



SUB-GRANTEE CONTRACT MANUAL

MULTI-YEAR: FYs 2023-2025
(October 1, 2022 through September 30, 2025)

SeniorResources

Our Name. Our Focus.



SUB-GRANTEE CONTRACT MANUAL

TABLE OF CONTENTS

	<u>Page</u>
SECTION I: GUIDELINES, AGREEMENTS & POLICIES	
Introduction & Guidelines	3
Contract Implementation Schedule	5
Contractual Agreement (Boilerplate)	7
Agreement and Assurances (Boilerplate)	19
Business Associate Agreement (Boilerplate)	21
General Requirements for All Services	24
Solicitation of Contributions/Cost Sharing Policy	31
Assessment Policy	32
Corrective Action/Probation/Termination Policy	34
Appeals Policy	36
Participant Complaint/Equal Opportunity Policy	38
SECTION II – REPORTING	
Reporting & Submission Schedule	40
Program Performance Report Instructions	41
NAPIS Report Instructions	45
Financial Status Report Instructions	54
Wait List Report Instructions	57
Nutritional Risk Questionnaire	69
SECTION III – RESOURCES	
Senior Resources Mission/Story	71
Senior Resources Board of Directors	72
Senior Resources Organization Chart	73
Older Americans Act Summary	74
Area Agency on Aging Fact Sheet	78
The Older Michiganians Act	82
Michigan Aging Network	91
Michigan Area Agencies on Aging	92
MI-Choice Medicaid Waiver Fact Sheet	93
Aging Population Demographics	94
Common Acronyms/Definitions	95
OMB Super-Circular	98



SECTION I:

GUIDELINES, AGREEMENTS & POLICIES

(Sub-Grantee Contract Manual)

INTRODUCTION

Senior Resources of West Michigan is a designated regional area agency on aging for the Michigan Adult & Aging Services Agency that covers the Michigan counties of Muskegon, Oceana and Ottawa known as Region 14. Senior Resources contracts with a variety of providers throughout its region to serve the needs of those 60 years of age (55 years for Kinship) and older or their caregivers either through the awarding of grant funds or by purchasing services on an as needed basis. For the purposes of this manual, those agencies who are awarded Federal or State aging grant funds will be referred to as Sub-Grantees.

Although each Sub-Grantee agency is autonomous, there are specific federal, state, and local requirements that must be met by Sub-Grantees that receive funds awarded through Senior Resources. Those requirements have been set forth by the Michigan Commission on Aging (MCSA) and published by the Adult & Aging Services Agency (AASA) as the '**Operating Standards for Service Programs**' and were included in the Request for Proposal packet. This manual was developed to assist Sub-Grantees' staff in fulfilling those requirements. **Please make this manual available to all grant program staff and train them, as appropriate, so that they become familiar with the grant service requirements.**

In addition to this manual, members of Senior Resources staff are available to assist Sub-Grantees in other ways such as providing technical assistance, consultation and information as needed. Senior Resources will assist in the development of services and programs when appropriate. Finally, Senior Resources will act as a liaison to the State Aging and Adult Services Agency (AASA) and will distribute information on state issues to the Sub-Grantees.

GUIDELINES

- A. Your agency's proposal, the Notification of Contract Award (NCA), Contractual Agreement, Agreement and Assurances Statement, Business Associate Agreement, and Service Budgets will become part of the contractual agreement file. These documents will be utilized in the monitoring, assessment, and evaluation of program performance throughout the contract fiscal year.
- B. The appropriate official(s) should review and sign all the documents in accordance with your agency's policy upon receipt. **Be sure to note any conditions under 'Remarks' on the NCA including revised budget deadline, if applicable.** Return the signed documents as soon as possible to: Karla Betten kbetten@seniorresourceswmi.org or Uvett Brown ubrown@seniorresourceswmi.org.
- C. Agencies should present realistic budgets. Well-planned, realistic service program elements should be able to be implemented with a minimum of delay, and in this regard, the service program will be required to be operational within thirty (30) days after a contract award has been duly executed.
- D. Senior Resources funds are intended to cover only a portion of the total cost of funded programs providing services to the aging. Minimum matching requirements for funded services are: grant funds to local resources in a ratio of 90% grant funds and 10% local resources (resources **not** from other State or Federal sources). Refer to **Budget Instructions** included in this manual.
- E. **Thoroughly read, review and become familiar with the General Requirements for All Services in this Manual, and the specific service standards that define the unit of service as well as outline the specifications and limitations for each service for which funding has been granted. The**

service standards are always available on Senior Resources website at <https://seniorresourceswmi.org/grant-forms/>

- F. Substantial emphasis should be given to serving eligible persons with the greatest social and/or economic need, with attention to low income and minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each Sub-Grantee, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services, and in numbers greater than their relative percentage to the total elderly population within the geographic service area. This effort is called "targeting". Sub-Grantees will consider census data (community profiles are available at www.wmsrdc.org and www.wmrpc.org and poverty guidelines (see <https://aspe.hhs.gov/poverty-guidelines>) in planning services.
- G. Participants are not to be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program must establish and utilize written procedures for prioritizing participants waiting to receive services, based on social, functional and economic needs. **Refer to the General Requirements for All Services, Section D.**
- H. Sub-Grantees are strongly encouraged to offer a confidential and voluntary opportunity to participants to contribute towards the provision of the service received. All participant contributions are to be reported as program income on the quarterly Financial Status Report and used to expand the funded service by providing additional units of service. Refer to the **Solicitation of Contributions/Cost Sharing Policy** and the **General Requirements for All Services, Section E** included in this manual.
- I. Sub-Grantees must have the capacity to collect and maintain both program and financial records to comply with the deadlines established for the submission of required information and reports. Refer to **Agreement and Assurance, No. 3** for specifics.
- J. Each Sub-Grantee must maintain a written list of persons and report quarterly on those who seek service from a priority service category (Case Coordination & Support, Information & Assistance, Transportation, Home Delivered Meals, or Legal Assistance) when services cannot be started at that time (for any reason). Refer to **General Requirements for All Services, Section D. 4)** for specifics.
- K. Assessment and monitoring visits of Sub-Grantee contracts will be conducted annually sometime following the end of the first quarter of the fiscal year and prior to September 30th. Refer to the Sub-Grantee **Assessment Policy, Correction/Action/Probation/Termination, and Appeals Policies** included in this manual.
- L. Sub-Grantees should coordinate services with other Sub-Grantee agencies and community organizations in the aging network. Refer to the **General Requirements for All Services, Section G** for specifics.
- M. Senior Resources does not discriminate against, exclude from participation in, nor deny benefits to any eligible recipient of services based on race, color, creed, national origin, age, marital status, religion, sex or disability in accordance with Title VI of the US Dept. of Health & Human Services, Act 45 CFR, Part 80. Complaints from participants or individuals believing they have been discriminated against or excluded, or denied services are encouraged first to discuss their complaint with the provider agency, and if not resolved, to file a complaint with the CEO of Senior Resources. Refer to the **Equal Opportunity in Provision of Services Policy** included in this manual.



Contract Implementation Schedule

Sub-grantees who are awarded funds may consider their proposal approved for the three-year multi-year plan period listed on the title page of this **Sub-Grantee Contract Manual**.

However, all funds for services are awarded for current fiscal year only. In each of the three fiscal years of the multi-year plan, Senior Resources will issue a Notification of Contract Award (NCA) stipulating funded amounts, expected number of service units and participants to be served. NCAs will be issued in six month increments. Each new fiscal year begins on October 1 and ends on September 30. Awards for funded services may change during any fiscal year of the multi-year plan according to availability of federal or state funds.

Following approval of the three-year proposal, applicants will be asked to sign and submit the following:

- a. Notification of Contract Award or NCA;
- b. Contractual Agreement for Services to the Aging (boilerplate contract);
- c. Business Associate Agreement (for HIPAA);
- d. Agreement and Assurances;
- e. Revised Service Budget.

Please make sure to note if the NCA states any additional conditions to be met detailed in the Additional Remarks section of the NCA. NCA's may be revised at any point during a fiscal year, and awarded amounts are based on availability of funding. Contractual Agreements, Agreement and Assurances, and Revised Budgets (as necessary) will be updated on an annual basis.

To follow is a summarized annual sub-grantee contract schedule:

January	The first quarter (Oct 1 – Dec 31) program and financial quarterly reports are due by January 10 th to the attention of Senior Resources Grants Manager. The Senior Resources Grants Manager begins to schedule on-site monitoring assessments with Sub-Grantees to determine whether the OSA standards and service contract goals are being met. Assessments are conducted from January through August. Please refer to the Assessment Policy in this manual.
Feb-March	The Program & Planning Committee of Senior Resources with the Community Services Director begins to draft the annual planned services implementation plan for the upcoming new fiscal year.
April	The second quarter (Oct 1 – Mar 31) program and financial quarterly reports are due by April 10 th to the attention of Senior Resources Grants Manager.
April	Draft of the annual services implementation plan is approved by Board of Directors and Advisory Council. Draft Plan is sent to Office on Aging for approval/revision by the Michigan Commission on Aging.

Apr-May	The Grants Manager sends out service delivery feedback reports to all sub-grantees, and requests written explanation from those that are at less than 40% of contract fulfillment. If necessary, explanations and/or spending plans are requested and if warranted, under-utilized (under-served) service funds are reprogrammed. If applicable, revised Notifications of Contract Awards are issued as a result of reprogramming.
May-June	Final revisions are made to the Draft Plan and approved by Board of Directors. Final plan is submitted to Office on Aging by due date for submission to the Michigan Commission on Aging.
June-July	Senior Resources staff begin compiling information regarding status of current sub-grantees' contracts and performance, projected availability of funding (federal and state), and prepare recommendations for Planning & Program Committee for continuation of awards.
July	The third quarter (Oct 1 – June 30) program and financial quarterly reports are due by July 10 th to the attention of Senior Resources Grants Manager.
August	The Planning & Program Committee meets, approves or requests re-negotiation of continued award/funding levels for next fiscal year. Their recommendations are presented to full Board of Directors for approval.
September	Notifications of Contract Award (NCA) are sent to sub-grantees for the next fiscal year. Service unit and participants numbers are negotiated. Signed original NCAs and revised budgets are returned to Senior Resources.
October	<p>The new fiscal year begins.</p> <p>The fourth (final) quarter program and financial quarterly reports for the previous fiscal year (Oct 1- Sept 30) are due no later than October 10th.</p>

SUB-RECIPIENT CONTRACTUAL AGREEMENT FOR PROVISION OF SERVICES TO THE AGING

Contract No.: 20xx-

SECTION ONE: STATEMENT OF AGREEMENT

THIS AGREEMENT, is made by and between **Senior Resources of West Michigan**, a Michigan non-profit organization, located at 560 Seminole Road, Norton Shores, MI 49444, hereafter called Senior Resources; and _____, a Michigan non-profit organization, located at _____, hereafter called the Contractor, for the **fiscal period October 1, 20xx through September 30, 20xx.**

Additional requirements or conditions are also those of the Aging, Community Living, and Supports Bureau, hereafter called ACLS Bureau, and the Federal Department of Health & Human Services/Administration for Community Living, hereafter called HHS.

WHEREAS, Senior Resources has received a grant from the ACLS Bureau for the planning and development of regional services to the aging within the counties of Muskegon, Oceana, and Ottawa, pursuant to Title III of Older Americans Act of 1965, as amended to date; and

WHEREAS, pursuant to receipt of such a grant, Senior Resources has accepted a contract proposal application for program support from the Contractor and desires to engage same to provide these services to the aging within Senior Resources. Senior Resources shall administer, and the Contractor shall perform, the services detailed in the approved application for program support, which is incorporated in its entirety and made part of this contract.

NOW, THEREFORE, the parties hereto do mutually agree follows:

SECTION TWO: SCOPE OF SERVICES

1. The purpose of this contract is to enable the Contractor to provide high quality, accessible, and comprehensive services to the aging with dignity to the participants who are serviced by the program described in this contract.
2. Population to be Served:
 - a. All persons 60 years of age or older or their caregivers who meet the criteria established for services shall be eligible for any or all services with priority given to meeting the needs of persons with the greatest economic or social need, giving particular attention to low-income, minority individuals.
 - b. Residents or occupants of facilities, either permanent, temporary, or transitional, located within the target area specified as Senior Resources Public Service Area (PSA), which is Muskegon, Oceana, and Ottawa Counties.
 - c. The Contractor will provide services to the elderly members of Native American tribes and organizations in greatest economic and social need within the agency's service area. This service will be equivalent to the services received by Non-Native American elderly residents.
 - d. The Contractor shall not refuse to provide services to any eligible persons 60 years of age and older because of race, color, religion, national origin, age, sex, height, weight, marital status, sexual orientation, arrest record, or handicap pursuant to Title VI of the Civil Rights Act of 1964, amended

1973; and the Elliott-Larsen Civil Rights Act, 1976 P.A. 453, Section 209. The Contractor shall comply with the provisions of Title VI of the Civil Rights Act of 1964, the Michigan Handicappers Civil Rights Act, 1976 P.A. 220, and Section 504 of the Federal Rehabilitation Act of 1973, D.L. 93-112, 87 Stat. 394, and the Americans with Disabilities Act, 1990 P.A. 101-336.

Further, the Contractor shall comply with all other federal, state, or local laws, regulations, standards, and any amendments thereto, as they apply to the performance of this contract.

SECTION THREE: SENIOR RESOURCES RESPONSIBILITIES

1. To provide financial support to the Contractor for the provision of services to the aging as approved by Senior Resources and within the area plan.
2. To provide technical assistance, consultation, and information in planning, community organization, and administration to the Contractor in the development of the Contractor's program, for the purpose of developing efficient and quality services consistent with the policies of Senior Resources.
3. To provide assistance in identifying and obtaining other sources of funds to replace Senior Resources funding for contracted services.
4. To recognize the Contractor's autonomy in determining its own policies for administering its services and programs, but in compliance with those program and budget policies established by Senior Resources.
5. All work under this contract shall be assessed and monitored by Senior Resources according to Section Eight and the Contractor Contract Manual.

SECTION FOUR: CONTRACTOR RESPONSIBILITIES

1. To serve all persons eligible for services under this contract regardless of other criteria for services usually applied by the Contractor and not to refuse service to any person determined to be eligible for service and referred to the Contractor for that service identified under this contract. The Contractor also agrees to make every effort to maintain sufficient staff, facilities, equipment, etc. in order to deliver the agreed upon services; and the Contractor further agrees to notify Senior Resources whenever it is unable to do so, or is going to be unable to provide the required quality and/or quantity of service.
2. To deliver services in such a manner so as to maintain the dignity and independence of the elderly.
3. To identify participant needs and establish linkages with other area service providers including volunteer organizations for delivery and continuity of needed services.
4. To coordinate with other service agencies in the planning and implementation of services.
5. To demonstrate through action steps effective planning for progressive program maintenance.
6. To implement service delivery within thirty (30) days following contract project period startup date unless written authorization to the contrary is obtained from Senior Resources.
7. To provide and facilitate referral of client and exchange of client records as required between the Contractor and other appropriate service providers in accordance with established ethics and practices. (See Confidentiality, Section Seven). Contractor must supply referral and/or case management agencies with the minimum eligibility criteria per service to satisfactorily refer clients.
8. To provide upon request to Senior Resources a statement of Contractor agency's policies and procedures.
9. To furnish Senior Resources such statistical and other information as required by Senior Resources and to permit Senior Resources designee(s) to visit and to make an evaluation of the services

rendered. In addition, Senior Resources, ACLS Bureau, HHS, or Federal or Michigan Departments of Management and Budget (OMB) or any of their authorized representatives, shall have the right of access to any book, document, papers, or other records of the Contractor which are pertinent to the agreement, in order to make audit examination, excerpts, and transcripts, so long as such is in conformity with the Privacy Act of 1974.

10. The Contractor shall indemnify, save, and hold harmless Senior Resources and ACLS Bureau against any and all expense and liability of any kind which Senior Resources may sustain, incur, or be required to pay arising out of this contract, provided, however, that the provisions of this paragraph shall not apply to liabilities or expenses caused by or resulting from the willful or negligent acts or omissions of Senior Resources or ACLS Bureau or any of its officers or employees. In the event the Contractor becomes involved in or is threatened with litigation, the Contractor shall immediately notify Senior Resources who in turn will immediately notify ACLS Bureau. Senior Resources may enter into litigation to protect the interest of Senior Resources.
11. All programs shall be subject to all applicable provisions of the Older Americans Act and the regulations and policies pertaining thereto, to all other applicable federal laws and regulations, including licensure (S 1321.105), policies, procedures, and standards of HHS, ACLS Bureau, and Senior Resources, and to all applicable state and local laws.

SECTION FIVE: FINANCIAL RESPONSIBILITIES AND PROCEDURES

1. The Contractor shall submit a quarterly financial status report (FSR) in accordance with instructions to Senior Resources by the 10th of the month following the quarter end. Failure to comply will result in withholding reimbursement.
2. All federal and state funds will be released (paid) on a reimbursement basis for actual units of service reported on Financial Status Reports. Reimbursement will be made by Senior Resources within 21 days following the date of receipt of Financial Status Reports. Financial Status reports are required at minimum quarterly by the 10th of the new month following the period end. Contractors may elect to submit monthly Financial Status Reports to maintain adequate cash flow.
3. The accounting system maintained by the Contractor must provide for the identification of the source and application of funds for grant supported activities and contain information pertaining to authorizations, obligations, and cash flow. There must be effective control over and proper accounting for revenues, expenditures, assets, and liabilities.
4. The Contractor shall obtain and maintain liability insurance in such amounts necessary to cover all claims specific to the services being provided which may arise out of the Contractor's operations under the terms of this contract and provide proof of such insurance coverage to Senior Resources prior to the effective date of this contract. Unemployment compensation and workers' compensation shall be maintained in accordance with applicable federal and state laws and regulations.
5. Only those costs outlined in the Federal Office of Management and Budget (OMB) Super Circular (2 CFR, Part 200, formerly Circular A-122 'Cost Principles for Non-Profit Organizations') are eligible for reimbursement. Approval of the budget by Senior Resources constitutes approval of the cost.
6. Program income is to be retained by the Contractor and used to expand the service from which the income was generated in accordance with the additive alternative. Such income is derived from contributions for services under this contract, or the proceeds from sales of real property, equipment, and supplies purchased with federal or state funds.
7. Acquisition, transfer, replacement, or disposition of real property, equipment, or supplies must conform to the applicable provisions of Title III, Regulations, Part 74, "Administration of Grants" (Subpart 0 - Property).
8. The Contractor must cause an independent audit of its financial operations to be performed at minimum once every two years. If the audit is performed every two years, it shall cover the

transactions of the two-year period. Conducting the audit on an annual basis is encouraged, however, if conducted biennially, then separate financial schedules must be prepared for each of the fiscal years. Conditions of the audit for the Contractor:

- a. That audits of the area agency on aging are conducted by a certified public accountant in compliance with the provisions of the OMB. Single (program) audits must be performed annually by those recipients which receive an aggregate amount of \$750,000 or more in federal funds and/or state funds during any of its fiscal years. If the contracting agency is exclusively state assisted, then the single audit may be undertaken every two years as provided for by State administrative rule (Rule 400.20504 Audits).
- b. Those Contractors meeting the criteria under No. 8 above must be audited in accordance with provisions of the Single Audit Act and OMB Super Circular, 2CFR, Part 200, 'Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards' (formerly Circulars A-110, A-128, & A-133), copy of which are available upon request.
- c. Each is required to initiate, complete, and submit the single audit reports including any audit management recommendation letters to Senior Resources within a period not greater than thirteen (13) months following the fiscal year to be audited. Each is required to prepare and submit a corrective action plan as applicable, as part of its audit transmittal to resolve exceptions cited by the audit.
- d. Each must initiate and arrange for its own audit. Selection of the independent auditor must assure that an open and competitive engagement process was conducted at minimum every three years. Each must make certain the auditor is knowledgeable of required criterion to assure that (1) the single audit scope and content is complete; and (2) the audit will withstand a quality review.
- e. Each must pay the cost of its single audit. The charges are considered to be an indirect cost and may be distributed on a proportionate basis to each of the various assistance grants. The percentage of costs charged to federal assistance programs shall not exceed the percentage that federal funds expended represent the total funds expended by the recipient during the fiscal year.

SECTION SIX: CONTRACT ADMINISTRATIVE PROCEDURES

1. Administrative General

a. Disclosure of Information

The Contractor shall submit all information required by Senior Resources that discloses names of persons with an ownership or control interest in the Contractor, and past business transactions. Further, the Contractor shall disclose any persons with an ownership or control interest who have been convicted of a criminal offense as related to their involvement in any programs under Titles III and XVIII, XIX, or XX of the Social Security Act, since the inception of these programs. Senior Resources may, at its option, provide for immediate termination of the contract if the Contractor does not comply with these requirements.

b. Service Publicized

- 1) Services must be publicized to the population the Contractor plans to reach by whatever means is most effective in reaching the target population - those in greatest economic or social need with particular attention to low-income minority individuals.
- 2) Any promotional media including websites, films, slides, books, reports, pamphlets, papers, or articles based on activities receiving support under the contract shall contain acknowledgement of ACLS Bureau, Senior Resources, and funding through state appropriations or the Older Americans Act.
- 3) Senior Resources, ACLS Bureau, and HHS reserve the option to receive, free of charge, up to three copies of any publication published as a part of this contract.

