

SECTION 600

SERVICE DEFINITIONS AND STANDARDS

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SECTION 600: SERVICES ALLOWABLE UNDER THE OLDER AMERICANS ACT (OAA) AND OTHER EGYPTIAN AREA AGENCY ON AGING (EAAA) ADMINISTERED FUNDS**601: PURPOSE OF CHAPTER**

This chapter specifies the policies and procedures that the Egyptian Area Agency on Aging (EAAA) will use in funding and overseeing services funded under the Older Americans Act, as revised and other EAAA administered programs.

602: OLDER AMERICANS ACT (OAA) REQUIREMENTS

- A. EAAA Approval of Service Provider Sub-awards.
Service providers and / or applicants must submit to the EAAA for prior approval any proposed subcontracts with public, nonprofit, or for-profit agencies or organizations to provide services under a subcontract (i.e., transportation, catered meals, etc.)
- B. 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.
- C. Outreach, Training, Coordination and Multi-generational Requirements.
All service providers under this chapter must comply with procedures established by the EAAA for:
1. Outreach activities to ensure participation of eligible older persons with special emphasis on the following groups of the older population:
 - 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. Severe disability means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that
 - i. is likely to continue indefinitely; and
 - ii. results in substantial functional limitation in 3 or more the major life activities outlined below:
 - ! self-care,
 - ! receptive and expressive language,
 - ! learning,
 - ! mobility,
 - ! self-direction,
 - ! capacity for independent living,
 - ! economic self-sufficiency, and
 - ! cognitive functioning.
 - iii. Older individuals with limited English-speaking proficiency.

- e. Older individuals with Alzheimer=s Disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).
 - f. older individuals at risk of institutional placement.
 2. Training and use of elderly and other volunteers and paid personnel; and
 3. Coordination of services provided under the Older Americans Act with other local and State services that benefit older individuals.
 4. Provision of multi-generational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
- D. Preference for Older Persons with Greatest Economic or Social Need.
All service providers under this chapter must follow priorities set by the EAAA for serving older persons with greatest economic or social needs (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.
- E. Targeting Requirements.
Service providers must:
1. set objectives, consistent with State and EAAA 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., and
 2. 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.
- F. Residency.
Service providers must establish and follow methods to assure that no requirements as to duration of residence or citizenship will be imposed as a condition of participation in the provision of services.
- G. Voluntary Contributions for Services.
1. Opportunity to Contribute: Each service provider mustB
 - a. provide each older person with an opportunity to voluntarily contribute to the cost of the service;
 - b. protect the privacy of each older person with respect to his or her contribution;
 - c. establish appropriate procedures to safeguard and account for all contributions; and
 - d. 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 services providers must use all contributions to increase the number meals served, facilitate access to such meals, or to provide other supportive services directly related to nutrition services.

2. 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.
 3. Means Tests & Failure to Contribute: Service providers that receive OAA funds shall not means test for any service for which contributions are accepted or shall not deny any older person a service because the older person will not or cannot contribute to the cost of the service.
 4. Contributions as Program Income: Contributions made by older persons are considered program income.
- H. Maintenance of Non-Federal Support for OAA Services.
Each provider of OAA services must:
1. assure that funds under this chapter are not used to replace funds from non-federal sources; and
 2. agree to continue or initiate efforts to obtain support from private sources and other public organizations for services funded under this chapter.
- I. Advisory Role to Service Providers of Older Persons.
Each service provider must have procedures for obtaining the views of participants about the services they receive.
- J. Disaster Response and Assistance Activities
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.
1. 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 Agencies and service providers will complement the existing relief efforts provided by federal, state and voluntary organizations.
 2. During declared disasters, service providers must cooperate with Emergency Services Disaster Agencies (ESDA), voluntary relief organizations (e.g. American Red Cross, Salvation Army and the Mennonites, etc.) and with local community-based organizations.
 3. Service providers' disaster plans are activated upon notification by the EAAA 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 are completed 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.
ΔLocal emergencies@ are 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. Service providers may receive a request for assistance from local Emergency Services Disaster Agencies (ESDA), local American Red Cross Chapters, and the EAAA.
4. Service providers will notify the EAAA 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 EAAA. Based on the service provider=s notification, the service provider will contact site 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.
 5. In all cases, the EAAA will provide as much flexibility as possible under OAA funding titles to allow for compliance, continuity and creativity in the delivery of services to older disaster victims for all of the involved service providers (e.g. gap-filling services, etc.)

K. Reports of Abuse, Neglect & Financial Exploitation.

Any 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 Elder Abuse and Neglect Act, or to the EAAA and/or Department on Aging.

In carrying out their professional duties, 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 him or herself, has, within the previous 12 months, been subjected to abuse, neglect, or financial exploitation.

End of Section 602

603: SOLICITATION FOR FUNDING**A. Procurement Cycle.**

The Egyptian Area Agency on Aging generally follows a three-year, open-bid procurement cycle. Annual renewals of service provision by a successful applicant may be offered, generally for two additional one-year periods.

B. Advertisement for Applicants and the Application Process.

During the non-procurement, renewal year of a sub-award, public advertising does not apply unless a current service provider declines to renew a sub-award (see AC@ below.)

During a procurement-bid year, the Egyptian Area Agency on Aging advertises no less than on three occasions, which are at least ten days apart from the first to third published dates. Procurement-bid advertisements are placed in the classified advertisement section of the official state of Illinois newspaper and a single newspaper in the Planning and Service Area with the widest distribution.

C. Letters of Intent.

Current service providers may be sent a Letter of Intent to bid or renew funding and must reveal their intent by a specified deadline. During a procurement-bid year, other potential applicants must submit a Letter of Intent to bid by a specified deadline.

Applications/Requests for Proposals will be mailed or hand delivered by the Egyptian Area Agency on Aging to those agencies which have shown interest, by the return of their Letter of Intent, in bidding or renewing a sub-award.

D. Procurement Standards and Procedures.

The Egyptian Area Agency on Aging will follow as nearly as is practical, the procurement standards and procedures established by the Illinois Department on Aging as outlined in their Policies, Procedures, and Standards Manual.

E. Emergency Procurement Procedures.

When the Egyptian Area Agency on Aging finds it necessary to procure service providers at times other than during the regular procurement cycle, the EAAA will develop procedures which meet its needs for service solicitation at that time.

F. The Award of Funding.

Funding will be awarded according to the guidelines as specified in the application / Request for Proposals and related documents.

G. The Egyptian Area Agency on Aging Staff Procedures.

1. A Letter of Intent form will be mailed by the Egyptian Area Agency on Aging to agencies which request it. New applicants must request the Letter of Intent in writing. Current service providers will be mailed a Letter of Intent without requesting it.
2. During a procurement-bid year, all requests for information or clarification must be in writing. Staff may orally give the telephone number and address of the Egyptian

- Area Agency on Aging, only. During a non-procurement renewal year, requests for information or clarification may be made either in writing or orally.
3. The Application/Requests for Proposal documents will be hand delivered or mailed only to those agencies which return the Letter of Intent in a timely manner.

H. Funding Decisions.

The Egyptian Area Agency on Aging will follow the schedule listed below relative to its review and funding decisions.

1. All applicants will be notified in the event of a clerical error within the documents or of clarifications which the Egyptian Area Agency on Aging determines concerns more than one applicant.
2. The staff of the Egyptian Area Agency on Aging will review Applications/Requests for Proposals and develop primary data for use by its Project Review Committee and/or Board of Directors.
3. The staff of the Egyptian Area Agency on Aging may request any additional information from applicants it deems necessary.
4. The Project Review Committee and/or Board of Directors will determine whether or not to meet with any or all applicants.
5. The Project Review Committee may present recommendations to the Agency=s Board of Directors at an appropriate meeting.
6. The Board of Directors will review any recommendations and take action on final funding decisions.
7. Notice will be given to applicants informing them of the funding decision.
8. New service provider orientation workshops will be held, if needed.
9. **Applicants have the opportunity to appeal funding decisions by following the appeal process included in the Egyptian Area Agency on Aging Fiscal and Administrative Policies Manual (see pages 1210.1 to 1210.2).**
10. The Executive Director of the Egyptian Area Agency on Aging will determine in-house review assignments.
11. The Egyptian Area Agency on Aging staff assigned to review the documents will follow the instructions on the review instrument.
12. Any Application/Request for Proposals which is missing information will be brought to the attention of the Executive Director of the Egyptian Area Agency on Aging. The Executive Director will determine when missing information should be requested of the applicant. Any request for missing information will be limited to that which is caused by unclear or missing instructions by the Egyptian Area Agency on Aging or by missing pages to the Application/Request for Proposal pages which the Egyptian Area Agency on Aging failed to provide.

End of Section 603

610: SERVICES

- A. Service Definitions and Standards for Older Americans Act Programs.
The services delineated in the following sections may receive funding under Title III of the Older Americans Act but may or may not be priority services funded by the Egyptian Area Agency on Aging. Funding for services not listed in the following sections requires prior written approval from the Egyptian Area Agency on Aging.

All units of service which are based upon one hour of time should be recorded to the nearest quarter hour (i.e., 0.25, 0.5, 0.75, or 1.0).

Units of service based upon one hour of staff time expended on behalf of a client includes the time necessary for preparation, travel, and case documentation. Preparation of agency reports and grant applications are not considered units of service.

- B. The standards set forth in this section are minimum requirements for services provided under the Older Americans Act. The EAAA may add additional standards or change the standards for these services from time to time. The EAAA will publish changes to this manual through revised pages to this manual or as in its annual grant and contract application packets. The Illinois Department on Aging may have additional standards for these services under Illinois Administrative Code.
- C. Priority Standards.
The latest dated law, regulation, rule, standard, or policy clarification will have priority. In the absence of a clearly dated law, regulation, rule, standard, or policy clarification, the priority of conflicting policies is as follows:
1. Pertinent Federal laws and Registers/Circulars,
 2. Illinois Administrative Code,
 3. Department on Aging policy clarifications,
 4. The EAAA policy clarifications,
 5. Department on Aging Policy and Procedures manual,
 6. The EAAA Policy and Procedures manual, and
 7. Other written communiqués from the Department on Aging or the EAAA.

End of Section 610

611: ADULT DAY SERVICES AS RESPITE FOR FAMILIES

- A. Definition: Direct care and supervision of adults aged sixty (60) and over determined eligible by the Case Coordination Unit (CCU) outside the individual=s home for a portion of a 24 hour day, in order to provide personal attention, promote social, physical and emotional well-being, and provide temporary respite for family members who are caring for an impaired older individual.

Service providers for the Older Americans Act Adult Day Services as Respite must currently be a service provider under contract with the Department on Aging Community Care Program (CCP) Adult Day Care service. The client may receive any number of hours of service as needed, however the Egyptian AAA may announce a maximum amount that any one client may receive per fiscal year (usually in the Area Plan summary document).

B. Service Activities May Include:

1. Development of a participant care plan appropriate to any recommendations by the individual=s personal physician;
2. Assistance with, or arrangement for, personal care and hygiene, including self-care training;
3. Leisure time activities and recreation;
4. Preparing and administering medications, changing dressings, on-going physical assessments, and retroactive exercises and treatment may be included as an integral, but subordinate, part of the service;
5. A daily congregate meal which meets a minimum 33a 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;
6. Transportation to and from the Adult Day Service Center;
7. Maintenance of an individual participant record;
8. Provision of information on, and referral to, other service resources.
9. Optional service components may include: rehabilitative services such as physical therapy, occupational therapy, speech and hearing therapy, etc.; skilled nursing services such as irrigations, oxygen therapy, suction/posturing, dressings, etc.; shopping assistance; and escort to medical and social services.

