

**AAASWFL
Older Americans Act Programs
Service Provider Application
Guidelines and Requirements
1/1/2020 – 12/31/2020 Contract Period**

The next several pages contain the programmatic instructions for the Service Provider Application to be used by Service Provider Agencies applying to receive funding under the Older Americans Act funded titles:

- Title IIIB: Supportive and Access Services
- Title III – C1: Congregate Nutrition Services
- Title III – C2: Home-Delivered Nutrition Services
- Title III – E/ES/EG: National Family Caregiver Support Program



I. Program Module

1. Needs Assessment:

Provide clear identification of the needs of elders and caregivers in the service area. Include summary of how this information is used in the waitlist process and how funding is prioritized to serve those at greatest economic or social need.

Agencies should use research from a variety of sources so that community needs can be assessed from several viewpoints. The agency's assessments of community need for services to older persons should explain why certain services are necessary and be based on the most effective use of available resources. The 2018 DOEA County Profile projections are included for reference in Attachment IV.

2. Targeting:

Guided by the requirements of the Older Americans Act, providers are to target older consumers with the greatest economic and social need. Targeting must specify how the needs of low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas will be served, with additional consideration given to older individuals who are living alone, as well as probable Alzheimer's cases. The targeting objective shall specify the number of individuals in these groups to be served on an annual basis.

After assessing service needs of the community and carefully developing a strategy of service delivery, providers should consider the following in serving targeted populations:

- Targeted community outreach;
- Strategic location of service sites;
- Specialization in types and methods of services offered; and
- Selection of responsive and sensitive staff.

In areas where a substantial number of persons are of limited English proficiency, the services of workers who are fluent in the language spoken by a predominant number of such older individuals (i.e. Spanish, Creole, etc.) shall be provided to the greatest extent possible.

Targeting Goals are projected numbers of service recipients in the planning and service area to be provided registered services, (i.e. personal care, homemaker, chore, home delivered meals, etc.) during each year of the Contract.

To establish goals, the following must occur:

- Review of current performance achievement (current OAA-funded providers only);

- Determination of targeted areas (i.e., under-served and un-served);
- Identification of targeted population groups (older individuals below poverty level, low income/greatest economic need; older individuals living alone – greatest social need; older minority individuals; older minority individuals in residing rural areas; older individuals in residing rural areas; older individuals with limited English proficiency; older individuals who are living alone; probable Alzheimer's cases);
- Identification of service needs; and
- Projection of the number and percentage of individuals to be served in each county during each year of the three-year area plan.

Targeting Plan Summary is to be submitted annually. The Targeting Plan Summary narrative consists of the provider's progress in addressing the following:

- Identified service needs of targeted populations;
- Barriers or obstacles to reaching targeted individuals; and
- Achievement of targeting goals.

The Outreach section of the Targeting Plan Summary report includes discussion of the provider's participation in community events and status of oversight of the providers' activities. Oversight includes the providers tracking of outreach efforts.

Providers are then required to submit a semi-annual Outreach Report (see SPA Attachment III). The report is to include the type of community events or activities; dates and locations of events; numbers of participants; identified services needed; and information or referrals provided.

Based on the identified needs in the community being served by the provider, complete the Targeting Report and provide a projection of the number and percentage of consumers to be served for each identified year. The purpose of this report is to demonstrate the effectiveness of the agency's targeting efforts. It is necessary to include a Targeting Goal Report for each county served by the provider. The 2018 County Profile population data (Attachment VI), AAASWFL and AAASWFL targeting goals by County (Attachment V), are attached to the SPA to assist your agency in the development of the Targeting Report(s). Targeting efforts are required to be reported annually to AAASWFL and monitored by AAASWFL Programs staff.

Provide an outline of outreach and education activities that will occur during each quarter of 2020. Goal achievement will be tracked on at least a semi-annual basis and monitored by AAASWFL staff.

Outreach:

Outreach is face-to-face, one-to-one intervention with clients initiated by an agency for the purpose of identifying potential clients or caregivers and encouraging their use of existing and available resources. Outreach efforts shall take place in highly visible

public locations or in neighborhoods identified for visiting or canvassing. Outreach activities cannot be counted for clients already receiving OAA services or other DOEAF funded services. Contact shall be initiated by the outreach worker, not by the client.