- 4) Where activities under this contract result in a book or other copyrighted material, the author is free to obtain a copyright; however, HHS, ACLS Bureau, and Senior Resources reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publicize, or otherwise use, and to authorize others to use, all such materials.

c. Subcontracts

The Contractor shall not assign this contract or enter into subcontracts to this contract with additional parties without obtaining prior written approval of Senior Resources. Assignees or sub-contractor of the Contractor shall be subject to all conditions and provisions of this contract. The Contractor shall be responsible for the performance of all assignees or sub-contractor; however, Senior Resources shall be able to monitor and assess or otherwise determine performance.

2. Personnel Standards

- a. The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, age, sex, height, weight, marital status, or handicap pursuant to the Elliott-Larsen Civil Rights Act, 1976 P.A. 453, Section 209. The Contractor shall also comply with the provisions of the Michigan Handicappers Civil Rights Act, 1976 P.A. 220, Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 394, and the Americans with Disabilities Act of 1990, P.L. 101-336. Further, the Contractor shall comply with all other federal, state, or local laws, regulations and standards, and any amendments thereto as they may apply to the performance of this contract.
- b. The Contractor will comply with the Drug-Free Workplace Act of 1988, P.L. 100-690; and 45 CFR Part 76, which prohibits the manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace.
- c. The Contractor will comply with equal employment opportunity principles in keeping with Executive Directive 1979-4, and Civil Rights Compliance in State and Federal Contracts.
- d. Merit System Standards (45 CFR, Part 70) shall apply only to local agencies contracted under the area plan which are public agencies and which have some or all of the responsibilities for planning, coordination, administration, and evaluation. Compliance with E.O. 11246, the Copeland Act, the Davis-Bacon Act, or the Contract Work Hours and Safety Standards Act may also be required of these agencies.
- e. Bilingual personnel must be available in areas where non-English or limited-English speaking persons constitute five percent of the senior population or number **250** seniors, whichever is less.
- f. Job descriptions must be on file for each job. Job descriptions are to be submitted with the proposal and thereafter whenever revisions are made.
- g. The Contractor will provide proper supervision for the proposed program and specify supervisory responsibilities and amount of time to be allowed to such responsibilities.
- h. The Contractor's personnel policies shall be compatible with those of local government and where applicable, of the State or Federal government.
- i. Senior Resources shall be advised of any personnel changes which affect service delivery.

SECTION SEVEN: PROGRAM RESPONSIBILITIES

1. Confidentiality

The use or disclosure of information concerning services, applicants, or recipients obtained in connection with the performance of this contract shall be restricted to purposes directly connected with the program implemented by this contract as required by the Privacy Act of 1974 and if applicable, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. The Contractor shall report client information to Senior Resources, and Senior Resources shall have access to the files, as necessary, to administer programs so long as access is in conformity with the Privacy Act of 1974. Information about or obtained from an individual and in possession of

the Contractor providing services to such an individual shall not be disclosed in a form identifiable with the individual without the individual's informed, written consent.

2. Contributions

Contractors providing social and nutrition services under the area plan shall:

- a. Afford older persons the free and voluntary opportunity to contribute to all or part of the costs of the services provided;
- b. Protect the privacy of each older person with respect to his/her contribution;
- c. Establish procedures to safeguard and account for all contributions: and
- d. Use each service's program income in accordance with the additive alternative as described in the Code of Federal Regulation, to expand services respectively.

3. Means Test

A means test shall not be used to determine the eligibility of an older person for any service. The Contractor shall not use a means test to deny or limit a service to older persons unless specifically required by state law or federal regulation.

4. Quality Review/Feedback from Participants

Procedures shall be established and followed for obtaining the views of service recipients about the service quality. The mechanism used may include client satisfaction surveys, needs assessment surveys, etc. A summary of the aggregate outcomes will be requested during the annual assessment.

5. Client Complaint System

The Contractor must have a procedure in place to address the complaint of the individual recipients of services under this contract.

6. Records, Books and Reporting

- a. The Contractor shall comply with all programmatic and fiscal reporting procedures established by Senior Resources. Instructions for specific reports or procedures shall be noted in the Contractor Contracts Manual. Any additional reports as deemed necessary by Senior Resources shall be produced and submitted by the Contractor upon request. Reported units of service shall have the accuracy of the reporting verified during annual assessment (refer to SECTION EIGHT).
- b. The Contractor shall use and retain a standard intake procedure, adequate for the service to be provided, which would enable them to report required information to Senior Resources.
- c. The Contractor shall compile and submit to Senior Resources for National Aging Programs Information System (NAPIS) reporting a quantified quarterly programmatic report and new client enrollments, as applicable to the contracted service, by the 10th working day following the end of the quarter. The programmatic report includes source identification of other resources, program narrative, and figures for unduplicated clients, low income clients, frail and disabled clients, minority clients, aggregated unit counts and individual client unit counts when applicable to the contracted service. Failure to submit the report on time will result in withholding of reimbursement.
- d. The Contractor, if contracted for a Priority service, shall complete and submit to Senior Resources a waitlist report by the 10th working day following the end of the quarter when there are potential participants waiting for services or assessment for reasons of lack of resources, under staffing, lack of volunteers, etc. A copy of waitlist report data collection elements is available upon request.
- e. The Contractor shall permit Senior Resources, ACLS Bureau, HHS, the Comptroller General of the United States, or any of their authorized agents access to any books documents, papers, or other records of the Contractor which are pertinent to this contract, in order to make audit examination, excerpts, or transcripts so long as such is in conformity with the Privacy Act of 1974. Access shall also be granted to the facilities being utilized at any reasonable time to observe the operation of the program. The Contractor shall retain all books, records, or other documents relevant to the contract for three (3) years after final payment, at Contractor's cost, and federal auditors and any persons duly authorized by Senior Resources shall have full access to and the right to examine

and audit any of the material during this period. If an audit is initiated prior to the expiration of the three (3) year period, and extends past that period, all documents shall be maintained until the audit is resolved.

- f. The Contractor agrees to maintain the security and privacy of all private client information in a manner consistent with applicable Michigan and Federal laws and regulations, and will not store client private information on mobile devices or portable media except where sensitive data has been encrypted in compliance with the State of Michigan Electronic Data Encryption Standard 1340.IT, a copy of which is available upon request. The Contractor will report to Senior Resources any unauthorized use or disclosure, or possible breach of private client information immediately upon discovery.

SECTION EIGHT: ASSESSMENT AND MONITORING

1. Senior Resources will conduct both programmatic and fiscal assessments of the Contractors at least annually in accordance with its Contractor Assessment Policy. Assessment tools for monitoring general (administrative) standards, program services and fiscal practices will be sent to the Contractor prior to the assessment date mutually established during the first fiscal year. During fiscal years two and three, the assessment tools will be updated to reflect any changes.
2. Contractors may be designated as low-risk for non-compliance after the completion of a historical three-year grant period during which the following criteria were met:
 - a. The Contractor was contracted for the same service(s) during the prior three-year contracting period;
 - b. The annual assessment(s) conducted during the prior three-year contracting period resulted in no findings; and,
 - c. There are no current concerns based on required reporting, consumer feedback, or other communicationsA hybrid assessments for low-risk Contractors will be conducted with in-person and virtual components during fiscal year one, and if low-risk status is retained, desk review assessments will be conducted during fiscal years two and three.
3. The Contractor will permit access at reasonable times by Senior Resources staff to site and program operations for monitoring and evaluation purposes.
4. The Contractor will permit Senior Resources and/or ACLS Bureau, and/or any agency designated by either Senior Resources or ACLS Bureau, to interview participants in programs fully or partially funded by Senior Resources/ACLS Bureau pursuant to this contract, provided participants fully agree to said interview.

SECTION NINE: CONTRACT REVISIONS OR AMENDMENTS

This contract contains all terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this contract shall be deemed to exist or bind any of the parties hereto.

1. When there is any material change in the content or administration of an approved contract or in the operation of the Contractor, the contract document shall be appropriately revised. The nature and extent of the request for revision will determine the action to be taken by Senior Resources.
2. Revisions may be either a substantive amendment or an administrative revision.
 - a. A substantive amendment is defined as any alteration in this contract which substantially affects the character of this contract such that it is essentially different from what was originally approved by Senior Resources. Amendments covering substantive changes shall be subject to the same process of approval which governs the original approval of this contract, including final action by the policy board. Substantive amendments shall include the following:

- 1) Significant changes in the project objectives, including projections of clients or units;
 - 2) Any addition of a new service category or deletion of a service category;
 - 3) Any budget transfer between service categories or a budget line item transfer within a service category of more than twenty percent or \$1,000, whichever is greater.
 - 4) A change in the minimum local match requirement;
 - 5) A change in the project period and budget duration dates;
 - 6) Supplemental awards; and
 - 7) Other changes specified by Senior Resources conditions or policy.
- b. Administrative revisions are defined as changes in the contract which are made for the purpose of facilitating implementation of the project, but are minor in nature and do not change the essence of the project. Administrative changes should not require approval of Senior Resources; however, Senior Resources shall be notified of changes together with necessary documentation and justification. Senior Resources shall review and respond in writing to the changes within fifteen (15) days. Requests for budget line item transfers within a service category of less than twenty percent or \$1,000, whichever is greater, should be viewed as administrative revisions; and Senior Resources shall be notified.
3. If, for any cause, alterations or changes take place in the rules, regulations, laws, or policies to which Senior Resources must comply, or if there is any termination or reduction in the allocation or allotment of funds provided to Senior Resources, Senior Resources shall have the right to terminate or reduce the amount paid to the Contractor. Termination or reduction in the amount to be paid shall take effect immediately upon receipt of written notice to the Contractor, unless a different effective date is specified in the notice. A copy of policy, law, rule, and regulation changes shall be provided to the Contractor upon request.
4. Senior Resources may approve a request for a contract amendment at any time. The notification of the amendment supersedes all other notifications relating to the budget year. The contract shall only be amended by the written consent of all parties.

SECTION TEN: PROBATION, SUSPENSION, TERMINATION

1. Probation

- a. If a Contractor fails to comply with the terms of this contract, Senior Resources may place the Contractor operations on probation in whole or in part.
- b. Senior Resources may commence probation upon the Contractor's receipt of written violations cited by Senior Resources.
- c. The notice of probation shall contain reasons for probation, any corrective action required of the Contractor, the effective date, and the right of the Contractor to appeal the probation.
- d. During the probationary period, the Contractor will receive reimbursement for expenses incurred as part of this contract.
- e. If during the probationary time frame the Contractor does not comply with the corrective actions, suspension or termination may be elected.

2. Suspension

- a. If the Contractor fails to comply with the terms of this contract, Senior Resources may suspend support for Contractor operations in whole or in part. Support for any part shall automatically be terminated when it has been suspended for more than ninety (90) days.
- b. To suspend Contractor operations, Senior Resources must notify the Contractor in writing of the action being taken, the reason(s) for such action, the effective date, and the conditions of the suspension. This notice must be given at least ten (10) days prior to the effective date of the suspension and must note the right of the Contractor to appeal such decision.
- c. Under extreme conditions (danger to older persons or improper use of funds), immediate notice of

suspension may be given.

- d. New obligations incurred by the Contractor during the suspension period will not be allowed unless Senior Resources expressly authorizes them in the notice of suspension or an amendment to it. Necessary and otherwise allowable costs which the Contractor cannot reasonable avoid during the suspension period will be allowed if they result from obligations properly incurred by the Contractor before the effective date of the suspension and not in anticipation of suspension or termination.
- e. In suspending contract operation, Senior Resources shall determine the amount of unearned funds the Contractor has on hand, the anticipated length of suspension, the extent of operations suspended, and the amount of the fund balance on hand to determine whether Senior Resources should require the balance to be returned.
- f. Senior Resources may reinstate the suspended contract operations if it determines conditions warrant such action. Such reinstatement shall be made by issuance of a new statement of award.
- g. Senior Resources financial participation in reinstated contract operations may resume immediately upon reinstatement, but not for any costs incurred for contract operations while they were suspended. The obligational authority unearned at the time of suspension may again become available for earning at the previously established matching ratio, unless Senior Resources reduces the amount of this contract.

3. Contract Termination

- a. For adequate cause, Senior Resources may terminate support for this contract prior to the end of an approved budget year. Examples of cause for which Senior Resources may wish to terminate support are:
 - 1) Unavailability of funds;
 - 2) The Contractor violates conditions under which this contract was approved;
 - 3) Program performance is inadequate as documented through the monitoring of visits;
 - 4) Other resources are unavailable;
 - 5) Assessment findings are inadequate for two (2) semi-annual assessments; and
 - 6) Suspension for more than three consecutive months.
- b. To terminate funding of this contract, Senior Resources must notify the Contractor in writing at least thirty (30) days prior to the effective date of termination and the reasons for such action. This notice must specify any reports to be completed, the right of the Contractor to appeal, and the procedures to be followed for the appeal.
- c. Under extreme conditions, immediate termination may be completed. (Gross negligence, misappropriation of funds, placing participants at risk, lack of insurance coverage, etc. are considered extreme conditions.)
- d. If financial support of this contract terminates on completion of the approved budget year or earlier, the Contractor shall complete and submit a final project and financial report to Senior Resources by the date established by Senior Resources pursuant to this contract.
- e. If this contract is terminated or completed, equipment and supplies purchased with budget funds must be disposed of in accordance with procedures prescribed by 45 CFR Part 74, Subpart 0 (74.139). Any funds realized from the sale of such equipment or supplies is an adjustment to the projected cost.
- f. The Contractor may terminate this contract upon thirty (30) days written notice to Senior Resources at any time prior to the completion of this contract, for adequate cause.

SECTION ELEVEN: APPEALS/HEARINGS

Senior Resources shall provide the opportunity for an appeal hearing in the event of probation, suspension or termination of this contract. Any provider required under an area agency administrative action to perform, produce or to add to or perform beyond the provisions of this executed contract, including applicable statewide operating standards, Rules for State and Local Programs on Aging, the Older Michiganians Act, or the Older Americans Act, may appeal to the Senior Resources Board of Directors.

1. Any agency having the right to appeal a contract probation, suspension or termination shall provide a written notice of appeal and request for a hearing to the Chairperson of Senior Resources Board of Directors within ten (10) calendar days of receiving written notice of Senior Resources action and right to appeal. Requests shall certify that the appeal is officially endorsed by the agency's governing body. A copy of the request to appeal will be submitted by Senior Resources to the Director of ACLS Bureau within seven (7) calendar days of receipt. The written appeal request shall certify that the appeal is officially endorsed and initiated by the provider's governing body and be signed by its board chairperson (or ruling body president) and shall include the following:
 - a. Senior Resource action which is being appealed clearly stating the specific action; and
 - b. Grounds upon which appeal is being made citing justifiable grounds for the appeal; and
 - c. Written materials which are relevant to the appeal for presentation at the review hearing.
2. Upon receiving the appeal, Senior Resources Board of Directors reserves the right to appoint a special committee to hear the appeal and to specify the degree of authority it may exercise. If no committee is appointed, the appeal will be heard by Senior Resources Executive Committee. Board members affiliated with or having a conflict of interest. regarding the appeal agency may not serve on the committee or vote on the appeal.
3. The chairperson shall inform the executive committee (unless the board has appointed a special appeal review committee) of the appeal acknowledging that procedural steps have been met and recommending a review hearing.
4. A hearing shall be scheduled no later than thirty (30) days after the request was received by the board of directors. A notice of the hearing shall be mailed to the concerned parties not less than ten (10) working days prior to the hearing date. The notice shall include:
 - a. Date, time, and place of hearing;
 - b. Statement of issue being heard; and
 - c. Request for submission of any documentation which is relevant to the appeal; and
 - d. Rules of conduct; and
 - e. Rights of applicant/provider.
5. The Senior Resources Board of Directors or Review Committee may dismiss an appeal under any of the following circumstances:
 - a. The appeal was not signed and initiated by duly authorized official;
 - b. The appeal was not submitted within the time allowed;
 - c. The appellant fails to follow the appeals procedure steps;
 - d. The request is withdrawn by appellant's written notice before a final decision is issued;
 - e. The appellant fails to appear or be represented at the scheduled hearing.Written notice will be given by the chairperson to the appellant within fourteen (14) days stating the reason for dismissal.
6. Hearings will be conducted in accordance with the federal regulations governing state and community programs on aging to review items in dispute and seek clarification or resolution to the issue. The parties shall be given an opportunity to present oral and written arguments on pertinent issues, to bring witnesses, to present evidence, and to question any testimony or evidence. A record of such a meeting, including relevant facts will be maintained in the Senior Resources office.

7. The committee (executive or appointed) shall render a written decision within five (5) working days and communicate its decision to the policy board and the State Adult & Aging Services Agency (ACLS Bureau).
8. The decision of the policy board may be appealed within ten (10) calendar days to ACLS Bureau in accordance with its appeals procedure, which will be made available to the appellant, or to binding arbitration in accordance with the provisions of the American Arbitration Association or a similar recognized professional arbitration organization. The decision of the arbiter is binding and is not appealable to ACLS Bureau. The arbiter shall determine the distribution of costs between parties.

SECTION TWELVE: SUPPORT CLOSEOUT, DISPUTES, REPROGRAMMING

- I. Duration of Federal/State Support
Contract awards shall be approved for a minimum of one (1) year up to a maximum of three (3) years coinciding with the multi-year plan. Refer to Senior Resources policies and procedures manual for procedures for multi-year contracts. Duration of support for activities is dependent upon the needs of older persons, how well the project is meeting its stated objectives, assessment compliance results, whether local match meets the required ratio, and subject to availability of funds.
2. Closeouts
When this contract is concluded or terminated, the Contractor shall provide Senior Resources within sixty (60) days after conclusion or termination, all financial, performance, and other reports required as a condition of this contract. Senior Resources shall make payments to the Contractor for allowable reimbursable costs not covered by previous payments. The Contractor shall immediately refund to Senior Resources any payments or funds advanced to the Contractor in excess of allowable reimbursable expenditures.
3. Disputes
The Contractor shall provide a written notice of its intent to pursue a breach of contract claim against Senior Resources to the Chairperson of the Board of Directors. Written notification by a Contractor shall certify that the intent to pursue breach of contract suit is officially endorsed by the agency's governing body and shall include the following:
 - a. Breach of contract issue; and
 - b. Grounds upon which suit is being filed.No suit may be commenced by the Contractor for breach of contract prior to the expiration of sixty(60) days from the date of notification. Within the sixty (60) day period, the Contractor, at the request of Senior Resources, must meet with the Chairperson of the Board of Directors and the Director of Senior Resources for the purpose of attempting resolution of the dispute. In the event the dispute cannot be resolved, the Contractor may commence the suit sixty (60) days following notification.
4. Reprogramming
Reprogramming of a Contractor's awarded funds may result after the following procedure has been followed:
 - a. At the end of the second quarter (six months) if a Contractor's awarded service expenses are less than forty (40%) percent, a letter will be sent to the Contractor and its policy board requesting an explanation for the underspending and their plans for feasibility of fulfilling the contract. Technical assistance will be offered at that time. If an unsatisfactory explanation is given, a written plan of spending/service will be requested from the Contractor.

- b. Projections will be done following the receipt of explanations and/or spending plans from Contractors. If it appears that unexpended awards or funds will exceed five (5%) percent by the end of the fiscal year, a plan to reprogram and re-distribute the projected unexpended funds will be submitted by staff to the Senior Resources Planning & Program Committee at their next meeting.
- c. The planning and programming committee, along with staff, will formulate recommendations to the Board of Directors for these funds. Reprogramming dollars can be used to fund:
 - 1) Projects previously approved without funding;
 - 2) Priority services within existing Contractors; or
 - 3) Other service objectives within the area plan.
- d. The Board of Directors will vote on the committee recommendations at their next meeting with quorum, and revised Notifications of Contract Awards will be issued, if applicable. All standard contracting and fiscal procedures will be followed.

Signature: Authorized Official - Contractor

Printed Name

Dated:

Signature: Program Coordinator - Contractor

Printed Name

Dated:

Karla Betten, Grants Manager

Dated:

Amy Florea, Senior Resources Community Services Director

Dated:

AGREEMENT AND ASSURANCES
BETWEEN SUB-RECIPIENT AGENCY
AND
SENIOR RESOURCES OF WEST MICHIGAN

The Sub-recipient Agency, _____ (Contractor),
HEREBY ASSURES that all persons involved in implementing the contract for aging services with Senior Resources of West Michigan (Senior Resources) has read the Michigan Aging & Adult Services Agency's minimum standards (including the general standards and specific service standards) for each of the following funded services (list):

FURTHERMORE, the Contractor assures that it has educated appropriate staff on compliance with the minimum standards, and **AFFIRMS** it understands and agrees that the following provisions are part of the binding contract.

