upon one hour of time should be recorded to the nearest quarter hour (0.25, 0.5, 0.75, 1.0).

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

The standards set forth in this section are minimum requirements for services provided under the Older Americans Act. The Area Agency on Aging for Lincolnland may have additional standards for these services for their respective planning and service areas. Any revised standards outlined in this Manual must be met within one year after the formal adoption of the revised standards.

103.1 : SERVICE TITLE: Adult Day Services

- A. Definition: Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction with adult day services typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation and medication assistance.
- B. Service Activities Include:
- development of a participant care plan appropriate to any recommendations by the individual's personal physician;
 - assistance with, or arrangement for, personal care and hygiene, including self-care training;
 - leisure-time activities and recreation;
 - preparing and administering medications, changing dressings, ongoing physical assessments, and retroactive exercises and treatment may be included as an integral, but subordinate part of the service;

- a daily congregate meal which meets a minimum 33⅓ percent of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of Institute of Medicine of the National Academy of Sciences and supplementary nutritious snacks;
- transportation to and from the adult day services center;
- maintenance of an individual participant's records;
- provision of information on, and referral to, other service resources; and
- optional service components may include: rehabilitative services (e.g. physical therapy, occupational therapy, speech and hearing therapy, etc.); skilled nursing services (e.g. irrigations, oxygen therapy, suction/posturing, dressings, etc.); shopping assistance; and escort to medical and social services.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

One unit of documented adult day services transportation, provided by the adult day service provider, is defined as a one-way trip per client to or from the adult day services site and the client's home.

D. Service Standards: (Reserved)

103.2: SERVICE TITLE: Advocacy

A. Definition: To represent and/or support an individual or group in an effort to obtain services to which older persons are entitled. Advocacy consists of activities designed to induce a change in attitude and stereotypes, legislation and agency policies and their implementation pertaining to services for older persons.

B. Service Activities May Include:

- representing the interests of older individuals to public officials, public/private agencies and organizations;
- intervening to investigate problems and resolve conflicts of clients;
- developing the older person's capacity to advocate on his/her own behalf;
- reviewing and commenting on public plans, policies, levies, and community actions affecting older persons;
- conducting public hearings on older persons' needs and disseminating information on issues affecting them;

- coordinating planning activities with other organizations to facilitate new or expanded benefits and opportunities for older persons;
- disseminating pertinent information on public policy and other issues and needs to older persons and their representatives. This information may relate to special and/or ongoing issues/needs impacting older persons; and
- assisting older persons during times of disaster (e.g. flooding, hot weather, tornadoes, severe spring weather, man-made emergencies, etc.) by providing the assistance necessary in behalf of older persons to obtain access to needed services along with reassurance and emotional support during the recovery process.

Specific disaster activities may include:

- assisting the individual in completing forms, negotiations and appeals;
- assisting older persons in the Disaster Application Centers and with disaster relief services; and
- obtaining and helping provide interagency and public information.

C. Unit of Service: One hour of staff time spent on behalf of a client or client group constitutes one unit of service.

D. Service Standards: (Reserved)

103.3 : SERVICE TITLE: Assisted Transportation

A. Definition: Provision of assistance and escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

B. Service Activities Include:

- Activities that support the direct provision of transportation service to a person who has difficulties (physical or cognitive) using that transportation service without such assistance and are related to the provision of trips to or from community resources.

C. Unit of Service: Each one-way trip to or from community locations per client constitutes one unit of service.

D. Service Standards: (Reserved)

103.4: SERVICE TITLE: Case Management

The Department funds Comprehensive Care Coordination (CCC) for all eligible older persons without applying a means test for eligibility. [Note: CCC as defined by the Department is essentially the same as Case Management as defined by the Administration on Aging (AoA).] Therefore, if the Area Agency on Aging for Lincolnland desires to fund a case management type of service through the Area Plan, that service needs a unique name and the service activities must be significantly different than the

Comprehensive Care Coordination service the Department funds.

103.5 : SERVICE TITLE: Chore/Housekeeping

- A. Definition: Providing assistance to persons having difficulty with one or more instrumental activities of daily living (e.g. household tasks, personal care or yard work) under the supervision of the client or other responsible person.
- B. Service Activities May Include:
- assist with the uncapping of medication containers and provide water;
 - prepare supplies for the monitoring of non-medical personal care tasks such as shaving, hair shampooing and combing, assistance with sponge bath, assisting with tub bath only when clients are able to enter and exit tub themselves, dressing, brushing and cleaning teeth and/or dentures under specific direction of client or responsible individual;
 - perform housekeeping tasks (cleaning, laundry, shopping, simple repairs, meal preparation, seasonal tasks); and
 - escort or arrange for transportation (to medical facilities, errands and shopping, miscellaneous family/individual business).
- C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service. Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.
- D. Service Standards: (Reserved)

103.6: SERVICE TITLE: Coordination

- A. Definition: Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relationships with other funding agencies and service providers.
- B. Service Activities May Include:
- establishing written working agreements with other planning agencies and service providers;
 - sharing information about services which are available;
 - participating with local, State and Federal agencies in coordinating emergency disaster assistance to older persons; and

- assisting service providers to develop and follow service standards to permit greater uniformity and facilitate cooperation with this endeavor.
- C. Unit of Service: One hour of staff time spent in the performance of coordination activities constitutes one unit of service.
- D. Service Standards: (Reserved)

103.7: SERVICE TITLE: Counseling

- A. Definition: Counseling services shall include personal counsel to help individuals and families cope with personal problems and/or develop and strengthen capacities for more adequate social and personal adjustments.
- B. Service Activities May Include:
- personal counseling; and
 - formal and informal group experiences.
- C. Unit of Service: The unit of service is a session per participant.
 If there are 7 people attending a weekly counseling session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).
- D. Service Standards: (Reserved)

103.8 : SERVICE TITLE: Crime Prevention and Victim Assistance

- A. Definition: The provision of assistance to older persons who are crime victims and provision of necessary programs to protect them from being victims of crime in the future.
- B. Service Activities May Include:
- advocacy in behalf of individual crime victims;
 - counseling; and
 - education and training.
- C. Unit of Service: One hour of staff time spent on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.9: SERVICE TITLE: Education

A. Definition: Services which provide individuals with opportunities to acquire knowledge and skills suited to their interests and capabilities through formally structured, group oriented lectures or classes. Subject areas for adult education may include nutrition, health, mental health, personal care, consumerism, crime prevention, legal rights/entitlement benefits, home maintenance and repair, retirement orientation and life enrichment, etc.

B. Service Activities May Include:

- arranging and providing academic courses, classes, seminars, lectures and other presentations;
- developing teaching aids and/or informational materials;
- arranging for group tours of nutrition-related and other organizations as deemed appropriate; and
- arranging and providing nutrition education. Nutrition education is defined as: Facts are made available about the kinds and amounts of food required to maintain good health and nutrition, foster good eating habits, and to develop better food purchasing practices, preparation, and selection. Nutrition education should be overseen by a dietitian or individual of comparable expertise.

C. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly educational session, then the unit count would be 7 and the unduplicated count of people served is 7. If during the second weekly educational session, 4 people return from the first meeting and 4 new people join, then the unit count for the month-to-date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

D. Service Standards: (Reserved)

103.10 : SERVICE TITLE: Employment Assistance

A. Definition: Assistance in solving specific employment problems of older persons to enable them to obtain, retain or improve employment. The service excludes financial support to establish programs whose primary purpose is paid employment with Title III funds.

B. Service Activities May Include:

- providing information on employment opportunities;
- providing preparatory employment guidance;
- referring to prospective employers; and
- making contacts to increase job lists or develop job opportunities.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.11: SERVICE TITLE: Friendly Visiting

A. Definition: Regular visits by staff or volunteers to socially and/or geographically isolated individuals for purposes of providing companionship and social contact with the community. The program is for the older person who is often unable to leave his/her own residence, if at all, and who has few to no friends, family, or neighbors that can visit them.

B. Service Activities May Include:

- visiting individual's residences;
- arranging for and maintaining the service;
- providing training to ensure competent, ethical and qualified staff and volunteers; and
- assisting older persons during times of disaster (e.g., flooding, hot weather, tornadoes, severe weather, manmade emergencies, etc.) by conducting special visits to assure older persons are safe and have access to services to meet their needs.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.12 : SERVICE TITLE: Health Screening and Evaluation

A. Definition: Services provided to assist individuals to secure and maintain a favorable condition of

health by helping them identify and understand their physical and mental health needs and to secure and utilize necessary medical treatment. The focus of this service is on identifying and evaluating the health needs of older persons and linking them to the health care system, not on diagnosis, monitoring and treatment.

B. Service Activities May Include:

- physical screening and evaluation of medical needs;
- referral, follow-up and arrangement for necessary care from health facilities (e.g., private physicians, hospitals, clinics, health departments, home health agencies, etc.);
- individual health consultation and education;
- health screening and evaluation activities may include: blood pressure, vision, hearing, podiatry, dental, vaccinations, and other health care activities; and
- coordination of the administration of flu shots.

C. Units of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly health screening and evaluation session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health screening and evaluation session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

D. Service Standards: (Reserved)

103.13: SERVICE TITLE: Home Health

A. Definition: Services provided to an individual, who is at risk of institutionalization, at his/her residence according to a plan of treatment for illness or infirmity prescribed by a physician inclusive of part time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services or services provided by a home health aide.

B. Service Activities May Include:

- medication supervision, assistance with medication and teaching of self- administration of medication with follow-up;
- observation and recording of vital signs;
- catheter maintenance;

- non-sterile dressing change(s);
- medical equipment use;
- tube feeding;
- colostomy care;
- continued emphasis on teaching therapeutic diet management and maintenance (anyone on special diet – e.g., diabetic, gall bladder, ulcer, high residue, etc.);
- continued emphasis on teaching medical equipment use and maintenance (e.g., to teach proper use and transfers relating to wheelchair, walker, crutches and other assistive devices);
- performance of simple procedures as an extension of therapeutic services, ambulation and exercise;
- reporting of changes in client's conditions and needs to supervisor; and
- completion of appropriate records for each home visit.

NOTE: While the services listed are generally provided by Home Health Aides, additional specialized services may be provided by a Registered Nurse, Licensed Practical Nurse or Therapist.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.14: SERVICE TITLE: Homemaker

- A. Definition: Providing assistance to persons with the inability to perform one or more instrumental activities of daily living and general support by trained and professionally supervised homemakers to maintain, strengthen, and safeguard the functioning of individuals and families in their own homes when no responsible and capable person is available for this purpose. Such support includes teaching of and assistance with household management, and self-care.
- B. Service Activities May Include:
- teaching meal planning and preparation, housekeeping skills, money management and budgeting, shopping skills and home maintenance;

- information sharing and assistance with accessing of community resources;
- assistance with self-administered medication; (i.e., remind client to take his or her medications, read instructions for utilization or uncap medication containers); these activities should be done as necessary or if they are not being met by another source;
- supervision, assistance with and/or performance of activities of daily living in the items listed above and items 1 through 3 as indicated below; and
- observation of client functioning and notification of changes in functioning to the staff member's professional supervisor as required.

NOTE: The service activities below are considered only when provided in conjunction with the above-mentioned service activities and when integral to the client's service plan.

1. Non-medical personal care tasks (shaving, hair shampooing and combing, assistance with sponge bath, assistance with tub bath limited to preparing and monitoring only when clients are able to enter and exit tub themselves, dressing, brushing and cleaning teeth and/or dentures). (Services in addition to #1 are only possible when appropriate training and professional R.N. supervision are available.)
2. Housekeeping tasks (cleaning, shopping, meal preparation, and simple repairs).
3. Transportation or escort to medical facilities, errands, shopping and miscellaneous family/individual business necessary to the client's welfare.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.15 : SERVICE TITLE: Housing Assistance

A. Definition: Technical help to relocate or obtain more suitable housing. The service excludes direct financial assistance to individuals for the purpose of obtaining housing.

B. Service Activities May Include:

- assistance in locating suitable and adequate housing which the individual can afford; and

- relocation assistance.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation.

Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.16 : SERVICE TITLE: Individual Needs Assessment (Title III-B and C Services)

A. Definition: This social service provides for direct fact-to-face contact with a potential or existing recipient of supportive and/or nutrition services to examine medical, social and psychological factors relating to the need for service. This determination will include analyzing, evaluating and verifying (when necessary) current, full and complete information obtained at this personal assessment, in addition to any information from collateral sources as necessary. The personal assessment will be accomplished through the use of a standardized assessment tool (approved by the Area Agency on Aging) to obtain medical, and social factors, including availability of informal support.

B. Service Activities May Include:

- home delivered meals assessment;
- assessment of the individual's need;
- verification of pertinent information;
- completion of necessary reporting and authorization of assistance; and
- referral to sources of assistance.