Targeted Outreach is to:

- Older individuals residing in rural areas;
- Older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- Older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- Older individuals with severe disabilities;
- Older individuals with limited English-speaking ability;
- Older individual with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
- Older individuals at risk for institutional placement;
- Caregivers (CG) including:
 - a) Target caregivers of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
 - b) Target grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities;
 - c) Target caregivers who are older individuals with greatest social need.
 - d) Target caregivers who are older individuals with the greatest economic need (with particular attention to low-income individuals).
 - e) Target caregivers who are older individuals who provide care to individuals with severe disabilities, including children with severe disabilities.

Education and Training includes:

- Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities;
- Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills, to increase awareness in such areas as crime or accident prevention, promoting personal enrichment, and to increase or gain skills in a specific craft, trade, job or occupation;
- Training individuals or groups in guardianship proceedings or older individuals if other adequate representation is unavailable can also be done; and
- Training conducted by memory disorder clinics funded under the Alzheimer's Disease Initiative (ADI), designed to increase understanding of the disease and facilitate management of persons with AD by their caregivers and health

professionals.

Caregiver Initiative Service (III-E service providers only):

Provide goals, strategies and the agency's plan of action to support the targeted caregiver requirements. The identified strategies and action steps should be specific and include names of organizations the provider partners with or plan to partner with to ensure compliance with the established outcome.

3. Service Delivery System and Coordination:

Describe how the agency will coordinate clients with other community providers and resources that cannot be met by the provider. This coordination should include information on how the agency will work with the Aging and Disability Resource Center (ADRC) and include a list of available community services.

4. Eligibility and Assessment/Reassessment Process:

Older persons referred for services or who request services shall be screened by the service provider during an intake process. The screening process is intended to ensure that the targeted populations are given preference without excluding others from participating in services to the extent they are available. The intake procedures must be non-discriminatory, appropriate to determine the individual's need and priority for services, and applied consistently to all applicants.

(Case Management Services Only) The reassessment process must include the procedures utilized to maintain consumers' assessments when clients must wait for services. Consumers are to be re- screened annually with the appropriate 701 DOEA Assessment Form.

Service Providers must be aware of the service array available in the community from both public and private agencies and organizations. When an older person cannot be served, efforts shall be made to offer an appropriate referral to another agency. AAASWFL strongly encourages all providers to utilize the Aging and Disability Resource Center's (ADRC) Helpline who maintains a comprehensive database of resources available for our community.

Referrals from the ADRC Helpline shall be responded to in a timely, effective, and appropriate manner.

5. System for Consumer Targeting Prioritization:

Staff should use expertise and sound judgment in prioritizing individuals. It is appropriate during the screening process to inquire about sources of income, levels of financial resources, and informal support systems in order to explain eligibility for other types of economic or supportive services, such as Supplemental Nutrition Assistance

Program (SNAP), SSI, Medicaid, Low Income Housing, or Home Energy Assistance programs. Preference for services may be given to those persons of greatest social or economic need, with particular attention to low-income older individuals, including low-income minority, older individuals with limited English proficiency, and older individuals residing in rural areas if the service is available and appropriate to the specific needs of the individual.

6. Services:

AAASWFL requires all OAA providers to complete subcontractor/vendor monitoring (program and fiscal) annually.

Additionally, please complete the “OAA Subcontract Monitoring Schedule” form included in the Service Provider Application Update package. The form must include information on all OAA Subcontract monitoring visits to be completed during the 2020 OAA contract period.

7. Process for Handling and Reporting Adverse Incidents, Consumer Complaints and Grievances:

Each service provider must have written grievance and complaint procedures to provide for handling consumer adverse incidents, complaints and for processing grievance appeals regarding denial, reduction or termination of core services. These procedures must include the process for receiving, reporting and remediating adverse incidents, complaints and grievances.

Service providers are required to notify AAASWFL immediately (but no later than 48 hours) of unusual incidents in which the health, safety and welfare of clients is, or has been affected.