The Contractor agrees:

1. That the program service(s) will be carried-out in accordance with the policies and procedures established by Senior Resources, and agrees to cooperate with Senior Resources in its efforts toward developing a comprehensive and coordinated system of services for the elderly and/or caregivers, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
2. That the granted funds will be used to provide services in the project area only to those who are age sixty (60) and over, with preference given to those in greatest economic and social need with particular attention to low-income minority individuals. That a means test will not be used to determine eligibility, deny or limit service to older persons.
3. That the Contractor does, in fact, have the capacity to collect and maintain both program and financial records, and can comply with the deadlines established by Senior Resources for the submission of required information and reports, including but not limited to:
 - a. Quarterly financial and program reports due by the 10th day of the month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
 - b. Participant registration and service units reports for the National Aging Program Information System (NAPIS) no less than by the 10th of each month following the quarter end (Jan. 10, Apr. 10, July 10 and Oct. 10)
4. That where Contractor utilizes subcontractors for the operation of one or more of the program services, the Contractor agency retains full and complete responsibility for the operation of that program in keeping with the policies and procedures established by Senior Resources, and will ensure that all expenditures incurred by the Contractor will be in accordance with federal law and standards.
5. To engage in service promotion through the various publications and media, and will acknowledge the sponsorship of Senior Resources on all publications or media announcements for the funded program.
6. To continue to seek support from private sources and other public organizations for services funded.
7. To provide each older person with a free and voluntary opportunity to contribute to the cost of the service; protect the privacy of each older person with respect to his or her contribution; establish appropriate procedures to safeguard and account for all contributions; and agrees to use all contributions to expand the services funded.
8. That no older person will be denied service because the older person will not or cannot contribute to the cost of the service.
9. To actively seek qualified older persons for paid positions and to make provision for volunteer opportunities for

older persons.

10. That a personnel policy manual and code of ethics policy exists and copies are distributed to all staff. Further that the manual is in compliance with state and federal employment and labor laws.
11. To provide for or participate in such training as may be necessary to enable paid and volunteer personnel to perform more effectively.
12. To maintain accounts and documents that will permit determination at any time of the status of funds within the award, including the disposition of monies received from Senior Resources, and the nature and amount of charges claimed against those monies.
13. To cooperate, allow access to records, and assist in efforts undertaken by Senior Resources, the Adult & Aging Services Agency, Health & Human Services/Community Living Services, or any other agency or organization duly authorized by any of the preceding to assess, monitor or evaluate the effectiveness, feasibility, and costs of the project.
14. **To maintain the security and privacy of all protected health information obtained from an individual in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA)** and that no personal information obtained from an individual in conjunction with the project shall be disclosed in a form which identifies an individual without the written and informed consent of the individual concerned.
15. Agrees to sign a Business Associates Agreement for HIPAA compliance with Senior Resources and when applicable will provide participants with a copy of Senior Resources' Notice of Privacy Practices.
16. **To comply with: 1) Title VI of the Civil Rights Act of 1964; Elliott-Larsen Civil Rights Act, P.A. 1976 453, as amended; 2) Americans with Disabilities Act (P. Law 101-336) of 1990; 3) Michigan Handicappers Civil Rights Act, P.A. 1976 as amended; 4) Federal Rehabilitation Act of 1973, P.A. 98-112, 87 Stat. 394, Section 504.** That Contractor agency has no commitments or obligations which are inconsistent with compliance of these and any other pertinent Federal regulations and policies and that any other agency, organization, or part which participates in this project shall have no such commitments or obligations.
17. **To comply with the Drug-Free Workplace Act of 1988, Public Law 100-690; and 45 CFR Part 76**, which prohibits the manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace.
18. **That the applicant agency and/or any of its principles is not debarred and/or suspended from receiving federal funds and the applicant agency and all of its principles will comply with 45 C.F.R. §74.13** by certifying that the applicant agency and its principals ARE NOT debarred and/or suspended from receiving federal funds.
19. **To comply with the Non-Utilization of Federal Funds for Match Purposes, Section 21.8f (1) and (2) of the Older Americans Act of 1965** as amended, which states:
 - a. Non-federal resources used to match other Federal grants or contracts may not be used to match Title III funds.
 - b. Federal cash or Federal in-kind resources acquired during current or prior years may not be used to match funds provided under Title III unless otherwise specifically authorized by Federal Statute. Furthermore, Section 22.6c (2)(f) indicates: Non-federal resources shall be accepted as part of the grantee's match or cost sharing only when they are not borne by the Federal government directly under any other program.

I hereby covenant that this Contractor will comply with all the above stated requirements (Items 1-19).

Agency Director/CEO

Date

Program Coordinator/Director

Date



BUSINESS ASSOCIATE AGREEMENT

This Agreement is entered into by the SENIOR RESOURCES, an Area Agency on Aging & a Covered Entity; And _____ (PROVIDER); to set forth the terms and conditions under which Protected Health Information (PHI), as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Regulations enacted thereunder, created or received by PROVIDER on behalf of SENIOR RESOURCES may be used or disclosed.

This Agreement begins on _____ and its obligations continue as long as PROVIDER uses, discloses, creates or otherwise possesses any PHI and until all PHI is destroyed or returned to SENIOR RESOURCES pursuant to this Agreement.

1) Allowed use:

- a. Completing and submitting participant assessments, service authorizations, plans of care and service billings;
- b. Matching a staff with a participant;
- c. Planning for emergencies and contingencies;
- d. Making aging network referrals;
- e. Providing services;
- f. Other uses as approved through explicit written consent by SENIOR RESOURCES.

2) Allowed Disclosure:

- a. For the management and administration of PROVIDER's legal responsibilities.
- b. As required by law.
- c. When PROVIDER obtains reasonable assurances from the person to whom the PHI is disclosed that:
 - i. the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person.
 - ii. PROVIDER will be notified of any instances of which the person is aware in which confidentiality of the informed is breached.
- d. Other disclosures as approved through explicit written consent by SENIOR RESOURCES.

3) Protections:

- a. PROVIDER agrees to comply with all applicable provisions of the HIPAA Privacy and Security rules, as amended.
- b. PROVIDER agrees to maintain the security and privacy of all PHI in a manner consistent with all applicable Michigan and federal laws and regulations. PROVIDER will not store participant private information stored on mobile devices or portable media except where sensitive data has been encrypted in compliance with Michigan Dept. of Technology Standard 1340.00.07 (addendum A).
- c. PROVIDER agrees not to use or disclose PHI except as expressly permitted by this Agreement, applicable law, or for the purpose of managing PROVIDER's own internal business processes consistent with this Agreement.
- d. PROVIDER shall not disclose PHI to any member of its workforce unless PROVIDER has advised such person of its privacy and security obligations under this Agreement, including the consequences for violation of such obligations. PROVIDER shall take appropriate disciplinary action against any member of its workforce who uses or discloses PHI in violation of this Agreement and applicable law.
- e. PROVIDER shall not disclose PHI to a person, including any agent or subcontractor of PROVIDER but not including a member of PROVIDER's own workforce, until such person agrees in writing to be bound by the provisions of this Agreement and applicable Michigan or federal law.
 - i. PROVIDER shall enter into Business Associate Agreements with all subcontractors that create, receive, maintain, or transmit PHI on behalf of PROVIDER. Minimally, such agreement shall

obligate the subcontractor to all terms and requirements as set forth in this agreement with PROVIDER.

- f. PROVIDER agrees to use appropriate safeguards to prevent use or disclosure of PHI not permitted by this Agreement or applicable law, and will restrict use of PHI to individuals whose job duties require it and/or permission has been granted for a finite duration as needed to fulfill the specific functions required to perform a specific job.
- 4) **Records:** PROVIDER agrees to maintain a record of all disclosures of PHI as required by HIPAA as amended. The record shall include the date of the disclosure, the name and, if known, the address of the recipient of the PHI, the name of the individual who is the subject of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure. PROVIDER shall make the record available to an individual who is the subject of such information or SENIOR RESOURCES within five (5) days of a request and shall include disclosures made on or after the date which is six (6) years prior to the request or April 15, 2003, whichever is later. PROVIDER shall make electronic copies of such records available in the format requested if such records are readily reproducible in the format requested, or in an alternative format that is readily reproducible and is agreed to by the requesting party.
- 5) **Reporting Unauthorized use/disclosure/breach:**
- a. PROVIDER agrees to immediately report to SENIOR RESOURCES any unauthorized use or disclosure of PHI by PROVIDER or its workforce or subcontractors. PROVIDER agrees to work with SENIOR RESOURCES to provide notification to all individuals whose PHI was breached, and to develop remedial plans. All actions taken and results of remedies shall be provided to SENIOR RESOURCES on an ongoing basis.
 - b. PROVIDER agrees to report to SENIOR RESOURCES any instance of PHI or participant private information (including that stored on a mobile device or portable media -encrypted or unencrypted) being lost, misplaced, stolen, or where there is reasonable belief that an unauthorized person may have acquired the data.
 - i. Initial notification of discovered breach must be reported immediately to the Privacy Officer at Senior Resources. Such initial notice must contain at a minimum the date of the breach, contact information for designated liaison of PROVIDER, and minimal details as to the nature of the breach.
 - ii. A detailed report including data presumed to be lost or stolen, participants affected, evidence of breach, date of breach, and remedial actions undertaken must be reported within seventy-two (72) hours of discovery of the breach to the Privacy Officer at Senior Resources.
 - c. PROVIDER agrees to make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the United States Department of Health and Human Services, for purposes of determining the Covered Entity's compliance with HIPAA.
 - d. Within thirty (30) days of a written request by SENIOR RESOURCES, PROVIDER shall allow a person who is the subject of PHI, such person's legal representative, or SENIOR RESOURCES to have access to and to copy such person's PHI maintained by PROVIDER. PROVIDER shall provide PHI in the format requested by such person, legal representative, or practitioner unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format.
 - e. All individuals affected by unauthorized use/disclosure/breach must be notified within 60 days of discovery of the breach. A breach is considered discovered the same day that the PROVIDER is made aware of, or should have reasonably been aware of the breach. Each individual whose information was breached must be provided individual notice regarding the breach, including the date of breach, the information that was disclosed, the actions being taken by the PROVIDER, and who to contact for more information.
- 6) **Amendments to PHI:** PROVIDER agrees to amend, pursuant to a request by SENIOR RESOURCES, PHI maintained and created or received by PROVIDER. PROVIDER further agrees to complete such amendment within thirty (30) days of a written request by SENIOR RESOURCES.
- 7) **Penalties:** In the event PROVIDER fails to perform the obligations under this Agreement, SENIOR RESOURCES may, at its option:
- a. Require PROVIDER to submit to a plan of compliance, including monitoring by SENIOR RESOURCES and reporting by PROVIDER, as SENIOR RESOURCES in its sole discretion, determines necessary to

maintain compliance with this Agreement and applicable law. Such plan shall be incorporated into this Agreement by amendment thereto; and

- b. Require PROVIDER to mitigate any loss occasioned by the unauthorized disclosure or use of PHI as required by HIPAA as amended.
- c. Immediately discontinue providing PHI to PROVIDER with or without written notice.

8) **Termination:**

- a. SENIOR RESOURCES may immediately terminate this Agreement and related agreements if SENIOR RESOURCES determines that PROVIDER has breached a material term of this Agreement. Alternatively, SENIOR RESOURCES may choose to: (1) provide PROVIDER with ten (10) days written notice of the existence of an alleged material breach; and (2) afford the PROVIDER an opportunity to cure said alleged material breach to the satisfaction of SENIOR RESOURCES within ten (10) days. PROVIDER's failure to cure shall be grounds for immediate termination of this Agreement. The exercise of any remedy shall not preclude the exercise of any other.
- b. Upon termination of this Agreement, PROVIDER shall return or destroy all PHI received from SENIOR RESOURCES, or created or received by PROVIDER on behalf of SENIOR RESOURCES and that PROVIDER maintains in any form, and shall retain no copies of such information. If the parties mutually agree that return or destruction of PHI is not feasible, PROVIDER shall continue to maintain the security and privacy of such PHI in a manner consistent with the obligations of this Agreement and as required by applicable law, and shall limit further use of the information to those purposes that make the return or destruction of the information infeasible. The duties hereunder to maintain the security and privacy of PHI shall survive the discontinuance of this Agreement.

- 9) **Amendments to Agreement:** SENIOR RESOURCES may amend this Agreement by providing ten (10) days prior written notice to PROVIDER in order to maintain compliance with Michigan or federal law. Such amendment shall be binding upon PROVIDER at the end of the ten (10) day period and shall not require the consent of PROVIDER. PROVIDER may elect to discontinue the Agreement within the ten (10) day period, but PROVIDER's duties hereunder to maintain the security and privacy of protected health information shall survive such discontinuance. SENIOR RESOURCES and PROVIDER may otherwise amend this Agreement by mutual written agreement.

- 10) **Hold Harmless:** PROVIDER shall, to the fullest extent permitted by law, protect, defend, indemnify and hold harmless SENIOR RESOURCES and its employees and directors from and against any and all losses, costs, claims, penalties, fines, demands, liabilities, legal actions, judgments, and expenses of every kind (including reasonable attorney's fees, including at trial and on appeal) asserted or imposed against any indemnities arising out of the acts or omissions of PROVIDER or any subcontractor of or consultant of PROVIDER or any of PROVIDER's employees, directors, or agents related to the performance or nonperformance of this Agreement.

11) **SENIOR RESOURCES agrees to the following Responsibilities as a Covered Entity:**

- a. Inform PROVIDER, of any changes in, or withdrawal of an individual's consent or authorization, to use or disclose PHI, to the extent that such changes or withdrawal may affect PROVIDER's use or disclosure of PHI.
- b. Inform PROVIDER of any restrictions to the use or disclosure of PHI to which SENIOR RESOURCES has agreed or must comply.
- c. Inform PROVIDER of any opt-outs from marketing and/or fundraising activities, to the extent that it knows of any such opt-outs.

Authorized Signature / Provider

Authorized Signature / Senior Resources

Printed Name and Title of Above

Grants Manager
Printed Name and Title of Above

Date

Date

Subgrantee General Requirements for All Services

Policy: CO.2.07

Approved: *Tom Cantis*, CEO

Effective Date: 6.24.16

Revised: 11.12.18, 12.02.2020

Reviewed: 12.13.19, 12.04.2020

1.0 POLICY:

- 1.1 Sub granted service programs for older persons provided with state and/or federal funds awarded by the Michigan Commission on Services to the Aging (MCSA) must comply with all general program requirements established by the Commission.

2.0 PROCEDURE:

2.1 Required Program Components:

- a. Contractual Agreement: Services are to be provided under an approved area plan through formal contractual agreements, including direct purchase agreements, between the Area Agency on Aging (AAA) and service providers. Assignment of responsibilities under the contractual agreement or execution of sub-contracts involving an additional (third) party must be approved in writing by the AAA. Direct service provision by the AAA must be specifically approved as part of the area plan. Each contractual and direct purchase agreement must contain all required contract components as detailed in Operating Standards for Area Agencies on Aging.
- b. Compliance with Service Definitions: Only those services for which a definition and minimum standards have been approved by the MCSA may be funded with state and/or federal funds awarded by the MCSA. Each service program must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.
- c. Eligibility: Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program (such as a spouse under 60 of a meal participant). Services provided under Title III- Part E (The National Family Caregiver Support Program) may be provided to caregivers age 60 or over, caregivers of any age when the care recipient is aged 60 or over, and to kinship care recipients when the kinship caregiver is aged 55 or over.
- d. Targeting of Participants: Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area. Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet the specific objectives established by the AAA for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly population within the geographic service area.
- e. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing participants waiting to receive services, based on social, functional and economic needs. Indicating factors include:
 1. For Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.

2. For Functional Need – handicaps (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
 3. For Economic Need - eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) poverty reporting requirements remain based on 100% of the poverty threshold.]
- f. Elderly members of Native American tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.
 - g. Each provider must maintain a written list (wait list) of persons who seek service from a priority service category who cannot be served at the time of referral or who cannot be served at full level of identified need. Priority services include: Care Management, Case Coordination, Transportation, Information & Assistance, Legal, In-Home Services and Home Delivered Meals. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.
 - h. The waitlist must include data elements to meet requirements for quarterly reporting to Bureau of Aging, Community Living, and Supports (ACLS Bureau) that include length of time on waiting list, number of individuals served at less than identified need, reasons for being waitlisted or underserved (such as limited funding, lack of volunteers, limited delivery area), and referrals made to other assistance/agencies (such as food banks, Department of Health and Human Services, private pay programs, etc.). At minimum, data collection should include date of referral or date service is first sought, individual's name and contact information, service being sought, geographic area of residence of the person seeking service, reasons for being waitlisted/underserved, and referrals made.
 - i. Individuals on waiting lists for transportation services (for which cost sharing is allowable) may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by the grant funded program.
 - j. Participant Contributions: All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to make a donation.
 - k. Cost sharing practice may be implemented if requested in writing and approved by Senior Resources, according to the ACLS Bureau Cost Sharing Policy (refer to Transmittal Letter #393). The following Senior Resources funded services cannot be approved for cost sharing: Case coordination and support, care management, congregate meals, home delivered meals, ombudsman, information and assistance, benefits counseling, elder abuse prevention programs, and legal assistance.
 - l. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.
 - m. Each program must have in place a written procedure for handling all donations/contributions, upon receipt, which includes at a minimum:
 1. Daily counting and recording of all receipts by two, unrelated individuals.
 2. Provisions for sealing, written acknowledgement and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged.
 3. Reconciliation of deposit records and collection records by someone other than the depositor or counter(s).
 - n. Confidentiality: Each service program must have procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. The procedures must ensure that no information about an older person or obtained from an older person by a

service provider, is disclosed in a form that identifies the person, without the informed consent of that person or of their legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state or local agencies which are also bound to protect the confidentiality of participant information. All participant information shall be maintained in controlled access files. It is the responsibility of each service program to determine if they are a covered entity with regard to Health Insurance Portability and Accountability Act regulations.

- o. Referral and Coordination Procedures: Each service program shall demonstrate working relationships with other community agencies for referrals and resource coordination to ensure that participants have maximum possible choice. Each program shall be able to demonstrate linkages with agencies providing access services. Each program must establish written referral protocols with Case Coordination and Support, Information & Assistance, Legal and Transportation programs operating in the respective service area.
- p. Services Publicized: Each service program must publicize the service(s) in order to facilitate access by all older persons that, at a minimum, shall include being easily identified in local telephone directories.
- q. Older Persons at Risk: Each service program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that place the older person, or the household of the older person, in imminent danger. (e.g., situations of abuse or neglect).
- r. Emergency Protocols: Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available. Nutrition providers must submit to the AAA for review and approval a written emergency/disaster plan which includes protocols and provisions for uninterrupted delivery of services in the event of a disaster.
- s. Insurance Coverage: Each program shall have sufficient insurance to indemnify loss of federal, state and local resources, due to casualty, fraud or employee theft. All buildings, equipment, supplies and other property purchased in whole or in part with funds awarded by the MCSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss.
- t. **The following insurances are required for each program:**
 - 1. Worker's compensation
 - 2. Unemployment
 - 3. Property and theft coverage (including employee theft)
 - 4. Fidelity bonding (for persons handling cash)
 - 5. No-fault vehicle insurance (for agency owned vehicles)
 - 6. General liability and hazard insurance (including facilities coverage)
- u. **The following insurances are recommended for additional agency protection:**
 - 1. Insurance to protect the program from claims against program drivers and/or passengers
 - 2. Professional liability (both individual and corporate)
 - 3. Umbrella liability
 - 4. Errors and Omission Insurance for Board members
 - 5. Special multi-peril
- v. Volunteers: Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising/monitoring of volunteers that is consistent with the procedure utilized for paid staff. Volunteers shall receive a written position (job) description, orientation training and an annual performance evaluation.
- w. Staffing: **Each program shall employ competent, trained personnel sufficient to provide the grant funded services pursuant to the contractual agreement.** Each program shall be able to demonstrate an organizational structure including established lines of authority.

x. Criminal Background Check Minimum Standards

1. Each program must conduct, or cause to be conducted, a criminal background check that reveals information similar or substantially similar to information found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, employee, subcontractor, subcontractor employee, and volunteer who has in person client contact, in-home client contact, access to a client's personal property, or access to confidential client information:
 - a. ICHAT: <http://apps.michigan.gov/ichat>
 - b. Michigan Public Sex Offender Registry: <http://www.mipsor.state.mi.us>
 - c. National Sex Offender Registry: <http://www.nsopw.gov>
2. Criminal background checks for new hires must be completed prior to the individual working directly with clients or having access to a client's personal property or confidential client information.
3. All programs are required to update criminal background checks for all employees and volunteers every three years to identify convictions in the event they occur while an individual is employed or providing volunteer service:
 - a. All employees and volunteers hired prior to the effective date of this policy must be re-screened within 90 days from the effective date of this policy. Thereafter, criminal background checks for these employees and volunteers must be completed no later than 30 days after every third anniversary from the date of the last background check.
 - b. Updated criminal background checks for employees and volunteers hired after the effective date of this policy must be completed no later than 30 days after every third anniversary of the date of hire.
4. The use of information obtained from a criminal background check shall be restricted to determining suitability for employment and/or volunteer opportunities. All programs are required to maintain a copy of the results of each criminal background check for paid and volunteer staff in a confidential and controlled access file. The information should not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.
5. Exclusions: No employee or volunteer shall be permitted to work directly with clients or have access to a client's personal property or confidential client information if:
 - a. Mandatory Exclusions: The results of the criminal background check show that the person has a federal or state felony conviction related to one or more of the following crimes:
 - i. Crimes against a "vulnerable adult" as set forth in MCL 750.145n et seq.
 - ii. Violent crimes including, but not limited to, murder, manslaughter, kidnapping, arson, assault, battery, and domestic violence;
 - iii. Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion;
 - iv. Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution;
 - v. Cruelty or torture;
 - vi. Abuse or neglect; or
 - vii. Felony involving the use of a firearm or dangerous weapon.
 - b. Felony Convictions: The results of the criminal background check show that the person has a federal or state felony conviction within the preceding 10 years from the date of the background check, including but not limited to:
 - i. Crimes involving state, federal, or local government assistance programs;
 - ii. Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion; or

- iii. Drug crimes including, but not limited to, possession, delivery, and manufacturing.
- c. Misdemeanor Convictions: The results of the criminal background check show that the person has a federal or state misdemeanor conviction within the preceding 5 years from the date of the background check, including but not limited to:
 - i. Crimes involving state, federal, or local government assistance programs;
 - ii. Crimes against a “vulnerable adult” as set forth in MCL 750.145n et seq;
 - iii. Financial crimes including, but not limited to, fraud, forgery, counterfeiting, embezzlement, and tax evasion;
 - iv. Theft crimes including, but not limited to, larceny, burglary, robbery, extortion, false pretenses, false representation, and conversion;
 - v. Sex crimes including, but not limited to, rape, sexual abuse, criminal sexual conduct, and prostitution;
 - vi. Drug crimes including, but not limited to, possession, delivery, and manufacturing;
 - vii. Cruelty or torture;
 - viii. Abuse or neglect;
 - ix. Home invasion;
 - x. Assault or battery; or
 - xi. Misdemeanor involving the use of a firearm or dangerous weapon with the intent to injure, the use of a firearm or dangerous weapon that results in a personal injury, or a misdemeanor involving the use of force or violence or the threat of the use of force or violence.