- C. Unit of Service: The provision of one hour of service including time to transport an eligible client constitutes one unit of Adult Day Service.

D. Service Standards

1. An eligible individual must be age sixty (60) or over and assessed as eligible by the Case Coordination Unit (CCU). The target population includes frail older individuals who have a physical or mental disability, including having Alzheimer's Disease or a related disorder with a neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. In determining eligibility for services, special consideration to older individuals in greatest economic need, with particular

- attention to low-income minority individuals. However, means testing may not be used.
2. An individual Care Plan will be developed by the service provider as soon as possible but no later than within the first four weeks of the client's attendance at the Center. The Care Plan will address the following:
 - a. The CCU Plan of Care components;
 - b. Short and long term goals for the client;
 - c. The involvement by the family in the development of goals for a client; and
 - d. The medical, recreational, nutritional, mental/psychological and personal needs of the client.
 3. Quarterly reassessment staffing of the client's Care Plan developed by the service provider will be held.
 4. The service provider will maintain client records which include:
 - a. Daily attendance;
 - b. Medical chart (if any);
 - c. Weekly case notes and monthly summaries on the client;
 - d. The CCU Plan of Care;
 - e. The service provider Care Plan;
 - f. Demonstrate that clients have been given the opportunity to donate; and
 - g. Other records as needed.
 5. The building, space, and environmental requirements will be in accordance with the Department on Aging Community Care Program (CCP) rules and regulations.
 6. The transportation requirements and standards will be in accordance with the Department on Aging CCP rules and regulations.
 7. The service provider will notify Egyptian AAA of any Type I, II or III CCP rules violations involving clients whose service is funded under the Older Americans Act in the same manner and within the same time frames as the Department on Aging CCP rules and regulations.
 8. All meals and snacks will be provided by the service provider in accordance with the Department on Aging CCP rules and regulations.
 9. The service provider is required to staff this service, including staffing for supervision of medications, in accordance with the Department on Aging CCP rules and regulations.
 10. Recreational, leisure, reality, and other activities will be planned at least seven (7) days in advance by the service provider and posted at the Adult Day Service Center in a conspicuous place.

End of Section 611

612: CASE MANAGEMENT / CASE ADVOCACY & SUPPORT

- A. Definition: Assistance either in the form of access or care coordination in circumstances where the older person and/or their care givers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers.
- B. Services Activities Minimally Include:
1. Case finding activities: The identification of individuals for intake.
 2. Intake: Through the administration of a defined intake process developed or approved by the EAAA, an individual with potential case management needs, as defined below, will be identified.
 - a. An individual must be age 60 or older (see section E below); and
 - b. Must demonstrate a need which requires development of a coordinated case plan, follow-up, and/or advocacy; and/or
 - c. Has multiple or complex problems which are often chronic in nature and which may affect the ability of that individual to live independently; and/or
 - d. Has potential need for multiple services; and/or
 - e. Has presented problems which are vague or ill-defined; and/or
 - f. Has insufficient informal supports to care for his or her needs.
 3. Needs assessment: A face-to-face comprehensive assessment, preferably conducted in the home or place of residence of the client, must be conducted for each Title III case management client utilizing a standardization tool, developed or approved by the EAAA, to evaluate the conditions of the client and to identify goal oriented needs for services and/or problems needing resolution.
 4. Care Plan development: A written plan of care will be prepared for each client utilizing appropriate and available formal and informal resources, using a standardized form developed or approved by the EAAA. The case plan will identify available services and problem solving efforts to meet the client=s determined needs and to enable the client to live with maximum possible independence. A copy of the case plan will be given to the client and/or client=s family and/or significant individual, and so documented in the client=s file.
 5. Care Plan implementation: A referral of the applicant/client to an appropriate resource for service provision and/or problem resolution will be made and documented in the applicant=s/client=s file. If the referral is made to an informal network (family, friends, etc.), the service and/or problem-solving arrangements agreed to regarding duties and responsibilities will be documented in the client=s case plan. The following activities will be performed for each client, as appropriate and needed:
 - a. Active intervention and advocacy on behalf of the client to access necessary services from community organizations and to resolve problems experienced by the client;
 - b. Establishment of linkages with service providers for the prompt and effective delivery of services needed by the client, including submission of instructions for service delivery to the appropriate service providers; and

- c. Encouragement of informal care given by individuals, family, friends, neighbors, and community organizations, so that publicly supported services supplement rather than supplant the roles and responsibilities of these natural support systems.
 - d. Repeated referrals to the same or similar resources due to the dissatisfaction of the client with previously referred resource, will be limited to four (4) except with the permission of the EAAA.
 6. Review and Evaluation of Client Status:
 - a. Follow-up: Periodic monitoring will be conducted through telephone or face-to-face contact to ensure prompt and effective service delivery and response to changes in the client=s needs and status. All follow-up will be documented in the client=s file.
 - b. Reassessment: A face-to-face reassessment of the client=s condition and needs must be conducted, preferably in the home of the client, no later than the 12th month from the last completed (re)assessment, or more frequently as dictated by change in the client=s circumstances.
 - i. The time spent during the initial 30 days of service provision is not limited.
 - ii. After the initial 30 days of service provision, the time spent on case management activities for each client will be limited to twelve (12) hours per each twelve (12) month intervals.
 - c. The provision of services by the provider, other than the case management activities describe herein **will not** be permitted except when the EAAA has approved other services or there is a desperate need for care and the EAAA has knowledge of and has given specific approval for the case management provider to provide services.
 7. Case closure: Case closure will occur in the following instances.
 - a. Death of the client;
 - b. Relocation out of the geographic service area;
 - c. Client cannot be located;
 - d. Client is hospitalized, enters a group care facility, is institutionalized or is not available for services for more than ninety consecutive calendar days;
 - e. Client is no longer in need of case management services because of changes in the client=s condition or circumstances;
 - f. client refuses services;
 - g. Client requests termination; or
 - h. Client refuses to cooperate in the provision of case management services.
 8. Transfer: Clients will be transferred to the case management provider serving the geographic area where the client resides.
 9. Expert witness testimony: Expert witness testimony by the case management provider **is allowed** in cases of determining guardianship status, alleged cases of abuse, or criminal matters pertaining to the welfare of case management clients. Any compensation received on behalf of current case management clients for this activity will be reported as project income.
 10. Decision Making: The case management provider **will not** substitute as the decision maker on behalf of a client without the written permission of the EAAA.

Serving as a Rep Payee and the Money Management program are not included under this exclusion.

- C. Unit of Service: One hour of staff time expended in behalf of a client constitutes one unit of service.
- D. Area Agency Standards
1. Each service area will be opened for free and open competition for designation to provide case management services as specified in Illinois Administrative Code.
 - a. The EAAA will offer a grant or contract for a one (1) year period, with option to extend the grant or contract for additional one year periods. Thus, a grantee/ contractor exhibiting good service performance might be retained by the EAAA, through grant/ contract extension, for the maximum number of years allowed by the Illinois Administrative Code.
 - b. In the event that a change in the reimbursement amount occurs during the period of the grant/ contract, the EAAA will exercise the thirty (30) calendar day termination or mutual amendment rights specified in the grant or contract, in order to ensure full implementation of the adjusted rate.
 2. A Case Coordination Unit (CCU), designated as outlined in Illinois Administrative Code will be funded by the EAAA for a specific geographic area through a contract or a grant with the EAAA for Older Americans Act case management services.
 3. The EAAA may establish higher standards than those specified in Illinois Administrative Code relative to any grant or contract for case management services provided. Such higher standards will be specified in the EAAA Request for Proposal or these standards.
 4. The EAAA will conduct an Administrative Compliance Review in accordance with procedures established by the EAAA pursuant to Illinois Administrative Code.
 5. Records of an Administrative Compliance Review conducted by the EAAA will be maintained by the EAAA and corrective action(s), if indicated, will be taken in accordance with established EAAA policy and described in Illinois Administrative Code.
- E. Older Americans Act Service Standards: An agency providing case management services under the Older Americans Act will:
1. Determine that the potential client meets the following eligibility guidelines:
 - a. Is aged sixty (60) or older,
 - b. Scores twenty-nine (29) points or more on the DON, has documented need for case management services, and does not have adequate assistance from family or friends, and
 - c. Has no third party payment source for the service (i.e., insurance, etc.)
 2. Meet all Case Coordination Unit (CCU) standards pursuant to Illinois Administrative Code.
 3. Provide audits in accordance with EAAA policies and procedures.
 4. Permit access to case files by the EAAA or its designee, the Department on Aging or its designee, and appropriate federal agencies.
 5. Provide additional services, if required by the EAAA in the case management contract/grant, separately funded and specified in the EAAA's Request for Proposal.

6. Meet all case management service standards pursuant to the Illinois Administrative Code including education and experience standards for case management supervisors and case managers.
7. Meet all Community Care Program case management standards pursuant to Illinois Administrative Code.
8. Provide case management services to older persons within the service area to the extent possible with available resources committed by the EAAA.
9. Maintain a current comprehensive resource/service directory that includes case management services as well as other community based long term care services available within the service area, and has access to information on resources outside of the service area. The directory will be kept current including a mechanism for exchanging updated information at least annually.
10. Maintain individual client records in a central file. The case file for each client will minimally include the following information:
 - a. Intake form(s);
 - b. Comprehensive needs assessment;
 - c. Plan of care;
 - d. Record of referral(s) and request(s);
 - e. Correspondence related to case;
 - f. Formal case notes, which include documentation of the follow-up; and
 - g. Documentation of termination.
11. Maintain case files in a manner that will strictly maintain confidentiality of all information.
12. Transfer all records which are specified by the EAAA to another case management provider upon de-designation as the case management provider by the EAAA.
13. Comply with federal, state, and local laws, regulations and Department on Aging and EAAA rules, policies, and procedures.
14. Submit to an compliance review, or other monitoring activity, at any time during the course of the grant/ contract period.
15. Not subcontract for direct provision of case management services unless prior written approval has been obtained from the EAAA.
16. Remain open for business at least seven (7) hours each weekday (Monday through Friday) except on holidays which are approved in advance by the EAAA.
17. Maintain a procedure to request voluntary contributions from clients and use contributions to increase the availability of case management services. Client contributions may not be solicited for any CCP activity.
18. Maintain a procedure for giving objective information to clients on their options for services and resources available.
19. Report gaps in service to the EAAA on its report forms.
20. Conduct (re)assessment of the need for home delivered meals as a part of the case management (re)assessment process and submit a copy of the assessment to the home delivered meal provider in the client=s area of residence.