Some examples of unusual, serious and/or major incidents include, but are not limited to, the following:

- Death of a client. Notification is not required for a death determined to be from natural causes; nor the death of a hospice patient, unless staff intervention or lack of intervention contributed to the death;
- Brain or spinal damage;
- Permanent disfigurement;
- Fracture or dislocation of bones or joints;
- Any condition requiring medical attention to which the recipient has not given informed consent. This does not include transfer of a recipient to hospital because a pre-existing condition has worsened;
- Any condition that requires the transfer of the recipient, to a unit providing a more acute level of care due to the adverse incident, rather than the recipient's condition prior to the adverse incident;
- An incident which has or may affect the health and safety of a client, i.e., broken

- bones, severe bruising, EMS contact, etc.;
- A crime or threat which may impact or has impacted the health and safety of a client or staff member;
- Incident involving a client, law enforcement agency, DCF or other agency of authority,
- Resident elopement;
- Closure of a service site;
- Media contact regarding incident, a client or AAASWFL funded services;
- Termination of a subcontractor; and,
- Any other incident of a serious or major nature

Should there be difficulty in determining if an incident qualifies as a serious or major issue or incident, contact the AAASWFL for a determination.

In addition, grievance process is required to inform consumers of the appeal process and must include prior written notification to the consumer of activities related to filing a grievance appeal and assistance to consumers when they desire to file a grievance/appeal. This is evidenced by a signed receipt of "Grievance Procedures" in client's file. See Appendix D, "Minimum Guidelines for Recipient Grievance Procedures" located in the DOEA Programs and Services Handbook.

All legal providers must provide a copy of their Grievance and Complaint Procedures reflecting pertinent Florida Bar requirements, which may supersede the grievance procedure documented in Appendix D, "Minimum Guidelines for Recipient Grievance Procedures" located in the DOEA Programs and Services Handbook.

8. Quality Assurance:

The underlying goal of service delivery is to meet the need of the older person for supportive and nutrition services. The ultimate test for service quality is the level of client satisfaction with the service as delivered, and whether the older person's perceived need for service is being met.

Each service provider must have a mechanism for objectively determining the level of client satisfaction or dissatisfaction with the services delivered.

In order to assure the delivery of quality services, provider staff must participate in pre-service and in-service training. The service provider will self-monitor and self-evaluate the quality of service delivery by its own agency staff. Additionally, AAASWFL will conduct independent monitoring and evaluation of service. Survey results must be used to develop continuous quality assurance initiatives to ensure improvement of service delivery.

9. Goals, Objectives and Performance Measures:

In keeping with the legislatively mandated requirements for performance-based budgeting, the State of Florida Department of Elder Affairs (DOEA) has identified key goals. The Area Agencies on Aging and service provider agencies are required to develop implementation strategies to assist the Department in achieving the statewide outcome and output measures. The identified goals are:

- Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community based services, including supports for family caregivers empower seniors and their caregivers to live active, healthy lives to improve their mental and physical health status
- Ensure the legal rights of seniors are protected and prevent their abuse, neglect, and exploitation Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population.
- Maintain effective and responsive management.

Service providers are required to describe in detail the action steps and implementation strategies they intend to follow in order to meet and/or exceed the outcome/output measures as specified by the DOEA.

The 2020 Service Provider Application contains the pertinent Objectives and Performance Measures for which applicable service providers are responsible for. To complete this section of the SPA, providers should document the action steps required to meet each of the performance measures defined by the DOEA and the Florida State Legislature.

10. Reporting:

Each service provider must promulgate clear and adequate procedures to collect information and compile reports. Accurate, verifiable information is essential for program, financial, and client reporting.

Providers must maintain records in sufficient detail to record services actually performed, expenditures actually made, and clients actually served. Reports submitted must be timely, accurate, and verifiable.

11. Disaster Preparedness:

Providers are to complete this section of the SPA in order to provide a quick reference for key elements outlined in the agency's full disaster plan. The response should be written from the viewpoint of disaster preparedness not hurricane preparedness. In addition, AAASWFL is requiring all providers to submit their agency's current full disaster plan in conjunction with the SPA.

12. Client Confidentiality:

All providers of OAA services are responsible for maintaining confidentiality of information obtained in the delivery of services. No information about an older person, or obtained from an older person by a service provider may be disclosed in a form that identifies the person, without the informed consent of the person or of his or her legal representative, unless disclosure is required by court order, or for program monitoring by authorized federal, state, or local monitoring agencies. It should be understood by older persons that failure to provide informed consent may preclude referral to another service agency. See the DOEA Programs and Services Handbook for specific policy requirements regarding confidentiality.

HIPAA

Service providers must comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The State Department of Elder Affairs (DOEA) and the service provider recognize that each is a Business Associate of the other under the terms of HIPAA. As such, each agrees to the terms as written in the Program and Services Contract.