For purposes of the excluded offenses identified above, an individual is considered to have been convicted of a criminal offense when:

- A judgment of conviction has been entered against the individual or entity by a federal, state, tribal, or local court regardless of whether there is an appeal pending;
- There has been a finding of guilt against the individual by a federal, state, tribal, or local court; or
- A plea of guilty or nolo contendere by the individual has been accepted by a federal, state, tribal, or local court.

Arrest records, by themselves, do not disqualify an individual.

- 6. All programs are required to maintain documentation of all criminal background checks, including a list of all paid and volunteer staff who are subject to this policy, the date of the most recently completed criminal background check, and the source of the background check. Employees hired prior to the effective date of this policy are not exempt from this requirement.
- y. Staff Identification: Every program staff person, paid or volunteer, who enters a participant's home must display proper identification which is either an agency picture card or a Michigan driver's license and some other form of agency identification.
- z. Orientation and Training Participation: New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging process, ethics and emergency procedures. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.
- aa. Service program staff is encouraged to participate in relevant ACLS Bureau or AAA sponsored or approved in-service training workshops, as appropriate and feasible. Records that detail dates of training, attendance, and topics covered are to be maintained. Training expenses are allowable

costs against grant funds. Each service program should budget an adequate amount to address its respective training needs.

bb. Complaint Resolution and Appeals:

1. Complaints - Each program must have a written procedure in place to address complaints, from individual recipients of services under the contract, which provides for protection from retaliation against the complainant.
2. Appeals - Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services, or for recipients who have services terminated. Persons denied service and recipients of service who have services terminated, or who have unresolved complaints, must be notified of their right to appeal such decisions and the procedure to be followed for appealing such decisions. Each program must provide written notification to each participant, at the time service is initiated, of their right to comment about service provision and to appeal termination of services.
3. Complaints of Discrimination – Each program must provide written notice to each participant, at the time service is initiated, that complaints of discrimination may be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

cc. Service Termination Procedure: Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in participant files. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal. Reasons for termination may include, but are not limited to the following:

1. The participant's decision to stop receiving services;
2. Reassessment that determines a participant to be ineligible;
3. Improvement in the participant's conditions so they are no longer in need of services;
4. A change in the participant's circumstances which makes them eligible for services paid for from other sources;
5. An increase in the availability of support from friends and/or family;
6. Permanent institutionalization of participant in either an acute care or long-term-care facility. If institutionalization is temporary, services need not be terminated; and,
7. The program becomes unable to continue to serve the participant and referral to another provider is not possible (may include unsafe work situations for program staff or loss of funding).

dd. Service Quality Review: Each provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of services received. The mechanism may include participant surveys, review of assessment records of in-home participant, etc.

ee. Civil Rights Compliance: Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status. Each program must complete an appropriate Federal Department of Health and Human Services form assuring compliance with the Civil Rights Act of 1964. Each program must clearly post signs at agency offices and locations where services are provided in English, and other languages, as may be appropriate, indicating non-discrimination in hiring, employment practices and provision of services.

ff. Equal Employment: Each program must comply with equal employment opportunity and affirmative action principles.

gg. Universal Precautions: Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act.

- hh. Drug Free Workplace:** Each program must agree to provide drug-free workplaces as a precondition to receiving a federal grant. Each program must operate in compliance with the Drug-Free Workplace Act of 1988.
- ii. Americans with Disabilities Act:** Each program must operate in compliance with the Americans with Disabilities Act.
- jj. Workplace Safety:** Each program must operate in compliance with the Michigan Occupational Safety and Health Act. Information regarding compliance can be found at www.michigan.gov.

3.0 REFERENCES

- a.** Michigan Commission on Services to the Aging (MCSA): <https://www.michigan.gov/osa/1,4635,7-234-64080-395270--,00.html>
- b.** Michigan Adult & Aging Services: *Operating Standards for Services Program, II-A. General requirements for all Service Programs.*
- c.** Michigan Public Acts referred: www.legislature.mi.gov.
- d.** Bureau of Aging, Community Living, and Supports (ACLS Bureau) Cost Sharing Policy-Transmittal Letter #393

Subgrantee/Applicants Soliciting of Funds or Contributions

Policy: CO.2.05

Approved: *Sam Curtis*, CEO

Effective Date: 1/22/14

Revised: 9.24.2021

Reviewed: 9.24.2021

1.0 DEFINITIONS:

- 1.1 Program Income** - Income received by the Subgrantee that is directly generated by an activity supported under an award or earned as a result of the award from Senior Resources. Program income may come from voluntary registration or participation fees or donations from recipients of service. Program income donations are made confidentially and are not identified by the service recipient's record.
- 1.2 Cost Share** - Cost share refers to the resources a recipient of service pays towards the total cost of the service through an agreement with the Subgrantee.

2.0 POLICY:

- 2.1** Subgrantees are required to offer a confidential and voluntary opportunity to program participants to contribute toward the provision of the service received. All contributions shall be reported as program income and used to expand services. No one may be denied service for failing to make a contribution or donation.
- 2.2** Any community-wide fund drive which is based on soliciting funds from the public at-large is permissible.
- 2.3** Any soliciting which is participant oriented and focuses on obtaining monies from consumers based on the promise or delivery of service is prohibited. (According to Section 1321.111 Sub Section C Failure to Contribute).
- 2.4** Contributions for services under the area plan:
 - a.** Opportunity to contribute. Each service provider must:
 - 1.** Afford each older person the free and voluntary opportunity to contribute to all or part of the costs of the services provided;
 - 2.** Protect the privacy of each older person with respect to his or her contributions;
 - 3.** Establish procedures to safeguard an account for all contributions; and
 - 4.** Provide that program income earned for each respective service is used to expand those services.
 - b.** Contribution Schedules. Each service provider may develop a suggested contribution schedule for services provided under this part. In developing a contribution schedule the provider must consider the income ranges of older persons in the community and the provider's other sources of income.
 - c.** Failure to Contribute. Service provider that receives funds under this part may not deny any older person a service because the older person will not or cannot contribute to the cost of the services.
 - d.** Contributions as program income. Contributions made by older persons are considered program income.
 - e.** Cost Sharing. A provider may seek to implement the practice of cost sharing by requesting, in writing, approval from Senior Resources. The following Senior Resources funded services cannot be approved for cost sharing: Case coordination and support, care management, congregate meals, home delivered meals, ombudsman, information and assistance, benefits counseling, elder abuse prevention programs, and legal assistance.

3.0 REFERENCES:

- a.** Portions excerpted from Federal Register Vol. 45, No. 63 - <http://www.archives.gov/federal-register/publications/>
- b.** FC.1.15 Cost Sharing Policy

Sub-grantee Assessment Policy and Procedure

Policy: CO.2.01

Approved: *Sam Curtis*, CEO

Effective Date: 10.16.15

Revised: 8.1.2022 **Reviewed:** 12.13.19

1.0 POLICY:

- 1.1 Senior Resources is required by The Bureau of Aging, Community Living, and Supports (ACLS Bureau) to assess sub-recipients of aging funds at least annually, and Senior Resources will conduct assessments of the sub-grantees at minimum annually. General standards, program and fiscal assessment tools will be sent to the sub-grantee prior to the assessment date mutually established during the first fiscal year of the three-year grant period. During fiscal years two and three, the assessments will be updated to reflect any changes.
- 1.2 Sub-grantees must permit access at reasonable times by Senior Resources staff to observe and assess program and fiscal operations for evaluation purposes. In addition, sub-grantees must permit ACLS Bureau and or any agency designated by either Senior Resources or ACLS Bureau to interview participants, who fully agree to being interviewed, in programs funded in any part by Senior Resources.
- 1.3 Sub-grantees may be designated as low-risk for non-compliance after the completion of a historical three-year grant period during which the following criteria were met:
 - a. The sub-grantee was contracted for the same service(s) during the prior three-year contracting period;
 - b. The annual assessment(s) conducted during the prior three-year contracting period resulted in no findings;
 - c. Maintains a favorable rating result from the Financial Risk Survey; and,
 - d. There are no current concerns based on required reporting, consumer feedback, or other communications.
- 1.4 A hybrid assessment for low-risk Contractors will be conducted with in-person and virtual components during fiscal year one, and if low-risk status is retained, desk review assessments will be conducted during fiscal years two and three.

2.0 PROCEDURE:

- 2.1 Assessment tools are used for the initial first year assessment. The assessment begins with a summary sheet for recording general information and the program areas Senior Resources intends to cover during the assessment. The assessment is organized into three parts:
 - a. General Standard for All Services
 - b. Program Service (for each contracted service)
 - c. Fiscal with Financial Risk Survey.
- 2.2 The procedures which follow include activities to be carried out before, during, and following the assessment:
 - 2.2.1 Pre-Assessment: Senior Resources will notify the sub-grantee two weeks prior to the date of the assessment review. Senior Resources staff will notify in writing what subject areas will be covered during the assessment, who will conduct the assessment, and what materials the sub-grantee should make available. Senior Resources will supply a copy of the assessment tools to the sub-grantee. Senior Resources staff will review the sub-grantee's contract, budget, fiscal and program reports, and other pertinent material in its contract file prior to the assessment. During the site visit, the sub-grantee will provide adequate working and meeting space to Senior Resources staff.
 - 2.2.2 Assessment: Sub-grantee staff, as well as board members, are encouraged to participate. Senior Resources will review records and files to ensure that all minimum standards are being met and required data is being collected for completion of the quarterly fiscal and program reports. Senior Resources staff will discuss observations and assessment conclusions with the sub-grantee during an exit interview.
 - 2.2.3 Post-Assessment: Within sixty (60) days, Senior Resources will complete and provide the sub-grantee with a written assessment follow-up report, including findings and recommendations for corrective action, if applicable. The report may also identify areas where technical assistance may be required, and technical assistance by Senior Resources staff will be offered. A copy of the

assessment report and the completed assessment tools will be maintained in the sub-grantee files as part of its permanent record and is reviewed by independent auditors retained by Senior Resources to substantiate program audit compliance.

- 2.2.4** If the assessment results in the sub-grantee being placed on probation, a copy of the letter will be sent to the ACLS Bureau, and the sub-grantee will need to provide Senior Resources with a proposed corrective action plan. Upon request, Senior Resources will provide on-site technical assistance to assist the sub-grantee in carrying out its corrective action. A summary of the assessment and recommendations will be supplied to the Senior Resources Board and Program & Planning Advisory Council as well as the overall progress and achievement of the sub-grantee towards its correction action plan.

3.0 REFERENCES:

- a.** CO.2.2 Sub-Grantee Corrective Action/ Termination Policy and Procedure
- b.** CO.2.4 Sub-Grantee Right to Appeal Policy and Procedure
- c.** Senior Resources Contractual Agreement for Aging and Adult Services
- d.** OMB Circular A-110/*Uniform Administrative Requirements for Grants*
- e.** Michigan Aging and Adult Services/*Agency Administrative Standards for Agencies on Aging*

Sub grantee Corrective Action/Probation/Termination Policy

Policy: CO.2.02

Effective Date: 1/17/14

Revised: 9.24.2021

Approved: *Sam Curtis*, CEO

Reviewed: 9.24.2021

1.0 POLICY:

- 1.1** Senior Resources, an Area Agency on Aging, which awards sub-grants and contracts for the provision of aging services under the Older Americans and Older Michiganians Acts, is required to continually monitor and annually assess the quality of services provided by its sub-grantees. If a sub-grantee fails to comply with the terms of its contract or fails to meet the minimum requirements of the general operating or service standards, Senior Resources may place the sub-grantee's program on probation or suspension in whole or in part. For adequate cause, Senior Resources may terminate a contractual agreement prior to the end of an approved period. Senior Resources shall provide the opportunity for appeal or a hearing in the event of probation, suspension or termination of contract in accordance with its Appeals Policy & Procedure. Any sub-grantee or contractor receiving written notification of probation, suspension or termination of contract with Senior Resources shall receive a written notice of the appeals policy and procedure.

2.0 PROCEDURE:

2.1 Corrective Action/Probation:

- a.** If a sub-grantee fails to comply with the terms of its contract or fails to meet the minimum requirements of the general operating or service standards, Senior Resources may place the sub-grantee operations on probation in whole or in part.
- b.** Senior Resources may commence probation upon the Sub-grantee's receipt of written violations cited by Senior Resources.
- c.** The notice of probation shall contain reasons for probation, corrective actions required of the Sub-grantee, the effective date, probationary time frame, due date for correction action plan to be submitted (if applicable), and the right of the sub-grantee to appeal the probation.
- d.** During the probationary period, the sub-grantee will receive reimbursement for expenses incurred as part of this contract.
- e.** If during the probationary time frame the sub-grantee does not comply with the corrective actions, suspension or termination may be elected.

2.2 Suspension:

- a.** If the sub-grantee fails to comply with the terms of this contract, Senior Resources may suspend support for sub-grantee's program in whole or in part. Support for any part shall automatically be terminated when it has been suspended for more than ninety (90) days.
- b.** To suspend sub-grantee's program, Senior Resources must notify the sub-grantee in writing of the action being taken, the reason(s) for such action, the effective date, and the conditions of the suspension. This notice must be given at least ten (10) days prior to the effective date of the suspension and must note the right of the sub-grantee to appeal such decision.
- c.** Under extreme conditions (danger to older persons or improper use of funds or fraud), immediate notice of suspension may be given.
- d.** New obligations incurred by the sub-grantee during the suspension period will not be allowed unless Senior Resources expressly authorizes them in the notice of suspension or an amendment to it. Necessary and otherwise allowable costs which the sub-grantee cannot reasonably avoid during the suspension period will be allowed if they result from obligations properly incurred by the sub-grantee before the effective date of the suspension and not in anticipation of suspension or termination.
- e.** In suspending contract operation, Senior Resources shall determine the amount of unearned funds the sub-grantee has on hand, the anticipated length of suspension, the extent of operations suspended, and the amount of the fund balance on hand to determine whether Senior Resources should require the balance to be returned.

- f. Senior Resources may reinstate the suspended contract operations if it determines conditions warrant such action. Such reinstatement shall be made by issuance of a new statement of award.
- g. Senior Resources financial participation in reinstated contracted programs may resume immediately upon reinstatement, but not for any costs incurred while programs were suspended. The obligational authority unearned at the time of suspension may again become available for earning at the previously established matching ratio, unless Senior Resources reduces the amount of this contract.

2.3 Contract Termination:

- a. For adequate cause, Senior Resources may terminate support for this contract prior to the end of an approved budget year. Examples of cause for which Senior Resources may wish to terminate support are:
 - 1. Unavailability of funds;
 - 2. The sub-grantee violates conditions under which this contract was approved;
 - 3. Program performance is inadequate as documented through the monitoring of visits;
 - 4. Other resources are unavailable;
 - 5. Assessment findings are inadequate for two (2) semi-annual assessments; and
 - 6. Suspension for more than three consecutive months.
- b. To terminate funding of this contract, Senior Resources must notify the sub-grantee in writing at least thirty (30) days prior to the effective date of termination and the reasons for such action. This notice must specify any reports to be completed, the right of the Sub-grantee to appeal, and the procedures to be followed for the appeal.
- c. Under extreme conditions, immediate termination may be completed. (Gross negligence, misappropriation of funds, etc. are considered extreme conditions.)
- d. If financial support of this contract terminates on completion of the approved budget year or earlier, the sub-grantee shall complete and submit a final program performance and financial status report to Senior Resources by the date established by Senior Resources pursuant to this contract.
- e. If this contract is terminated or completed, equipment and supplies purchased with budget funds must be disposed of in accordance with procedures prescribed by 45 CFR Part 74, Subpart 0 (74.139). Any funds realized from the sale of such equipment or supplies are an adjustment to the projected cost.
- f. The sub-grantee/contractor may terminate this contract upon thirty (30) days written notice to Senior Resources at any time prior.

3.0 REFERENCES:

- a. CO.2.1 Sub-Grantee Assessment Policy and Procedure
- b. CO.1.4 Purchase of Service & Sub grantee Providers Appeal Policy and Procedure

Subgrantee Service Providers Appeal Policy and Procedure

Policy: CO.2.04

Effective Date: 9/30/2010

Revised: 8.1.2022

Approved: *Tom Cuts*, CEO

Reviewed: 12.13.19

1.0 POLICY:

- 1.1 The following appeals procedure is to be employed by Senior Resources on any actions which are rejections including probation, suspension or termination, in part or in whole of existing or proposed contracts or agreements involving funds and under the jurisdiction and control of Senior Resources.
- 1.2 Any agency whose application to provide services under contractual agreement has been denied (in part or in whole) by Senior Resources or whose contractual agreement has been placed on probation, suspended or terminated may appeal this decision to the Board of Directors' Chairperson and Chief Executive Officer (CEO).

2.0 PROCEDURE:

- 2.1 The following steps will be taken and must be conducted within an aggregated time frame of sixty (60) calendar days.
- 2.2 A written notice to the applicant/service provider will be sent within seven (7) calendar days of action and will include:
 - a. Notice of Senior Resources action to place on probation, suspend, terminate, or deny a contract;
 - b. Notification of the right to appeal;
 - c. Notification that information or criteria on which the Senior Resources action was based is available for review by affected parties in accordance with requests for proposals or bids and award procedures;
 - d. Notification that the affected party may appear in person or by a designated representative at the appeal hearing on Senior Resources' action.
- 2.3 Any agency having the right to appeal shall provide a written notice of appeal and request for an appeal's hearing to the CEO of Senior Resources within ten (10) calendar days of receiving the written notice of action taken and right to appeal. A copy of the request to appeal will be submitted by Senior Resources' CEO to the Board Chairperson and the Director of Michigan's Bureau of Aging, Community Living, and Supports (ACLS Bureau) within seven (7) calendar days of receipt.
- 2.4 Appeal requests made by public or private organizations shall certify that the appeal is officially endorsed and initiated by the organization's governing body and be signed by the appellant's Board Chairperson (or ruling body president). The written requests shall include the following:
 - a. Senior Resources' action which is being appealed. Please note: appellant /provider must clearly state the specific action that is being appealed.
 - b. Grounds upon which the appeal is being made. Please note: The appellant /provider must cite and list justifiable grounds for appealing the decision. Grounds must pertain to the proposal or the procedures for evaluation or assessment.
 - c. Any procedural step not followed will result in denial of request for appeal. Written notice of denial of appeal shall be given to appellant within fourteen (14) calendar days of receipt of the appeal.
- 2.5 Upon receiving the request, Senior Resources' Board Chairperson reserves the right to appoint a special committee to hear the appeal if applicable, and to specify the degree of authority it may exercise. If no committee is appointed, the appeal will be heard by the CEO and Board Chairperson. Board members affiliated with or having a conflict of interest regarding the appealing agency may not serve on the committee or vote on the appeal.