F. Case Management. Private-Pay Service Standards:

1. Eligibility: (means testing of older individuals who are otherwise eligible for Older Americans Act services is prohibited.)
 - a. Anyone not eligible for services under the Older Americans Act as described in these standards and who is willing and able to pay the entire cost for care,
 - b. An older person or his/her caregiver who, after being informed of case management services available under the Older Americans Act, chooses to pay the entire cost for care, or
 - c. An older person or his/her caregiver requests and is willing to pay the entire cost for tasks which are prohibited under sections 612.A through D of these standards.
2. Cost: The entire cost (including overhead and administration) of private-pay case management services which are not eligible for reimbursement under the Older Americans Act (excluding cost of intake and needs assessment for individuals age 60 or over) must be borne by the client, his/her caregiver, or a third party payer.
3. Service standards: The Older Americans Act case management service standards, as described in sections 612.A through 612.E, **will not** apply to any private-pay client when that client, the caregiver, or a third party payer bears the entire cost of case management services.
4. Priority status: No private-pay client will be given priority status which results in a delay of service or reduces the quality of care to any case management client under the Older Americans Act.
5. Services activities: The following service activities are recommended:
 - a. Case finding and advertising the service.
 - b. Intake (under age 60).
 - c. Needs assessment (under age 60).
 - d. Care plan development and implementation.
 - e. Referrals.
 - f. Follow-up contacts.
 - g. Reassessment.In addition to other activities, the following **may be included** under private pay case management services:
 - h. 24 hour, 7 day a week availability.
 - i. Hiring and supervising private pay services such as chore, homemaker, certified nurse's aide, private home delivered meals, etc.
 - j. Coordination with or monitoring of private pay services.
 - k. Unlimited referrals to the same or similar resources.
 - l. Unlimited follow-up contacts with the client.
 - m. Decision making on behalf of the client, with the client's permission.
 - n. Expert witness testimony pertaining to the welfare of the client.
 - o. Direct service provision.
 - p. Escort.
 - q. Money management.
 - r. Acting as a guardian or representative payee (except when it is specifically prohibited by rule such as under the Elder Abuse and Ombudsman programs).
 - s. Health insurance consulting.

- t. Medication management.

G. Temporary or Emergency Case Management Services:

1. Case Management services provided to caregivers of senior adults via the telephone or other means, when a face-to-face visit and case management assessment is refused or not feasible, can be counted as units of service when the contact is:
 - a. from caregivers residing or visiting this Planning and Service Area (PSA) or about care receivers residing in this PSA.
 - b. the amount of time needed to deal with the situation or issue is more than one hour, but less than six. If the time involved exceeds six hours, a face-to-face visit and assessment are required if the client is available and agrees.
2. A case file must be established which includes case notes and other pertinent information given or discussed.
3. Units are counted by the hour as outlined under Section 612, AC@ of this manual.
4. The following are not allowed to be counted as units under this subsection:
 - a. Contacts from caregivers when both reside elsewhere and neither is visiting this area. These cases should be referred to the case management unit of the appropriate PSA.
 - b. Cases which can/should be handled by the information and assistance workers at local senior adult centers. Other than answering simple questions which is a part of doing business as a case management agency, the case management service provider should refer non-complex cases to local I&A senior adult centers.

End of Section 612

613: IN-HOME RESPITE CARE FOR FAMILIES

- A. Definition: The provision of appropriate, temporary, substitute care or supervision of functionally impaired persons aged 60 and over to enable the caregiver to maintain his/her provision of assistance to the older person. In-Home Respite Care must be provided by a service provider with experience in the Illinois Department on Aging Community Care Program homemaker or senior companion service. The client may receive any number of hours of service as needed, however the Egyptian AAA may announce a maximum amount that any one client may receive per fiscal year (usually in the Area Plan summary document).
- 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:
1. Homemaker services;
 2. Senior companion care (sitter services);
 3. Other activities which support caregivers and clients.
- C. Unit of Service:
One unit of service is defined as one hour of time extended in the provision of care or supervision of a functionally impaired older person (includes necessary travel to serve the client when the respite care worker is paid for travel time).
- D. Service Standards
1. An eligible care receiver must be age sixty (60) or over and assessed as eligible by the Case Coordination unit. The target population includes frail older individuals who have a physical or mental disability, including having Alzheimer's Disease or a related disorder with a neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. In determining eligibility for services, special consideration should be given to older individuals in greatest economic need, with particular attention to low-income minority individuals. Means testing may not be used.
 2. Supervisory and worker requirements will be those determined by the Department on Aging for the Community Care Program homemaker or senior companion service, as is appropriate.
 3. The service provider will maintain the following records:
 - a. A Plan of Care developed by the CCU;
 - b. Units of service provided;
 - c. Client case notes;
 - d. Demonstrate that clients have been given the opportunity to donate; and
 - e. Other records as determined by Egyptian AAA.
 4. The service provider will notify Egyptian AAA of any Type I, II or III Community Care Program (CCP) rules violations involving clients in the same manner and within the same time frames as the Department on Aging's CCP rules and regulations.

5. All other rules and regulations as provided by the Department on Aging's Community Care Program for its homemaker or senior companion service, as is appropriate, will be applied to this In-home Respite Care service.

RESPITE FOR NON-PARENTAL OLDER FAMILY CAREGIVERS OF CHILDREN AND DISABLED ADULTS

- A. Definition: The provision of appropriate, temporary, substitute care or supervision of a child or children to enable a non-parental older family caregiver (such as a grandparent) who is raising the children to obtain temporary respite from the provision of care. The client may receive any number of hours of service as needed. However the EAAA may announce a maximum amount that any one client may receive per fiscal year (usually in the Area Plan summary document).
- 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 children. The package may include elements of the following services:
 1. Licensed Child Day Care Centers;
 2. Licensed Child Day Care in Homes;
 3. Summer camp or day camp activities at certified organizations; and
 4. Other appropriate activities which enable the respite of non-parental older family caregivers.
- C. Unit of Service:
One unit of service is defined as one hour of time extended in the provision of care or supervision of a child (includes necessary travel to serve the child when the respite care provider is paid for travel time).
- D. Service Standards
 1. The child or children must be age 18 or younger (see exception in the note below) and in the care of a grandparent or other non-parental family caregiver age 55 or older. The older caregiver must be assessed by either the Outreach Worker or the Case Coordination Unit (CCU) to determine if the older caregiver has other needs. In determining eligibility for services, special consideration should be given to older caregivers in greatest economic need, with particular attention to low-income minority individuals. Means testing may not be used.
 2. The child care requirements will be those determined by the Illinois Department of Public Health and/or the Illinois Department of Children and Family Services.
 3. The service provider will maintain the following records:
 - a. A Plan of Care developed by the Outreach Worker or CCU;
 - b. Units of service provided;
 - c. Client case notes;
 - d. Demonstrate that the non-parental older family member has been given the opportunity to donate; and
 - e. Other records as determined by EAAA.

4. The service provider will notify the EAAA of any child care rule violations or injuries involving the child or the older caregiver during the provision of this service.

Note: Grandparents, or non-parental caregivers, providing care for adult children with a disability, who are between 19 and 59 years of age, can now be served. 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.

End of Section 613

614: NUTRITION SERVICES

- A. Purpose: Nutrition services 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 or sedentary behavior.
- B. Definition: Nutrition services provide 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, Nutrition Counseling;
 5. Outreach; and
 6. Other Nutrition Services as Appropriate Based on the Needs of Meal Recipients.
- D. Unit of Service: Each meal provided to an eligible person constitutes one unit of service.
- E. Area Agency Award Standards:
1. Contracts to provide nutrition services are awarded through a competitive process.
 2. Primary consideration is given to the provision of meals in a congregate setting, except that each Area Agency (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. Each Area Agency 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 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. Participant 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) Section 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. Each Area Agency 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 Section 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 Section 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.

G. Service Standards:

1. Each congregate meal provider must:
 - a. Provide hot or other appropriate meals in a congregate setting at least once a day, five or more days a week. An Area Agency 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 furnished;
 - 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 EAAA approves a lesser frequency). 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 agencies 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;
 - 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, Section 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.
2. A periodic reassessment of the home delivered meal recipient must also be completed at least annually, or sooner if circumstances change.

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. Nutrition education will 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 the 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 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 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 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 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 federal 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 nutritionist 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 include: *

- 1 serving of lean meat or meat alternate: 3 ounces of edible cooked meat, fish, fowl, eggs or meat alternate.
- 2 servings of vegetables: ½-cup equivalent – may serve an additional vegetable instead of a fruit.
- 1 serving of fruit: ½-cup equivalent – may serve an additional fruit instead of a vegetable.
- 2 servings of 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 of fat free or low fat milk or milk alternate: 1-cup equivalent.

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

Requirements for Three Meals Daily

The three meals combined must provide:

- 2 servings of lean meat or meat alternate: 6 ounces of edible cooked meat, fish, fowl, eggs or meat alternate.
- 3-4 servings of vegetables.
- 2-3 servings of fruit.
- 6-9 servings of whole grain / enriched grain, bread or bread alternate.
- 3 servings of 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 1/3 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 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 ½-cup cooked or raw vegetable; or ¾-cup 100% vegetable juice, or 1-cup raw leafy vegetable. For pre-packed 100% vegetable juices, a ½-cup juice pack may be counted as a serving if a ¾-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 ½-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; four (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; ½-cup chopped, cooked, or canned fruit; or ¾-cup 100% fruit juice. For pre-packed 100% fruit juices, a ½-cup juice pack may be counted as a serving if a ¾-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 one slice (1 ounce), whole grain or enriched; ½-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, 1/8 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 (1/3 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
1½-cups cottage cheese, low fat
8 ounces tofu (processed with calcium salt)
1½ ounces natural or 2 ounces processed cheese

2. Nutrient Values for Meal Planning and Evaluation
 - a. The table below presents the most current DRI's and other nutrient values to use when planning and evaluating meals. Values are provided for serving one (1), or a combination of 2 or 3 meals for 1-day consumption for the average older adult population served by nutrition programs.
 - b. 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	Cantaloupe	Collard greens
Kale	Mango	Spinach
Turnip greens & other dark greens		
Winter squash (Hubbard, Acorn, Butternut)		
Carrots and sweet potatoes		
- 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	Brussels sprouts	Cantaloupe
Cauliflower	Fruit juices, fortified	Grapefruit
Grapefruit juice	Green pepper	Honeydew
Kale	Kiwi	Mango
Mandarin oranges	Oranges/orange juice	Strawberries
Sweet potatoes	Yams	Sweet red pepper
Tangerines		

Some examples of **fair** sources of vitamin C include:

Asparagus	Cabbage	Collard greens
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Mustard greens	Pineapple	Potatoes
Spinach	Tomato / tomato juice / sauce	
Turnip greens	Watermelon	

*** These are a few examples of vitamins A and C sources. A listing of vitamin A and C content of common vegetables and fruits will be available to service providers as additional information. By consulting this listing and 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. 1/8 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 EAAA.

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. Reimbursement is not affected when a participant declines menu items.

S. Foods Taken from Nutrition Sites

1. Unserved food (leftovers) cannot 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 EAAA within 24 hours of the investigative procedures in progress.
2. Thereafter, the nutrition provider must provide the EAAA with periodic updates 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 sanitation, health, 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: safe food handling, food borne illnesses, hygienic practices of personnel, equipment sanitation, dish washing procedures, facility sanitation, rules for safe work, and fire and safety regulations. Where feasible or possible, state or local public health 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, health, or safety standards (e.g., State Fire Marshall, etc.).
- b. The meal site supervisor or designee must successfully complete the Illinois Department of Public Health's Food Service Sanitation Manager certification training, and have a current registration.