C. Unit of Service: One hour of staff time expended on behalf of a client constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Service Standards: (Reserved)

103.17 : SERVICE TITLE: Information and Assistance

- A. Definition: A service for older individuals that may (A) provide individuals with current information on opportunities and services available to the individuals within their communities; (B) assess the problems and capacities of the individuals; (C) link the individuals to the opportunities and services that are available; (D) establish adequate follow-up procedures based on the older individual's needs.

The service may be initiated by an older person, caregiver or service provider.

- B. Service Activities May Include:

- provision of specific information about appropriate community resources which meet the immediate expressed need, including information relating to assistive technology;
- provision of assistance to older persons (or their caregiver) to identify their needs and to place them in contact with appropriate community resources or service providers;
- assessment of the problems and capacities of the individual;
- follow-up activities conducted with older persons and/or agency(ies) to determine whether services have been received and the identified need has been met following the formal referral; and
- expansion of information and assistance services on a 24 hour (if needed) emergency basis during times of disaster (e.g., flooding, hot weather, tornadoes, severe weather man-made emergencies, etc.) to assure older persons are safe and have access to services to meet their needs.

- C. Unit of Service: Any individual client contact made for information, referral, or assistance constitutes one unit of service. These units include all referral and follow- up contacts on behalf of that client.

For example: If an older person contacts the service provider requesting information on a state pharmaceutical assistance program, this contact constitutes one unit of service. If the service provider follows up with this same person to see if the application has been made to this program, this will constitute another unit.

The service units for information and assistance refer to individual, one-on-one contacts between an information and assistance provider and an elderly client or a caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of information and assistance. Group services might be defined as 'public education' or 'public information' or a similar designation.

Internet web site "hits" are to be counted only if information is requested by older individuals and family members and supplied by the provider. For example, an older person requests by e-mail on a provider's web site that they want information on pharmaceutical assistance programs. If the provider provides this information by e- mail or by traditional mail or by telephone, this is one contact (one unit of service).

If the older individual or family member simply reviews information on the provider's web site and does not request specific information, then this situation cannot be counted as a contact (unit of service).

D. Area Agency on Aging Award Standards:

The Area Agency on Aging for Lincolnland must provide for information and assistance services sufficient to ensure that all older persons within the planning and service area have reasonably convenient access to the service with particular emphasis on linking services available to isolated older individuals, older individuals with greatest economic and social need, older individuals at risk for institutional placement and older individuals with Alzheimer's Disease or related disorders (and caretakers of individuals with such disease or disorders).

E. Service Standards:

1. In areas in which a significant number of older persons do not speak English as their principal language, the service provider must arrange for or have the capacity to provide information and assistance services in the language spoken by the older persons. The service provider should develop a language assistance plan if needed in the PSA.
2. A provider of information and assistance service must:
 - a. Maintain current information with respect to the services and opportunities available to older persons;
 - b. Develop current lists of older persons in need of services and opportunities; and
 - c. Employ a specially trained staff to inform older persons of the services and opportunities which are available and to assist older persons to take advantage of the services and opportunities.
3. An information and assistance service provider may disclose information by name about an older person only with the informed consent of the older person or his or her authorized representative. Such informed consent must be documented in the older person's case file whether it is written or verbal consent. The case file documentation must include who (older person or authorized representative) provided the written or verbal consent.
4. The information and assistance service provider shall provide a setting for the I&A worker to attend to each caller's questions/needs without interruption and in a confidential manner.
5. The staff of the information and assistance service provider shall be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives.
6. The information and assistance service provider must maintain accurate, up-to-date information on resources available. The Department and the Area Agency on Aging for Lincolnland encourages service providers to use web-based tools such as Aging Resource Center (ARC) and Benefits Check Up (BCU).

7. A data collection system shall be developed to meet client and service needs and as a resource for meeting community needs.
8. The information and assistance service provider shall seek to maximize the accessibility of other needed services.
9. Facilities shall be provided in sufficient quality and quantity to insure operation of the information and assistance service.
10. The information and assistance service provider shall have a plan in place that addresses its operations in the event of disaster conditions.
11. The information and assistance service provider shall provide client advocacy to secure needed benefits.
12. The information and assistance service provider shall provide community and/or group presentations about available resources and services.

103.18 : SERVICE TITLE: Legal Assistance

A. Definition: Legal Assistance shall include arranging for and providing assistance in resolving civil legal matters and the protection of legal rights, including legal advice, research and education concerning legal rights and representation by an attorney at law, a trained paralegal professional (supervised by an attorney), and/or a law student (supervised by an attorney) for an older person (or his/her representative).

B. Service Activities May Include:

- provision of legal advice and information;
- legal research on behalf of client(s);
- education concerning legal rights including community education;
- representation by an attorney at law, a trained paralegal, and/or a law student; and
- provision of client advocacy to secure needed and entitled benefits.

C. Unit of Service:

Representation by an Attorney, a Paralegal and/or a Law Student:

One hour of time spent by one person working on a case constitutes one unit of service. Legal

Information and Community Education:

One hour of staff time expended on behalf of a client(s) constitutes one unit of service.

Units of service based upon one hour of staff time expended on behalf of a client include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

D. Area Agency on Aging for Lincolnland Award Standards:

1. The Area Agency on Aging for Lincolnland will enter into grants or contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance, and include in any such grant or contract the following:
 - a. An assurance that any legal assistance recipient of funds under the Older Americans Act will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary of the Administration on Aging.
 - b. An assurance that any legal assistance recipient of funds under the Older Americans Act will attempt to involve the private bar in legal assistance activities authorized under the Older Americans Act, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.
 - c. An assurance that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under the Older Americans Act on individuals with the greatest social or economic need.
 - d. An assurance, to the extent practicable, that legal assistance furnished under the Older Americans Act will be in addition to any legal assistance for older individuals being furnished with funds from sources other than the Older Americans Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals.
 - e. An assurance that the legal assistance provider will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect and age discrimination.

E. Service Standards:

The following standards are from 45 CFR § 1321.71 (Legal Assistance) from the OAA rules and regulations.

1. The legal assistance provider must:

- a. Have staff with expertise in specific areas of law affecting older persons in economic or social need, for example, public benefits, institutionalization and alternatives to institutionalization;
 - b. Demonstrate the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with economic or social need;
 - c. Demonstrate the capacity to provide support to other advocacy efforts, for example, the long-term care ombudsman program;
 - d. Demonstrate the capacity to provide legal services to institutionalized, isolated, and homebound older individuals effectively; and
 - e. Demonstrate the capacity to provide legal assistance in the principal language spoken by clients in areas where a significant number of clients do not speak English as their principal language.
2. A legal assistance provider may not require an older person to disclose information about income or resources as a condition for providing legal assistance under this part.
 3. A legal assistance provider may ask about the person's financial circumstances as a part of the process of providing legal advice, counseling and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.
 4. A legal assistance provider and its attorneys may engage in other legal activities to the extent that there is no conflict of interest or other interference with their professional responsibilities under the Older Americans Act.
 5. No provider shall use funds received under the Older Americans Act to provide legal assistance in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. All providers shall establish procedures for the referral of fee generating cases.
 - a. "Fee generating case" means any case or matter which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably may be expected to result in a fee for legal services from an award to a client, from public funds, or from the opposing party.
 - b. Other adequate representation is deemed to be unavailable when:
 - i. Recovery of damages is not the principal object of the client; or
 - ii. A court appoints a provider or an employee of a provider pursuant to a statute or a court rule or practice of equal applicability to all attorneys in the jurisdiction; or
 - iii. An eligible client is seeking benefits under Title II of the Social Security Act, 42 U.S.C. 401, et seq., Federal Old Age, Survivors, and Disability Insurance Benefits; or Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., Supplemental Security Income for Aged,

Blind, and Disabled.

- c. A provider may seek and accept a fee awarded or approved by a court or administrative body, or included in a settlement. If fees are awarded or approved by a court or administrative body due to a case funded by Title III of the Older Americans Act, such fees must be considered as program income that will be used to expand legal assistance services in the planning and service area.
 - d. When a case or matter accepted in accordance with this section results in a recovery of damages, other than statutory benefits, a provider may accept reimbursement for out-of-pocket costs and expenses incurred in connection with the case or matter.
6. A provider, employee of the provider, or staff attorney shall not engage in the following prohibited political activities:
- a. No provider or its employees shall contribute or make available Older Americans Act funds, personnel or equipment to any political party or association or to the campaign of any candidate for public or party office; or for use in advocating or opposing any ballot measure, initiative, or referendum;
 - b. No provider or its employees shall intentionally identify the Title III program or provider with any partisan or nonpartisan political activity, or with the campaign of any candidate for public or party office;
 - c. While engaged in legal assistance activities supported under the Older Americans Act, no attorney shall engage in any political activity;
 - d. No funds made available under the Act shall be used for lobbying activities, including but not limited to any activities intended to influence any decision or activity by any non-judicial Federal, State or local individual or body. Nothing in this section is intended to prohibit an employee from:
 - i. Communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency's rules, regulations, practices or policies;
 - ii. Informing a client about a new or proposed statute, executive order, or administrative regulation;
 - iii. Responding to an individual client's request for advice only with respect to the client's own communications to officials unless otherwise prohibited by the Older Americans Act, Title III regulations or other applicable law. This provision does not authorize publication of lobbying materials or training of clients on lobbying;
 - iv. Techniques or the composition of a communication for the client's use;

- v. Making direct contact with the Area Agency on Aging for Lincolnland for any purpose;
 - vi. Providing a client with administrative representation in adjudicatory or rulemaking proceedings or negotiations, directly affecting that client's legal rights in a particular case, claim or application;
 - vii. Communicating with an elected official for the sole purpose of bringing a client's legal problem to the attention of that official; or
 - viii. Responding to the request of a public official or body for testimony, legal advice or other statements on legislation or other issues related to aging; provided that no such action will be taken without first obtaining the written approval of the responsible Area Agency.
7. While carrying out legal assistance activities and while using resources provided under the Act, no provider or its employees shall:
- a. Participate in any public demonstration, picketing, boycott, or strike, except as permitted by law in connection with the employee's own employment situation;
 - b. Encourage, direct, or coerce others to engage in such activities; or
 - c. At any time engage in or encourage others to engage in:
 - i. Any illegal activity; or
 - ii. Any intentional identification of programs funded under the Act or recipient with any political activity.
8. None of the funds made available under the Act may be used to pay dues exceeding \$100 per recipient per annum to any organization (other than a bar association), a purpose or function of which is to engage in activities prohibited under these regulations unless such dues are not used to engage in activities for which Older Americans Act funds cannot be used directly.

103.19 : SERVICE TITLE: Multipurpose Senior Center

- A. Definition: A multipurpose senior center is defined as a community facility with regular operating hours and staff that provide for a broad spectrum of health, social, nutritional and education services and recreational activities for older persons. Funds may be awarded to a public or nonprofit organization for the acquisition, alteration, renovation, construction (where appropriate), or operation of a facility that meets federal, state and local regulations and/or ordinances, which serves as a multipurpose senior center.

Area Agency on Aging for Lincolnland is encouraged to use the definition of "regular operating hours" as open 5 or more days each week, 7 or more hours per day.

- B. Service Activities May Include:

Facility Development –

Acquisition – obtaining ownership of an existing facility in fee simple or by lease for 10 years or more for use as a multipurpose senior center.

Alteration or Renovation – making modifications to or in connection with an existing facility which are necessary for its effective use as a center. These may include renovation, repair or expansion which is not in excess of double the square footage of the original facility and all physical improvements.

Construction – building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with an existing facility which are in excess of double the square footage of the original facility and all physical improvements.

Operations – the costs associated with the day-to-day physical operation of a facility that serves as a multipurpose senior center, including equipment and the professional and technical personnel of a multipurpose senior center necessary for its operation.

C. Unit of Service:

Facility Development – There is no unit of service measurement for the development of a facility other than the quarterly reporting of each facility receiving funding for this service activity.

Operations – There is no unit of service measurement for the operation of a facility other than the quarterly reporting of each facility receiving funding for this service activity.

D. Area Agency on Aging for Lincolnland Award Standards:

1. The Area Agency on Aging for Lincolnland may award funds to a public or nonprofit organization for the following purposes:
 - a. Acquiring, altering, leasing, or renovating a facility, for use as a multipurpose senior center;
 - b. Constructing a facility, including a mobile facility, for use as a multipurpose senior center, subject to the provisions of this section;
 - c. Assisting in the operation of a facility that serves as a multipurpose senior center, including equipment and meeting all or part of the costs of professional and technical personnel required to operate a multipurpose senior center.
2. In making awards, the Area Agency on Aging for Lincolnland must give preference to facilities located in communities with the greatest incidence of older persons with greatest economic and social need, with particular attention to low-income minority individuals.
3. Special conditions for acquiring by purchase or constructing a facility are:
 - a. The Area Agency on Aging for Lincolnland must obtain the approval of the Department on

Aging before making an award for constructing a facility.