- 2.6** The CEO and Chairperson shall inform the Board of Directors' Executive Committee (unless the Board has appointed a special Appeal Review Committee) of the appeal, acknowledging that procedural steps have been met and recommending a review hearing.
- 2.7** A hearing shall be scheduled no later than thirty (30) calendar days after the appeal was received. A notice of the hearing shall be mailed to the concerned parties not less than ten (10) calendar days prior to the hearing date. The notice shall include:
- Date, time, and place of hearing;
 - Statement of issue being heard;
 - Request for submission of written documentation which is relevant to the appeal;
 - Rules of conduct; and
 - Rights of the applicant/provider.
- 2.8** Senior Resources' CEO and Board Chairperson or Appeal Review Committee may dismiss an appeal under any of the following circumstances:
- Appeal was not signed and initiated by duly authorized official;
 - The request was not submitted within the time allowed;
 - The appellant fails to follow the appeals procedure steps;
 - The request is withdrawn by the appellant through written communication before a final decision is made;
 - The applicant/provider fails to appear or be represented at the scheduled hearing.
- 2.9** Written notice will be given by the Board Chairperson within fourteen days to the appellant stating the reasons for dismissal.
- 2.10** Hearings will be conducted to review items in dispute and seek clarification or resolution to the issue. The appellant shall be given an opportunity to present oral and written arguments on pertinent issues, to bring witnesses, and present evidence. A record of such a meeting, including relevant facts, will be maintained in the Senior Resources office.
- 2.11** The decision shall be communicated in writing to the appellant within five (5) working days following the review hearing.
- 2.12** The appellant is then notified that the decision may be appealed by written request within ten (10) calendar days to the full Board of Directors of Senior Resources by appearing in person before the full Board at the next regularly scheduled meeting.
- 2.13** The final decision of the full Board of Directors will be communicated in writing to the appellant and ACLS Bureau within five (5) business days following their decision. Their decision shall be considered final and the appellant shall be referred to ACLS Bureau's Appeal Procedure.
- 2.14** Any rejection recommendation that is supported by the Board of Directors may result in a reissuance of Request for Proposal or Bid, and the process will be reopened for that service category and/or geographical area only.
- 2.15** The appellant is notified that the decision of the full Board of Directors may be appealed within ten (10) calendar days to ACLS Bureau or to binding arbitration in accordance with the provisions of the American Arbitration Association or a similar recognized professional arbitration organization. The decision of the arbitrator is binding and is not appealable to ACLS Bureau. The arbitrator shall determine the distribution of costs between parties. ACLS Bureau appeal procedures shall be available to appellant from Senior Resources.
- 2.16** When the Senior Resources decision being appealed results in a change in existing providers for any service or project area, the appeal proceedings must be completed through final full Board of Directors decision by no later than thirty (30) days before the beginning of the fiscal year. If completion of the local appeal is not accomplished within the time frame, the contract of the existing provider must be extended until the appeal process through the state level has been completed. The exact length of the contract extension shall be determined by the Director of the ACLS Bureau.

3.0 REVISIONS:

Date:	Location:	Revisions:
--------------	------------------	-------------------

Equal Employment Opportunity Policy and Procedure

Policy: HR.1.02

Effective Date: 10.22.04

Revised: 8.1.2022

Approved: *Sam Curtis*, CEO

Reviewed: 8.1.2022

1.0 POLICY:

- 1.1 The policy of Senior Resources of West Michigan (Senior Resources) is to provide equal employment opportunity. All recruitment, employment, job training, compensation, promotion and other conditions of employment are based on this policy without regard to race, creed, color, sex, age, gender identity, religion, national origin, marital status, height, weight, sexual orientation, non-disqualifying disability, or other functions prohibited by law.
- 1.2 Senior Resources agrees to state in all recruiting materials and advertisements that all applicants will receive equal consideration for employment without regard to race, creed, color, religion, national origin, age, sex, gender identity, marital status, height, weight, sexual orientation, non-qualifying disability, or other functions prohibited by law. Senior Resources agrees to post notices in conspicuous places setting forth the law on equal opportunity in employment and public accommodations.
- 1.3 Senior Resources will comply with all federal & state laws concerning the employment of persons with disabilities according to the American with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA).

2.0 PROCEDURE:

- 2.1 If an individual feels they have been discriminated against in the employment practices of Senior Resources, employees are encouraged to follow HR.1.10 Employee Complaint Policy. All other individuals can file a complaint with Human Resources (HR).
- 2.2 The leadership team investigate and issue a response. All attempts will be made to resolve the complaint or satisfy the individual's expectations.
- 2.3 If the complainant is not satisfied with the outcome, they may file the complaint in writing, whether on paper or electronically, within ten business days of receiving a response from management to the Executive Committee of Senior Resources.
- 2.4 The Executive Committee will investigate the complaint and issue a response to the complainant within thirty days of receipt of the complaint.
- 2.5 If the complainant does not feel they received fair consideration, they may also contact:
 - a. Bureau of Aging, Community Living, and Supports, telephone (517) 373-8230,
 - b. Department of Community Health Office, telephone (517) 373-3740
 - c. Federal Office of Civil Rights, email OCRMail@hhs.gov website: <https://www.hhs.gov/civil-rights/index.html> or call 800-368-1019

3.0 ENFORCEMENT:

- 3.1 The Board of Directors, Chief Executive Officer, leadership, supervisors and staff are responsible for enforcing this policy. All suspected breaches or violations are to be reported to the Chief Executive Officer or Human Resources.



SECTION II: REPORTING

(Sub-Grantee Contract Manual)

**Program & Financial Performance Reporting Schedule for ACLS B Sub-Grant Awards
Fiscal Year 2023**

REPORT NAME	DESCRIPTION	REPORTING PERIODS	DUE DATES	REPORTING FORMAT	SUBMIT TO:
Program Performance: Service Status/Data	Participant demographics & units of service by geographic area as well as program/staffing updates	Accumulative fiscal year-to-date through quarter end dates: 12/31/22, 3/31/23, 6/30/23 and 9/30/23	1/10/23; 4/10/23; 7/10/23; and 10/10/23 - respectively	Program Performance/NAPIS Report form (available in Excel format)	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
Program Performance: NAPIS Units	Units of service reporting by individual participant for Cluster 1* services on quarterly basis	Quarter periods: 10/1/22- 12/31/22; 1/1/23- 3/31/23; 4/1/23- 6/30/23; and 7/1/23- 9/30/23	1/10/23; 4/10/23; 7/10/23; and 10/10/23 - respectively	Program Performance/NAPIS Report form (available in Excel format)	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
NAPIS Client Enrollment	Enrollment of Cluster 1* service participants into National Aging Programs System	Ongoing: enrollment form completed at service start for each participant and routed to SR	Ongoing; due when participant starts a Cluster 1* service	NAPIS Enrollment form (available as fillable PDF form)	Karla Betten (Grants Manager): kbetten@seniorresourceswmi.org or fax to: 231-733-3593
Financial Status Report	Expenditure/cost report; is basis for reimbursement for services provided	Accumulative fiscal year-to-date through quarter end dates: 12/31/22, 3/31/23, 6/30/23 and 9/30/23	1/10/23; 4/10/23; 7/10/23; and 10/10/23 - respectively. Any adjustment to Final FSR due by 11/10/23.	Financial Status form (available in Excel format)	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
Wait List Management Report	Questionnaire submitted annually addressing how provider collects data to manage & maintain waiting lists	Grant year period: 10/1/22 through 9/30/23	1/10/2023	A Wait List Management questionnaire will be emailed to Cluster 1* service providers at start of new fiscal year.	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
Waiting List Report	Participants waiting to be assessed or start a priority service [^] ; may be due to a variety of reasons such as lack of funds, lack of volunteers or staffing etc.	Waiting Periods reported at each quarter end as waiting: Less than 30 days; Between 30 & 60 days; Between 60 & 200 days; Greater than 200 days.	Due on the 10th of the new month following a quarter end.	ACLS B Waiting List form in fillable PDF or Word format (also may submit online through ACLS B website portal)	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
Provider Agency's Financial/Program (Single) Audits	Independent CPA financial audit and if applicable, a program (single) audit, reports due to SR	Annual, based on provider's fiscal year period.	Within 9 months following the provider's fiscal year end	Generally Accepted Auditing Standards, or GAAS	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507
Legal Services Information	ACLS B data collection system for Legal Services providers; legal service is exempt from needing to submit a Program Performance Report.	Quarter periods: 10/1/22- 12/31/23; 1/1/23- 3/31/23; 4/1/23- 6/30/23; and 7/1/23 - 9/30/23.	1/10/23; 4/10/23; 7/10/23; and 10/10/23 - respectively	LSI data collection system online through ACLS B portal	ACLS B web portal for LSI system: https://ais.osapartner.net/secure/LSIS/default.aspx
Congregate Meal Site/HDM Route Report/ Meal Count Verification (NAPIS)	Information regarding each meal provider's meal site locations, HDM meal routes, contact info, days of operation, total meals prepared, total served, average number of meals served, etc.	10/1/22 through 9/30/23	Site/Route annual reporting: 10/15/22 Final meal count deadline: 11/15/22	Reports generated by meal providers database system. For NAPIS meal count verification, ACLS B generates a certification of number of meals served; provider signature required to verify.	Uvett Brown (Grant Support Specialist): ubrown@seniorresourceswmi.org or fax to: 231-733-3507

* NAPIS Cluster 1 Services include: Case Coordination, all Caregiver services (support, assessment, education & kinship), and Home Delivered Meals

[^] ACLS B Classified Priority Services are: Case Coordination, Home Delivered Meals, Info & Assistance, Legal and Transportation services



INSTRUCTIONS FOR COMPLETING PROGRAM PERFORMANCE REPORT

Please submit to Senior Resources by the following dates: January 10, April 10, July 10, and October 10 for each respective quarter end.

SECTION 1: SERVICE STATUS REPORT

1. Please report all numbers as cumulative fiscal year-to-date through the quarter end date being reported.
2. Report units for participants who are provided service through Senior Resources grant funds only.
3. Please use a separate report form for each service for which your agency receives grant funds. If you are funded for more than one service, a report must be completed for each service.
4. Units reported on the Program Performance Report should match the reported units on the Financial Status Report.
5. All participants are unduplicated beginning on October 1 of each new fiscal year.
6. Multi-county providers are required to report units and participants by county. Make sure county figures added together equals year-to-date totals.
7. Record participants as GEN (Greatest Economic Need) who are at or below 100% of poverty level.
8. Record participants as rural if they reside in Oceana County only.

SECTION 2: WAITING LIST INFORMATION AND PROGRAM CHANGES

1. An ACLS Bureau Wait List Report must be completed for the following services if applicable:
 - a. Home Delivered Meals
 - b. Transportation
 - c. Information & Assistance
 - d. Case Coordination & Support
 - e. Legal Services

2. Please comment on any changes within your agency that could influence the delivery of the contracted service. Indicate any updates to staffing, contact information, or policy changes.
3. Report any successes or problems that your agency encountered with the delivery of the contracted service in the past quarter. Attach additional pages if necessary.

SECTION 3: NAPIS PARTICIPANT UNIT REPORTING

1. NAPIS unit reporting is required for the following Cluster 1 services only:
 - a. Home Delivered Meals
 - b. Caregiver Services
 - c. Case Coordination & Support
2. Please see NAPIS Participant Reporting Procedure for more detailed information on individual participant NAPIS forms.

SENIOR RESOURCES of WEST MICHIGAN Program Performance Report

Due the 10th of New Month following Quarters Ending: 12/31, 3/31, 6/30 & 9/30 ~ Attn: Karla Betten or Uvett Brown, 560 Seminole Rd, Norton Shores, MI 49444 or Fax to: 231-733-3593 or 231-733-

Reporting Period: 10/1/2020 through

Agency Name:

Prepared by:

Service Name:

SECTION 1:		SERVICE STATUS DATA						(Must be completed for ALL services)		
<i>Please report all figures as accumulative FY-T-D:</i>	Number of Units Served	Number of Unduplicated Clients	Clients Minority Ethnic Status					Greatest Economic Need (GEN) Status		Rural Clients
			African American /Black	Native American (Indian/Aleut)	Asian/ Pacific Is	Hispanic Origin	Non-Minority Clients	Total GEN Clients	Minority GEN Clients	
Fiscal Year-To-Date Totals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COUNTIES BREAKOUT FY-T-D:										
Oceana County										
Muskegon County										
Ottawa County										

SECTION 2: WAITING LIST AND CHANGES INFORMATION

1) Waiting List for Home Delivered Meals and Transportation Only:

If a waiting list is being maintained for potential clients, an AASA Waiting List Report must be submitted.

Contact Karla Betten, kbetten@srwmi.org or 231-733-3593, or Uvett Brown, ubrown@srwmi.org or 231-733-3507 for reporting instructions.

2) Report on Program or Administration changes that may affect contracted services. Include changes in staffing, contact info, changes in agency or program name, address, phone, fax, federal ID#, etc.

3) Report on any unusual successes or problems encountered in the past quarter in delivery of service (may attach add'l pages if needed):

Authorized Signature:

Date:

Print Name/Title:

INDIVIDUAL PARTICIPANT NAPIS UNITS
Report units provided during quarter period

(Required ONLY for Case Coordination, all Caregiver, and Home Delivered Meals services)

Section 3 - NAPIS reporting of total units provided each individual client for **case coordination, caregiver, or home delivered meals services for the quarter.** Attach additional pages as needed. Attach NAPIS Enrollment (Registration) forms for new (never served before) clients .

[illegible]



NAPIS PROCEDURE

NAPIS (National Aging Programs Information System) is a participant reporting system required of Senior Resources and its sub-grantees by the Michigan Adult & Aging Services Agency to comply with a mandate by the Federal Administration on Aging.

NAPIS CLIENT REGISTRATION REQUIREMENTS

Only Sub-Grantees who provide Cluster I & II Services (see categories below) are required to enroll individual clients by submitting a NAPIS Client Registration form. Sub-grantees under contract to provide caregiver services will register both the care recipient and the caregiver. All sections of the registration form are to be completed including the ADLs and IADLS. Registration forms may be faxed to (231) 733-3507. NAPIS Registration forms can be uploaded/attached through the COMPASS system for Case Coordination clients.

Participants carried over as active clients from one fiscal year to the next fiscal year *will not* require a new NAPIS Registration form. Certifiable software (such as CareAdvantage) may be used to submit electronic client registrations monthly if the provider has received certification from the Adult & Aging Services Agency and Senior Resources. Those providers interested in purchasing certified software and/or receiving electronic file specifications and certification requirements, please contact the Grant Services Manager.

Cluster III Service providers are NOT required to enroll or register individual participants in NAPIS.

DEFINED NAPIS SERVICE CATEGORIES:

Cluster I Grant Services:

- Case Coordination
- Home Delivered Meals
- Caregiver Support
- Kinship Caregiving

Cluster II Grant Service:

- Congregate Meals

Cluster II and III Grant Services:

- Information & Referral
- Transportation
- Elder Abuse
- Legal Assistance

NAPIS CLIENT & SERVICE UNIT REPORTING

Sub-grantees will report units served on Section 3 of the Quarterly Program Performance Report.

TECHNICAL SUPPORT

Questions can be directed to and technical support requested from the Grant Services Manager at Senior Resources.

NAPIS CLIENT REGISTRATION INSTRUCTIONS

Data Item	INSTRUCTIONS
<i>Care Recipient Registration</i>	An elderly individual aged 60 years or older who receives Older Americans Act services. Mark if the client is a Care Recipient. (A client may be registered as both a <i>Care Recipient</i> and <i>Caregiver</i> on the NAPIS registration form.)
<i>Caregiver Registration</i>	An adult family member or another individual who is an 'informal' provider of in-home and community care to an older individual who qualifies for NAPIS services. Mark if the client is a Caregiver. (A client may be registered as both a <i>Care Recipient</i> and <i>Caregiver</i> on the NAPIS registration form.)
<i>Form Date</i>	Enter the date the form is completed. This date must be within the current fiscal year the client receives services.
<i>Intake Date</i>	Enter the date when the client initially registered for services.
<i>Vendor ID</i>	Enter federal identification number for vendor/service provider.
<i>Vendor Site</i>	Enter the site number assigned to the vendor/service provider.
<i>Region ID</i>	Enter area agency on aging planning and service area region (e.g., 1A, 1B, 1C, 2, 3A, etc.).
<i>Client ID</i>	Enter the client's NAPIS system-generated or manually generated ID, if available.
<i>Date of Birth</i>	Enter the client's date of birth (with four-digit year).
<i>Client Name</i>	Enter the client's last name, first name, and middle initial.
<i>Street Address</i>	Enter the address of the client's current residence.
<i>Mailing Address</i>	Enter the address used for US Mail delivery to the client.
<i>County of Residence</i>	Enter county name or the two-digit code for the county of residence (see list of County codes).
<i>Township of Residence</i>	If client lives in a township area (not in a specific city or village), enter the three-digit code or township name (see list of Township codes).
<i>Telephone</i>	Enter the client's home telephone number, with separate area code.
<i>E-mail</i>	Enter client e-mail.
<i>Gender</i>	Indicate the client's gender.
<i>Lives Alone & Household Size</i>	Indicate if the client lives alone. If "No", indicate the number of people living with client.
<i>Income Status</i>	Indicate the client's poverty status. Client is considered to be in poverty if income is below the official poverty guideline as defined by the Office of Management and Budget. See guidelines at https://aspe.hhs.gov/poverty-guidelines .
<i>Ethnic Origin/Race</i>	Select the racial category with which the client most closely identifies.
<i>Hispanic Status</i>	Indicate if the client is Hispanic in origin.

Data Item	INSTRUCTIONS
<i>Multi-Racial Status</i>	Indicate if client is multi-racial. If "Yes", mark all that apply.
<i>Speaks English</i>	Indicate how well the client speaks English.
<i>Other Language At Home</i>	Indicate if the client speaks language other than English at home. If "Yes", enter language spoken in the home.
<i>Language Spoken at Home</i>	<div> <div>Arabic</div> <div>Chinese</div> <div>French</div> <div>German</div> <div>Hausa</div> <div>Hebrew</div> <div>Hindi</div> <div>Italian</div> </div> <div> <div>Japanese</div> <div>Korean</div> <div>Navajo</div> <div>Other African language</div> <div>Other Asian language</div> <div>Other Indic language</div> <div>Other Indo-European language</div> <div>Other Native American language</div> </div> <div> <div>Other Pacific Island language</div> <div>Other Slavic Language</div> <div>Persian</div> <div>Polish</div> <div>Russian</div> <div>Spanish</div> <div>Tagalog</div> <div>Vietnamese</div> </div>
<i>Armed Forces/ Active Duty</i>	Check all that apply for engagement in active duty in the U.S. Armed Forces (Army, Navy, Air Force, Marines, or Coast Guard), or are a National Guard or Reserve enlistee who was called to active duty for other than state or training purposes.
CARE RECIPIENT Registered Services Cluster 1 & 2 services require a NAPIS client registration containing a detailed profile of client characteristics. (See page 2 of the NAPIS client application form for a list of these services.)	
<i>Clusters 1 & 2 Services</i>	Enter the date that corresponds to the services the client will receive from the provider. (The date when the client has/will first receive care recipient services.)
CAREGIVER Registered Services Cluster 4 services require NAPIS client registration containing a detailed profile of client characteristics. (See page 2 of the NAPIS client application form for a list of services.)	
<i>Cluster 4 Services</i>	Enter the date that corresponds to the services the client will receive from the provider. (The date when the client has/will first receive caregiver services.)
NON-REGISTERED Services Cluster 3 & 5 caregiver and care recipient services do not require a NAPIS client registration. Unit and client counts are reported in the aggregate. (See page 2 of the NAPIS client application form for a list of services.)	
<i>Clusters 3 & 5 Services</i>	Clusters 3 & 5 services do not require a start date. For your record, enter the date that corresponds to the services the client will receive from the provider.
<i>High Nutritional Risk</i>	Complete a nutritional risk check to determine if the client is at high nutritional risk. Tally numbers for condition appropriate to client. A score six or more indicates client is at high nutritional risk. This information must be provided if the client is to receive any one of the following services: Home Delivered Meals, Care Management/Case Coordination, Congregate Meals, and Nutrition Counseling.
<i>Activities of Daily Living (ADLs)</i>	Mark all that apply for those activities of daily living (ADL's) the client is unable to perform without personal assistance, stand-by assistance, supervision or cues. This section must be completed if the client receives Care Recipient services.
<i>Instrumental Activities of Daily Living (IADLs)</i>	Mark all that apply for those instrumental activities of daily living (IADL's) the client is unable to perform without personal assistance, stand-by assistance, supervision or cues. This section must be completed if the client receives Care Recipient services.

Data Item	INSTRUCTIONS
<i>Care Recipient Status</i>	<p>This information is requested for the person who is being cared for by a Caregiver. NAPIS does not require or capture the name of the individual who is being cared for by the Caregiver. Only the date of birth is required for NAPIS purposes. (The Care Recipient must be aged 60 or older.)(See NAPIS Terms & Definitions for an explanation of individuals eligible to receive services.)</p> <p>Enter the date of birth and complete questions 1 and 2. If relevant, answer question regarding care recipient program knowledge.</p>
<i>Caregiver History</i>	The series of questions in this section references how the Caregiver heard about the program and how they provide care to the Care Recipient.
<i>How many Care Recipients?</i>	Enter the number of Care Recipients the Caregiver is caring for.
<i>Hands-on Care</i>	Indicate if the Caregiver provides hands-on care to the Care Recipient. Hands-on care includes the provision of in-home assistance with activities of daily living for an individual include assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation.
<i>Kinship Respite Care</i>	If Kinship Respite Care is provided, select "Yes" and complete the section for Kinship Respite child information. NAPIS does not require details or names of the child(ren) that is provided care.
<i>Kinship Respite Child Information</i>	Complete this section if this is a Kinship Respite Care family situation. Check all that apply.
<i>Confidentiality</i>	<p>Area agencies cannot deny Older Americans Act services to eligible clients if they do not wish to disclose their information. Title III is not a means tested program. No client is to be refused services based on their income, or willingness to provide information for NAPIS purposes. However, the area agency must make every effort to collect this information, including ADLs and IADLs.</p> <p>Client specific information is not permitted for review by unauthorized persons.</p>
<i>Disclosure Statement</i>	A statement must be provided to the client that informs about confidentiality and use of the information collected on the NAPIS form. All clients and providers are required to sign the disclosure statement.