This is a Department on Aging requirement, and is also required by the Illinois Department of Public Health. Congregate meal sites are classified as "Category I Facilities" due to the type of population served by the congregate meal site (e.g., immuno-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 completed 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. All staff 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° 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.
- 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. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

End of Section 614

615: ELDER ABUSE

- A. Definition: The provision of assistance to older persons who are victims of abuse, neglect, or exploitation.
- B. Service Activities May Include:
1. Intake
 2. Assessment
 3. Case Work
 4. Follow-up
 5. Early Intervention Services
 6. Public Awareness/Education
 7. Multi-disciplinary Team Activities
- C. Unit of Service: Refer to IDOA's Elder Abuse Manual.
- D. Area Agency Standard
To be appointed as an Elder Abuse provider agency, an agency will enter into a contract with EAAA, with prior approval from the Department on Aging for a specific geographic area in EAAA's planning and service area.
- E. Service Standards
Refer to the Department on Aging Elder Abuse, Neglect, and Exploitation Program Standards, Procedures and Practices Manual.

End of Section 615

616: HEALTH SCREENING AND EVALUATION

This section combined with section 629.

617: HOME DELIVERED MEALS

This section combined with section 614, Nutrition Services.

618: INFORMATION AND ASSISTANCE

- A. Definition: A service for older individuals that assesses the problems and capacities of the individuals; provides the individuals and their care givers with current information on opportunities and services available within their community, including information relating to assistive technology; links individuals to the opportunities and services that are available; and, to the maximum extent practical, ensures that the individuals receive the services needed by establishing adequate follow-up procedures. The service may be initiated by an older person, caregiver, or another service provider.
- B. Service Activities May Include:
1. Determine the problems and capacities of older individuals in order to make appropriate referrals.
 2. Provide individuals with current information on opportunities and services available within the community, including information relating to assistive technology.
 3. Link individuals to the opportunities and services available.
 4. To the maximum extent practical, ensure that individuals receive the services needed and are aware of opportunities available by establishing adequate follow-up procedures.
 5. Expansion of information and assistance services to a 24-hour (if needed) emergency basis during times of disaster such as flooding, hot weather, tornadoes, severe weather, man-made emergencies, etc. to assure that older people are safe and have access to services to meet their needs.
- C. Unit of Service:
1. Any individual client contact made for information, referral, or assistance constitutes one unit of service.
 2. Any follow-up contacts made to confirm referrals constitutes one additional unit.

For example: If an older person contacts the service provider requesting information on Circuit Breaker / Illinois Cares Rx, this contact constitutes one unit of service. If the service provider follows up with this same person to see if the person has completed and mail their application to this program, this will constitute another unit.
 3. 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 care giver. 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.
 4. 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 Award Standards: The area agency 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 and older individuals with Alzheimer=s Disease or related disorders and the caretakers of these individuals.

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 provide Information and Assistance services in the language spoken by the older persons.
2. A provider of Information and Assistance service must:
 - a. Maintain current information with respect to the opportunities and services 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 opportunities and services which are available and to assist older persons to take advantage of the opportunities and services.
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.
4. The Information and Assistance service provider will provide a setting for the I & A worker to attend to each client's questions/ needs without interruption and in a confidential manner.
5. The I & A service provider operates will be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives.
 - a. Staffing
 - i. the I & A provider will provide for supervision and evaluation of all staff, paid and non-paid.
 - ii. the I & A provider will establish procedures for:
 - (a) Keeping staff informed of changes and availability of services.
 - (b) Ongoing in-service training of staff.
 - (c) Assuring confidentiality of client information.
 - (d) Providing consultation as needed to insure staff competency.
 - iii. all staff, paid and non-paid, will be provided with written job descriptions outlining the skills, duties to be performed and lines of supervision and communication.

- iv. volunteers are considered as non-paid staff members entitled to the provision of orientation, in-service training and insurance, as available, appropriate to their volunteer role.
 - v. the I & A provider should attempt to reimburse the volunteer for out-of-pocket expenses when resources are available.
 - b. Training
 - i. the training component will consist of:
 - (a) Pre-service orientation,
 - (b) Pre-service training,
 - (c) On-the-job training,
 - (d) In-service training, including workshops and training offered by state and area agencies on aging,
 - (e) Encouraging staff to pursue formal education in job related areas.
 - ii. training and orientation will consist of, but not limited to:
 - (a) interviewing and assessing techniques,
 - (b) use of resource information and knowledge of public benefits,
 - (c) information giving and Assistance procedures,
 - (d) follow-up,
 - (e) confidentiality,
 - (f) record keeping,
 - (g) reporting statistical data,
 - (h) resource identification,
 - (i) agency organization, purpose and structure,
 - (j) advocacy skills and techniques.
6. The I & A service provider must maintain accurate, up-to-date information on resources available.
- a. Resource gathering will include a compilation of all existing agencies and services available to the inquirer.
 - b. The resource information will contain the following components:
 - i. An alphabetical list by legal name of all public, private and voluntary agencies and organizations which provide essential services to the inquirers.
 - ii. A service or problem category listing with extensive cross-references and related agency names, and
 - iii. In areas where clear, commonly accepted geographical and political subdivisions exist, a listing of the area agencies and services will be compiled.
 - c. Each agency/organization listing will include, but not limited to the following descriptive material:
 - i. legal name, address and telephone number,
 - ii. services provided,
 - iii. eligibility,
 - iv. fee/no fee/based on ability to pay (sliding scale),
 - v. area of service,

- vi. (optional) contact person(s) and/or administrator, application procedures; length of time on waiting list, if any; branch office addresses and telephone numbers.
 - d. The resource information will be updated on a continual basis, but at least annually.
 - 7. Adequate provision of services to the inquirer will utilize sound practices which result in appropriate linkage of the inquirer to needed services.
 - a. Interviewing and Assessment,
 - i. interviewing will be limited to obtaining information sufficient to make an assessment necessary to provide adequate information or assistance.
 - ii. the assessment will consist of an accurate understanding of the problem(s) of the inquirer and the service(s) needed as identified by the inquirer and the staff.
 - b. Information Giving and Referral,
 - i. will be accurate and pertinent to the assessment of the problem(s).
 - ii. will not require the staff's active participation in connecting the inquirer to the needed service(s).
 - iii. will encourage inquirer call-back if initial information given is incorrect, inappropriate or insufficient.
 - iv. will be provided when the assessment of the need(s) or problem(s) of the inquirer indicates the active participation of the staff is necessary to link the client to the needed services.
 - v. will include initiating a definite arrangement by the staff between the inquirer and the service provider with subsequent follow-up.
 - c. Follow-up
 - i. will be carried out in all referral cases.
 - ii. staff will determine which of the information giving cases require follow-up.
 - iii. follow-up will consist of contacting the agency or service to which a referral has been made, and/or the inquirer to ascertain whether or not contact has been made and the service is being provided.
 - iv. if linkage has not occurred, staff must reassess the inquirer's situation in order to determine whether or not other appropriate action can be undertaken to effect linkage. Follow-up information may include:
 - (a) linkages made or service in process of being obtained.
 - (b) service available, but waiting list is too long.
 - (c) service available but not accepted by inquirer.
 - (d) service unavailable due to inquirer's ineligibility, e.g., income of inquirer, residence of inquirer, age of inquirer, etc.
 - v. staff will develop current lists of older persons in need of services and opportunities.
 - 8. The Data Collection System will be developed to meet client and service needs and as a resource for meeting community needs.
 - a. The data collection system will include adequate information on the inquirer necessary for the resolution of need(s) or problem(s).
 - b. Data collection forms will include but not be limited to the following elements:

- i. name of inquirer (or name of caller, if other than older person for whom services are sought), address and telephone number.
 - ii. need(s) or problem(s).
 - iii. service(s) needed.
 - iv. agency referrals.
 - v. results of follow-up.
 - vi. any other pertinent social or living arrangement information.
 - c. The inquirer will maintain the right to withhold information not directly relevant to the resolution of his/her problem(s).
 - d. Data collection procedures will insure confidentiality.
 - e. The data collection process will provide adequate information for evaluation of the Information and Assistance service itself.
 - f. The I & A provider will report information appropriate for area and state planning of essential human services, including inadequacies of present services, gaps, duplications and needs not met.
9. The I & A provider will seek to maximize the accessibility of other needed services.
 - a. The I & A provider will be available during normal working hours (at least seven per working day) at walk-in centers and/or by telephone.
 - b. The I & A provider will be visible to the general public, its target group, and the professional community through mass media, organizational bulletins, personal contacts and distribution of printed materials, etc.
 - c. The I & A provider will coordinate with other community agencies and organizations.
 - d. The I & A provider will be responsive to the needs of special elderly target groups who might not otherwise avail themselves of service without such special attention e.g., foreign language speaking persons, ethnic groups and the disabled.
 - e. The I & A provider will develop necessary outreach capabilities where none exist to serve the target population.
 - f. The I & A provider will facilitate access to an agency or needed service, including the Information and Assistance service itself, by linking inquirer to transportation or outreach services.
 - g. The I & A provider will, on request, act as a resource to other agencies and organizations regarding community resources.
 - h. The I & A provider will develop a clear, concise written statement on objectives, services, methods of obtaining services and hours available and distribute such a statement to community professionals and to the public.
 - i. The I & A provider will publicize an emergency resource for life threatening circumstances.
10. Facilities will be provided in sufficient quality and quantity to insure the adequate operation of the Information and Assistance service.
 - a. Space will be sufficient to ensure confidentiality in interviewing and to carry out the other responsibilities of the I & A provider.
 - b. The I & A provider will maintain a telephone system with adequate lines for incoming calls, for hold and call out purposes.
 - c. The I & A provider will furnish sufficient desks, tables, chairs, supplies, filing cabinets (equipped with locks), and other necessary materials.

- d. If the I & A provider is designated to serve walk-ins, the facility should be free of architectural barriers, be accessible by public transportation, have available parking and be near the population the program is designed to serve.
 - e. The facilities will comply with all applicable codes and ordinances established in the locality served.
11. The Information and Assistance service provider will have a plan in place that addresses its operations in the event of disaster conditions.
 - a. The I & A provider will prepare for the eventuality of disaster by coordinating with appropriate emergency services agencies.
 - b. The I & A provider will disseminate the written plan to persons who may have primary or alternate responsibility in the event of disaster.
 12. The Information and Assistance service provider will provide client advocacy to secure needed benefits.
 13. The Information and Assistance service provider will provide community and/or group presentations about available resources and services.

End of Section 618

619: LEGAL ASSISTANCE

- A. Definition: Legal Assistance includes 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 law student (supervised by an attorney) for an older person (or his/her representative).
- B. Service Activities May Include:
1. Provision of legal advice and information;
 2. Legal research on behalf of client(s);
 3. Education concerning legal rights;
 4. Representation by an attorney at law, a trained paralegal, and/or a law student; and
 5. Provision of client advocacy to secure needed and entitled benefits.
- C. Unit of Service:
Representation by an Attorney, Paralegal, and/or 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 in behalf of a client(s) constitutes one unit of service.
- D. Area Agency Award Standards:
The Area Agency will award funds to the legal assistance provider(s) that most fully meet the standards in 45 CFR Section 1321.71.
- E. Service Standards:
See the full text of 45 CFR Section 1321.71 (Legal Assistance) from the OAA Rules and Regulations.
1. The legal services provider(s) selected must be the agency which most fully meets the following standards:
 - a. Has 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. Demonstrates the capacity to provide effective administrative and judicial representation in the areas of law affecting older persons with social or economic need;
 - c. Demonstrates the capacity to provide support to other advocacy efforts; for example, the long term care ombudsman program;
 - d. Demonstrates the capacity to effectively deliver legal services to institutionalized, isolated, and home bound individuals;
 - e. Has offices and/or outreach sites which are convenient and accessible to older persons in the community;
 - f. Demonstrates the capacity to provide legal services in a cost effective manner; and
 - g. Demonstrates the capacity to obtain other resources to provide legal services to older persons.