- b. The Area Agency on Aging for Lincolnland may make an award for purchasing or constructing a facility only if there are no suitable facilities available for leasing.
4. The Area Agency on Aging for Lincolnland must ensure that the facility complies with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes.
5. The Area Agency on Aging for Lincolnland must ensure the technical adequacy of any proposed alteration or renovation of a multipurpose senior center assisted under Title III, by requiring that any alteration or renovation of a multipurpose senior center that affects the load bearing members of a facility is structurally sound and complies with all applicable local or state ordinances, laws, or building codes.

E. Service Standards:

1. The recipient of any multipurpose senior center award must comply with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances and codes.
2. The recipient of any multipurpose senior center award must install, in consultation with state or local fire authorities, an adequate number of smoke detectors in the facility.
3. The recipient of any multipurpose senior center award must have a plan for assuring the safety of older persons in a natural disaster or other safety threatening situation.
4. In a facility that is shared with other age groups, funds received under Title III may support only:
 - a. That part of the facility used by older persons; or
 - b. A proportionate share of the costs based on the extent of use of the facility by older persons.
5. A multipurpose senior center program must be operated in the facility.
6. Any facility which is altered or renovated using Older Americans Act and related grant funds must be used for the purpose for which the alteration and/or renovation was completed for at least five years.
7. The recipient of an award for acquisition, alteration, or renovation of existing facilities of a multipurpose senior center must assure that:
 - a. For not less than 10 years after acquisition, or not less than 20 years after the completion of construction, the facility will be used for the purpose for which it is to be acquired or constructed, unless for unusual circumstances the Administration on Aging waives the requirement for this section.

- b. Sufficient funds will be available to meet the non-federal share of the cost of acquisition or construction of the facility.
 - c. Sufficient funds will be available when acquisition or construction is completed, for effective use of the facility for the purpose for which it is being acquired or constructed.
 - d. Based on Department on Aging and Area Agency on Aging for Lincolnland policy, the facility will not be used and is not intended to be used for sectarian instruction or as a place for religious worship.
 - e. In the case of purchase or construction, there are no existing facilities in the community suitable for leasing as a multipurpose senior center.
 - f. The plans and specifications for the facility are in accordance with regulations relating to minimum standards of construction, promulgated with particular emphasis on securing compliance with the requirements of the Architectural Barriers Act of 1968.
 - g. Any laborer or mechanic employed by any contractor or subcontractor in the performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276A-5, commonly known as the Davis-Bacon Act), and the Secretary of Labor shall have, with respect to labor standards specified in this clause, the authority and functions set forth in reorganization plan numbered 14 of 1950 (15 CFR 3176; 64 Stat. 1267 and § 2 of the Act of June 13, 1934 (40 U.S.C. 276c).
8. The recipient of any multipurpose senior center award must file the following Notice of Record with the appropriate unit of local government within 30 days of purchase or completion of construction of the facility:

This is to serve as notice to all potential sellers, purchasers, transferors and recipients of a transfer of the real property, described below as to the Federal Government's reversionary interests as set forth in §312 of the Older Americans Act of 1965, as amended, 42 U.S.C. 3030b, which have arisen as a result of grantee's name receipt and the use of Department of Health and Human Services grant funds in connection with the purchase or construction of said property. The property to which this notice is applicable is address and identified as Parcel insert appropriate number(s) in the books and records of insert appropriate name of local government's recording agency. Said real property is also described as: insert description provided in survey. Further information as to the Federal Government's interests referred to above can be obtained from: name and address of Area Agency on Aging for Lincolnland.

The grantee must provide the Area Agency on Aging for Lincolnland Director with a copy of the notice within one week after it has been recorded.

9. The Area Agency on Aging for Lincolnland will notify the Department on Aging of any proposed alteration or renovation so that the Department can consult with the Secretary of Housing and

Urban Development with respect to the technical adequacy of any proposed alteration or renovation.

F. Recapture of Payments

If, within 10 years after acquisition, or within 20 years after the completion of construction, of any facility for which funds have been paid under Title III:

1. The owner of the facility ceases to be a public or nonprofit private agency or organization; or
2. The facility ceases to be used for the purposes for which it was acquired (unless the Administration on Aging determines in accordance with regulations that there is good cause for releasing the applicant or other owner from the obligation to do so);

The grantor shall be entitled to recover from the applicant or other owner of the facility an amount which bears to the value of the facility (or so much thereof as constituted an approved project or projects) the same ratio as the amount of such Federal funds bore to the cost of the facility finances with aid of such funds. Such value shall be determined by agreement of the parties or by action brought in the United States District Court of the district in which such facility is situated.

G. Department Procedures for Recapture of Grant Funds

This procedure delineates the manner in which the Department and Area Agency on Aging for Lincolnland will calculate and recapture federal and state reversionary interest in facilities which were awarded funds for renovation, acquisition, or construction for use as a multipurpose senior center and are not being used in accordance with the requirements of this section.

1. The Area Agency on Aging for Lincolnland may authorize an Older Americans Act grantee or contractor to use the property for the following purposes when the grantee or contractor determines that the property is no longer needed for use as a multipurpose senior center:
 - a. Activities sponsored by other Federal awards (regardless of which Federal agency made the other awards);
 - b. Activities which have purposes consistent with those of the Older Americans Act of 1965, as amended; or
 - c. Such other public interest purposes which are in the interest of the U.S. Government.
2. When the property is no longer used in accordance with the original intent of the award as a multipurpose senior center or in accordance with paragraph 1 above, the grantor agency is responsible to:
 - a. Calculate the portion of the current market value of the facility equal to the proportion of the federal/state grant funds contributed to the cost of the facility; and

- b. Forward the amount to the Area Agency on Aging for Lincolnland for reversion to the federal or state government.
3. The Department on Aging may request from the Administration on Aging a waiver of repayment of funds. This request shall include:
 - a. A historical background of the senior center;
 - b. A description of the nature of the circumstances that led the State to request a waiver;
 - c. The total Older Americans Act funds awarded; and an estimate of the total federal share of the center's value when it ceased to be used for program purposes; and
 - d. The date at which circumstances made a waiver advisable.
4. The Area Agency on Aging for Lincolnland may request a waiver of the repayment of funds by submitting the information in 3 above to the Department on Aging.

H. Multipurpose Senior Center Inventory

The Area Agency on Aging for Lincolnland must maintain an inventory of multipurpose senior centers that have been acquired or constructed with Older Americans Act and related funds and periodically review the utilization of the centers to ensure they are being used for their originally intended purposes.

This procedure delineates the activities that the Area Agencies on Aging for Lincolnland must perform in order to supply the Department with this information required by the Administration on Aging.

1. The Area Agency on Aging for Lincolnland must complete a Multipurpose Senior Center Inventory Listing (IL-402-0864) when:
 - a. A new multipurpose senior center award is made: or
 - b. When there is a change in status of a previous multipurpose senior center award. A change in status is defined as:
 - i. A grantee is no longer subject to the 10 or 20 year requirement; or
 - ii. A grantee that is still subject to the 10 or 20 year requirement fails to comply with the provisions of §312 of the Act.
2. This Multipurpose Senior Center Listing (IL-402-0864) must be submitted to the Area Agency on Aging for Lincolnland within 30 days of the new award or within 30 days of the identification of a change in status in a previous multipurpose senior center award.
3. The Area Agency on Aging for Lincolnland must report to the Department by September 30th of each fiscal year the status of the inventory of senior centers' ownership and use within their Planning and Service Area.

4. The Area Agency on Aging for Lincolnland must implement a method to identify changes in status of multipurpose senior centers funded with Older Americans Act and related funds within their Planning and Service Area.

103.20 : SERVICE TITLE: Nutrition Services

- A. Purpose: Nutrition services are provided to assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation through a program coordinated with other supportive services. As outlined in the Older Americans Act, the purposes of Title III-C funds are:
 1. to reduce hunger and food insecurity;
 2. to promote socialization of older individuals; and
 3. to promote the health and well-being of older individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health and sedentary behavior.
- B. Definition: Provision of nutritious meals in a congregate meal site or to older persons who are homebound because of illness or incapacitating disability or are otherwise isolated.
- C. Service Activities Which May Be Funded Include:
 1. Preparation of meals;
 2. Service of meals
 3. Transport of meals;
 4. Nutrition Education: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise;
 5. Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status;
 6. Outreach; and
 7. Other nutrition services as appropriate based on the needs of the meal recipient.
- D. Unit of Service: Each meal provided to an eligible person constitutes one unit of service.

Nutrition Education Unit of Service: The unit of service is a session per participant. Nutrition Counseling

Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly educational or counseling session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly educational or counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

E. Area Agency on Aging for Lincolnland Award Standards:

1. Contracts awarded for the provision of nutrition services shall be awarded through a competitive process.
2. Primary consideration shall be given to the provision of meals in a congregate setting, except that each Area Agency on Aging for Lincolnland (a) may award funds made available under this title to organizations for provision of home delivered meals to older individuals in accordance with the provision of Title III C-2, based upon a determination of need made by the recipient of a grant or contract entered into under this title, without requiring that such organizations also provide meals to older individuals in a congregate setting; and (b) shall, in awarding such funds, select such organizations in a manner which complies with the provisions of paragraph 3 below.
3. The Area Agency on Aging for Lincolnland will give consideration where feasible, in the furnishing of home delivered meals to the use of organizations which (a) have demonstrated an ability to provide home delivered meals efficiently and reasonably; and (b) furnish assurances to the Area Agency on Aging for Lincolnland that such an organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources.

F. Eligibility

1. Congregate Meals

- a. Individuals eligible to receive a meal at a congregate nutrition site include:

Individuals aged 60 or older and the spouses of those individuals, regardless of age, if the eligible spouse is or has been an active participant in the program.

- b. A meal may be available to:

- i. Disabled individuals[as defined in the Older Americans Act (OAA) § 102(13)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided; and
- ii. Individuals with disabilities who reside at home with older individuals who are eligible under the OAA.

c. Other individuals eligible to receive a congregate meal:

- i. The Area Agency on Aging for Lincolnland shall establish procedures that will allow nutrition project administrators the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours; and
- ii. Staff or guests under age 60 may be offered a meal, if doing so will not deprive an older person of a meal. Staff or guests under age 60 shall pay for the full cost of the meal. Full cost of the meal includes: raw food; labor (personnel); equipment; supplies; utilities/rent; and other. Policies regarding contributions may allow that the full cost of the meal be considered that cost which is a cash cost (excluding in-kind). The project administrator may offer a meal to staff as a fringe benefit. These meals should be included as employee fringe benefit costs in the budget. Employees are responsible for any tax liability on the value of the fringe benefit.

2. Home Delivered Meals

a. Individuals eligible to receive a home delivered meal include:

Individuals aged 60 or over who are frail and/or homebound by reason of illness, incapacitating disability as defined in OAA § 102(13) or are otherwise isolated. The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the frail and/or homebound person.

b. A meal may be available to:

- i. Disabled individuals [as defined in OAA § 102(13)] who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided; and
- ii. Individuals with disabilities who reside at home with older individuals who are eligible under the OAA.

3. ACL Recent Guidance on the Definition of Spouse: ACL has provided guidance that nutrition programs should recognize individuals of the same sex who are lawfully married under the law of a state, territory, or foreign jurisdiction as spouses. This policy applies based on the jurisdiction of celebration. In other words, if individuals of the same sex are legally married in any jurisdiction, ACL will recognize the marriage, regardless of whether the individuals are domiciled or reside in a state or territory that does not recognize the marriage. Thus, when this guidance discusses individuals of the same sex who are "legally married," the intention is to include all legal marriages, regardless of the individuals' current domicile or residence.

G. Service Standards:

1. Each congregate meal provider must:
 - a. Provide hot or other appropriate meals (e.g., cold) in a congregate setting at least once a day, five or more days a week (except in a rural area where such frequency is not feasible, and a lesser frequency is approved by the Department). The Area Agency on Aging for Lincolnland may grant exception(s) when the provider:
 - i. Submits documentation of need for the exception(s); and
 - ii. Serves meals at least 5 days per week throughout the service area, but not necessarily 5 days per week at each site; or serves a low-income minority target population.
 - b. Locate congregate nutrition services in a site in as close proximity to the majority of eligible individuals' residences as feasible, with particular attention upon a multipurpose senior center, a school, a church, or other appropriate community facility, preferably within walking distance where possible, and where appropriate, transportation to such site is available. Since multipurpose senior centers offer other services (e.g., information and assistance, transportation, recreation, education, health promotion, etc.) to older adults, whenever feasible, congregate meal sites should be located in such facilities;
 - c. Establish outreach activities, which assure that the maximum number of eligible individuals may have an opportunity to participate;
 - d. Coordinate with other appropriate services in the community; and
 - e. If operated by special interest groups, such as churches, social organizations, homes for the elderly, senior housing developments, etc., shall not limit participation to their own membership or otherwise show preferential treatment for such membership.
2. Each home delivered meal provider must:
 - a. Provide for home delivered meals at least once a day, five or more days a week (except in a rural area where such frequency is not feasible and a lesser frequency is approved by the Area Agency on Aging for Lincolnland).