CONFIDENTIAL INFORMATION

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Bureau of Aging, Community Living and Supports
NAPIS – NATIONAL AGING PROGRAM INFORMATION SYSTEM
Client Registration Application

Area Agency on Aging	Vendor ID No./Name*	Site ID No.
Form Date*	Client NAPIS ID No.	

PERSONAL IDENTIFYING INFORMATION

Intake Date*		<div>Client Registration Type*</div> <div> <div>Care Recipient</div> <div>Caregiver</div> </div>		Date of Birth*	
First Name		Middle Initial	Last Name		
Street Address					
City		State	Zip code		
Mailing Address (if different)					
County of Residence		Township of Residence			
Telephone		E-mail			
Gender	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <input type="radio"/> Prefer not to say <input type="radio"/> Unknown		Do you consider yourself to be transgender or gender non-conforming? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Does client live alone? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
	Client Sexual Orientation: <input type="radio"/> Straight/Heterosexual <input type="radio"/> Lesbian <input type="radio"/> Gay <input type="radio"/> Bisexual <input type="radio"/> Prefer not to say <input type="radio"/> Other <input type="radio"/> Unknown				Household Size <input type="radio"/> Two people <input type="radio"/> Three people <input type="radio"/> Four or more people
	Ethnic Origin/Race <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Unknown			Is the client Hispanic? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
	Is client multi-racial? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		If client multi-racial (check all that apply): <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> Unknown		
Is client below poverty? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		Does client speak language other than English at home? If yes, enter language (see application instructions for list). <input type="radio"/> Yes <input type="radio"/> No <input type="text"/>			
How well does the client speak English? <input type="radio"/> Very well <input type="radio"/> Well <input type="radio"/> Not well <input type="radio"/> Not at all <input type="radio"/> Unknown		Has the client ever served on active duty in the U.S. Armed Forces, Reserves or National Guard? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			

REGISTERED SERVICES

CARE RECIPIENT SERVICES

Clusters 1 & 2

Case Management	Start Date mm/dd/yyyy	Home Health Aide	Start Date mm/dd/yyyy
Case Coordination & Support	Start Date mm/dd/yyyy	Homemaker	Start Date mm/dd/yyyy
Chore Services	Start Date mm/dd/yyyy	Options Counseling	Start Date mm/dd/yyyy
Home Delivered Meals	Start Date mm/dd/yyyy	Personal Care	Start Date mm/dd/yyyy
Assisted Transportation	Start Date mm/dd/yyyy	Nutrition Counseling	Start Date mm/dd/yyyy
Congregate Meals	Start Date mm/dd/yyyy		

CAREGIVER SERVICES

Cluster 4

Adult Day Care	Start Date mm/dd/yyyy	Caregiver Counseling	Start Date mm/dd/yyyy
Caregiver Supplemental Service	Start Date mm/dd/yyyy	Caregiver Support Group	Start Date mm/dd/yyyy
Caregiver Training	Start Date mm/dd/yyyy	Chore Service – Respite	Start Date mm/dd/yyyy
Home Delivered Meals – Respite	Start Date mm/dd/yyyy	Home Health Aide – Respite	Start Date mm/dd/yyyy
Homemaker Respite	Start Date mm/dd/yyyy	In-Home Respite	Start Date mm/dd/yyyy
Kinship Respite	Start Date mm/dd/yyyy	Out of Home Respite	Start Date mm/dd/yyyy
Overnight Respite	Start Date mm/dd/yyyy	Personal Care Respite	Start Date mm/dd/yyyy
Volunteer Respite	Start Date mm/dd/yyyy		

CARE RECIPIENT AND CAREGIVER NON-REGISTERED SERVICES

Clusters 3 & 5

Client identifying information is not required in NAPIS for Clusters 3 and 5 services. No client registration is required. Unit and client counts are reported in the aggregate. The option to include client details in NAPIS is for area agency tracking only. For your record, enter date for start of service.

Non-Registered Care Recipient

Assistance Hear Impaired/Deaf	Start Date mm/dd/yyyy	Medicare Medicaid Assist/Prog	Start Date mm/dd/yyyy
Assistive Devices & Technology	Start Date mm/dd/yyyy	Legal Assistance	Start Date mm/dd/yyyy
Counseling	Start Date mm/dd/yyyy	Medication Management	Start Date mm/dd/yyyy
Disaster Advocacy & Outreach	Start Date mm/dd/yyyy	Nutrition Education	Start Date mm/dd/yyyy
Disease Prev/Health Promotion	Start Date mm/dd/yyyy	Ombudsman	Start Date mm/dd/yyyy
Elder Abuse Prevention	Start Date mm/dd/yyyy	Outreach	Start Date mm/dd/yyyy
Friendly Reassurance	Start Date mm/dd/yyyy	Senior Center Operations	Start Date mm/dd/yyyy
Health Screening	Start Date mm/dd/yyyy	Senior Center Staffing	Start Date mm/dd/yyyy
Home Injury Control	Start Date mm/dd/yyyy	Transportation	Start Date mm/dd/yyyy
Home Repair	Start Date mm/dd/yyyy	Vision Services	Start Date mm/dd/yyyy
Information & Assistance	Start Date mm/dd/yyyy		

Non-Registered Caregiver

Caregiver Case Management	Start Date mm/dd/yyyy	Caregiver Transportation	Start Date mm/dd/yyyy
Caregiver Education	Start Date mm/dd/yyyy	Creating Confident Caregiver	Start Date mm/dd/yyyy
Caregiver Info & Assistance	Start Date mm/dd/yyyy	Home Injury Control	Start Date mm/dd/yyyy
Caregiver Outreach	Start Date mm/dd/yyyy		

**NUTRITIONAL RISK INFORMATION**

<i>Nutritional Risk Assessment is required for HDM, Congregate Meals, Case Coordination, and Care Management.</i>		Client at high risk: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	Nutritional Risk Score
Nutritional Risk Check <i>Nutritional Risk Score is required for Home-delivered Meals, Congregate Meals, Case Coordination, and Care Management. Circle the number in the 'yes' column for those that apply. Total the nutritional score. (Six or more, you are at high nutritional risk.)</i>			YES
1. Does care recipient have an illness or condition that made them change the kind and/or amount of food eaten?			2
2. Does care recipient eat fewer than two meals per day?			3
3. Does care recipient eat few fruits, vegetable, or milk products?			2
4. Does care recipient have three or more drinks of beer, liquor or wine almost every day?			2
5. Does care recipient have tooth or mouth problems that make it hard to eat?			2
6. Does care recipient lack enough money to buy foods that they need?			4
7. Does care recipient eat alone most of the time?			1
8. Does care recipient take three or more different prescribed or over-the-counter drugs per day?			1
9. Has care recipient lost or gained ten pounds in the last six months without wanting to?			2
10. Is care recipient sometimes unable to physically shop, cook or feed self?			2
TOTAL			

DAILY LIVING ACTIVITIES

This information must be completed if client receives Cluster I services.

Activities of Daily Living (ADLs)	Instrumental Activities of Daily Living (IADLs)
<i>Client requires assistance with the following ADLs:</i> <input type="radio"/> No ADLs <input type="radio"/> All <input type="radio"/> Eating/Feeding <input type="radio"/> Dressing <input type="radio"/> Bathing <input type="radio"/> Walking <input type="radio"/> Stair Climbing <input type="radio"/> Bed Mobility <input type="radio"/> Toileting <input type="radio"/> Bladder Function <input type="radio"/> Bowel Function <input type="radio"/> Wheeling <input type="radio"/> Transferring <input type="radio"/> Mobility Level	<i>Client requires assistance with the following IADLs:</i> <input type="radio"/> No IADLs <input type="radio"/> All <input type="radio"/> Shopping <input type="radio"/> Handling Finances <input type="radio"/> Heavy Cleaning <input type="radio"/> Light Cleaning <input type="radio"/> Using Public Transportation <input type="radio"/> Using Private Transportation <input type="radio"/> Cooking Meals <input type="radio"/> Reheating Meals <input type="radio"/> Taking Medication <input type="radio"/> Using Telephone <input type="radio"/> Doing Laundry <input type="radio"/> Keeping Appointments <input type="radio"/> Heating Home

CARE RECIPIENT STATUS

This information is requested for the person who is being cared for by a Caregiver. NAPIS does not require or capture the name of the individual who is being cared for. Only the date of birth is required for qualification purpose. For your record, you may enter the care recipient's name below.

Care Recipient Date of Birth	Care Recipient Name
1. Does the Care Recipient need assistance with completing two or more activities of daily living?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2. Does the Care Recipient have a cognitive impairment? (i.e., Alzheimer's dementia, etc.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
How did the Care Recipient hear about this program?	
<input type="radio"/> Newspaper <input type="radio"/> Television <input type="radio"/> Brochure <input type="radio"/> Friend <input type="radio"/> Agency <input type="radio"/> Web site <input type="radio"/> Physician <input type="radio"/> Health Care Provider <input type="radio"/> Other <input type="radio"/> Unknown	

CAREGIVER HISTORY

How did the Caregiver hear about this program?	
<input type="radio"/> Newspaper <input type="radio"/> Television <input type="radio"/> Brochure <input type="radio"/> Friend <input type="radio"/> Agency <input type="radio"/> Web site <input type="radio"/> Physician <input type="radio"/> Health Care Provider <input type="radio"/> Other <input type="radio"/> Unknown	
Caregiver relationship to Care Recipient (check all that apply):	
<input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Daughter <input type="radio"/> Son <input type="radio"/> Daughter-in-Law <input type="radio"/> Son-in-Law <input type="radio"/> Domestic partner/civil union <input type="radio"/> Parent <input type="radio"/> Grandparent <input type="radio"/> Other relative <input type="radio"/> Non-relative <input type="radio"/> Unknown	
How long has the Caregiver provided care to the Care Recipient?	
<input type="radio"/> 0-6 months <input type="radio"/> 7-12 months <input type="radio"/> 13-36 months <input type="radio"/> 37+ months <input type="radio"/> Unknown	
How long does it take to get to the Care Recipient's home?	
<input type="radio"/> Less than 1 hour <input type="radio"/> 1-2 hours <input type="radio"/> More than 3 hours <input type="radio"/> Caregiver lives with Care Recipient <input type="radio"/> Unknown	
Caregiver provides care to the Care Recipient:	
<input type="radio"/> Daily <input type="radio"/> Several times a week <input type="radio"/> Weekly <input type="radio"/> Less than one day per week <input type="radio"/> Monthly <input type="radio"/> Occasionally <input type="radio"/> Unknown	
Does the Caregiver provide hands-on care to the Care Recipient?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
If Yes, hands-on care is provided, check the appropriate number of hours and frequency (e.g., 1-3 hours, per week).	
<input type="radio"/> Less than 1 hour <input type="radio"/> 1-3 hours <input type="radio"/> More than 3 hours <input type="radio"/> Unknown	
<input type="radio"/> Per Day <input type="radio"/> Per Week <input type="radio"/> Per Month <input type="radio"/> Unknown	
Caregiver is employed:	
<input type="radio"/> Full time <input type="radio"/> Part time <input type="radio"/> Not employed <input type="radio"/> Unknown	
Caregiver's health is:	
<input type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> Unknown	
The caregiver provides care to (how many) care recipients? <input type="text"/>	
Is this a Kinship Respite Care family situation? If Yes, complete the Kinship Respite Care Child information section on next page.	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	

KINSHIP RESPITE CARE CHILD INFORMATION

Older adult raising child(ren) no more than 18 years old

Parent/caregiver of Individual with Disabilities

Total children receiving care:

Total persons with disabilities receiving care:

Status of child(ren) in care (Check all that apply):

- ☐ Informal ☐ Adoption ☐ Guardianship ☐ Foster Care
☐ Legal Custody ☐ Unknown ☐ Other

Are any of the child(ren)'s parents living with the Caregiver?

- ☐ Yes ☐ No ☐ Unknown

Reason for Kinship Care

- ☐ Abandonment ☐ Divorce ☐ Illness ☐ Substance Abuse ☐ Incarceration ☐ Unemployment
☐ Teen Pregnancy ☐ Mental or emotional illness ☐ Death ☐ Unknown ☐ Other

Special Needs:

- ☐ Learning Disability ☐ Emotional Impairment ☐ Physical Handicap
☐ Developmental Disability ☐ Unknown

Notes

Signature and Confirmation

I understand that the information provided on this form is confidential and will be used for state and federal reporting requirements, program management, quality assurance, public safety and research. No other use of personal identifying information on this form is intended unless authorized by the Bureau of Aging, Community Living and Supports or by a court order. I understand that client information will not be permitted for review by any unauthorized persons. I understand that a client cannot be refused services based on willingness to provide information for NAPIS.

Signature

Print name of person completing the application

Agency Name

Date

Provider / Grantee Budgets and Financial Status Reports (FSR) Workbook

This spreadsheet is for ACLS B providers to report and collect reimbursements on the quarterly basis. Quarterly reports are due by January 10th, April 10th, July 10th, and October 10th; or the first business day following the 10th of January, April, July, and October.

INSTRUCTIONS / HELP

- 1 Select the tab for report month.
- 2 Fill-in the yellow fields that apply. *Please note: The total units served are year-to-date.*
- 3 Sign electronically.
- 4 Use the Communication Log on [box](#) to inform Senior Resources that you have finished the report.

Senior Resources Will:

- Review the Program Service Report and Grantee Financial Status Report for accuracy.
- Send reimbursements within 21 days after submission of the Program Service Report and Grantee FSR.

GLOSSARY OF KEY TERMS

Cost Per Unit: Cost per unit data relates to both the TOTAL COST per unit to provide the service and the FUNDED COST per unit.

FUNDED COST may be the same as (or less than) the TOTAL COST, but FUNDED COST may not exceed the TOTAL COST.

Program Income: Fees paid by participants who are receiving services. This is not voluntary and therefore not the same as Cost Share Income.

In many cases, this is not applicable and should be reported as ZERO.

Grantee Cash: This is a calculated field in these worksheets and results when total costs to provide the service exceed all the sources of income.

This may not apply in all cases.

In-Kind: The value of non-cash goods and/or services received in the course of providing the contracted services.

The same amount is reported as both a source and use of funds.

This may not apply in all cases.

Cost Share Income: Voluntary payments by program participants toward the cost of the services they have received. This amount may vary month to month, or may not apply in all cases.

Senior Resources of West Michigan
Grantee Financial Status Report - ACTUAL (SEPTEMBER / Q4 YTD)

Period beginning: 10/01/20

Amount due: \$ -

Period ending: 09/30/21

Agency: Provider Name

Program Contact:

Date prepared:

Fiscal Contact:

Services:

COST PER UNIT DATA (BUDGET)

TOTAL cost per unit	\$	-	\$	-	\$	-	\$	-	\$	-	
Grant funded cost per unit	\$	-	\$	-	\$	-	\$	-	\$	-	TOTAL ACTUAL

Unit Description:

UNITS OF SERVICE DATA

Total units served (YTD TOTAL):	-	-	-	-	-	-
Total Program Income \$ (if applicable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Program Income units (if applicable)	-	-	-	-	-	-
Grant units served	-	-	-	-	-	-

UNIT RATE EXPENSE

Total Gross Service Expense:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Expense, after Program Income:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

RESOURCES BREAKOUT

	MCSM	MCSM	MCSM	MCSM	MCSM	
Amount Granted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee Cash	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee In-Kind (if applicable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee Other (if applicable)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RESOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

UNITS OF SERVICE DATA (PRIOR PERIOD)

TOTAL

Cumulative Units served	-	-	-	-	-	-
Cumulative Program Income \$	-	-	-	-	-	-
Cumulative Units Program Income	-	-	-	-	-	-
Cumulative Granted Units Served	-	-	-	-	-	-
UNIT RATE EXPENSE (PRIOR PERIOD)						
Gross Expense	-	-	-	-	-	-
Net Expense, after Program Income	-	-	-	-	-	-
RESOURCES BREAKOUT (PRIOR PERIOD)						
Granted	-	-	-	-	-	-
Grantee Cash	-	-	-	-	-	-
Grantee In-Kind	-	-	-	-	-	-
Grantee Other	-	-	-	-	-	-
TOTAL RESOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

UNITS OF SERVICE DATA (CURRENT PERIOD)						
Cumulative Units served	-	-	-	-	-	-
Cumulative Program Income \$	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cumulative Units Program Income	-	-	-	-	-	-
Cumulative Granted Units Served	-	-	-	-	-	-
UNIT RATE EXPENSE (CURRENT PERIOD)						
Gross Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Net Expense, after Program Income	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
RESOURCES BREAKOUT (CURRENT PERIOD)						
Granted	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee Cash	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee In-Kind	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grantee Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL RESOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Electronic signature and date:						
	0	0		01/00/00		

OSA Waiting List Management Report Form

Select Agency: 14 Senior Resources

Fiscal Year:

FY Quarter:

Completed By:

Date: __/__/__

Section II. Waiting List Management Practices/Polices:

NOTE – This section is to be filled out for the 1st quarter waiting list report. AAAs do not need to complete this section after the first quarter, unless there has been a change regarding any of the questions below.

Home Delivered Meals Waiting List

1. Please describe the information that is collected on individuals that are placed on the home delivered meals (HDM) waiting list:

- ☐ Name
- ☐ Contact information
- ☐ Services interested in/likely eligible for
- ☐ Other (please describe below):

2. How often is the HDM waiting list reviewed (e g , to determine when an individual should be removed from the list)?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (please describe):

3. Please describe the HDM waiting list review/update process:

4. Describe the process (if any) by which individuals are prioritized for placement on the HDM waiting list:

- ☐ Local AAA screening tool
- ☐ Local service provider screening tool
- ☐ No prioritization – first come first serve
- ☐ Other (please describe):

In Home, Access, and Priority Service Waiting List

5. Please describe the information that is collected on individuals that are placed on the in home, access, and priority service waiting list:

- ☐ Name
- ☐ Contact information
- ☐ Services interested in/likely eligible for
- ☐ Other (please describe below):

6. How often is the waiting list reviewed (e g , to determine when an individual should be removed from the list)?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (please describe):

7. Please describe the review process:

8. Describe the process (if any) by which individuals are prioritized for placement on the in home, access, and priority service waiting list:

- ☐ Local AAA screening tool
- ☐ Local service provider screening tool
- ☐ No prioritization – first come first serve
- ☐ Other (please describe):

Michigan Adult & Aging Services Agency

Quarterly Waiting List Report Instructions

Background

The Michigan Adult & Aging Services Agency (AASA) requires that area agencies on aging (AAA) and service providers compile and submit a waiting list of individuals seeking certain services (case coordination/management, I&A, transportation, all in-home services and legal services) who cannot be served at the time of referral. AASA requirements regarding waiting lists are found in both the *Operating Standards for Service Programs* and the *Operating Standards for Area Agencies on Aging*.

AASA waiting list reports also support legislative requirements regarding submission of home-delivered meals waiting lists as outlined in Public Act 364 of 1996.

*"Sec. 754 - Adult & Aging Services Agency; Home-delivered meals Waiting Lists Criteria
The Adult & Aging Services Agency shall require each region to report home-delivered meals waiting lists based upon standard criteria. Determining criteria shall include all of the following:*

- (a) The recipient's degree of frailty.*
- (b) The recipient's inability to prepare his or her own meals safely.*
- (c) Whether the recipient has another care provider available.*
- (d) Any other qualifications normally necessary for the recipient to receive home-delivered meals."*

Scope of Reporting

Service Providers are required to report waiting lists for individuals awaiting service as described in the AASA service standards referenced above. AAAs report waiting lists for the planning and service area (PSA) for which they administer aging programs and services. Waiting list reports are due on a quarterly basis in accordance with the AAA providers contractual agreements to comply with AASA program and financial reporting due dates issued annually under transmittal letter to the AAA.

Waiting List Terms, Definitions and Instructions

Instructions and definitions for both sections of the waiting report are provided in table 1 below.