2. Each legal service provider must make efforts to involve the private bar in legal services provided under this part, including groups within the private bar that furnish legal services to older persons on a pro bono and reduced fee basis.
3. In areas where a significant number of clients do not speak English as their principal language, the legal service provider must adopt employment policies that ensure that legal assistance will be provided in the language spoken by those clients.
4. The legal service provider must ensure that legal services are not provided in fee generating cases, as defined in 45 CFR 1609.2 unless adequate representation is unavailable from private attorneys.
5. Each legal services provider that is not a Legal Services Corporation grantee must agree to coordinate its services with Legal Services Corporation grantees in order to concentrate legal services funded under this part on older persons with greatest economic or social need who are not eligible for services under the Legal Services Corporation Act. In carrying out this requirement, legal services providers may not use a means test or require older persons to apply first for services through a Legal Services Corporation grantee.
6. A legal service provider may not require an older person to disclose information about income or resources as a condition for providing legal services under this part. A legal service 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.
7. The legal provider must ensure that no attorney of the provider engages in any outside practice of law if the director of the provider has determined that the practice is inconsistent with the attorney's full time responsibilities.
8. The legal provider must ensure that while employed under this Part, no employee and no staff attorney of the provider at any time:
 - a. Uses official authority or influence for the purpose of interfering with or affecting the results of an election or nomination for office, whether partisan or non-partisan;
 - b. Directly or indirectly coerces, attempts to coerce, command or advise an employee of any provider to pay, lend, or contribute anything of value to a political party, or committee, organization, agency or person for political purposes;
 - c. Is a candidate for partisan elective public office; or
 - d. Engages in any voter registration activity.
9. The legal provider must adopt a procedure for affording the public appropriate access to the Older Americans Act, regulations and guidelines of 45 CFR Part 1321, the provider's written policies, procedures, and guidelines, the names and addresses of members that the provider determines should be disclosed. The procedures adopted must be approved by EAAA.
10. The legal provider must ensure that no employee and no staff attorney of the provider will directly or indirectly engage in activities intended to influence the passage or defeat of any legislation by the Congress of the United States or by any State or local legislative body or state proposals by initiative petition except where:

- a. Representation by a provider for a client is necessary with respect to such client's rights and responsibilities (except that no employee will solicit a client in violation of professional responsibilities for the purpose of making such representation possible); or
 - b. A governmental agency, legislative body, committee or member thereof requests the provider to testify, draft or review measures or to make representations to such agency, body, committee or member, or is considering a measure directly affecting the activities of a provider under this Part.
11. The legal provider must ensure that, while providing legal services, no employee and no staff attorney of the provider engages in demonstrations, picketing, boycotts, or rioting or civil disturbance or any illegal activities as defined at 45 CFR 1612.1, 1612.2 and 1612.3.
12. A legal services provider under this Part may, with the prior written approval of EAAA, set priorities for the categories of cases for which it will provide legal representation in order to concentrate on older persons with the greatest economic or social need. In setting case priorities, a legal services provider may consider the availability of staff resources in determining the extent of legal advice and representation to provide individual older persons.

End of Section 619

620: MULTI-PURPOSE SENIOR CENTER

- A. Definition: A multi-purpose senior center is defined as a community facility with regular operating hours and staff that provide for a spectrum of health, social, nutritional and educational 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 multi-purpose senior center.
- B. Service Activities May Include:
1. Facility Development -
 - a. Acquisition - obtaining ownership of an existing facility in fee simple or by lease for 10 years or more for use as a multi-purpose senior center. 45CFR Section 1326.3.
 - b. 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 physical improvements. 45CFR Section 1321.3.
 - c. Construction - building a new facility, including the costs of land acquisition and architectural and engineering fees, or making modifications to or in connection with existing an existing facility which are in excess of double the square footage of the original facility and all physical improvements. 45CFR Section 1321.3.
 2. Operations - The costs associated with the day-to-day physical operation of a facility that serves as a multi-purpose senior center, including equipment and the professional and technical personnel of a multi-purpose 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 Award Standards:
1. The area agency may award funds to a public or nonprofit organization for the following purposes:
 - a. Acquiring, altering, leasing or renovating a facility, including a mobile facility, for use as a multi-purpose senior center;
 - b. Constructing a facility, including a mobile facility for use as a multi-purpose senior center, subject to the provisions of this Section; or

- c. Assisting in the operation of a facility that serves as a multi-purpose senior center, including equipment and meeting all or part of the costs of professional and technical personnel required to operate a multi-purpose senior center.
2. In making awards, the area agency must give preference to facilities located in communities with the greatest incidence of older persons with the greatest economic or 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 must obtain the approval of the Department on Aging before making an award for constructing a facility.
 - b. The Area Agency may make an award for purchasing or constructing a facility only if there are no suitable facilities for leasing.
4. The Area Agency must ensure that the facility complies with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes. 45CFR Section 1321.75(a).
5. The Area Agency must ensure the technical adequacy of any proposed alteration or renovation of a multi-purpose senior center assisted under Title III, by requiring that any alteration or renovation of a multi-purpose 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. 45CFR Section 1321.75(b).

E. Service Standards:

1. The recipient of any award for multi-purpose senior activities must comply with all applicable State and local health, fire, safety, building, zoning and sanitation laws, ordinances and codes.
2. The recipient of any multi-purpose 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 multi-purpose 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 which is 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 multi-purpose 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 multi-purpose senior center must assure that: Older Americans Act Section 307(14).
 - a. For not less than 10 years after acquisition, or not less than 20 years after 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 Commissioner waives the requirement of this division.

- b. Sufficient funds must be available to meet the nonfederal 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. The facility may not be used and may not be intended to be used for sectarian instruction or as a place of religious worship.
 - e. In the case of purchase or construction, there must be no existing facilities suitable for leasing as a multi-purpose senior center.
 - f. The plans and specifications for the facility must be 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 performance of work on the facility will be paid wages at rates not less than those prevailing for similar work in 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 will have, with respect to the labor standards specified in this clause, the authority and functions set forth in reorganization plan numbered 14 of 1950 (15 FR 3176; 64 Stat. 1267) and Section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).
8. The recipient of any Multi-purpose 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 Section 312 of the Older Americans Act of 1965, as amended, 42 U.S.C. 3030b, which have arisen as a result of insert grantee's name receipt and use of Department of Health and Human Services grant funds in connection with the purchase or construction of said property. The property to which the purchase or construction is applicable is address and identified as Parcel insert appropriate number(s) in the books and records of insert appropriate name of local unit of 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: Egyptian Area Agency on Aging, 200 E. Plaza Drive, Carterville, IL 62918.

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

9. The Area Agency 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 Older Americans Act Section 312. 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 purpose for which it was acquired (unless the Commissioner 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 will be entitled to recover from the applicant or other owner of the facility an amount which bears to the then 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 financed with the aid of such funds. Such value will be determined by agreement of the parties or by action brought in the United States district court for the district in which such facility is situated.

G. Procedures for Recapture of Grant Funds

This procedure delineates the manner in which the Department on Aging and Area Agency on Aging will calculate and recapture federal and state reversionary interests in facilities which were awarded funds for renovation, acquisition, or construction for use as a Multi-purpose Senior Center and are not being used in accordance with the requirements of this section.

1. The Egyptian Area Agency on Aging 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 multi-purpose 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 multi-purpose 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 Illinois Department on Aging for reversion to the Federal or state government once funds have been reclaimed from the grantee (service provider).
3. The Department on Aging and Egyptian Area Agency on Aging may request from the U.S. Commissioner on Aging a waiver of the repayment of funds. This request will include:
 - a. An 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 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 service provider may request a waiver of the repayment of funds by submitting the information in 3 above to the Egyptian Area Agency on Aging.

H. Multi-purpose Senior Center Inventory

The Department on Aging and Egyptian Area Agency on Aging must maintain an inventory of Multi-purpose 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 that they are being used for their originally intended purposes. Information for the Senior Center Inventory Listing must be submitted to Egyptian Area Agency on Aging within 30 days of a new award or within 30 days of the identification of a change in status in a previous Multi-purpose Senior Center award. The service provider must report to the EAAA by September 15 of each fiscal year any change in the status of the senior centers' ownership and use within their service area.

End of Section 620

621: OMBUDSMAN

- A. Definition: Assistance provided by trained and registered individuals to or on behalf of the elderly in long term care facilities to resolve their problems, secure and educate them about existing rights, benefits and entitlements, and effect favorable changes in the law to develop additional rights, benefits and entitlements.
- B. Service Activities May Include:
1. Ombudsman Service Components:
 - a. The service components of the Sub State Ombudsman Programs are divided into four categories: Investigative Services, Regular Presence in Long Term Care Facilities, Public Information and Community Education, and Issue Advocacy.
 - b. All Sub State Ombudsman Programs must provide and document the provision of each of these service components.
 2. Identify, investigate and resolve complaints made by or on behalf of residents of long term care facilities relating to actions, inactions, or decisions of providers, or their representatives, of long term care facilities, of public agencies, or social service agencies, which may adversely affect the health, safety, welfare, or rights of such residents.
 3. Provide services to assist residents in protecting the health, safety, welfare or rights of the residents.
 4. Inform residents about means of obtaining services and ensure they have regular and timely access to the services.
 5. Analyze, comment on, and monitor the development and implementation of Federal, State and local laws, regulations and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of residents, with respect to the adequacy of long term care facilities and services in the State; recommend changes in such laws and facilitate public comment on the laws, regulations, and actions.
 6. Provide training for representatives of the Office of the Ombudsman; provide technical support for their development of family/resident councils to protect the well-being and rights of residents.
 7. Garner support of citizen organizations to participate as nursing home visitors in the Ombudsman program.
 8. Report significant findings and data collected regarding long term care facilities.
- C. Unit of Service:
One hour of staff time expended by a Sub-State Ombudsman, Community Ombudsman, and/or Ombudsman Visitor within the Long Term Care Ombudsman Program.
- D. Service Standards:
Refer to the Department on Aging Long Term Care Ombudsman Program Standards, Procedures and Practices Manual.

End of Section 621

622: OUTREACH

- A. **Definition:** This is a one-on-one contact initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) 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:**
1. Conducting search and find activities (i.e., 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;
 2. Informing persons of benefits and services which are available;
 3. Encouraging older persons to participate in services and benefit programs;
 4. Assisting older persons in gaining access to needed services;
 5. Conducting follow-up activities conducted with older persons and/or agencies to determine whether services have been received and the identified need met following the formal referrals;
 6. Providing client advocacy to secure needed benefits;
 7. Arranging for and providing community presentations which link older persons and caregivers to needed services and benefits; and
 8. Conducting specialized disaster assistance activities, such as:
 - a. Conducting door-to-door canvassing to locate and identify older people, assessing their needs and providing assistance in obtaining needed services;
 - b. Encouraging and assisting older people to use the tele-registration system or the Disaster Application Center;
 - c. Providing on-going support and assistance through extended and repeated efforts at follow-up; and
 - d. Conducting follow-up on lists of affected older people received from other providers and agencies to assure that they are receiving services.