Meals may be hot, cold, frozen, dried, canned or other foods with a satisfactory storage life.
 - b. With the consent of the older person, or his or her representative, bring to the attention of the personnel of appropriate agency(ies) for follow-up, conditions or circumstances which place the older person or the household in imminent danger; and
 - c. Where feasible and appropriate, make arrangements for the availability of meals to older persons in weather related emergencies.
3. All Nutrition Service Providers Must:

- a. Have procedures for obtaining the views of participants about the services they receive and involve participants in the planning and operation of nutrition services and other programs provided for their benefit as outlined in Objective 10 of the Older Americans Act;
- b. Solicit the expertise of an Illinois Licensed Dietitian Nutritionist (or Illinois licensed healthcare practitioner whose license includes nutrition services) based on the requirements of the state Dietetic and Nutrition Services Practice Act, §15. An individual licensed to practice dietetic or nutrition services in another state that has licensure requirements considered by the Illinois Department of Financial and Professional Regulation to be at least as stringent as the requirements for licensure under the Illinois Act, may review and approve menus;

Although nutrition service providers do not have to include licensed dietitians on staff, state rules do require that licensed dietitians are involved in the review and approval of menus. Menu planning and review can be arranged through subcontracts or volunteer agreements;

- c. Solicit the advice and expertise of other individuals knowledgeable with regard to the needs of older individuals;
- d. Follow appropriate procedures to preserve nutritional value and food safety in purchasing and storing food, and preparing, serving and delivering meals;
- e. Provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, ethnic or cultural backgrounds of eligible individuals; and
- f. Have available for use upon request appropriate food containers and utensils for persons with disabilities.

H. Assessment for Home Delivered Meals

1. An assessment of each person requesting home delivered meals must be completed to determine the individual's need for service. The assessment can be completed by the nutrition service provider, Care Coordination Unit or other qualified organization (based on Area Agency on Aging for Lincolnland requirements).
2. A periodic reassessment of the home delivered meal recipient must also be completed at least annually, or sooner if circumstances change.
3. The assessment form should include overall eligibility criteria for determining when services are authorized or terminated. The nutrition provider staff member and/or the Care Coordination Unit staff member completing the assessment will be able to use their professional judgment to determine when an older adult needs home delivered meals.
4. Service providers conducting the assessment for home delivered meals must determine the most appropriate form of meal delivery in communities where cold or frozen meals are offered in addition to hot meals.

Service providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals.

An older adult eligible to receive home delivered meals should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day services or other community services as appropriate for the older adult to receive assistance with meals.

I. Nutrition Education Services

Each nutrition project shall provide nutrition education on at least a semiannual basis to the participants in the nutrition programs.

1. It is strongly recommended that nutrition education be provided quarterly to congregate and home delivered meal participants and more frequently if possible. The purpose of nutrition education is to inform individuals about available facts and information that will promote improved food selection, eating habits, nutrition and health-related practices. These activities are designed to:
 - a. Assist older persons in obtaining the best nutritional services available within their resources;
 - b. Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans, and in obtaining the best food to meet nutritional needs;
 - c. Increase awareness of community-sponsored health programs that encourage and promote sound nutritional habits and good health; and
 - d. Assist older persons, where feasible, in the area of therapeutic diets as required by health or social condition.
 - e. Provide available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
2. Coordination with community resources is encouraged in provision of nutrition education services.

J. Meal Requirements

Meals provided through the nutrition program must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture; and provide each participant:

1. A minimum of $33\frac{1}{3}$ percent of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the participant is offered one meal per day;
2. A minimum of $66\frac{2}{3}$ percent of the allowances if the participant is offered two meals per day; and
3. 100 percent of the allowances if the participant is offered three meals per day.

When planning breakfast for congregate meal participants, the meal must meet $\frac{1}{3}$ of the DRI in and of itself, unless it is assured that the breakfast participant will also receive lunch (or dinner) that day at the meal site. In the case of home delivered meal participants; however, where the same participant is being provided with two or three meals on a given day, menus can be planned so that the combined nutritional content meets $\frac{2}{3}$ or 1 full DRI respectively.

K. Nutrition Services Incentive Program (NSIP) for the Elderly

1. Nutrition service providers are eligible to receive Administration on Aging (AoA) cash assistance in the form of a funding allocation for meals served through AoA's NSIP Program for the Elderly. Allocated funding may be claimed for meals that:
 - a. Meet the dietary guidelines as specified in Item J above;
 - b. Are served to eligible participants, which include persons 60 years of age or older, their spouses, disabled persons and volunteers, as described in Items F.1- F.2 above; (Note: NSIP reimbursement may NOT be claimed for meals served to guests or staff under 60 years of age.)
 - c. Are served by an agency that has received a grant under Title III of the Older Americans Act and is under the jurisdiction, control, management, and audit authority of an AAA or the Department; and
 - d. Are provided with no set fee charged to the recipients.
2. NSIP Funds:
 - a. Shall be used to increase the total number of meals served:
 - b. Shall only be used to purchase United States agricultural commodities and other foods; and
 - c. Shall not be used to off-set program costs or as non-federal matching funds for any other program.

L. Voluntary Contributions

1. Each project providing nutrition services may solicit voluntary contributions for meals, taking into consideration the income ranges of eligible individuals in local communities and other sources of

income of the project.

2. Each project must protect the privacy of each older person with respect to his or her contributions; establish appropriate procedures to safeguard and account for all contributions; and may not deny an older person a service because the older person cannot or will not contribute to the cost of the service.
3. Voluntary contributions must be used to increase the number of meals served by the project, facilitate access to such meals, and provide other supportive services directly related to nutrition services.

M. Illinois Link

The nutrition service provider must assist participants in taking advantage of benefits available to them under the Illinois LINK program. The nutrition service provider must coordinate its activities with the local Illinois Department of Human Services office administering the LINK program to facilitate participation of eligible older persons in the program.

N. Menu Planning Menus must be:

1. Planned in advance for a minimum of one month with repetition of entrees and other menu items kept at a minimum. If a cycle menu is utilized, there shall be at least three cycles per year. If the cycle is at least 6 weeks or greater in length, there shall be at least 2 cycles per year;
2. Approved by the provider's licensed dietitian as defined in G(3)(b) of this Section;
3. Posted with serving dates indicated in a location conspicuous to participants at each congregate meal site as well as in each preparation area;
4. Legible and easy to read (It is recommended that menus be printed in the language(s) of the participant group.);
5. Adhered to, subject to seasonal availability of food items; and
6. Kept on file with the signed menu approval sheet, with any changes noted in writing, for at least three years.

O. Menu Standards

1. Service providers who choose not to complete a nutritional analysis of their menus will follow the meal pattern described in this section.

Requirements for One or Two Meal(s) Daily Each meal must provide*:

- (1) Serving lean meat or meat alternate: 3 ounces of edible cooked meat, fish, fowl, eggs or meat alternate

- (2) Serving(s) vegetables: ½ cup equivalent – may serve an additional vegetable instead of a fruit
- (1) Serving fruit: ½ cup equivalent – may serve an additional fruit instead of a vegetable
- (2) Servings grain, bread or bread alternate, preferably whole grain: for example, 2 slices of whole grain or enriched bread, 1 ounce each or 1 cup cooked pasta or rice
- (1) Serving fat free or low fat milk or milk alternate: 1 cup equivalent

* Margarine and dessert are optional and must be counted in the calories, fat and sodium totals, if served in addition to above components.

Requirements for Three Meals Daily

The three meals combined must provide:

- (2) Servings lean meat or meat alternate: 6 ounces of edible cooked meat, fish, fowl, eggs or meat alternate
- (3-4) Servings vegetables
- (2-3) Servings fruit
- (6-9) Servings whole grain/enriched grain, bread or bread alternate
- (3) Servings fat free or low fat milk or milk alternate

Meat or Meat Alternate

- Three ounces (providing at least 19 g protein) of lean meat, poultry, fish or meat alternate should generally be provided for the lunch or supper meal. Meat serving weight is the edible portion, not including skin, bone, or coating.
- Meat (1 ounce) alternates include:
 - 1 medium egg
 - 1-ounce cheese (nutritionally equivalent measure of pasteurized process cheese, cheese food, cheese spread, or other cheese product)
 - ½ cup cooked dried beans, peas or lentils
 - 2 tablespoons peanut butter or ⅓ cup nuts
 - ¼ cup cottage cheese
 - ½ cup tofu
 - 1 ounce of soy type burger
- A one ounce serving or equivalent portion of meat, poultry, fish may be served in combination with other high protein foods.
- Protein/lean meat/meat alternate items containing textured vegetable protein and providing at least 19 g protein in a (3 oz) serving may be served.
- Except to meet cultural and religious preferences and for emergency meals, serving dried beans, peas or lentils, peanut butter or peanuts, and tofu for consecutive meals or on consecutive days should be avoided.

- Imitation cheese (which the Food and Drug Administration defines as one not meeting nutritional equivalency requirements for the natural, non-imitation product) cannot be served as meat alternates.
- To limit the sodium content of the meals, serve no more than once a week cured and processed meats (e.g., ham, smoked or Polish sausage, corned beef, wieners, luncheon meats, dried beef).
- To limit the amount of fat, especially saturated fat, and cholesterol in meals, regular ground meat should be served no more than twice weekly when one meal is provided, four times weekly if two meals are provided, and no more than 6 times a week if three meals are provided.

Vegetables

- A serving of vegetable (including cooked dried beans, peas and lentils) is generally $\frac{1}{2}$ cup cooked or raw vegetable; or $\frac{3}{4}$ cup 100% vegetable juice, or 1- cup raw leafy vegetable. For pre-packed 100% vegetable juices, a $\frac{1}{2}$ cup juice pack may be counted as a serving if a $\frac{3}{4}$ cup pre-packed serving is not available.
- Fresh, frozen or unsalted canned vegetables are preferred instead of canned vegetables containing salt.
- Vegetables as a primary ingredient in soups, stews, casseroles or other combination dishes should total $\frac{1}{2}$ cup per serving.
- At least one serving from each of the five vegetable subgroups must be included in a weekly menu. The five vegetable subgroups include dark green vegetables, orange vegetables, cooked dry beans and peas, starchy vegetables, and "other" vegetables.
- A serving of cooked legumes (dried beans, peas and lentils) must be included twice each week, if one meal is provided; 4 servings per week must be included, if two or three meals are provided.

Fruits

- A serving of a fruit is generally a medium apple, banana, orange, or pear; $\frac{1}{2}$ cup chopped, cooked, or canned fruit; or $\frac{3}{4}$ cup 100% fruit juice. For pre-packed 100% fruit juices, a $\frac{1}{2}$ cup juice pack may be counted as a serving if a $\frac{3}{4}$ cup pre-packed serving is not available.
- Fresh, frozen, or canned fruit will preferably be packed in juice, without sugar or light syrup.

Grain, Bread or Bread Alternate

- A serving of grain or bread is generally 1 slice (1 ounce), whole grain or enriched; $\frac{1}{2}$ cup cooked whole grain or enriched pasta or grain product; or 1 ounce of ready-to-eat cereal. Priority should be given to serving whole grains. Grain, bread and bread alternates include:
 - 1 small 2-ounce muffin, 2" diameter
 - 2 mini muffins
 - 2" cube cornbread
 - 1 biscuit, 2" diameter
 - 1 waffle, 4" diameter

- 1 slice French toast
- ½ slice French toast from “Texas toast”
- ½ English muffin
- 1 tortilla, 4-6” diameter
- 1 pancake, 4” diameter
- ½ bagel
- 1 small sandwich bun (<3” diameter)
- ½ cup cooked cereal
- 4-6 crackers (soda cracker size)
- ½ large sandwich bun
- ¾ cup ready to eat cereal
- 2 graham cracker squares
- ½ cup bread dressing/stuffing
- ½ cup cooked pasta, noodles or rice
- prepared pie crust, ⅛ of a 8” or 9” two-crust pie
- ½ cup cooked grain product in serving of fruit “crisp” or cobbler

A variety of enriched and/or whole grain products, particularly those high in fiber, are recommended.

Two servings whole grain products must be served at least twice a week when one meal is provided; 4 servings whole grain products must be served per week when 2 meals are provided; 6 whole grain products must be served per week when 3 meals are provided.

Grain/bread alternates do not include starchy vegetables such as potatoes, sweet potatoes, corn, yams, or plantains. These foods are included in the vegetable food group.

Milk or Milk Alternates

One cup skim, low fat, whole, buttermilk, low-fat chocolate milk, or lactose-free milk fortified with Vitamins A and D should be used. Low fat or skim milk is recommended for the general population. Powdered dry milk (⅓ cup) or evaporated milk (½ cup) may be served as part of a home-delivered meal.