Social Security Number Disclosure

Service providers must comply with all requirements of the Social Security number confidentiality and security measures as required by Section 119.07 (5) F.S.

E-Verify Requirements

Providers must comply with all requirements pursuant to Executive Order Number 11-116 and all applicable AAASWFL Instruction Memorandums (IM) related to the requirements to utilize the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by the agency.

Background Screening

Providers must comply with all requirements pursuant to Chapter 2010-114, Laws of Florida (L.O.F.), Sections 430.0402 and 435.01(2) Florida Statutes and applicable AAASWFL Instruction Memorandum (IM).

13. Description of Service Delivery:

The "Description of Service Delivery" section of the Service Provider Application includes subcontract information, training requirements, and program income procedures by OAA funded service.

A "Description of Service Delivery" form must be completed for each OAA funded service provided through this grant.

To complete item "D – Activities" the DOEA Programs and Services Handbook should be reviewed for a description of services and to provide specific standards, record

keeping and reporting requirements.

Home Delivered Meals – The provider’s response for home delivered meals on the “Description of Service Delivery” section of the Service Provider Application must indicate if meals delivered are ‘hot’ or ‘frozen’ as defined by the DOEA Program and Services Handbook.

It is a requirement that OAA Adult Day Care, Congregate Dining, In-Facility Respite and Support Group Service Providers complete the attached OAA Site Information Sheet(s). Should it be necessary for a site location to change during the course of the year, the provider is to immediately notify AAASWFL.

Voluntary Contributions/Program Income – Responses related to this item are to include specific information related to how your agency encourages individuals to voluntarily contribute to their service costs.

Voluntary Contributions/ Program Income documentation requests included in the SPA are to address methods your agency utilizes to ensure non-coercive voluntary contributions are allowed and solicited for all services for which funds are received under the OAA Act. As a provider you are required to ensure:

- Each recipient is provided with an opportunity to voluntarily contribute to the cost of the service;
- Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary;
- Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution;
- Establish appropriate procedures to safeguard and account for all contributions; and Use all collected contributions to expand the service for which the contributions were given and to supplement (not supplant) funds received under the OAA Act.

Service Specific Requirements:

- If applying for Homemaking Service, bidder will need to attach a copy of their current AHCA Homemaking Registration to the SPA
- If applying to provide Adult Day Care as a service, bidder must provide a copy of current ADC Licensure

OAA Nutrition Providers:

Nutrition Education:

Based on the Nutrition Education service description in the DOEA Program and Services Handbook. This activity is “regularly scheduled culturally sensitive nutrition, health, physical activity and disease prevention information.” The

Handbook requires that this activity "...is provided at each site and distributed to each home delivered meal client a minimum of once a month." The Handbook requires that "the providers Qualified Dietitian shall develop a written annual nutrition education plan that documents subject matter, presenters and materials to be used." Teaching methods and instructional materials must accommodate the older adult learner, e.g. large print handouts, demonstrations.

The provider must maintain written documentation, for monitoring purposes that include the date of the presentation, name and title of presenter, lesson plan or curriculum, and number of persons in attendance.

All of the above DOEA requirements should be reflected in each nutrition provider's response to section II.A.14a.of the SPA.

Nutrition Counseling:

Nutrition counseling provides individual advice and guidance to persons, who are at nutritional risk because of their poor health, nutritional history, current dietary intake, medication use or chronic illness. This service includes options and methods for improving an individual's nutrition status.

The provider must include information on their plans and method to provide nutrition counseling to at risk meal recipients with nutrition risk scores in excess of 5.5. This information should be reflected in each nutrition provider's response to section II.A.14b.of the SPA. See the DOEA Programs and Services Handbook for provider qualifications and record documentation related to this service.

Legal Services Program Delivery:

- All providers of legal services funded through the OAA are responsible for ensuring they will be compliant with recently provided DOEA legal services delivery standards. The information contained in this section of the SPA is required to provide assurance that your Agency has a plan in place to implement these newly imposed standards for legal service delivery which became effective January 2012.
- The legal services delivery standards seek to provide a clear definition, program standards and program qualifications for the legal services. In order to ensure compliance with these standards, the SPA requires detailed descriptions be provided for targeting and prioritizing consumers based on local community needs; and working with the Senior Legal Helpline to better address consumer legal needs.