Although the following activities are encouraged, they may not be counted as units of Outreach:

1. Program publicity (e.g., preparation of newsletters and press releases),
 2. The development of interagency agreements, or
 3. Public education such as the arrangement for and provision of community presentations or group activities.
- C. **Unit of Service:** A unit of service is any contact between a service provider and an elderly client or care giver. 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 conducts a home visit to an older person 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 Award Standards: All Title III-C funds for Outreach must be awarded to nutrition projects funded under Title III-C.
- E. Service Standards:
1. Outreach services should be made accessible to individuals who are aged 60 or over who are located in the area served by the provider.
 2. Outreach services will be provided to older persons in a professional and timely manner.
 - a. Provider must make personal (face-to-face) contact with the client or caregiver in the home or any other appropriate setting in the community (i.e., hospital, nursing home, etc. Contact in the senior center or by telephone may not be counted as Outreach).
 - b. Provider must assess the client's individual needs and assist the client to meet those needs.
 - c. Provider must have a designated Information and Referral service which meets the EAAA standards.
 - d. Service activities must include:
 - i. search and find activities, which seek out and identify hard to reach older persons.
 - ii. informing persons of benefits and services which are available.
 - iii. encouraging older persons to participate.
 - iv. assist persons in gaining access to needed service.
 3. The staff will be competent, ethical, and qualified to provide Outreach services.
 - a. Paid staff must provide Outreach services. Exceptions may be given by EAAA to providers who can justify, in the III-B application program design, the use of volunteers or student interns.
 - b. Staff will be provided with written job descriptions outlining the skills, duties to be performed, and lines of communication.
 - c. Training:
 - i. Staff must receive training in the following areas:
 - (a) availability of community resources,
 - (b) client advocacy,
 - (c) interviewing skills,
 - (d) confidentiality,
 - (e) record keeping.
 - ii. an Outreach training manual must be distributed to staff.
 - iii. the receipt of training will be documented in the personnel files of staff.
 - iv. the provider must make available, at least twice per year, training to Outreach staff.
 - v. the supervisor of Outreach staff will periodically review a portion of the case files as an ongoing training activity.
 4. The provider will seek to assure that all persons in the community are aware of the Outreach service.

- a. The Outreach service will be visible to the community through the use of Public Service Announcements, printed materials and personal contacts.
 - b. The provider will coordinate with other community agencies and organizations.
 - c. The provider will seek to inform/identify vulnerable persons in need of this service.
5. Outreach service record keeping will include adequate information to meet client service needs, to serve for planning purposes, and to serve as verification of service delivery.
- a. The provider must develop a case file for each client to include the following written information:
 - i. basic intake data (name, address, age, etc.),
 - ii. assessment of client need,
 - iii. case notes, including follow-up contacts,
 - iv. identification of services currently received by client (i.e., food stamps, CCP),
 - v. documentation of time spent on behalf of the client
 - vii. all entries signed and dated by case worker,
 - b. Case files will be placed in either an active or inactive (deceased, moved) filing system.
 - c. EAAA approved report forms will document clients receiving Outreach services.
6. 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.
7. 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.

End of Section 622

623: HOME MODIFICATIONS

- A. Definition: Assistance to older persons determined eligible by either the service provider (with prior Egyptian AAA approval) or the Case Coordination Unit, 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:
1. Arrangement for repairs, renovation or modification; and
 2. Follow-up provided to ensure that an older person receives satisfactory service.
- C. Unit of Service: Each home repaired or renovated is one unit of service (count more units in a home if other eligible people in the home receive a different repair or renovation.)
- D. Service Standards:
1. An eligible individual must be age sixty (60) or over and assessed as eligible. The target population includes frail older individuals who have a physical or mental disability, including having Alzheimer's Disease or a related disorder with a neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently. In determining eligibility for services, special consideration to older individuals in greatest economic need will be made, with particular attention to low-income minority individuals.
 2. Grant funds are limited to a maximum annual amount per person which is announced in the Area Plan summary document or service provider application.
 3. Grant funds are to be used only when other funding is not available or is insufficient.
 4. The modification is an attachment to the home (as opposed to something which sits in the home like a space heater, fan, or microwave) or assistive devices which alter the barriers of an existing structure of a home (i.e., a raised toilet seat, tub or shower seat, add-on shower head, bedside commode, door knob assistive device, lever type faucets, clamp-on grab bars, rails on stairs, etc.) The modification must provide an older person who is impaired or disabled with a safe, accessible, and comfortable environment to live in.
 5. Home modifications are limited to the eligible client's place of dwelling, either owned or rented.
 6. The approval of the owner is required before modifying a rented dwelling.
 7. Home modifications must allow the client's place of dwelling to meet minimum housing standards or assist the client to remain in their home by helping the client to adapt the home to the client's physical needs.
 8. The service provider will maintain the following records:
 - a. The eligibility assessment or CCU Plan of Care;
 - b. Estimates of the modifications;
 - c. Receipts or invoices for modifications; and
 - d. Other records as determined by the Egyptian AAA.

End of Section 623

624: TRANSPORTATION

- A. Definition: Transporting older persons, caregivers, grandchildren raised by grandparents, and adults with disabilities living with 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:
1. Assistance in making travel arrangements;
 2. Provision of or arrangements for special modes of transportation when needed;
 3. Coordination with similar and related transportation in the community; and
 4. 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 Award Standards: The area agency 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 delegation of the authority to award or administer Older Americans Act funds.
- E. Service Standards:
1. Drivers of senior transportation vans must: (Ill. P.A. 82-532)
 - 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 a motor vehicle on a driving test; and
 - e. have not been convicted of reckless driving within three years applying for the job.
 2. A volunteer driver, using her/his own vehicle to transport older people, must have a valid and properly classified drivers license and have all the necessary automobile insurance coverage.
 3. (Ill. P.A. 82-957) Any vehicle of 12 or more passengers used primarily in the transportation of senior citizens will 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 2 inch wide. Any such vehicle used for such purposes will be subject to the inspections provided for vehicles of the second

- division and its operation will be governed according to the requirements of this Code.
4. 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 to be program income. Therefore, these funds must be used for the Title III operations of the transportation provider.
 5. The sale of advertising space on IDOT Section 5310 and 5311 and Title III funded transportation vehicles is allowable.
 6. All Title III transportation providers should abide by the Illinois Vehicle Code, as amended.
 7. Transportation services must be made available for a suggestion donation to:
 - a. individuals age 60 or older and their caregiver of any age.
 - b. a grandchild under age 18 being raised by a grandparent (or other older relative) age 60 or older when the grandchild is accompanying the grandparent.
 - c. an adult under age 60 with a developmental disability (DD) living with a person age 60 or older when the adult with DD is accompanying the older person.
 - d. non-caregivers under age 60 when they accompany someone age 60 or older. The under age 60 non-caregiver must pay an appropriate fee or fare.

Note: The following standards will be monitored by EAAA only for those providers who are not funded under IDOT Section 5310 and 5311.

8. That the operation of vehicles is conducted in a cost efficient manner.
 - a. That an adequate system is in operation for accepting rider requests.
 - i. that points where trip requests are received are publicized.
 - ii. there is good communication between where requests are received and points where service is dispatched or routed.
 - iii. that telephone stations are adequate and properly staffed.
 - iv. that telephone employees are courteous.
 - b. Must have a good routing and scheduling system.
 - i. method of service to be the best for the particular needs of the area through use of one of the following:
 - (a) demand/response.
 - (b) fixed routes and schedules.
 - (c) combination of above two methods.
 - ii. that a periodic study and necessary adjustments be made of the routes, schedules and methods of service employed.
 - iii. system is flexible to meet special needs such as frail elderly, medical needs, handicapped, etc.

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- c. Dispatching:
 - i. that there is good direct control of vehicle operations as service is being provided.
 - ii. that dispatching allows for rearranging of scheduled trips and the insertion of new trips on same day of service.
 - iii. that scheduled routes are regular and dependable.
 - iv. that dispatchers are trained and knowledgeable of routes and geographic area.
 - v. that the system will seek to be radio equipped.
 9. Providers will seek to assure that all persons in the community are aware of the Transportation program.
 - a. The Transportation program will be made visible to the community through the use of Public Service Announcements, printed materials and personal contacts.
 - b. The Transportation provider will coordinate with other community agencies and organizations.
 - c. The Transportation provider will seek, through Outreach efforts, to inform/identify vulnerable persons in need of this service.
 10. Vehicle design is safe, comfortable, appropriate, and, where feasible, accessible to individuals eligible for the service.
 - a. Vehicle seating will be designed to accommodate adults.
 - b. If the ground to the first step exceeds 12 inches, an acceptable retractable or portable step will be used.
 - c. All steps will be covered with a non-skid material.
 - d. A fire extinguisher will be provided in plain view, accessible to the driver and passengers.
 - e. A First Aid Kit will be visible and easily accessible.
 - f. Available seating will not exceed the maximum rated capacity of the vehicle.
 - g. The driver will escort each client on and off the vehicle, where required.
 - h. The transportation system will seek to be radio equipped.
 - i. The transportation system will seek to be accessible to all older persons.
 - j. Written procedures will exist and a copy located in each transportation vehicle for driver behavior in the case of:
 - i. medical emergency.
 - ii. vehicular accident scene.
 - iii. vehicle failure.
 11. All vehicles utilized in a Transportation program, including automobiles, will have appropriate insurance coverage.
 - a. The provider must seek three bids prior to choosing a comprehensive insurance package.
 - b. The insurance package must meet minimum coverage requirements established by the State of Illinois.
 - c. The provider will seek an annual review of the agency's insurance package to ensure the most comprehensive and economical policy available.
 12. The provider will conduct regular inspections and provide preventative maintenance to the vehicles in the Transportation program.

- a. Daily vehicle inspections, utilizing a written checklist, will be conducted by the driver.
 - b. Each vehicle will receive an inspection administered through IDOT, as mandated by law.
 - c. All vehicles are submitted to regular maintenance which is not less than what is recommended by the manufacturer.
 - d. When purchasing a vehicle, a purchasing checklist will be utilized to ensure the purchase of a sound vehicle.
13. Transportation record keeping will include adequate information for planning purposes and as verification of service delivery.
- a. Transportation service provider must document:
 - i. name of client, date of service.
 - ii. units of service provided.
 - iii. donations received from participants.
 - b. Daily vehicle inspection sheets and all other maintenance receipts must be maintained for each vehicle.
15. A written policy must be established by the service provider which addresses:
- a. Informing riders of the voluntary nature of donations, and
 - b. The handling of donations by staff/volunteers.

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 services 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 Delivery 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 pro-rate 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 Section 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 for 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.

End of Section 624

625: VOLUNTEER TRANSPORTATION SYSTEM

A. Definition: Transportation of elderly people primarily to medical related services provided by volunteers in privately owned vehicles.

B. Service Activities May Include:

1. Assistance in making travel arrangements;
2. Arrangement for special modes of transportation when needed;
3. Coordination with volunteer drivers in the community; and
4. Door to door service by a volunteer driver in a privately owned vehicle.

NOTE: OAA does not fund this service. This activity is funded from alternative grant funds, when available.