- Milk alternates for the equivalent of one cup of milk include:
 - 1 cup fat free or low fat milk
 - 1 cup yogurt, fat free or low fat
 - 1 cup fortified soymilk
 - 1 ½ cups cottage cheese, low fat
 - 8 ounces tofu (processed with calcium salt)
 - 1 ½ ounces natural or 2 ounces processed cheese

2. Nutrient Values for Meal Planning and Evaluation

The table below presents the most current DRIs and other nutrient values to use when planning and evaluating meals. Values are provided for serving 1, or a combination of 2 or 3 meals for 1-day consumption for the average older adult population served by nutrition programs.

Menus that are documented** as meeting the nutritional requirements through menu analysis must have written documentation, which supports the following nutrients, are provided:

Nutrient	Amount Required	Notes
Calories (cal)	685 calories per meal averaged over one week	No one meal may be less than 600 calories
Protein (gm)	19	
Carbohydrate (gm)	43	
Fat (gm)	15-23 ≤ 30% calories averaged over one week	No one meal may be more than 35% fat
Fiber (gm)	10	
Vitamin A (ug)	300	
Vitamin C (mg)	30	
Vitamin E (ug)	5	
Vitamin B6 (mg)	.6	
Folate (ug)	133	
Vitamin B12 (ug)	.8	
Calcium (mg)	400	
Magnesium (mg)	140	
Zinc (mg)	3.7	
Potassium (mg)	1567	
Sodium (mg)	<800, averaged over one week	No one meal more than 1000 mg

** A Menu Approval Sheet is provided to Nutrition Services providers for the licensed dietitian nutritionist (as defined in G(3)(b) of this section) to use in documenting that nutritional requirements are met by the menu through meeting the meal pattern requirements or through carrying out a nutritional analysis of menus.

3. **Specific Nutrient Sources**

a. **Vitamin A**

Each day each meal must provide at least 300 mg vitamin A through foods served.

- To ensure this amount of vitamin A is provided when the meal pattern is followed, vitamin A rich foods must be served 2 to 3 times per week for one meal per day.
- When serving 2 meals per day, vitamin A rich foods must be served 4 to 6 times per week.

- One rich source or two fair source servings may be used to meet the requirements.
- Some examples of **rich** sources of vitamin A include:

Apricots	Kale	Carrots	Cantaloupe
Mango	Sweet Potatoes	Collard Greens	Spinach
Turnip Greens & other dark greens Winter squash (Hubbard, Acorn, Butternut)			
- Some examples of **fair** sources of vitamin A include:

Apricot Nectar	Broccoli	Tomato Sauce
Pumpkin	Vegetable Juice	

b. Vitamin C

Each day each meal must provide at least 30 mg vitamin C through foods served.

- To ensure this amount of vitamin C is provided when the meal pattern is followed, vitamin C may be provided as one serving of a rich source, 2 half servings of rich sources or 2 servings of fair sources.
- When serving one meal per day, 1 rich or 2 fair sources must be served.
- When serving 2 meals per day, 2 rich or 4 fair sources must be served.
- When serving 3 meals per day, 3 rich or 6 fair sources must be served.
- Fortified, full-strength juices, defined as fruit juices that are 100% natural juice with vitamin C added, are vitamin C-rich foods.
- Partial-strength or simulated fruit juices or drinks, even when fortified, may not count as fulfilling this requirement, except cranberry juice.
- Some examples of **rich** sources of vitamin C include:

Broccoli	Brussel Sprouts	Cantaloupe	Cauliflower	Green
Pepper	Grape Fruit	Grapefruit Juice	Honeydew	
Kiwi	Mango	Mandarin Oranges	Fruit Juices, fortified	
Strawberries	Sweet Potatoes	Yams	Sweet Red Peppers	
Tangerines	Kale	Oranges/Orange Juice		
- Some examples of **fair** sources of vitamin C include:

Asparagus	Pineapple	Collard Greens	Spinach
Potatoes	Watermelon	Tomato	Tomato Juice/Sauce
Cabbage	Mustard Greens	Turnip Greens	

These are a few examples of vitamins A and C sources. By ensuring that a minimum of 300 mcg vitamin A and 30 mg vitamin C are included through vegetables and fruits in meals on a daily basis, providers will meet these vitamin requirements.

P. Food Preparation Recommendations

1. When cooking, use salt sparingly or eliminate entirely by using spices, herbs or other seasoning.

To flavor foods, use salt-free seasoning, lemon juice, lime juice or vinegar;

2. Minimize the use of fat in food preparation. Fats should be primarily vegetable sources and in a liquid or soft (spreadable) form that is low in hydrogenated fat, saturated fat, and cholesterol. Limit fat to no more than 20-35 percent of the calories average for the week;
3. Each meal should contain at least 10 grams of dietary fiber. Use whole grains, meat alternatives, and fruits and vegetables to increase the fiber content of the menus. A listing of fiber content of grains, vegetables and fruits is available to service providers. By consulting this listing and ensuring that a minimum of 10 g fiber is included through foods served on a daily basis, providers will meet the fiber requirements;
4. Reflect seasonal availability of food;
5. Plan so that food items within the meat and meat alternatives, vegetable, fruit and grain/bread groups are varied within the week and menu cycle;
6. Include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste and appearance;
7. Do not provide vitamin and/or mineral supplements, except as specified in Item Q below;
8. Use low-sodium meats, flavorings, and seasonings;
9. Use low-fat salad dressing, spreads, cheese and gravies (made without drippings and fats);
10. Bake, broil, steam or stew foods in place of frying food in fat;
11. Provide drinking water to encourage fluid intake. Dehydration is a common problem in older adults. Other beverages such as soft drinks, flavored (preferably sugar-free) drinks, coffee, tea and decaffeinated beverages may be used, but cannot be counted as fulfilling any part of the meal requirements. Nonnutritive beverages do not help meet nutrition requirements but can help with hydration.
12. Desserts may be provided as an option to satisfy the caloric requirements or for additional nutrients. Desserts such as fruit, whole grains, low fat or low sugar products are encouraged. Fresh, frozen, or canned fruits packed in their own juice are encouraged often as a dessert item, in addition to the serving of fruit provided as part of the meal. However, if a dessert contains at least ½ cup of fruit it may be counted as a serving of fruit. A dessert containing at least ½ cup enriched/whole grain product may be counted as a serving of grain. For example, a serving of two- crust (approx. ⅛ of 8" or 9" pie) fruit pie that contains at least ½ cup fruit is counted as one serving fruit and one serving grain.
13. Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.

14. Meals served in accordance with the meal standards are appropriate for persons with chronic disease, such as diabetes, heart disease and hypertension.

Q. Nutrition Supplements

Nutrition supplements, including liquid or bars, may be made available to participants based on documented, assessed need as determined by a licensed dietitian, nutritionist or a physician. Such products cannot replace conventional meals unless a physical disability warrants their sole use. Nutrition supplements are not reimbursable under the Older Americans Act or by AoA.

R. Offer Versus Serve

1. Each nutrition provider shall assure that congregate meal participants are offered all the food items needed to meet the menu requirements.
2. Consistent refusal of menu items should be investigated to determine why a participant is declining menu items.
3. Assistance should be provided to assure that adequate nutrition intake is maintained by the participant (for example, providing smaller serving portions, substitutions when feasible or serving the participant first).
4. AoA reimbursement is not affected when a participant declines menu items.

S. Foods Taken from Nutrition Sites

1. Unserved leftover foods shall not be taken from kitchens or sites by employees, volunteers, or participants.
2. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs that warn participants of the health hazards associated with removal of food from the congregate nutrition site.

T. Food Borne Illness Complaint Reporting Requirements

1. In the event that a nutrition service provider receives a complaint or report of symptoms of food borne illness, the nutrition provider shall:
 - a. Notify the local health department immediately to initiate an investigation; and
 - b. Notify the Area Agency on Aging within 24 hours of the investigative procedures in progress.
2. The Area Agency on Aging for Lincolnland shall notify the Department within three working days of a reported food borne illness. Thereafter, periodic updates shall be provided regarding the progress and findings of the investigation.

U. Food Service Requirements

Nutrition service providers must comply with applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

1. Training

- a. Training in fire and safety regulations must be provided during the orientation of staff new to the program and, at a minimum, once a year thereafter. The training will include but not be limited to: rules for safe work, and fire and safety regulations. Where feasible or possible, state or local officials should be involved in the development of training materials and programs. In situations where regulations do not exist, or their applicability is questioned, the provider shall contact the appropriate State agency that establishes fire or safety standards (e.g., State Fire Marshall, etc.).

- b. Certified Food Protection Manager Certification:

Effective January 1, 2018, the Illinois Department of Public Health will no longer issue Food Service Sanitation Manager Certifications (FSSMC). Additionally, the Illinois Department of Public Health will no longer post course listings, or certify instructors/proctors. Please note, the Illinois Food Code still requires a valid IL FSSMC per 750.540 through the end of 2017.

The Certified Food Protection Manager certification will replace the Illinois Food Service Sanitation Manager Certification. Beginning January 1, 2018, an ANSI accredited Certified Food Protection Manager (CFPM) certification obtained through a course and passing the exam are still required, but required nutrition staff will not need to apply for the additional Illinois FSSMC certificate. The City of Chicago will still maintain their certification.

The Illinois Department of Public Health and the Illinois Department on Aging require that meal site supervisors receive the above CFPM certification.

Congregate meal sites are classified as "Category I Facilities" due to the type of population served by the congregate meal site (e.g., immune-compromised individuals such as the elderly comprise the majority of the consuming population).

Based on guidance from the Illinois Department of Public Health, the only exception for a meal site supervisor to not be required to have successfully complete the above certification training is when food is prepared in a different location within the facility and served in that same facility. An example would be a congregate meal site located in a long term care facility. Under these circumstances, the site supervisor would be supervised by a certified food service sanitation manager in the preparation area of the facility. **Note:** Local public health departments do not have the authority to waive this requirement.

- c. Food Handlers: Due to the requirements of the Food Handling Regulation Enforcement Act

(410 ILCS 625), all food handlers employed by the nutrition provider (where the nutrition site is not located in a restaurant), other than someone holding a food service sanitation manager certificate, must receive or obtain training in basic food handling principles by July 1, 2016. Note: Restaurants were required to be in compliance with the Food Handling Regulation Enforcement Act by July 1, 2014.

Note: In a memorandum dated August 14, 2014, the Illinois Department of Public Health informed local health departments that Title III nutrition program should be classified by them as “non-restaurants” as defined in the Food Handling Regulation Enforcement Act. This classification does not apply if the nutrition site is located in a restaurant. A copy of this letter has been shared by the Area Agencies on Aging for Lincolnland and nutrition programs should have a copy of this letter at each nutrition site.

After July 1, 2016, new employees shall receive training within 30 days after employment. Note: This section does not change any of the requirements outlined in Section U 1(b) [Food Service Sanitation Manager Certification] above.

Definition of Food Handler: “Food handler” means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. “Food handler does not include unpaid volunteers in a food establishment, whether permanent or temporary.

Paid delivery drivers are required to receive the food handler training since many of them assist with packaging home delivered meals and are responsible for temperature control and cross-contamination.

Proof that a food handler has been trained shall be available upon reasonable request by the Illinois Department of Public Health or a local health department inspector and may be in electronic format. The documentation that food handlers have received the required food handler training should be contained in their personnel files and available at the nutrition site where they are employed.

Food handler training for those working in non-restaurant facilities such as, nursing homes, licensed day care homes and facilities, hospitals, schools, and long-term care facilities, is good for three years. Those working in non- restaurants, not listed above, are not required to take another food handler training unless they transfer to work for another employer. Food handler training for those working in non-restaurants is not transferable between employers.

Volunteers: Nutrition program and site volunteers performing food handling duties are not required by the Illinois Department of Public Health to receive the required training as outlined in the Food Handling Regulation Enforcement Act; however, the Illinois Department on Aging and the Area Agency on Aging for Lincolnland strongly encourages that nutrition programs require their ongoing volunteers to obtain such training. If such volunteers do not obtain the training based on the Food Handling Regulation Enforcement Act, the nutrition program must provide basic training to volunteers that will include but not be limited to: safe food handling,

food borne illnesses, hygienic practices of personnel, equipment sanitation, dishwashing procedures, and facility sanitation.

Compliance with Illinois Department of Public Health Requirements: The food handling training must comply with the requirements of the Illinois Department of Public Health's administrative rules.

Training may be conducted on-line, computer, classroom, live trainers, remote trainers and certified food service sanitation managers. Please review materials on the Illinois Department of Public Health web site for approved food handler training programs that are available on the web.

"Food Safety on the Go"--The Illinois Department of Public Health has approved a "Food Safety on the Go" as a food handler training program for the Title III nutrition service providers. This food handler training program was developed by the University of Maryland's Department of Nutrition and Food Science, in collaboration with the Meals on Wheels Association of America. This training program is available at the following web site.