SPA Appendix Documents:

Providers are requested to provide various policies and procedures, along with relevant

forms in conjunction with submission of this Service Provider Application Update. Please be sure to list each item included in the SPA Appendix as an “Attachment” on the SPA submission as part of the “Table of Contents”.

II. Contract Module

General Requirements:

The Contract Module is comprised of the Department of Elder Affairs Unit Cost Methodology Worksheets, the Match Commitment pages, the Availability of Documents page, and the Contract Module Review Checklist. All formats and detailed instructions are included in the SPA documents forwarded to each provider. All Contract Module documentation must be completed using the required Excel worksheets. The Excel worksheets include formulas and links intended to assist the provider. These formulas and links should not be overwritten or altered. It is important that the provider become familiar with the spreadsheets before beginning the unit cost development process. The Area Agency on Aging reserves the right to request additional documentation, if any of the information presented in the Contract Module is considered to be incomplete or inadequate. The provider should include additional documentation wherever clarification is needed.

Item II.B.1. – Personnel Allocations Worksheet:

The Personnel Allocations Worksheet is located in the Excel workbook titled “2020 OAA Contract Module Worksheets.” This spreadsheet is the first of the three Unit Cost Methodology Worksheets to be completed by the provider. The Personnel Allocations Worksheet develops the staff time allocations for each DOEA funded service. It is intended to include all staff positions within the provider’s agency. The allocation of staff time must be based on recent time studies or other accurate and verifiable documentation.

Item II.B.2. – Unit Cost Worksheet:

The Unit Cost Worksheet is located in the Excel workbook titled “2020 OAA Contract Module Worksheets.” This spreadsheet is the second of the three Unit Cost Methodology Worksheets to be completed by the provider. The Unit Cost Worksheet develops an “agency-wide” unit rate for each DOEA funded service. It is intended to include all of the agency’s budgeted costs for the proposed annual period no matter what the funding source.

Personnel wages for each service are linked to the Personnel Allocations Worksheet. Personnel benefits are calculated by formula, unless more accurate manual allocations are documented and made. Specific cost categories for other budgeted costs are identified. Budgeted costs that can be directly charged to a service should be manually included. Budgeted costs that apply to all services can be included and allocated by

formula using the “Management & General Cost Pool” and the “Facilities & Maintenance Cost Pool.”

The Unit Cost Worksheet develops an “agency-wide” or “total” unit rate by taking the total budgeted cost for each service, and dividing this cost by the proposed “agency-wide” or “total” units to be achieved during the contract period. This total unit rate becomes the basis for the provider’s proposed unit rate for the services funded by the Area Agency.

Item II.B.3. – Supporting Budget Schedule By Program Activity:

The Supporting Budget Schedule By Program Activity Worksheet is located in the Excel workbook titled “2020 OAA Contract Module Worksheets.” This spreadsheet is the third of the three Unit Cost Methodology Worksheets to be completed by the provider. The Supporting Budget Schedule By Program Activity Worksheet develops the “adjusted cost per unit of service” for each service funded by the Area Agency. It is intended to include any required match and other resources that may affect the proposed unit rate.

Item II.B.4-9. - Match Commitments:

The Match Commitment pages are located in the SPA document. These pages are provided to assist the provider in documenting the required match. The required match is 10% of the total budgeted funds (calculated by taking the Area Agency on Aging allocation and dividing by 90%). Match is required for each funded program. The required match can be cash or in-kind.

Item II.B.10. – Availability of Documents:

The Availability of Documents is located in the SPA document. The Availability of Documents identifies required documentation that must be maintained and available at the provider’s administrative office. If requested, the documentation must be accessible for review by the Area Agency.

Item II.B.11. – Managing Unit Achievement Levels:

Service providers are required by contract to manage unit achievement levels and service dollars in such a manner as to avoid having a wait list and a surplus of funds at the end of the contract period. Service providers are also required to ensure that 100% of the projected deliverables are performed, and that active clients will receive services throughout the contract period.

Service providers must describe the methods used to manage contract unit achievement levels on a monthly basis, as well as provide samples of any written policies and procedures, and tools, used to monitor unit achievement levels.

Item II.B.12. – SPA Contract Module Review Checklist:

The SPA Contract Module Review Checklist is to be completed indicating that each Contract Module Requirement is included and the page location for each item.