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

D. Service Standards:

1. Eligibility requirements include:
 - a. The service provider will determine rider eligibility based on the need for and lack of transportation. No alternative means of transportation can be available for the rider to be eligible for this service. Riders must be turned down by existing transit providers or physically unable to use existing service before using this service.
 - b. Riders must be age 60 or over when service is provided in whole or in part with OAA funds.
 - c. Service must initiate or terminate in the service area of the provider.
2. The service provider will recruit volunteer drivers, schedule trips as needed, prepare reports, keep records for driver and rider activities, and assign a person to be the contact person with EAAA.
3. The service provider will provide EAAA with required reports on a timely basis.
4. The service provider will assure that volunteer drivers will receive reimbursement for mileage from program funds. Other incidental expenses may be paid from program funds as approved by EAAA.
5. The volunteer driver must use a privately owned vehicle which is properly insured.
6. The service provider will submit a copy of their Certificate of Insurance for no owned vehicles and verify that volunteer drivers have adequate coverage to transport riders by keeping copies of each driver's proof of insurance.
7. The service provider will advertise the availability of the program within the provider's geographical limits. Contacts must be made with provider service area social service agencies, physicians, hospitals, and medical clinics, if any.
8. The service provider must cooperate with all social service agency referrals from the service area which meet these requirements.
9. The service provider will establish an accountable system of donations, while assuring that no eligible rider is denied a ride due to his/her refusal or inability to donate. Such donations will be considered program income and must be treated in accordance with appropriate standards.

10. Relatives of riders are not eligible for mileage or other program reimbursements.
11. Riders may obtain service on an as needed basis as determined by the service provider.
12. Transportation is primarily for medical related appointments. Non-medical related transportation is to be approved on a case by case basis by the service provider taking into consideration the needs of the rider and the availability of funds.
13. Transportation can be arranged to medical facilities as far away as St. Louis, Mo., Evansville, Ind., Paducah, Ky., Cape Girardeau, Mo., or Springfield, Ill.

End of Section 625

626: FOCAL POINTS

- A. Definition: Community Focal Points must be facilities in which older persons gather to receive or obtain services on a regular basis, giving special consideration to senior centers and congregate meal sites.
- B. Service Activities May Include: Not applicable.
- C. Unit of Service: Not applicable.
- D. Area Agency Standards: In accordance with the Older Americans Act, EAAA must designate, where feasible, a focal point for comprehensive service delivery in each community to encourage the maximum collocation and coordination of services for older persons. The status of a Community Focal Point is honorary.
- E. Service Standards:
1. Community Focal Points must be open on a regular basis with operating schedules which are desirable and convenient for older persons.
 - a. Community Focal Points must be open for at least six hours per day Monday through Friday except EAAA approved Holidays. Closure for any other reason must receive prior approval by EAAA.
 2. Community Focal Points must be accessible to the handicapped.
 3. Community Focal Point facilities will be available during regularly scheduled times for direct access by existing services to provide for coordination of services.
 4. Community Focal Points will be located in areas with the greatest incidence of older persons with the greatest economic and social need, giving special consideration to natural neighborhoods, geographic boundaries, and service delivery systems.
 5. Community Focal Points will provide or have direct access to existing information and referral and emergency service programs.
 6. Community Focal Points will provide or have direct access to existing transportation services for the elderly.
 7. Site staff will complete the EAAA assessment form.
 8. Once designated as a Community Focal Point, designation will continue until de-designation by EAAA.

End of Section 626

627: ELDERCARE

- A. Definition: A service(s) provided by a corporation on behalf of its employees who have care giver responsibilities for elderly relatives or by a relative or private source, such as an insurance company. Benefits are provided through a contract under which the corporation/relative/insurer, or an intermediary, makes (third party) payments to an agency or organization to provide directly or to arrange for the provision of specified services and/or programs to a defined group of corporate employees/relative/insured on behalf of older persons.
- B. Service Activities May Include:
1. Solicitation of private/public/corporate contracts to provide/ arrange for services.
 2. Provision and/or arrangement for services to an older person which is not funded in whole or in part with EAAA administered funds.
 3. Accounting for expenditures and revenues of this service.
 4. Administration of Eldercare services.
- C. Unit of Service: Not applicable.
- D. Service Standards:
1. Services may enhance but may not distract from EAAA administered programs in the scope and quality of the system of service available to older persons in the same service area.
 2. Activities of Eldercare should not create a conflict of interest with, or the ability of the service provider to carry out its EAAA administered programs.
 3. Activities of Eldercare may not demand exclusivity, inappropriate withholding of information or any other provision which may limit the ability of the service provider to judge or act in the public interest, or which would restrict the ability of the service provider to exercise appropriate oversight of the EAAA administered program.
 4. Each service provider that engages in Eldercare services will continue fully and effectively to comply with its responsibilities to target its efforts on older persons with the greatest economic or social need, with particular attention to low-income minority older persons.
 5. Separate accountability of EAAA administered funds is maintained as distinct from funds received from a private corporation or third party under an Eldercare contract.
 6. EAAA administered funds may not be used to supplement third party payments made by a corporation or other party under an Eldercare contract. Each Eldercare contract must, at a minimum, fully cover the cost of the services, including administration and overhead, provided under the contract. In addition, the following issues must be addressed by the agency providing Eldercare:
 - a. Staff or staff time must be increased when an agency provides Eldercare services, therefore, not expending OAA funds on Eldercare activities.
 - b. Agencies may not charge for a service that is required to be provided to all older people that desire service from the public program.
 - c. Eldercare contracts may not create a demand for services by persons who are not part of an OAA target population for service delivery but who are in

- the service provider's service area and are eligible for the same service under the public program.
 - d. Agencies may not place a person who has received Eldercare through a contract on top of a public program's waiting list for service ahead of other older persons.
 - e. Agencies providing Eldercare may not change the priority of its activities.
 - f. Eldercare contracts may not enter into direct competition with the EAAA for services under the OAA or other EAAA administered program.
7. Each service provider of EAAA administered funds is required to report to EAAA the following information on each of its current Eldercare contracts:
- a. The name of the other party to the contract.
 - b. The type of contract.
 - c. The type of service to be provided.
 - d. The cost of services to be provided.
 - e. The number of clients to be served.
 - f. The number of units of service to be provided.
 - g. The geographic area to be served.
 - h. The percent of staff-time to be expended.
8. Eldercare contracts must be included in the organizational audits of service providers.

End of Section 627

628: ABUSE PREVENTION, TRAINING, AND PUBLIC EDUCATION

- A. Definition: Activities in support of the elder abuse or ombudsman programs which supplement or expand support, training, and public awareness efforts. [Title III-B (EA)]
- B. Service Activities May Include:
1. Provision of public information/education on elder abuse or ombudsman related issues.
 2. Arranging for or providing elder rights related training.
 3. Receiving and responding to elder abuse reports on a 24 hour basis including after regular work hours.
 4. Support of M-Teams.
- C. Unit of Service: The provision of one hour of staff time on behalf of a client or in preparation of or provision of activities which support the activities of Training and Public Information & Education, monthly activities in the provision of a 24-hour response, and formal face-to-face assessment of services after regular work hours.
- D. Service Standards:
1. Public Information/Education and Training service activities may be performed by Egyptian Area Agency on Aging, an EAAA funded elder abuse or ombudsman service provider, or by a combination of these agencies.
 2. All Public Information/Education and Training materials developed as a result of this service are to be submitted to the EAAA.
 3. All activities under this service must be a supplement to, and not a replacement of, existing activities as maintenance of effort and coordination of services must be maintained by the service provider.
 4. The service provider will maintain service activity and client records which include, but is not limited to, the following:
 - a. List of activities and/or service records which indicate service provision and units of service, if applicable.
 - b. Other records as needed and/or required by EAAA.
 5. Staff qualifications and requirements include a familiarity with the activities of the elder abuse and ombudsman programs. All service provider staff involved with the provision of direct client services such as twenty-four hour service provision must have completed IDOA required elder abuse training.
 6. Provision of public information/education on elder abuse or ombudsman related issues may include such activities as: development and distribution of a nursing home directory, presentations at senior centers, hospitals, etc. on elder abuse and ombudsman programs, and other related activities.
 7. Training activities include arranging or providing elder rights related training (i.e. training to law enforcement on elder abuse, training nursing home staff on resident rights, etc.) and staff attendance at elder abuse or ombudsman related training (i.e. Elder Rights Conference, Elder Abuse Case Worker Training, workshop/training on nursing home issues, etc.)

8. The receipt of and response to elder abuse reports on a twenty-four hour basis including after regular work hours, must be provided by a designated Elder Abuse Provider agency and will be reimbursed at the IDOA approved reimbursement rate.
9. The Elder Abuse, Exploitation, and Neglect program's 24 Hour Response application, standards, and reporting requirements apply to this activity. An Elder Abuse Provider participating in the 24 Hour Response system must agree to:
 - a. Have a local 24 hour telephone number with an answering service or other system through which a trained elder abuse case worker or supervisor can be contacted within a maximum of two hours to receive a Priority One elder abuse report.
 - b. Have a trained case worker or supervisor on call to cover all night, weekend and holiday hours. The agency's system for having workers on call, and for contacting them within two hours, must be described to EAAA.
 - c. Initiate face to face assessments within the established time frames.
 - d. Have and describe to EAAA a method for advertising its 24 hour number locally, and agree to allow IDOA and EAAA to publish the number in appropriate materials.
 - e. Submit a monthly report on the number of calls received and the time and type of response required.

End of Section 628

629: DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

- A. Definition: Service includes the provision of disease prevention and health promotion activities and information.
- B. Service Activities May Include:
1. Routine Health Screening (required to be available outside of adult day centers in every county by sub-area providers);
 2. Mental Health Screening (optional service);
 3. Health Promotion Programs (optional service);
 4. Physical Fitness Educational Programs and Group Exercise (optional service);
 5. Medication Management Screening and Education (optional service);
 6. Gerontological Counseling (required to be available in every county by the area wide provider); and
 7. Follow-up Health Services Counseling (mandatory component of each appropriate service activity listed above).
- C. Unit of Service:
A unit of service is each hour of time by staff and volunteers expended on behalf of a client including travel, documentation of service provision, and case notes.
- A unit of service does not include program publicity such as preparation of news releases and newsletters, nor the development of interagency agreements.
- D. Area Agency on Aging Award Standards:
The Area Agency will 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.
- E. Service Standards:
1. The target population may include the participants of senior centers, congregate meal sites, home delivered meal programs, or at other appropriate sites where older people gather.
 2. Maintenance of Effort.
 - a. Funds made available under this service will be in addition to, and may not be used to supplant, funds that are or would otherwise be expended under any Federal, State, or local law by a State or unit of general purpose local government.
 - b. Services for which payment may be made under Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) are not included in the term disease prevention and health promotion services.
 3. Coordination of Services. The service provider is required to coordinate with all of the local Health Departments and any other similar health planning agencies in the development and implementation of these services.
 4. Service providers must ensure that the service of either Routine Health Screening or Gerontological Counseling is available in each of the counties in its service sub-area and provided at least monthly (more often if required by these service