<https://www.nfsc.umd.edu/programs/foodsafety>

Course Books, PowerPoint presentations, pre-test and post-tests, trainer guides, and module recordings are available at the above web site.

Module 1 (Food Safety Basics), Module 4 (Food Service Workers) and Module 5 (Drivers) are the required sections that must be completed by food handlers working for Title III nutrition programs. All three sections must be completed by food handler employees of the nutrition program.

Training may be conducted on-line with a computer or in a classroom setting with certified food service sanitation managers. Title III nutrition program food handlers must take the pre-test and post-test exams, which can be used to document that the food handler has taken the required training. Proof that a food handler has been trained shall be available upon reasonable request by the Illinois Department of Public Health or a local health department inspector.

If a nutrition program elects to use another food handler training program, it must be approved by the Illinois Department of Public Health. If the nutrition program does not use the "Food Safety on the Go" training program or a training program that is listed on the Illinois Department of Public Health web site, it must submit a food handler training program to the Illinois Department of Public Health for its review and approval. Application and registration forms are available on the Illinois Department of Public Health web site.

- d. All staff and volunteers working in the food preparation and food serving area shall be under the supervision of a person who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

2. Food Temperatures

- a. Food temperatures at the time of service and at the time of delivery must be no less than 140° F for hot foods and no more than 41° F for cold foods.
- b. For congregate meals, the temperature of the food should be checked and documented daily at the time of service and in the case of catered food, at the time of food arrival and at the time of service.
- c. For home delivered meals, the temperature of the food should be checked and documented daily both at the end of production and at the time of packaging; and on a regular basis, not less than one time per month, at the end of the delivery route requiring the longest delivery time.

For delivery routes less than two hours, the temperature of the food should be checked and documented at the end of the delivery route requiring the longest delivery time on a regular basis, not less than one time per month.

If a nutrition service provider has meal delivery routes that are longer than two hours, the nutrition service provider must check temperatures on a weekly basis at the end of these delivery routes. This specific requirement does not apply if the nutrition service provider uses a temperature controlled oven, freezer and refrigerator equipped vehicles that have digital temperature displays or provides frozen meals.

3. Packaging & Packaging Standards-Home Delivered Meals

- a. All meals packaged at nutrition sites must be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported or frozen immediately.
- b. Containers must be designed to maintain the integrity and safety of the food.
- c. Cold and hot foods must be packaged and packed separately.
- d. Hot food should be served, packaged, sealed (tightly-fitted lids), and placed into insulated food carriers as soon as possible. The most rapid heat loss in a home delivered meal occurs between packaging and loading them into carriers.
- e. Cold food should be served, packaged, sealed (tightly-fitted lids), and placed into a cooler or cold chest as soon as possible. The nutrition provider should use coolers which are only as large as necessary to pack cold food. Large coolers packed nearly full maintain temperatures better than partially full chests or small coolers filled to capacity. This requirement does not apply if the nutrition service provider uses a temperature controlled refrigerator-equipped vehicle.
- f. Frozen meals must be maintained in a frozen state during storage, transportation and delivery. Frozen meals should be transported in a chest or cooler with a tightly fitted lid. The nutrition

service provider should place ice packs on top of frozen meals. This requirement does not apply if the nutrition service provider uses a temperature controlled, freezer- equipped vehicle.

- g All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

4. Other Requirements

- a Nutrition service providers must advise home delivered meal participants when enrolled in the nutrition program that hot meals should be consumed immediately after delivery and/or must ensure that instructions for proper heating, storage, and handling of meals are provided.
- b A nutrition program utilizing frozen meals in any capacity must provide instructions for participants regarding safe meal storage and preparation. Information must be provided at the time of assessment and reassessment. Information specific to frozen meals, such as contents and expiration dates, must be included in writing with the meals at the time of delivery. Frozen meals that have been thawed or have broken packaging should not be provided to participants.
- c Delivery vehicles should be inspected by nutrition programs to ensure that the interiors of the vehicles are clean and maintained for sanitary purposes.

103.21 : SERVICE TITLE: Ombudsman

Note: For further information about this service, please refer to the Department's Long Term Care Ombudsman Program Policies and Procedures Manual.

103.22 : SERVICE TITLE: Options Counseling (Title III-B)

- A. Definition: Options Counseling is an essential piece of the No Wrong Door/Single Entry Point process.
- B. Options Counseling is available to all persons with a disability, older adults, or caregivers who request or require long term support services for a current need and/or persons of all incomes and assets who are planning for their future long term support service needs. Options Counseling is for persons of all income levels but is targeted for persons with the most immediate concerns, such as those at greatest risk for institutionalization.
- C. Units of Service Definition: Each individual client contact made for information, referral, or assistance constitutes one unit of service. The unit includes all referral and follow-up on behalf of the client. The following do not constitute a unit of service: group services, subsequent contract regarding information previously requested, follow-up contact and ancillary work required.
- D. Service Activities
 - 1. An Interactive process where individuals receive guidance in their deliberations to make informed choices about long-term supports.

2. Directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual.
- E. Options Counseling includes the following steps:
1. A personal interview to discover strengths, values, and preferences of the individual and the utilization of screenings for public programs;
 2. a facilitated decision support process which explores resources and service options and supports the individual in weighing pros and cons;
 3. developing action steps toward a goal or long-term support plan and assistance in applying for and accessing support options when requested; and
 4. quality assurance and follow-up to ensure supports and decisions are working for the individual.
- F. Definitions
1. Individual: Organizations may have different terms for individuals served such as client, consumer, or participant. The individual is the person seeking Options counseling. The individual may choose to include a representative, another person, or more than one person to participate in the process.
 2. Caregiver: A family member, partner, friend, or neighbor who supports an individual. Caregivers may also be the individuals seeking Options Counseling for their own supports. They do not make decisions for the individuals they are supporting.
 3. Representative: A family member, friend, or other person who is chosen by the individual seeking options counseling, to assist with decisions or to serve as the primary decision maker. This person may also be a guardian or otherwise legally be authorized to represent the individual.
 4. Long-Term Services and Supports (LTSS): Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) provided to older people and other adults with disabilities who cannot perform these activities on their own due to a physical, cognitive, or chronic health condition that is expected to continue for an extended period of time, typically 90 days or more. These are sometimes referred to as Long-Term Resources or simply Long-Term Supports.
- G. Quality Assurance and Follow-Up
1. Input data into reporting systems that monitors program performance, customer satisfaction, customer trends, and customer preferences.
 2. Use CQL process to ensure program success and resolution of issues and is part of a larger long-term support system quality assurance process.

NOTE: If the Options Counseling program does not include assistance with applications for services...when

available, there should be a mechanism in place to ensure the individual is connected to someone who can provide support in these areas.

In some cases, caregivers may be the individuals seeking assistance with decision-making. Options Counseling should be offered to caregivers to assist in determining their desire for caregiver support which might include: communication strategies, ways to reduce caregiver stress, and the importance of individual self-determination. A core tenant of an ADRC is a commitment to break down barriers to assistance and support. It is essential to support caregivers while also protecting the rights of individuals to self-determine.

H. Training

All persons performing Options Counseling shall receive initial training. Each ADRC will have a staff development program in place. All persons performing Options Counseling should receive initial and ongoing training in the following areas:

- Physical and emotional aspects of aging and disability including
- Working with individuals with cognitive impairments and their caregivers;
- Vision for Aging and Disability Resource Centers and Options Counseling;
- Decision support strategies (e.g. person centered planning, motivational interviewing, relationship centered practice);
- Communication techniques for working with individuals and groups including use of adaptive and interpretive communication devices;
- Cultural competence;
- Information on available programs and resources (both public and private) including options to self-direct services and supports in publically funded programs;
- Documentation and follow-up protocols and requirements as established by the State and local ARDC.

103.23 : SERVICE TITLE: Outreach (Title III-B and III-C)

A. Definition: This is a one-on-one contact initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. The emphasis should be placed on conducting home visits for the initial contact.

B. Service Activities May Include:

- Conducting search and find activities (e.g., canvas door to door and personal contact with older persons whose names have been solicited from community resources) which seek out and identify hard to reach older persons and targeted populations;
- Informing persons of benefits and services which are available;
- Encouraging older persons to participate in senior programs;
- Assisting older persons in gaining access to needed services;
- Conducting follow-up activities with older persons and/or agency(ies) to determine whether services have been received and the identified need met following the formal referrals;

- Providing client advocacy to secure needed benefits;
- Arranging for and providing community presentations which link older persons and caregivers to needed services and benefits; and
- Conducting disaster assistance activities.

The older person has a decreased capacity to recover in times of disaster. Older persons are reluctant to seek help in a time of disaster or they may not know how or are physically able to seek assistance. Traditional means of identifying persons in need do not lend themselves to reaching the frail, the isolated and the economically disadvantaged elderly persons. These persons need to be sought out and adequately represented in order for them to receive the assistance they are entitled. Specialized outreach services should be conducted by case managers and or outreach workers, including Area Agencies on Aging.

Specific disaster related activities may include:

- Conducting door-to-door canvassing to locate and identify older persons, assessing their needs and providing assistance in obtaining needed services (e.g., neighborhood searches to find isolated or "hidden seniors", seek and identify older persons who have moved out of the area, etc.);
- Encouraging and assisting older persons in using the teleregistration system or the Disaster Application Center;
- Providing on-going support and assistance through extended and repeated efforts at follow-up (older persons must be re-contacted in person and by telephone over an extended period of time to help older persons return to normalcy); and
- Conducting follow-up on lists of affected older persons received from other providers and agencies to assure that they are receiving services.

NOTE: Outreach does not include program publicity (e.g., preparation of newsletters and press releases) and the development of interagency agreements.

Outreach to groups is not to be counted as units of service. This type of Outreach is a part of the general administrative responsibilities of an Outreach provider.

- C. Unit of Service: A unit of service is any contact between a service provider and an elderly client or caregiver. Outreach units are based on one-on-one contacts by a service provider. Client follow-up is counted as another Outreach unit of service.

For example: When a staff person from a provider agency does an uninitiated home visit to an older person who is not known to the local service network and provides information about services and resources that are available, this constitutes one unit of service. If the staff person does a follow-up visit or a telephone call is made to the client to provide additional assistance and/or encourage that person's use of existing services and benefits, this follow-up contact will be counted as another unit of service.

- D. Area Agency on Aging for Lincolnland Award Standards:

All Title III-C funds for Outreach must be awarded to nutrition projects funded under Title III-C.

E. Service Standards:

1. If a substantial number of the older individuals residing in the planning and service area are of limited English-speaking proficiency, the outreach service must utilize workers in the delivery of outreach services who are fluent in the language spoken by a predominant number of such older individuals who are of limited English- speaking proficiency.
2. Outreach service efforts will identify individuals eligible for assistance with special emphasis on the following:
 - a. Older individuals residing in rural areas.
 - b. Older individuals with greatest economic need (with particular attention to low- income minority individuals and older individuals residing in rural areas).
 - c. Older individuals with greatest social need (with particular attention to low- income minority individuals and older individuals residing in rural areas).
 - d. Older individuals with severe disabilities.
 - e. Older individuals with limited English-speaking proficiency.
 - f. Older individuals at risk of institutional placement.
 - g. Older individuals with Alzheimer's Disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).

103.24: SERVICE TITLE: Program Development

A. Definition: Activities directly related to either the establishment of a new service(s); or the improvement, expansion, or integration of an existing service(s) within a specific fiscal year.

B. Service Activities May Include:

1. conducting need assessment on the kinds and levels of services needed by older persons;
2. evaluating the effectiveness and efficiency of existing resources in meeting the needs of older persons;
3. identifying and meeting with key community leaders and organizations;
4. providing community leaders, organizations and advocates with information on current/future needs of older persons; and
5. providing technical assistance to new and existing organizations in the process of development which may include:
 - a. technical assistance in conducting public hearings;
 - technical assistance to community groups in establishing a formal organization;
 - technical assistance in establishing policies/procedures, bookkeeping and record-keeping systems, job descriptions, etc.; and

- technical assistance with effective integration of new services into existing delivery systems.

- C. Unit of Service: One hour of staff time spent in the performance of program development activities constitutes one unit of service.
- D. Service Standards: (Reserved)

103.25: SERVICE TITLE: Recreation

- A. Definition: Activities which foster the health and social well-being of individuals through social interaction and constructive use of time. In determining and developing recreational activities older person's needs and interests should be considered.
- B. Service Activities May Include:
 - recreational activities for individuals and groups may include instructions and discussions in arts, crafts, hobbies, travel, games, sports, physical activities and other activities; and
 - group tours and outings.
- C. Unit of Service: Each hour of staff or consultant time spent on behalf of a client constitutes one unit of recreation service.
- D. Service Standards (Reserved)

103.26 : SERVICE TITLE: Residential Repair and Renovation

- A. Definition: Assistance to older persons to maintain their homes in conformity with minimum standards or to adapt homes to meet the needs of older persons with physical problems. All repairs or renovation must meet local established standards and ordinances.
- B. Service Activities May Include:
 - arrangement for repairs or renovation; and
 - follow-up provided to ensure that an older person receives satisfactory service.
- C. Unit of Service: Each home repaired or renovated constitutes one unit of service.
- D. Service Standards (Reserved)

103.27 : SERVICE TITLE: Respite Care

- A. Definition: The provision of appropriate, temporary, substitute care or supervision of functionally impaired persons aged sixty (60) and over to enable the caregiver to maintain his/her provision of assistance to the older person.