Table 1. Instructions and Definitions

Home Delivered meals Waiting List Information (Non-Medicaid Waiver Clients)
<p>1. Enter the number of individuals on the home delivered meals program waiting list:</p> <p><i>Enter the total unduplicated count of individuals awaiting service as of the last day of the quarter (i.e., the report date). Include in the count only those individuals that are <u>not</u> receiving service. Individuals that are served at less than their identified need or requested level of service are <u>not</u> to be included in the count. "Unduplicated" is defined as counting an individual only once.</i></p>
<p>2. Describe the length of stay for individuals on the home delivered meals waiting list (of total on Line 1 above):</p> <p> a. Less than 30 days b. 30 – 60 days c. Greater than 60 days d. Greater than 180 days </p> <p><i>Identify by a count of days how long individuals have been awaiting service as of the report date. The totals for groups under a. through d. above should add up to the total count of individuals reported on under #1 above.</i></p>
<p>3. Describe any assistance/referrals provided to individuals placed on the home delivered meals waiting list:</p> <p> <input type="checkbox"/> Referred to a local non-AAA funded food assistance program (e.g., MiCAFE, Senior Project FRESH) that is currently accepting clients <input type="checkbox"/> Referred to a local food bank/pantry shelf <input type="checkbox"/> Referred to local DHS office <input type="checkbox"/> Referred to HCBS/ED Waiver Program <input type="checkbox"/> Referred to CLP for service options <input type="checkbox"/> Referred to private pay program <input type="checkbox"/> Other assistance (please describe below): </p> <p><i>For any individuals included on the waiting list, identify any assistance or referrals that are made on the individual's behalf while awaiting service. Examples of programs and services that an individual might be referred to include:</i></p> <p>MiCAFE provides assistance with completing an application for the Food Assistance program at community sites in several counties in Michigan.</p> <p>Senior Project FRESH provides coupons/vouchers for fresh produce at farmer's markets during summer months.</p> <p>DHS is the Michigan Department of Human Services.</p> <p>HCBS/ED Waiver Program is the Medicaid Home and Community Based Services / Elderly and Disabled Program.</p> <p>CLP is the Community Living Program.</p>
<p>4. Additional comments on the home delivered meals waiting lists (e.g., changes, events, issues impacting list, etc.):</p> <p><i>Provide any additional comments to describe events or issues impacting the waiting list in the PSA.</i></p>

5. Does the demand for home delivered meal services exceed service availability?

Indicate whether or not the current demand for home delivered meals exceeds the current service availability in the PSA.

5a. If yes, describe below (check all that apply):

- ☐ Limited funding for services
- ☐ Limited service area/service delivery availability
- ☐ Driver/worker shortage
- ☐ Client choice

If the AAA indicates that service demand exceeds service availability in the PSA, describe the reason(s) by checking one or more of the descriptions provided.

6. In order to address service demand that exceeds service availability, are services provided:**6a. At levels less than identified need (under-served):****6b. Serving all clients at identified need level. Individuals that cannot be served at identified need level placed on waiting list:**

Where service demand exceeds service availability in the PSA, identify whether or not service providers are:

a) Under-serving (defined as providing service at less than identified need or requested by the client). For example, if the client would benefit from 5 hot meals per week, but, due to resource limitations, receives 3 hot and 2 frozen meals per week.

AND/OR

b) Clients that cannot be served at their identified level of need are placed on the waiting list.

7. Additional comments on under-service:

Provide any additional comments to describe "under-service" in the PSA.

8. If a "0" count of individuals is being reported on the home delivered meals waiting list, please describe:

- ☐ Service capacity/funding to serve all individuals that are eligible
- ☐ Other (describe):

Provide any additional comments regarding the lack of a waiting list in the PSA.

In Home, Access, and Priority Service Waiting List Information (Non-Medicaid Waiver Clients)

1. Enter the total number of individuals on the in home, access, and priority service waiting list:

Enter the total unduplicated count of individuals awaiting service as of the last day of the quarter (i.e., the report date). Include in the count only those individuals that are not receiving service. Individuals that are served at less than their identified need or requested level of service are not to be included in the count. "Unduplicated" defined as counting an individual only once.

2. Describe the length of stay for individuals on the waiting list (i.e., of the total on Line 1 above):

- a. Less than 30 days
- b. 30 – 60 days
- c. Greater than 60 days
- d. Greater than 180 days

Identify by a count of days how long individuals have been awaiting service as of the date of the report. The totals for groups under a. through d. above should add up to the total count of individuals reported on under #1 above.

3. Describe any assistance/referrals provided to individuals that are placed on the waiting list:

- ☐ Referred to a non-AAA funded food assistance program (e.g., MiCAFE, Project FRESH) currently accepting clients
- ☐ Referred to a local food bank/pantry shelf
- ☐ Referred to local DHS office
- ☐ Referred to HCBS/ED Waiver Program
- ☐ Referred to CLP for service options
- ☐ Referred to private pay program
- ☐ Other assistance (please describe below):

For any individuals included on the waiting list, identify any assistance or referrals that are made on the individual's behalf while awaiting service. Examples of programs and services that an individual might be referred to include:

MiCAFE provides assistance with completing an application for the Food Assistance program at community sites in several counties in Michigan.

Senior Project FRESH provides coupons/vouchers for fresh produce at farmer's markets during summer months.

DHS is the Michigan Department of Human Services.

HCBS/ED Waiver Program is the Medicaid Home and Community Based Services / Elderly and Disabled Program.

CLP is the Community Living Program.

4. Additional comments on waiting list (e.g., changes, events, and issues impacting list, etc.):

Provide any additional comments to describe events or issues impacting the waiting list in the PSA.

5. Does the demand for in home, access, priority services exceed service availability?

Indicate whether or not the current demand for services exceeds the current service availability in the PSA.

5a. Describe the reasons for under-service (check all that apply):

- ☐ Limited funding for services
- ☐ Limited service area/service delivery availability
- ☐ Driver/worker shortage
- ☐ Client choice

If the AAA indicates that service demand exceeds service availability in the PSA, describe the reason(s) by checking one or more of the descriptions provided.

6. In order to address service demand that exceeds service availability, are services provided:**6a. At levels less than identified need (under-served):****6b. To all clients at identified need level. Individuals that cannot be served at identified need level placed on waiting list:***Where service demand exceeds service availability in the PSA, identify whether or not service providers are:**a) Under-serving (defined as providing service at less than identified need or requested by the client). For example, the client may benefit from 5 hours of service per week, but, due to resource limitations, receive 3 hours per week.**AND/OR**b) Clients that cannot be served at their identified level of need are placed on the waiting list.***7. Additional comments on under-service:***Provide any additional comments to describe "under-service" in the PSA.***8. If a "0" count of individuals is being reported on the waiting list, please describe:**

_Service capacity/funding to serve all individuals that are eligible
_Other (describe):

*Provide any additional comments regarding the lack of a waiting list in the PSA.***Section II. AAA Waiting List Management Practices/Polices:**

NOTE – This section is to be filled out for the 1st quarter waiting list report. AAAs do not need to complete this section after the first quarter, unless there has been a change regarding any of the questions below.

Home Delivered Meals Waiting List**1. Please describe the information that collected on individuals that are placed on the home delivered meals waiting list:**

_Name
_Contact information
_Services likely eligible for/interested in
_Other (please describe below):

Identify the data elements that are collected for individuals on the waiting list. Identify/describe any data collected in addition to name, contact information, and service interest/eligibility in the "Other" text box.

2. How often is the home delivered meals waiting list reviewed (e.g., to determine when an individual should be removed from the list)?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (please describe):

Describe the frequency at which the list is reviewed for accuracy and completeness. If known, include a description of the review process utilized by service providers for lists/counts they report to the AAA.

3. Please describe the waiting list review/update process:

Describe the process and procedures by which the AAA reviews and updates the list of individuals awaiting service. If known, include a description of the process and procedures utilized by service providers for lists/counts they report to the AAA.

4. Describe the process by which individuals are prioritized for placement on the home delivered meals waiting list:

- ☐ Local AAA screening tool
- ☐ Local service provider screening tool
- ☐ No prioritization (first come first serve)
- ☐ Other (please describe):

Describe the tools and procedures by which the AAA prioritizes the list of individuals awaiting service. If known, include a description of the tools and process utilized by service providers for lists/counts they report to the AAA.

In Home Services Waiting List

5. Please describe the information collected on individuals that are placed on the in home services waiting list:

- ☐ Name
- ☐ Contact information
- ☐ Services likely eligible for/interested in
- ☐ Other (please describe below):

Identify the data elements that are collected for individuals on the waiting list. Describe any data collected in addition to name, contact information, and service interest/eligibility in the "Other" text box.

6. How often is the in home services waiting list reviewed (i.e., to determine when an individual should be removed from the list)?

- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ Other (please describe):

Describe the frequency at which the list is reviewed for accuracy and completeness. If known, include a description of the process and procedures utilized by service providers for lists/counts they report to the AAA.

7. Please describe the review process:

Describe the process and procedures by which the AAA reviews and updates the list of individuals awaiting service. If known, include a description of the process and procedures utilized by service providers for lists/counts they report to the AAA.

8. Describe the process by which individuals are prioritized for placement on the in home services waiting list:

- ☐ Local AAA screening tool
- ☐ Local service provider screening tool
- ☐ No prioritization (first come first serve)
- ☐ Other (please describe):

Describe the tools and procedures by which the AAA prioritizes the list of individuals awaiting service. If known, include a description of the tools and process utilized by service providers for lists/counts they report to the AAA.

AASA Quarterly Waiting List Report Form
Home Delivered Meals Waiting List

AAA: Senior Resources, Region 14

Provider: _____

Fiscal Year: _____

Quarter End: _____

Completed By: _____

Date: _____

Home-Delivered Meals Waiting List Information (Non-Medicaid Waiver Clients)

1. Enter the number of individuals on the home-delivered meals program waiting list: _____

2. Describe the length of stay for individuals on the home-delivered meals waiting list (i.e., of the total on Line 1 above):

- a. Less than 30 days _____
- b. 30 – 59 days _____
- c. 60 - 179 days _____
- d. 180 days-greater _____

2a. Enter the number of individuals that currently receive home-delivered meals that are "underserved" (e.g. served meals at less than assessed level, etc.): _____

2b. Describe the reasons that HDM clients in questions 2a above are "underserved" (check all that apply):

- ☐ Reduced or closed weekend meal programs/options
- ☐ Client served/provided frozen meals in place of home-delivered meal
- ☐ Client served fewer meals per week than assessed or requested number of meals
- ☐ Reduced or closed local meal programs that supplement OSA/AAA HDM program
- ☐ Shortages of HDM volunteers/drivers
- ☐ Prioritization of HDM clients leads to "underservice" for some clients based on priority level
- ☐ Service delays and/or disruptions
- ☐ Other (please describe below):

3. Describe any assistance/referrals provided to individuals that are placed on the home-delivered meals waiting list:

- ☐ Referred to local non-AAA funded food assistance program (e.g. Project FRESH) that is currently accepting clients
- ☐ Referred to a local food bank/pantry shelf
- ☐ Referred to local DHS office
- ☐ Referred to HCBS/ED Waiver Program
- ☐ Referred to CLP for service options
- ☐ Referred to private pay program
- ☐ Other assistance (please describe below):

Additional comments on the home-delivered meals waiting lists (changes, events, issues impacting the list, etc.):

5. Does the demand for home-delivered meal services exceed service availability?

- ☐ Yes
- ☐ No
- ☐ Unknown

5a. If yes, describe below (check all that apply):

- ☐ Limited funding for services
- ☐ Limited service area/service delivery availability
- ☐ Driver/worker shortage
- ☐ Client choice

6. In order to address service demand that exceeds service availability, are home-delivered meals provided:

6a. At levels less than identified need:(underserved): ☐ Yes ☐ No ☐ Unknown

6b. To all clients at identified need level. **Individuals that cannot be served at identified need level placed on the waiting list:** ☐ Yes ☐ No ☐ Unknown

7. Additional comments on “underservice”:

8. If a “0” count of individuals is being reported on the home-delivered meals waiting list, please describe:

- ☐ Service capacity/funding is sufficient to serve all individuals that are eligible
- ☐ Other (describe):

AASA Quarterly Waiting List Report Form
Access and Priority Services (Case Coord/Transportation/I&A/Legal) Waiting List Report

AAA: Senior Resources, Region 14

Provider: _____

Fiscal Year: _____

Quarter End: _____

Completed By: _____

Date: _____

In-Home, Access, and Priority Services Waiting List Information (Non-Medicaid Waiver Clients)

1. Enter the total number of individuals on the in-home, access, and priority service waiting list: _____

2. Describe the length of stay for individuals on the waiting list (i.e., of the total on Line 1 above):

a. Less than 30 days _____

b. 30 – 59 days _____

c. 60 - 179 days _____

d. 180 days-greater _____

2a. Enter the number of individuals that currently receive in-home, access, and priority services that are "underserved"

(e.g. received in-home, access and priority services at less than assessed level, etc.): _____

2b. Describe the reasons that clients in question 2a above are "underserved" (check all that apply):

- ☐ Reduced or closed services or programs
- ☐ Loss of caregivers or informal support that supplemented OSA/AAA services or programs
- ☐ Clients served fewer hours of service than assessed or requested service hours
- ☐ Shortages of in-home service staff/direct care workers
- ☐ Prioritization of clients leads to "underservice" for some clients based on priority level
- ☐ Service delays and/or disruptions
- ☐ Other (please describe below):

3. Describe any assistance/referrals provided to individuals that are placed on the waiting list:

- ☐ Referred to a local non-AAA funded food assistance program (e.g. Project FRESH) that is currently accepting clients
- ☐ Referred to a local food bank/pantry shelf
- ☐ Referred to local DHS office
- ☐ Referred to HCBS/ED Waiver Program
- ☐ Referred to CLP for service options
- ☐ Referred to private pay program
- ☐ Other assistance (please describe below):

4. Additional comments on waiting list (waiting list changes, local events impacting list, etc.):

5. Does the demand for in-home, access, and priority services exceed service availability?

- ☐ Yes
- ☐ No
- ☐ Unknown

5a. If yes, describe below (check all that apply):

- ☐ Limited funding for services
- ☐ Limited service area/service delivery availability
- ☐ Driver/worker shortage
- ☐ Client choice

6. In order to address service demand that exceeds service availability, are home-delivered meals provided:

6a. At levels less than identified need:(underserved): ☐ Yes ☐ No ☐ Unknown

6b. To all clients at identified need level. **Individuals that cannot be served at identified need level placed on the waiting list:** ☐ Yes ☐ No ☐ Unknown

7. Additional comments on “underservice”:

8. If a “0” count of individuals is being reported on the home-delivered meals waiting list, please describe:

- ☐ Service capacity/funding is sufficient to serve all individuals that are eligible
- ☐ Other (describe):

Nutritional Risk Questionnaire

Instructions – Ask each question to the participant and record any questions answered “yes” with the corresponding number. Once all questions have been recorded, add the nutritional risk score at the bottom.

Have you had changes in kind and /or amount of food eaten? (such as low salt / diabetic diet)	If yes enter 2	
Do you eat fewer than two meals per day?	If yes enter 3	
Do you eat less than five servings (half cup each) of fruits or vegetables daily?	If yes enter 1	
Do you eat less than two servings of dairy products daily? (such as milk, yogurt, or cheese)	If yes enter 1	
Do you have three or more drinks of beer, liquor or wine almost every day?	If yes enter 2	
Do you have tooth or mouth problems make it hard to eat? (such as ulcers or missing teeth)	If yes enter 2	
Do you sometimes run short of money to buy food?	If yes enter 4	
Do you eat alone most of the time?	If yes enter 1	
Do you take three or more different prescribed or over-the-counter drugs per day?	If yes enter 1	
Have you lost or gained ten pounds in past six months?	If yes enter 2	
Are physically unable to shop, cook and feed yourself or get someone to do it for you?	If yes enter 2	

Total Nutritional Risk Score _____

A score of 6 points or higher is considered a nutritional risk



SECTION III:

RESOURCES

(Sub-Grantee Contract Manual)

Senior Resources of West Michigan

VISION • MISSION • VALUES

VISION Lifelong Dignity and Independence

MISSION To provide a comprehensive and coordinated system of services designed to promote the independence and dignity of older persons and their families in Muskegon, Oceana and Ottawa counties - a mission compelling us to focus on older persons in greatest need and to advocate for all.

VALUES

- We respect the diversity of our region's aging population.
- We are dedicated to a continuum of care that offers a variety of quality options, from home and community to institutional.
- We are dedicated to helping older adults and their families make informed choices to live as they choose.
- We are committed to empowering older adults and their families to advocate on their own behalf and to support them through our organizations' advocacy.
- We affirm the values of innovation, accountability, quality of care, ethical conduct and prudent stewardship of resources.
- We are committed to fostering, understanding, harmony and mutual responsibility among generations.
- We value the immeasurable extra care and attention provided by members of our organization.



Board of Directors 2022

MUSKEGON COUNTY

Mary Boyd
AvaSure
First term ends 12/23

MaryAnne Gorman
Retired
First term ends 12/22

Ken Mahoney
Retired
First term ends 12/24

Kathy Moore
Public Health Muskegon County
Term ends 12/22

Josh Reece
Attorney, Parmenter Law
Term ends 12/23

Sherry White, Vice President
Retired
First term ends 12/21

OCEANA COUNTY

Martha Meyette
Oceana County Commissioner
First term ends 12/21

Ron Rash
Retired
First term ends 12/22

OTTAWA COUNTY

Tricia Bush
Retired
Term ends 12/23

Mike Koppenol, Chair
SpartanNash
Term ends 12/22

Madelon Krissoff, MD
Geriatrician
First term ends 12/22

Neal Miller
Retired Pharmacist
First term ends 12/22

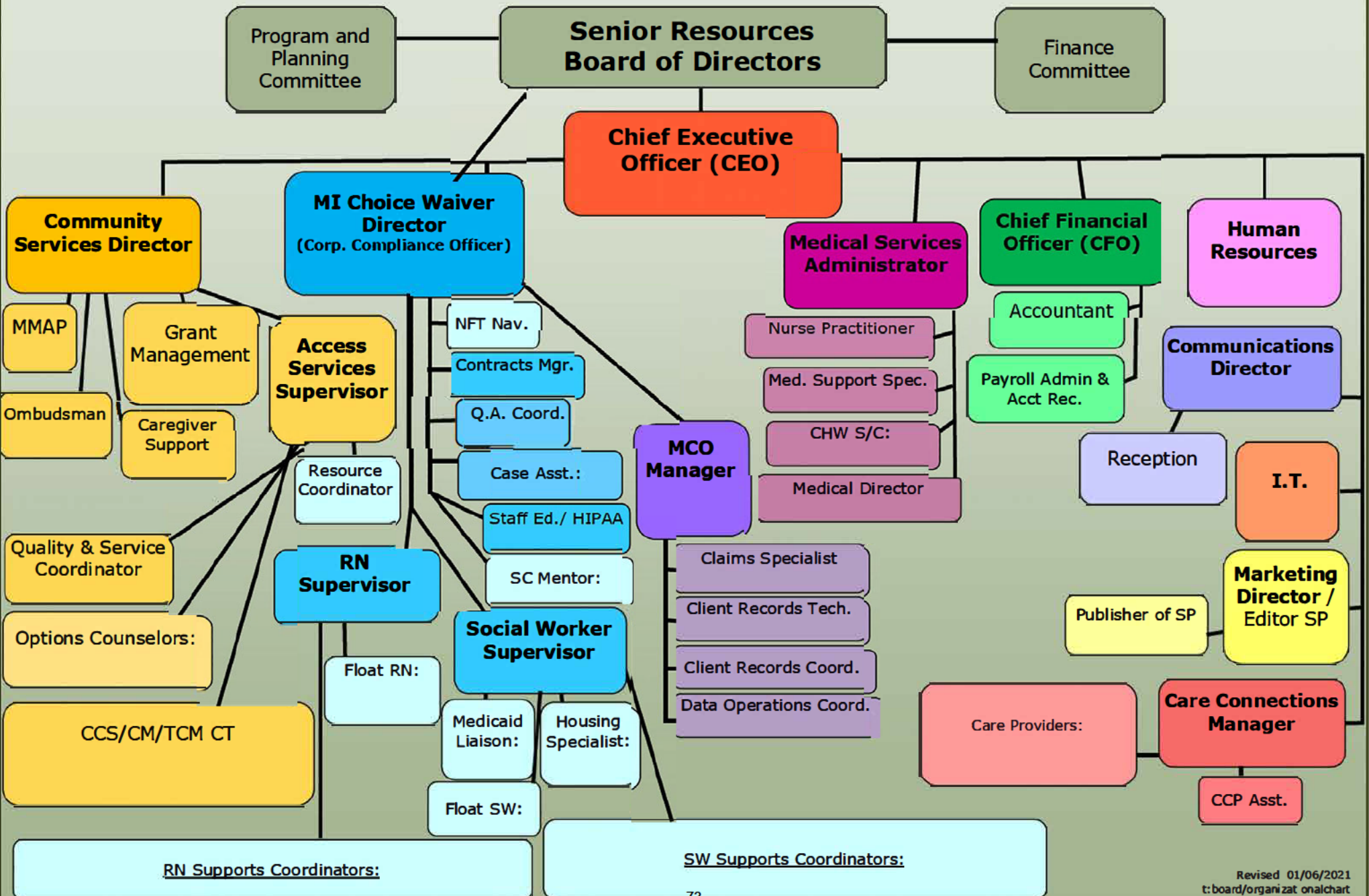
Lesa Jordan, Secretary/Treasurer
Retired
Term ends 12/23

Candy Kraker
Retired
Term ends 12/23

Charlie Vander Broek
Retired
First term ends 12/24

Senior Resources Organizational Chart 2021

2021/01/06





2016 Older Americans Act (OAA) Reauthorization Act (P.L. 114-144)

The 2016 OAA Act reauthorizes programs for FY 2017 through FY 2019. It includes provisions that aim to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promotes the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs.