- definitions) until the funding awarded to the service provider for these services are exhausted or until the end of the award period.
- a. Sub-area service providers are required to make Routine Health Screening available in each of its counties.
 - b. Area wide service providers are required to make Gerontological Counseling available in every county in the EAAA's area.
5. Social Services and Follow-up Health Counseling is advising clients regarding area social services and follow-up to health services based on any of the services funded. Social Services and Follow-up Health Counseling is a required activity of each funded service when counseling is needed and appropriate, and is not funded separately.
6. Services should be made accessible to individuals who are aged 60 or over who are located in the area served by the provider.
7. The staff will be competent, ethical, and qualified to provide services.
- a. Trained and licensed and/or qualified staff and volunteers must provide services.
 - b. Staff and volunteers of the Egyptian AAA service provider who perform these services should be provided with written job descriptions outlining the skills, duties to be performed, and lines of communication.
 - c. Training. The Egyptian AAA service provider must have someone available on-site during the provision of this service who has been trained in the following areas:
 - i. availability of community resources.
 - ii. health promotion and disease prevention.
 - iii. interviewing skills and follow-up.
 - iv. confidentiality.
 - v. record keeping.
 - vi. The receipt of training must be documented in the personnel files of the staff or volunteers.
8. Service record keeping will include adequate information to meet client service needs, to serve for planning purposes, and to serve as verification of service delivery.
- a. The provider must develop a case/service file for each funded service to include the following written information:
 - i. for Routine Health Screening and Gerontological Counseling B basic intake data (client name, address, age, etc.). For other services B at a minimum, information of the number of participants and the setting of the presentation (lecture held in the dining room before lunch, activity room, clients on HDM deliver routes, etc.).
 - ii. services provided, topics discussed, and copies of handouts.
 - iii. case notes, if appropriate, and follow-up contacts.
 - iv. documentation of units or time spent on behalf of the client(s).
 - v. even when services are provided by other agencies, the Egyptian AAA service provider must obtain the information required above.
 - b. Egyptian AAA approved report forms will document clients receiving services.
9. Routine Health Screening includes, among other activities, screening for:
- a. Hypertension,

- b. Glaucoma,
 - c. Cholesterol,
 - d. Cancer,
 - e. Dental, vision, hearing problems,
 - f. Diabetes,
 - g. Coordinating flu shots, and
 - h. Nutritional counseling.
10. Mental Health Screening includes:
- a. The screening for the prevention of depression,
 - b. Coordination of community mental health services,
 - c. Provision of educational activities, and
 - d. Referral to psychiatric and psychological services.
 - e. Mental Health Screening does not include continuous or routine mental health counseling unless approved in writing by the EAAA.
11. Health Promotion Programs include:
- a. Informational program 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.
 - b. Information concerning 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. Other topics include: safety in the home, pedestrian safety, safe rides, safe use of medicines, health quackery, fraud and cons, healthy life-styles, heart health, self protection, and crime prevention.
12. Physical Fitness Educational Programs and Group Exercise includes:
- a. Programs for multi-generational participation that are provided by an institution of higher education, a local education agency, as defined in section 1471 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 2891), or a community-based organization.
 - b. Physical Fitness Educational Programs includes informational programs on physical fitness for older adults.
 - c. Group exercise programs must meet at least weekly and must continue for at least eight weeks to be included under Preventive Health Services.
13. Medication Management Screening and Education prevents incorrect medication and adverse drug reactions. This service must be performed face-to-face by licensed professionals such as LPN's, RN's, physicians, pharmacists, etc.
14. Gerontological Counseling includes:
- a. 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. Formal and informal group experiences, and
 - c. Programs to educate the older person and/or his/her family.

Note: The following are other Disease Prevention and Health Promotion Services which are not funded by the EAAA:

15. Nutritional Counseling and Education Services for individuals and their primary care givers.
16. Music, Art, and Dance-Movement Therapy Programs
 - a. Music Therapy - means of 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. 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.
17. Home Injury Control Services includes screening of high-risk-home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.
18. Benefits and Preventive Health Services Education includes educational programs on the availability of benefits, and appropriate use to preventive health services covered under Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)
19. Diagnosis, Prevention, Treatment and Rehabilitation Information includes information concerning 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 a neurological and organic brain dysfunction.

End of Section 629

630: GENERAL PRIVATE-PAY SERVICE STANDARDS

- A. Eligibility: (means testing of older individuals who are otherwise eligible for Older Americans Act services is prohibited.)
1. Anyone not eligible for services under the Older Americans Act who is willing to pay the entire cost for services, or
 2. An older person or his/her caregiver who, after being informed of services under the Older Americans Act for which he or she is entitled, chooses to pay the entire cost for private-pay services,
 3. An older person or his/her caregiver requests and is willing to pay the entire cost for services which are not authorized under the Older Americans Act or the policies of the EAAA Service Definitions and Standards contained herein.
- B. Cost:
The entire cost of private-pay services which are not eligible for reimbursement under the Older Americans Act must be borne by the client, his/her caregiver, or a third party payer. This includes the cost of overhead and administration.
- C. Service standards:
1. Policies and standards under the Older Americans Act and this manual **will not** apply to any private-pay client when that client, the caregiver, or a third party payer bears the entire cost of any service, including overhead and administration.
 2. Priority status: No private-pay client shall be given priority status, which results in a delay of service or reduces the quality of care to any client being provided service under the Older Americans Act.
 3. Private-pay services may include, but are not limited to:
 - a. 24 hour, 7 day per week availability.
 - b. Hiring and supervising services such as chore, homemaker, certified nurse's aide, home delivered meals, information & assistance, transportation, etc.
 - c. Coordination with or monitoring of private-pay services.
 - d. Unlimited referrals to the same or similar resources.
 - e. Unlimited follow-up contacts with the client.
 - f. Decision making on behalf of the client, with the written permission or the client or legal guardian.
 - g. Expert witness testimony pertaining to the welfare of the client.
 - h. Direct service provision.
 - i. Escort.
 - j. Money management.
 - k. Acting as a guardian or representative payee (except when it is specifically prohibited by rule such as under the Elder Abuse and Ombudsman programs).
 - l. Health insurance consulting.
 - m. Medication management.

End of Section 630

631: CAREGIVER SERVICES

- A. Definition: Services for caregivers of older people and grandparents raising grandchildren (or older caregivers raising related children) in order to help them continue to provide care to their loved one in the community.

The term *Afamily 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 they 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.

The term *Achild@* means an individual who is not more than 18 years of age or who is not the caregiver=s child and is an adult under age 60 with a disability.

The term *Agrandparent 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 lives with the child, 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 has a relationship to the child, as such, legal custody or guardianship, or is raising the child informally.

Note: 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. 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.

B. Service Activities May Include:

1. Information (refer to rules for I&A under Section 618 or Outreach under Section 622);
2. Assistance (refer to rules for Case Management under Section 612);
3. Legal Assistance for Caregivers (refer to rules for Legal Assistance under Section 619);
4. Counseling (refer to rules for Gerontological Counseling under Section 629);
5. Support Groups;
6. Caregiver Training;
7. Respite Care (see rules for In-Home Respite under Section 613 and for ADS under Section 611); and
8. Supplemental services.

C. Unit of Service:

See the service sections referenced above for definitions, except for Support Groups and Caregiver Training which is an hour of time by staff and volunteers expended on behalf of a client including travel, documentation of service provision, and case notes, and gap-filling which is each item or service provided to an eligible client.

A unit of service does not include program publicity such as preparation of news releases and newsletters, nor the development of interagency agreements.

D. Service Standards:

1. See the appropriate sections in this manual for the standards for information and assistance, outreach, case management, counseling, legal assistance, respite, etc.
2. Support Groups are the development, implementation, and ongoing maintenance of support groups for family caregivers and grandparents raising grandchildren which emphasize coping strategies, peer support, resource education, health, nutrition, financial literacy, and in making decisions and solving problems relating to their caregiver roles.
 - a. Support Groups are led by professionals or trained volunteers.
 - b. Participants of Support Groups will receive educational materials (brochures, videos, audiotapes, books, etc.) on topics related to caregiving along with basic information about various health and mental health conditions. These include but are not limited to getting a diagnosis for a disease or condition, communication techniques, home safety tips, choosing a residential care setting, experiences of other caregivers, activity programming, etc.
3. Caregiver Training provides family caregivers and grandparents raising grandchildren with opportunities to acquire knowledge and skills which address their role as caregiver such as in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles through personalized in-home instruction and/or formally structured, group oriented lectures, classes, workshops or conferences.
 - a. Subject areas for family caregivers may include, but are not limited to, personal care training, emotional/family dynamics of caregiving situations, home safety, how to understand and cope with the transitions from health to increased infirmity, progression of different diseases and conditions, financial planning, legal and insurance issues, long-term care options and planning.
 - b. Subject areas for grandparents raising grandchildren may include but are not limited to child development, children with special needs (e.g., physical, learning or mental disabilities, emotional or behavioral problems), available financial assistance programs, alcohol and drug abuse among children, sexuality, respite, housing, insurance, guardianship, custody, and other legal issues.
4. Supplemental Services are provided on a limited basis to complement the care provided by caregivers. Allowable services include Gap-Filling services (e.g., home modifications, assistive technologies, emergency response systems, and incontinence supplies, and legal assistance that are used to help caregivers and grandparents secure the health and safety of the older care receiver (aged 60 and older) and grandparents (age 55 or older) raising grandchildren.

- a. These are examples of expenditures which are allowable **only if other programs and funds are unavailable**:
 - i) housing-related expenses (when home modification funds are not appropriate/available), such as minor home repairs and assistive devices;
 - ii) medical needs, such as the purchase of prescription medication, medical supplies, putting in eye drops after eye surgery, setup of medications by licensed personnel (when Medication Management funds are inappropriate/unavailable), and other medical expenses approved by the Egyptian AAA;
 - iii) emergency response system setup and monthly charges up to the maximum allowed per person per year;
 - iv) emergency food or clothing;
 - v) financial assistance such as for the purpose of de-institutionalization or for court / filing fees under legal assistance;
 - vi) the purchase of personal supplies such as hearing aids, dentures, eyeglasses, special shoe, prosthetic devices, or personal assistive devices;
 - vii) emergency utility assistance when other programs are not available, including reconnect charges; and
 - viii) other expenditures approved by the Egyptian AAA in advance.
 - b. Gap-filling funds may be requested when there is a documented need and when family resources, community services, or other resources are insufficient.
 - c. The expenditures and services under gap-filling must be essential and temporary.
 - d. Prior to committing to gap-filling funds, Service Providers must complete both the EAAA Family Caregiver & GRG Assessment and EAAA Gap-Filling Documentation forms. Service Providers may use the following types of payments for services: vouchers specifying services to be purchased or direct payment on behalf of an eligible client.
- E. **Service Priority**: In providing services under Title III-E, service providers will give priority for services to:
1. family caregivers who provide care for individuals with Alzheimer=s disease and related disorders with neurological and organic brain dysfunction,
 2. grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities,
 3. caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income individuals), and
 4. d. older individuals providing care to individuals with severe disabilities, including children with severe disabilities.
- F. **Coordination of Services**: Each service provider will 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.

- G. Community Planning Activities: Service providers will 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.

End of Section 631

699: OTHER ALLOWABLE SERVICES

- A. Other Allowable Services. EAAA may allow, from time to time, for funds to be expended on other services. These services will be defined and service standards approved by EAAA prior to the expenditure of said funds.
- B. Prior Approval. If a service provider desires to provide a service not specified in this Manual, prior written approval from EAAA is required.
- C. Submission and Review Timetable. A written request must be submitted to EAAA one hundred and twenty (120) days prior to the beginning of the fiscal year. EAAA will review the request and render a written decision whether to approve or disapprove the request within ninety (90) days of receipt.
- D. Submission Requirements. The written request must include a justification for providing the service and, using the prescribed format of this manual, include a service definition, units of service measurement, service activities, and standards.

END OF SERVICE STANDARDS