B. Service Activities May Include:

The development of a specially designed package of services or individual service that provides the appropriate temporary, substitute care or supervision of an older person. The package may include elements of the following services:

- Homemaker Services;
- Chore Housekeeper Services;
- Home Health Services;
- Senior Companion Services (Sitter Services);
- Adult Day Services; and
- Other activities to support caregiver(s).

C. Unit of Service: One unit of service is defined as one hour of time expended in the provision of care or supervision of a functionally impaired older person.

103.28 : SERVICE TITLE: Telephone Reassurance

A. Definition: Telephone calls at specified times to or from individuals who live alone, to determine if they require special assistance, to provide psychological reassurance and reduce isolation.

B. Service Activities May Include:

- procedures for supervising calls and for the caller to report a client's need for services;
- establishment of an emergency plan for client(s) if a telephone call is unanswered;
- activities planned for each telephone call relative to the individual's needs;
- telephone calls to each client at specified times; and
- telephone calls to assure that older persons are safe and have access to services to meet their immediate needs during disaster situations (e.g., flooding, tornadoes, hot weather, severe spring and winter weather, man-made emergencies, etc.).

C. Unit of Service: Each telephone reassurance call placed or received by a client constitutes one unit of service.

D. Service Standards (Reserved)

103.29: SERVICE TITLE: Transportation

A. Definition: Transporting older persons to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events in order to reduce isolation and promote successful independent living. Service may be provided through projects specially designed for older persons or through the utilization of public transportation systems or other modes of transportation.

B. Service Activities May Include:

- assistance in making travel arrangements;
- provision of or arrangements for special modes of transportation when needed;
- coordination with similar and related transportation in the community; and
- door to door or scheduled route.

NOTE: Assisted transportation service is not included under transportation and those participants receiving assisted transportation should not be counted under this service.

C. Unit of Service: Each one-way trip to or from community locations per client constitutes one unit of service. The service unit does not include any other activity.

D. Area Agency on Aging for Lincolnland Award Standards:

1. The Area Agency on Aging for Lincolnland shall prepare and develop an Area Plan which includes the identification of needs of older individuals and describes methods used by the Area Agency on Aging for Lincolnland to coordinate the planning and delivery of transportation services (including the purchase of vehicles) to assist older individuals, including those with special needs, in the service area.
2. The Area Agency on Aging for Lincolnland may enter into transportation agreements with agencies which administer programs under the Rehabilitation Act of 1973 and Titles XIX and XX of the Social Security Act to meet the common need for transportation of service participants under the separate programs. Agreements entered into under this section are exempt from the restriction of an Area Agency on Aging for Lincolnland delegation of the authority to award or administer Older Americans Act funds.

E. Service Standards: (Ill. P.A. 82-532)

1. Drivers of senior transportation vans must:
 - a. be 21 years of age or older;
 - b. have a valid and properly classified driver's license;
 - c. have had a valid driver's license for three years prior to the application
 - d. have demonstrated ability to exercise reasonable care in the safe operation of motor vehicle on a driving test; and
 - e. have demonstrated ability to exercise reasonable care in the safe operation of a motor vehicle on a driving test; and
 - f. have not been convicted of reckless driving within three years of the date of application.

2. (Ill. P.A. 82-957)

Any vehicle of 12 or more passengers used in the transportation of senior citizens shall bear placards on both sides indicating it is being used for such purposes. The placards may be permanently or temporarily affixed to the vehicle. The size of the letters must be at least 2 inches high and the stroke of the brush must be at least ½ inch wide. Any such vehicle used for such purposes shall be subject to the inspections provided for vehicles of the second division and its operation shall be governed according to the requirements of the Illinois Vehicle Code.

3. According to the Administration of Grants Manual, Title 45, Part 74, Sub-part O, § 74.137 (2)(b), any Federally funded program or project may share the use of equipment (e.g., transportation vehicles sponsored by the Federal government) provided, such other use will not interfere with the work on the original project or program.

Therefore, a Title III transportation program may provide services to other programs (no age requirements) supported by the Federal government. However, the Title III provider must pro-rate the cost of this service according to program usage. This rate should be based on vehicle maintenance, operator, insurance, and all other appropriate costs for this service. All fees collected by the Title III program are considered program income. Therefore, these funds must be used for Title III operations of the transportation provider.

4. The sale of advertising space on §53 (10), §53(11) and Title III funded transportation vehicles is allowable under both the Transportation Equity Act for the 21st Century and the Older Americans Act and related regulations.
5. All Title III transportation providers should abide by the Illinois Vehicle Code, as amended.

F. Policy Clarifications

1. Services Provided to Grandchildren, Family Caregivers & Adult Children with Developmental Disabilities (Department Policy 02-04)
- a. It is allowable to provide transportation services to grandchildren being raised by grandparents, family caregivers, and adult children with developmental disabilities when they accompany persons age 60 and over on a van or bus funded under the Older Americans Act.
 - b. Older persons can use the transportation service to address the needs of family caregivers, grandchildren or adult children with developmental disabilities (e.g., doctor's appointment for a school exam) as well as the needs of the older adult. Such transportation will directly benefit the older adult as the caregiver or the care recipient.
 - c. The transportation services must be provided at no cost to the older adults, grandchildren, adult children with developmental disabilities and family caregivers. The service provider of the Title III transportation service will also provide the older individual and/or the family caregiver the opportunity to voluntarily contribute to the cost of the transportation service.

- d. When reservations are made for transportation by the older individual and/or caregiver, it is important for the Title III service provider to identify who will be riding that particular day so as to assure ample seating is available on the vehicle.

2. Service Deliver to Persons Under the Age of 60 (Department Policy 03-04)

- a. Policy: It is allowable under the Older Americans Act and its regulations for senior organizations, as well as non-senior organizations that receive Title III and related funding for senior transportation to transport individuals who are 60 and older and those who are under 60 together in the same vehicle during normal operating hours.
- b. The service provider of the Title III transportation service will provide the older individual the opportunity to voluntarily contribute to the cost of the service. Individuals under age 60 are to be charged a reasonable fee or fare for the ride. However, fees or fares must not be imposed on grandchildren who are raised by their grandparents, adult children with developmental disabilities and family caregivers as outlined in PCR No. 02-04.
- c. It may also be possible for senior organizations that receive Title III and related funding to enter into a contractual arrangement with other service organizations to provide transportation services to their clientele (e.g., Job Access and Reverse Commute (JARC) program, etc.) either during normal operating hours or after hours. The service provider must prorate the cost of this service taking into consideration vehicle maintenance, driver, gasoline, insurance and other appropriate costs for this service. This does not apply to any § 5311 public transportation operators.
- d. In an effort to improve coordination and increase cost efficiency and effectiveness of providing this service, it is the Department's expectation that senior organizations transport seniors along with other age and client groups on a regular basis using their reservation and scheduling systems of the van or bus being used. AAAs should work with Title III transportation providers and other community-based transportation service providers to assure that transportation services are coordinated at the local level for the betterment of their communities.

103.30 : SERVICE TITLE: Title III-D (Disease Prevention and Health Promotion Services)

A. Target Population

- 1. Title III-D funds must be used to provide disease prevention and health promotion services and information at senior centers, at congregate meal sites, through home delivered meal programs, in the client's home or at other appropriate sites.
- 2. The Area Agency on Aging for Lincolnland shall give priority to areas of the planning and service area which are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

B. Coordination of Services

The Area Agency on Aging for Lincolnland is required to coordinate with all of the local Health Departments and any other similar health planning agencies in the development and implementation of Title III-D services.

C. Service Definitions

1. Effective October 1, 2015, the Area Agency on Aging for Lincolnland must comply with the following ACL developed Title III-D evidence-based program design service definition. All programs using Title IIID funds will have to meet this new definition on and after October 1, 2015 unless the Department approves a one-year waiver extension. Refer to Page 2 for additional information on the one-year waiver requests.

If a program meets the current definition of highest-level criteria for Title III- D evidence-based programs, it will meet the new definition, below.

Effective October 1, 2015 Definition of Evidence-Based for Title III-D Programs

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;* *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public.

2. **How to Determine if a Program Meets the New Definition**

There are two ways to determine if a program meets the future definition (and therefore the current highest-level criteria); either one is acceptable.

- a. Document whether the program meets each of the 5 bullets in the future definition. If it does, then it meets the future definition of evidence-based and can be supported with Title IIID funds, **OR**
- b. Check to see whether the program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS). ACL will consider all programs that are considered “evidence-based” by any operating division of HHS to meet the future definition.

For example, this would include programs listed on ACL’s **Aging and Disability Evidence-Based Programs and Practices**, CDC’s **Compendium of Effective Interventions**,

SAMHSA's **National Registry of Evidence- Based Programs and Practices**, NIH's **Cancer Control Evidence-based Portal**, etc.

There are numerous evidence-based programs that are administered throughout HHS. For a list of the HHS Family Agencies, visit <http://www.hhs.gov/about/foa/index.html>.

3. **One-Year Waiver Requests for Title III-D Services**

If an Area Agency on Aging for Lincolnland plans to request a one-year waiver extension, the request must be submitted to the Department by April 30, 2015. The Department can only grant a one-year waiver since ACL has provided guidance that all Title III-D programs must comply with the new definition by October 1, 2016.

If the Department approves a one-year waiver request, the Title III-D service must comply with the following Minimal Criteria or Intermediate Criteria Level Criteria.

Minimal: The Title III-D Program must have been demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; **and** ready for translation, implementation and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

Intermediate: The Title III-D Program has been published in a peer-review journal; been proven effective with the older adult population, using some form of a control condition (e.g., pre-post study, case control design, etc.); and, has some basis in translation for implementation by a community level organization.

D. **Allowable Services**

The Department on Aging has developed the following list of allowable disease prevention and health promotion services under Title III-D. The Area Agency on Aging for Lincolnland may elect to fund one or any combination of these services as long as coordination of service requirements are met.

1. **Health Risk Assessments**

- a. **Definition:** The service is provided to promote better health among older persons through the assessment of their current health condition, identifying individuals at health risk and linking the older individual to the health care system to provide treatment and/or education related to their condition.
- b. **Service Activities:** (Reserved)

- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly health risk assessment session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health risk assessment session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

2. Routine Health Screening

- a. Definition: Services provided to assist individuals to secure and maintain a favorable condition of health by helping them to identify and understand their physical condition and to secure and utilize necessary medical treatment. The primary focus of this service is to identify and evaluate the health needs of older persons and to link them with the health care system.

- b. Service Activities: Testing for glaucoma, hypertension, cholesterol, diabetes, cancer, hearing, vision and nutritional counseling, etc. and coordinating the administration of flu shots.

- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly health screening session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health screening session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

3. Nutritional Counseling and Education Services

- a. Definition: A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.

- b. Service Activities May Include:

A simple review of factors including weight, height, skin tone, diet, living conditions and behavior.

- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly nutrition counseling or education session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly nutrition counseling or education session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

4. Health Promotion Programs

- a. Definition: Services to promote better health among older persons by providing evidence-based health promotion program

- b. Service Activities May Include: Programs relating to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.

- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly health promotion session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health promotion session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

5. Physical Fitness, Group Exercise, Music, Art and Dance Movement Therapy Programs

- a. Definition: Services to promote better health among older persons by providing programs on fitness and therapy to maintain health and to keep older persons active.

Dance movement therapy means the use of psychotherapeutic movement as a process facilitated by a dance-movement therapist, to further the emotional, cognitive, or physical health of an older individual.

Music Therapy means the use of musical or rhythmic interventions specifically selected by a music therapist to accomplish the restoration, maintenance, or improvement of social or

emotional functioning, mental processing, or physical health of an older individual.

- b. Service Activities May Include: Programs for multi generational participation that are provided by an institution of higher learning, a local educational agency, as defined in § 1471 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 2891) or a community-based organization.
- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly physical fitness, group exercise, etc. session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly physical fitness, group exercise, etc. session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

6. Home Injury Control Services

- a. Definition: Services to promote home safety for older persons and their caregivers.
- b. Service Activities May Include: Screening of high risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.
- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly home injury control session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly home injury control session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

7. Mental Health Screening

- a. Definition: Screening services to educate and improve mental health among older persons.
- b. Service Activities May Include: Coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services.
- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly mental health screening session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly mental health screening session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

d. Service Standards: (Reserved)

8. Health Benefits Education Programs

a. Definition: Services to educate older individuals on preventative health services available through Title XIX of the Social Security Act (42 U.S.C. 1395 et seq.) and other health benefits programs.

b. Service Activities May Include: (Reserved)

c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly health benefits education session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly health benefits education session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

d. Service Standards: (Reserved)

9. Medication Management Screening

a. Definition: Services to educate and assist older persons to use medication properly, to manage health problems, and to prevent incorrect medication use and adverse interactions.

b. Service Activities May Include: Screening and education programs to prevent incorrect medication and adverse drug interactions.

c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly medication management screening session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly medication management screening session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people

in 1st week + 4 new people in 2nd week).

d. Service Standards: (Reserved)

10. Diagnosis, Prevention, Treatment, and Rehabilitation of Age-Related Diseases and Chronic Disabling Conditions

a. Definition: Education programs to review and analyze the evidence or facts concerning an individual's psychological or physical health problems; commonly performed for the purpose of linking needs/symptoms to a specific disease; and to provide referral to physicians.

b. Service Activities May Include: Programs to educate and provide older persons and their caregivers with information related to the diagnosis, prevention, treatment and rehabilitation of age related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, and Alzheimer's Disease and related disorders with neurological and organic brain dysfunction.

c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly diagnosis, prevention session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly diagnosis, prevention session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

d. Service Standards: (Reserved)

11. Gerontological Counseling

a. Definition: Programs to educate the older person and/or his/her family to provide advice to enable the older person to resolve problems (concrete or emotional) or to relieve stress.

b. Service Activities May Include: (Reserved)

c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly counseling session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

d. Service Standards: (Reserved)

12. Social Services & Follow-up Health Services Counseling

- a. Definition: Determining the quality and/or effectiveness of social services and follow-up health services provided to an individual client.
- b. Service Activities May Include: (Reserved)
- c. Unit of Service: The unit of service is a session per participant.

If there are 7 people attending a weekly social/health services counseling session, then the unit count would be 7, the unduplicated count of people served is 7. If during the second weekly social/health services counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

- d. Service Standards: (Reserved)

103.31: Title III-E Family Caregiver Support Program

A. Program Purpose

Area Agency on Aging for Lincolnland shall establish grants and/or contracts with community based organizations to provide multifaceted systems of support services for family caregivers and for grandparents or older individuals who are relative caregivers.

B. Eligible Population Definitions

1. Child: The term "child" means an individual who is not more than 18 years of age or who is an individual 19-59 years of age who has a severe disability.

NOTE: This definition is from the Older Americans Act.

2. Family Caregiver: The term "family caregiver" means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

NOTE: With this revised definition, family caregivers are now eligible for Title III-E services if they are providing informal support to persons under age 60 if these persons under age 60 have Alzheimer's disease or related disorders with neurological and organic brain dysfunctions. If the persons receiving informal support from family caregivers do not have Alzheimer's disease, or related disorders and organic brain dysfunctions, they must be age 60 and over in order for the family caregiver to be eligible to receive Title III-E services.

3. Grandparent or Older Individual Who Is a Relative Caregiver: The term “grandparent or older individual who is a relative caregiver” means 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 -
 - a. Lives with the child;
 - b. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - c. Has a legal relationship to the child, as such, legal custody or guardianship, or is raising the child informally.

NOTE: AoA has provided the following service eligibility clarification on “child” definition regarding “individuals with disabilities”.

Grandparents or relative caregivers, providing care for adult children with a disability, who are between 19 and 59 years of age, can now be served under the NFCSP. These caregivers must be age 55 years and older, and cannot be the child’s parent. Priority shall be given to those providing care for an adult child with severe disabilities. Services provided to these caregivers shall not be counted against the 10% ceiling for grandparents and other caregivers.

4. Federal law defines the category of beneficiaries under this provision, and ACL recognizes a legally married same sex spouse as a relative of a child by marriage.

C. Allowable Service Categories & Allowable Services Within Each Service Category

The support services allowable under Title III, Part E of the Older Americans Act include the following:

1. Information to Caregivers about Available Services

- a. Definition: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.
- b. Allowable Services: Includes information and public education.

The Information service category does not include advice or training service activities. Advice and training service activities should be considered as Assistance or Counseling service activities.

- c. Unit of Service: One Activity (NOTE: Service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns and other similar activities.)

For example, if the service provider releases a press release to 20 newspapers on the Caregiver Program, this is one unit of service (one activity).

2. Access Assistance

- a. Definition: A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
- b. Allowable Services: Service activities that relate to Access Assistance are information and assistance, outreach and case management services.
- c. Unit of Service: One contact.

This includes all services classified as Access Assistance under Title III-E. For example: if a caregiver contacts the service provider requesting information on the Pharmaceutical Assistance Program. This contact constitutes one unit of service. If the service provider follows up with this same person to see if the application has been made to this program, this will constitute another unit.

The service units for Access Assistance refer to individual, one-on-one contacts between a service provider and a caregiver or grandparent raising grandchildren. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of Access Assistance services. Group services would fall under the Information service category or Counseling service category. (If the Counseling service category service is directed at a group of individuals.)

Internet web site "hits" are to be counted only if information is requested by older individuals and family members and supplied by the provider. For example, an older person requests by e-mail on a provider's web site that they want information on pharmaceutical assistance programs. If the provider provides this information by e-mail or by traditional mail or by telephone, this is one contact (one unit of service).

If the older individual or family member simply reviews information on the provider's web site and does not request specific information, then this situation cannot be counted as a contact (unit of service).

3. Counseling

- a. Definition: The service is provided to caregivers to assist them in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups and caregiver training (of individual caregivers and families).
- b. Allowable Services: Counseling, support groups and caregiver training.
- c. Unit of Service: The unit of service is a session per participant.
If there are 7 people attending a weekly counseling session, then the unit count would be 7,

the unduplicated count of people served is 7. If during the second weekly counseling session, 4 people return from the first meeting and 4 new people join, then the unit count for the month to date would be 15 (7 sessions in 1st week + 8 sessions in 2nd week), and the unduplicated count of people served is 11 (7 people in 1st week + 4 new people in 2nd week).

4. Respite

a. Definition: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

b. Allowable Services:

- i. in-home respite (personal care, homemaker, and other in-home respite);
- ii. respite provided by attendance of the care recipient at a senior center or other non-residential program;
- iii. institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service for the caregiver; and (for grandparents caring for children) summer camps.

c. Unit of Service: One hour of staff time expended on behalf of a client.

5. Supplemental Services

a. Definition: The service is provided on a limited basis to complement the care provided by caregivers.

b. Allowable Services: Examples of supplemental services include, but are not limited to, Gap Filling services (e.g., home modifications, assistive technologies, emergency response systems, and incontinence supplies, etc.), and legal assistance services.

c. Unit of Service: The counting of units is dependent on the individual service under Title III that is approved within the Area Plan.

D. Respite Care & Supplemental Service Restriction

1. In order to be eligible for respite care and supplemental services, family caregivers must be providing in-home and community care to older individuals who meet the following definition of “frail” as outlined in subparagraph (A)(i) or (B) of § 102(28) of the Older Americans Act.
2. The term “frail” means that the older individual is determined to be functionally impaired because the individual –
 - a. Is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or

- b. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

NOTE: This restriction does not apply to grandparents or older individuals who are relative caregivers of children not more than 18 years of age from receiving respite care and/or supplemental services.

E. Service Standards

1. Caregiver Resource Centers

The Area Agency on Aging for Lincolnland shall provide funding to clearly identifiable resource centers that can serve as a point of entry to a broad range of services for caregiving families. These resource centers should have the capacity to provide access and linkages to information, training, support groups, counseling, resource libraries, respite care and supplemental services to family caregivers and grandparents raising grandchildren.

2. Service Priority

In providing services under Title III-E, the Area Agency on Aging for Lincolnland and service providers shall give priority for services to:

- a. family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
- b. grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities;
- c. caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income individuals); and
- d. older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

3. Coordination of Services

The Area Agency on Aging for Lincolnland shall make use of trained volunteers to expand the provision of available services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service) in community settings.

4. Community Planning Activities

The Area Agency on Aging for Lincolnland and Title III-E funded service providers shall develop

a mechanism to receive ongoing input and discussion about service and training needs from family caregivers who provide informal in-home and community care to older individuals and from grandparents raising grandchildren.

F. Title III-E Funding Limitations

1. The service category of “supplemental” services was designed to be provided on a limited basis. As a result, no more than twenty percent (20%) of the federal funding can be budgeted and/or expended under the Area Plan for supplemental services.
2. An Area Agency on Aging for Lincolnland may use up to ten percent (10%) of the total federal and non- federal share available to the Planning and Service Area for the Title III-E Program to provide support services to grandparents and older individuals who are relative caregivers of a child who is not more than 18 years of age.

NOTE: The Area Agency on Aging for Lincolnland can request a waiver in writing for these Title III-E funding limitations. The Administration on Aging has informed the Department that these Title III-E funding limitations apply to the State as a whole. As a result, the Department may approve such waiver requests dependent on the Area Plan budgets submitted by other Area Agencies on Aging.

103.32 : Other Allowable Services

- A. Prior Approval: The provision of a service not specified in § 100 requires written approval from the Area Agency on Aging for Lincolnland.
- B. Submission and Review Timetable

A written request must be submitted to the Department’s Springfield office sixty (60) days prior to service delivery. The Department will review the request and render a written decision whether to approve or disapprove the request within forty-five (45) days of receipt.

- C. Submission Requirements

The written request must include a justification for providing the service and, using the prescribed format of §100, a service definition, unit of service measurement, service activities, and standards.

104: Appeal Procedures

The Area Agency on Aging for Lincolnland (AAAL) offers the opportunity for an impartial hearing to any potential or current service provider (Applicant) whose application to provide services under the Area Plan is denied. Recommendations resulting from the hearing are presented to the AAAL Board of Directors for use in reconsidering its decision.

A. Who May Appeal

An appeal must be initiated by an Applicant directly affected by a decision of AAAL. Affected third parties, such as clients, may not initiate an appeal.

B. AAAL Decisions that are Appealable

The following is a complete list of AAAL Decisions that may be appealed under this procedure:

- Denial of an application for funding;
- Denial of a grant application where competitive applications are submitted for funding. In such a case, AAAL necessarily makes an appealable decision, i.e., one (or more) application(s) must be denied;
- Denial of re-funding or an application;
- Suspension, termination, non-renewal of a grant or contract (except as provided by 45 CFR Part 74, Subpart M);
- Designation or re-designation conferred by AAAL; or
- A decision which is not in accordance with issued Request For Proposal, applicable laws and regulations (except as provided in 45 CFR Part 74, Subpart M).

AAAL decisions not listed above are not subject to this appeal procedure.

C. Initiating an Appeal

The hearing process is initiated effective with the date a written request (Request) for a hearing is received by AAAL. The Request must be sent certified mail and must be received by AAAL within 10 working days of the Applicant receiving notification of AAAL's decision.

D. Content of the Request

The Request for hearing must include:

- The name of the Applicant requesting the hearing;
- The specific issues of law, regulation, or procedure which support the appeal; and
- A brief summary of facts which support the issues claimed.

E. Hearing Schedule

The Executive Director will schedule the hearing, which will be conducted within 30 days of receipt of the Request. AAAL will notify the Applicant in writing at least ten (10) days before the scheduled hearing of the date, time, and place. Where the hearing cannot be conducted within the required schedule, the Executive Director will set a hearing date that is convenient for the Applicant and AAAL (collectively “the Parties”).

F. Hearing Panel / Individual

Only the Board of Directors, who have not participated in the action being appealed, will hear appeals. AAAL may terminate this hearing process at any point of the Parties negotiate a written agreement that resolves the issue(s) which led to the request for a hearing. The Executive Director may delegate procedural aspects of the hearing.

G. Hearing Procedures

Although administrative rules to conduct hearings will be adapted to the specific decisions under review, the following general rules will apply to the hearings:

- The Board of Directors will conduct the hearing.
- Each of the Parties will have the opportunity to appear in person and/or be represented by legal counsel or other authorized representative. Action or inaction of an authorized person shall be deemed to be action or inaction of that party.
- Each of the Parties may present documentary evidence to provide a complete and accurate description of facts that are relevant and material in order to refute the basis for the decision being appealed.
- Each of the Parties has the opportunity to review any pertinent evidence and to ask and respond to questions that arise during the hearing.
- A summary of the hearing will be produced.
- The AAAL Board of Directors will record the findings of the hearing and shall make a written recommendation. The written recommendation will set forth the evidence on which it is based.
- The final written notice of decision resulting from the hearing shall be issued to the Applicant in writing by the AAAL Board of Directors within 35 working days following the conclusion of the hearing and shall include the recommendation of the AAAL Board of Directors and the reasons upon which the final decision is based.
- The notice of decision will include a statement of the right of the Applicant to, within 30 calendar days of the decision, request an administrative review of the decisions by the Illinois Department of Aging Hearing Coordinator.