An overview of key changes follows. (Please note that this summary does not include changes related to the Title V “Community Service Senior Opportunities Act,” which is administered by the U.S. Department of Labor). The italicized citations refer to the section(s) where the highlighted change can be found in the OAA. The official compilation of the OAA of 1965, as amended through P.L. 114-144, can be found [here](#).

Aging and Disability Resource Centers (ADRCs)

- Seeks to improve ADRC coordination with area agencies on aging and other community-based entities in disseminating information regarding available home- and community-based services for individuals who are at risk for, or currently residing in, institutional settings. *102(4); 202(a)(31); 202(b)(8)*
- Updates the definition of “Aging and Disability Resource Center” to be consistent with current practice, including an emphasis on independent living and home and community-based services. *102(4)*

Authorization Levels

- Sets authorization levels approximately two percent above FY 2016 funding levels for FY 2017; and approximately two percent increases above the previous year for FY 2018 and FY 2019. *216(a)&(b); 303; 311(e); 411(b); 643(1)&(2); 702(a)&(b))*

Care Coordination

- Clarifies the Assistant Secretary’s responsibilities to provide technical assistance to, and coordinate sharing of best practices with, states, area agencies on aging, and service providers regarding coordination with health care entities, in order to improve care coordination for individuals with multiple chronic illnesses. *202(a)(31)*

Demonstration Authority

- Authorizes the Senior Medicare Patrol (SMP) program in Title IV. *411(a)(13)*
- Eliminates three Title IV demonstration programs: Computer Training; Multidisciplinary Centers & Multidisciplinary Systems; and Ombudsman & Advocacy Demonstration Projects. *Repeals 415; 419; 421*

Elder Abuse

- Updates definitions of “adult protective services,” “abuse,” “exploitation and financial exploitation,” and “elder justice” to be consistent with the Elder Justice Act. *102(1),(3), (17)&(18)*
- Promotes best practices for responding to elder abuse, neglect, and exploitation in long-term care facilities through the Administration on Aging. *201(d)(3)(M)*
- Promotes states’ submission of data concerning elder abuse. *102(3)(A); 721(b)(5)*
- Directs the Administration on Aging to include, as appropriate, training on elder justice, including abuse prevention and screening, for states, area agencies on aging, and service providers. *202(d)(4)(g)*
- Requires area plans to include efforts to increase public awareness of elder abuse, neglect, and exploitation. *306(a)(6)(H)*

Evidence-Based Programs

- Ensures that, in accordance with current practice, disease prevention and health promotion programs are evidence-based. *361(a)*
- Specifies the aging network may include oral health screenings among disease prevention and health promotion activities. As with all disease prevention and health promotion activities funded under Title III-D of the Older Americans Act, such oral health screenings would need to be part of an evidence-based program. *102(a)(14)(B)*

Funding Formula for Titles III B, C & D

- No state shall be allotted less than: 99% of the allotment for the previous year for each of FY2017-FY2019, or 100% of the FY2019 allotment for FY2020 and each subsequent fiscal year. *304(a)(3)(D)*

Health and Economic Needs

- Clarifies the Assistant Secretary’s responsibilities for the development of plans, program implementation, and preparation and dissemination of educational materials on the health and economic needs of older individuals. *202(a)(5)&(7)*

Holocaust Survivors

- Directs the Assistant Secretary to develop guidance on serving Holocaust survivors through Older Americans Act programs. *Section 10 of the Older Americans Act Reauthorization Act of 2016 (stand-alone provision)*

Home Care

- Directs the Assistant Secretary to develop a consumer-friendly tool, when feasible, to assist older individuals and their families in choosing home- and community-based services, with a particular focus on ways for consumers to assess how providers protect the health, safety, welfare, and rights of older individuals. *202(b)(5)(D)*

Long-Term Care Ombudsman Program

- Authorizes Long-Term Care (LTC) Ombudsman programs to serve all LTC facility residents, regardless of their age. *711(6)*

- Clarifies that the state LTC Ombudsman is responsible for the fiscal management of the Office of the State LTC Ombudsman. *712(a)(2)*
- Clarifies that LTC Ombudsman programs may work to resolve complaints on behalf of residents unable to communicate their wishes, including those lacking an authorized representative. *712(a)(3)(A)(i) & (a)(5)(vi)*
- Requires state LTC Ombudsmen to ensure that residents have private, unimpeded access to the program. *712(a)(3)(D)*
- Requires LTC Ombudsman programs to actively encourage, and assist in the development of, resident and family councils in long-term care facilities. *712(a)(3)(H)(iii) & (a)(5)(vii)*
- Authorizes LTC Ombudsman programs to serve residents transitioning from a LTC facility to a home-care setting, when feasible. *712(a)(3)(I)*
- Clarifies that the LTC Ombudsman program is considered a “health oversight agency” for purposes of the Health Insurance Portability and Accountability Act (HIPAA). *712(b)(3)*
- Applies OAA disclosure provisions to all LTC Ombudsman program information (rather than only “files and records”) and clarifies exceptions for disclosure of information relating to residents unable to communicate their wishes, including those lacking an authorized representative. *712(d)(2)(c)*
- Provides specific examples of individual and organizational conflicts of interest, requiring remediation or removal of such conflicts. *712(f)*
- Requires that each state LTC Ombudsman or his/her designee participate in training provided by the National Ombudsman Resource Center. *712(h)(4)*
- Requires the Director of the Office of Long-Term Care Ombudsman Programs to collect and analyze promising practices related to responding to elder abuse, neglect, and exploitation in long-term care facilities. *201(d)(3)(M)*

Mental Health

- Updates and clarifies references of mental health to also include “behavioral health,” as appropriate, to reflect the Aging Network’s current practice of including substance abuse and suicide prevention in these topics. *102(a)(14)(G); 102(a)(36) & (47); 201(f)(1); 202(a)(5); 306(a)(2)(A); 306(a)(6)(F); 321(a)(1) & (8); 321(a)(14)(B); 321(a)(23)*

National Family Caregiver Support Program (NFCSP)

- Clarifies current law that older adults caring for adult children with disabilities and older adults raising children under 18 are eligible to participate in the National Family Caregiver Support Program. These new definitions allow the NFCSP to be more inclusive in serving older-relative caregivers, including people who are age 55 or older and parents of individuals with disabilities. *372(a)*
- Clarifies that a state may use not more than 10 percent of the total (federal and non-federal share) available to the state to provide support services to older-relative caregivers. *373 (g)(2)(C)*

Nutrition Services

- Clarifies that, as appropriate, supplemental foods may be part of a home-delivered meal at the option of a nutrition services provider. *336(1)*
- Clarifies that a state shall utilize the expertise of a dietician or other individual with equivalent education and training in nutrition science. *339(1)*
- Where feasible, encourages the use of locally grown foods in meals programs. *339(2)(L)*

Senior Centers

- Directs the Assistant Secretary to provide information and technical assistance to support identification of best practices for the modernization of multipurpose senior centers. *202(a)(30)*
- Encourages efforts to modernize multipurpose senior centers and promote intergenerational shared-site models in area agency on aging plans. *306(a)(1); 321(b)&(c)*

Supportive Services

- Clarifies that supportive services funding can be used for referral, chronic condition self-care management, and falls prevention services. *321(a)(1)*
- Clarifies that health screening includes mental and behavioral health screening and falls prevention screening to detect or prevent illnesses and injuries that occur most frequently in older individuals. *321(a)(8)*

Transportation Services

- Directs the Assistant Secretary to provide information and technical assistance to states, area agencies on aging, and service providers on providing efficient, person-centered transportation services, including across geographic boundaries. *202(a)(29)*



AREA AGENCIES ON AGING ASSOCIATION OF MICHIGAN
6105 West St. Joseph, Suite 204, Lansing, Michigan 48917
(517) 886-1029 www.4ami.org Dave LaLumia, Executive Director

FACT SHEET ON AREA AGENCIES ON AGING (AAAs)

What are Area Agencies on Aging?

Area Agencies on Aging are a nationwide network of entities designated by federal statute to plan and develop services to promote health and independence. They serve as a one-stop shop with expertise on aging and long-term care. AAAs were created 40 years ago by the federal Older Americans Act (OAA) with the mission of creating a system of home and community-based services to maximize the independence and dignity of older adults and provide alternatives to nursing homes. The state entity responsible for overseeing OAA services and designating AAAs is the Michigan Aging and Adult Services Agency.

How many AAAs serve Michigan?

There are 16 AAAs that serve all of Michigan's 83 counties. Most are private nonprofit organizations and cover multi-county regions. AAAs are run by boards of directors; most AAA board members are appointed by county boards of commissioners and other local officials. AAAs also have advisory councils with older adult leaders and service providers.

What do AAAs do?

AAAs promote healthy aging, dignity and independence in many ways. AAAs assist older adults, younger people with disabilities, and caregivers looking for information and resources. They are experts on all aspects of aging. They provide specialized counseling on Medicare, Medicaid and health insurance through the Medicare Medicaid Assistance Program (MMAP). AAAs provide supports coordination, a service that assists frail elders remain independent by 1) performing a thorough in-home assessment of the elder's health condition and living situation, 2) developing a person-centered care plan to assist the elder in maintaining a quality life, 3) helping to coordinate the services and supports provided by physicians, specialists, hospitals, other health care providers and the aging network, 4) determining if the elder qualifies for any government programs, and 5) educating the elder about the services and programs available, as well as healthy behaviors. AAAs use an approach that is "person-centered," meaning participants are in control and make the decisions about their care. AAAs also give participants the option to self-direct their services and hire their own helpers.

AAAs fund a wide variety of home and community-based services using a network of 1200 service providers. AAAs screen providers using service standards to find those that deliver quality services at a reasonable price. AAAs perform ongoing assessments of providers to ensure that performance and quality are maximized.

AAAs provide evidence-based programs to increase health and empower individuals to better manage their chronic conditions. Utilizing proven programs recognized by the U.S. Centers for Disease Control and Prevention and the U.S. Administration for Community Living, AAAs help older adults and people with disabilities prevent falls, manage chronic conditions including hypertension, heart disease, diabetes, pain, etc., eat healthy, cope with caregiving responsibilities and do advance care planning.

AAAs help people in nursing homes transition back to the community, along with other waiver

agencies and Centers for Independent Living. This program is called the Nursing Facility Transition Initiative (NFTI). AAAs find people living in nursing homes who have lived there for many months or even years but want to return home and face significant barriers. In most cases, people need in-home services to live safely at home. Some people have lost their homes and belongings and need to find another place to live. Ten to fifteen percent need no Medicaid services whatsoever.

AAAs help people in hospitals transition back to the community to maximize their recovery and prevent unnecessary rehospitalizations. A number of AAAs are partnering with hospitals, health plans and other organizations to provide care transition services.

AAAs help people transition to licensed residential settings including both Adult Foster Care and Homes for the Aged. Transitions can occur from a home, nursing home or hospital setting.

AAAs create new services to fill gaps through public/private partnerships. Creating a service means raising money, finding one or more companies/agencies to provide the service, coordinating the new service with existing programs, and informing seniors and the community about the availability of the new service. AAAs raise additional resources from federal, state and local governments, nonprofit agencies, corporations, foundations, direct mail solicitations, special events and private donors.

AAAs advocate on behalf of older adults and caregivers. AAAs advocate for new programs, more funds for existing programs, and public policies that impact health and well-being. The federal Older Americans Act requires AAAs to advocate for older adults. AAAs have been successful in advocating for federal, state and local resources, and blend all three into a cost-effective service system.

Are there advantages to having AAAs separate from service providers?

Yes. Because AAAs generally do not provide direct services, they will not steer participants to their own services, allowing individuals to pick the providers they prefer. AAAs provide conflict-free supports coordination and person-centered planning. AAAs evaluate providers to insure they are legitimate, financially sound and provide quality services. Because they are conflict-free, AAAs are well-positioned to take on special roles that require an agency with no bias. Those special roles include supports coordination for individuals utilizing Medicaid, Medicare, self-directed care and private pay. Resulting designation as a MI Choice Waiver Agent and Aging & Disability Resource Center is common.

**“ . . . AREA AGENC(IES) ON AGING
WILL . . . SERVE AS THE . . .
FOCAL POINT FOR OLDER
INDIVIDUALS WITHIN THE
COMMUNITY”**

What services are available?

Following is a list of most of the services available. To find out if a particular service is available in your area, go to www.michigan.gov/miseniors.

- Adult Day Care
- Caregiver Training & Support Groups
- Case Coordination and Support
- Chores Services, such as heavy cleaning, minor repairs, lawn care and snow removal
- Congregate Meals at senior centers and other locations
- Counseling

- Elder Abuse prevention
- Employment Assistance
- Evidence-Based Health Promotion & Disease Prevention Programs
 - Personal Action Towards Health (PATH) – chronic disease self-management
 - PATH – Diabetes
 - PATH – Chronic Pain
 - A Matter of Balance – falls prevention
 - Healthy Eating
 - Respecting Choices – advance care planning
 - Savvy Caregivers – assists caregivers of people with dementia
 - T.C.A.R.E. – caregiver assessment and support program
- Grandparents Raising Grandchildren & Kinship Care
- Help with Medicare, Medicaid and other health insurance (MMAAP)
- Home Delivered Meals (Meals-On-Wheels)
- Home Injury Control
- Homemaker
- Home Repair & Environment Modifications
- Hospital Care Transitions
- Housing Assistance
- Information and Assistance
- Legal Assistance
- Long Term Care Options Counseling
- MI Choice Medicaid Waiver
- Nursing Facility Transition services
- Ombudsman Services to resolve problems for people living in long term care facilities
- Personal Care, including help with bathing, dressing, eating, etc.
- Respite Care - relief for caregivers, in-home and out-of-home
- Senior Centers
- Supports Coordination
- Transitions to Licensed Residential Settings – Adult Foster Care, Home for the Aging
- Transportation

**“AREA AGENC(IES) ON AGING
SHALL . . . FACILITATE THE
DEVELOPMENT AND
IMPLEMENTATION OF A
COMPREHENSIVE,
COORDINATED SYSTEM FOR
PROVIDING LONG-TERM
CARE IN HOME AND
COMMUNITY-BASED
SETTINGS”**

Do services provided by the aging network have a significant and meaningful impact?

Yes. Despite the steady growth in Michigan’s older population, particularly those 85+, home-based services have contributed to a steady decline in Medicaid nursing home utilization in our state. Over a quarter of a million people are served each year with information and services provided by the aging network. On surveys, AAAs’ customers rank services and performance in the 90th percentile. In the Nursing Facility Transition Program, AAAs and other groups transition over 1600 individuals from nursing homes back to the community. These are just a few examples.

Are services provided by the aging network cost-effective?

Yes. The average daily cost of the MI Choice Medicaid Waiver is one-third the average daily

cost of a nursing home. OSA services, also federal-state funded, are more flexible and keep seniors living at home, out of nursing homes, and off the Medicaid program. The average cost to keep seniors at home with meals-on-wheels and in-home services is \$3 a day. Services like meals-on-wheels, supports coordination, transportation, respite care, etc. are helping family caregivers so they can provide care longer. The majority of long-term care services are provided at no cost by families and friends, with an estimated annual value of \$15.5 billion in Michigan.

Updated December 19, 2019

THE OLDER MICHIGANIANS ACT

Act 180 of 1981

AN ACT to create a commission on services to the aging within the executive office of the governor; to create an office of services to the aging as an autonomous entity within the department of management and budget; to authorize the designation of area agencies on services to the aging and to prescribe their powers and duties; to establish certain programs relating to older persons; to prescribe the powers and duties of certain state departments, officers, and agencies; to create funds; to provide penalties; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981;—Am. 1986, Act 259, Imd. Eff. Dec. 9, 1986;—Am. 1987, Act 35, Imd. Eff. May 27, 1987;—Am. 1988, Act 235, Eff. Oct. 7, 1988.

Popular name: Act 180

The People of the State of Michigan enact:

400.581 Short title.

Sec. 1. This act shall be known and may be cited as the “older Michiganians act”.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the department of management and budget to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.582 Definitions.

Sec. 2. As used in this act:

- (a) “Area agency on aging” means an agency designated by the commission under section 4(i).
- (b) “Chief elected official administrative officer” means any of the following:
 - (i) The president of a village.
 - (ii) The mayor of a city.
 - (iii) The supervisor of a township.
 - (iv) The elected county executive or appointed county manager of a county; or if the county has not adopted an optional unified form of county government, the chairperson of the county board of commissioners of the county.
- (c) “Commission” means the commission on services to the aging established under section 3.
- (d) “Director” means the director of the office of services to the aging.
- (e) “Long-term care facility” means 1 or more of the following:
 - (i) A home for the aged as defined in section 20106(3) of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.20106 of the Michigan Compiled Laws.
 - (ii) An adult foster care facility as defined in section 3(4) of the adult foster care facility licensing act, Act No. 218 of the Public Acts of 1979, being section 400.703 of the Michigan Compiled Laws.
 - (iii) A nursing home as defined in section 20109(1) of Act No. 368 of the Public Acts of 1978, being section 333.20109 of the Michigan Compiled Laws.
 - (iv) A county medical care facility as defined in section 20104(4) of Act No. 368 of the Public Acts of 1978, being section 333.20104 of the Michigan Compiled Laws.
 - (v) A hospital long-term care unit as defined in section 20106(6) of Act No. 368 of the Public Acts of 1978.
- (f) “Office” means the office of services to the aging created by section 5.
- (g) “Older person” means a state resident who is 60 years of age or older, and the spouse of the older person, regardless of age.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981;—Am. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

400.583 Commission on services to the aging; establishment; appointment, qualifications, and term of members; vacancies; members of commission created by former act; compensation and expenses; chairperson.

Sec. 3. (1) A commission on services to the aging is established within the executive office of the governor. The commission shall consist of 15 members appointed by the governor by and with the advice and consent of the senate. Commission membership shall reflect the broad geographical balance as well as the distribution of older persons in the state. Members of the commission shall serve the broad interests of the state's aging and older persons. A majority of the members shall be 60 years of age or older, and no more than 8 members shall be from the same political party. The term of each member shall be 3 years. Vacancies on the commission shall be filled by appointment by the governor in a similar manner as members are appointed under this subsection, for the remainder of the unexpired term.

(2) Members of the commission created by former Act No. 146 of the Public Acts of 1975 shall continue to serve until the expiration of their terms.

(3) A member of the commission shall be entitled to receive per diem compensation and reimbursement of actual and necessary expenses while acting as an official representative of the commission as defined by commission policies and rules. The per diem compensation of the commission and the schedule for reimbursement of expenses shall be established annually by the legislature.

(4) The governor shall designate a person from among the members to serve as chairperson of the commission. The chairperson shall serve in that position at the pleasure of the governor.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Compiler's note: Act 146 of 1975, referred to in this section, was repealed by Act 180 of 1980.

For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of

community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.584 Duties of commission.

Sec. 4. (1) The commission shall do all of the following:

- (a) Serve as an effective and visible advocate for aging and older persons in all government decisions.
 - (b) Advise the governor, the legislature, and the office of services to the aging concerning the coordination and administration of state programs serving older persons.
 - (c) Make recommendations to the governor and the legislature regarding changes in federal and state programs, statutes, and policies.
 - (d) Advise the governor and legislature of the nature and magnitude of the priorities of aging and older persons.
 - (e) Participate in the preparation of and approve the state plan and budget required by the older Americans act of 1965, 42 U.S.C. 3001 to 3058d, before submission of the plan to the federal administration on aging.
 - (f) Review and approve grants to be made from state, federal, or other funds which are administered by the office.
 - (g) Review and advise the governor and the legislature on the state's policies concerning services to older persons.
 - (h) Participate in the development of and approve the statements and reports required in section 6(n).
 - (i) Designate planning and service areas and an agency which shall be recognized as an area agency on services to the aging within each planning and service area.
 - (j) Establish a state advisory council under the direction of the commission. A member of the commission shall chair the state advisory council. The commission shall establish procedures for the selection of the council.
 - (k) Convene public meetings or hearings to identify and discuss issues or concerns relating to aging and older persons.
 - (l) Establish additional specialized advisory committees as needed which shall be under the direction of the commission.
 - (m) Provide adequate and effective opportunities for aging and older persons to express their views on policy development and program implementation.
 - (n) Establish policies pertaining to implementation of federal and state statutes involving funds administered by the office.
 - (o) Establish a formula for funding the state and local or regional long-term care ombudsman programs. This formula shall be based on square miles, number of nursing homes, the number of nursing home beds, and the percentage of nursing home residents receiving medicaid within the geographic area to be served.
- (2) The commission shall make and enter into contracts and agreements necessary or incidental to the performance of its duties and the execution of its powers under this act, subject to all of the following limitations:
- (a) A commission member shall not participate in the selection, award, or administration of a contract if, to his or her knowledge, any of the following persons or organizations has a financial interest in that contract:
 - (i) A commission member.
 - (ii) A member of a commission member's immediate family.
 - (iii) A commission member's partner.
 - (iv) An organization in which any of the persons listed in subparagraphs (i) to (iii) is an officer, director, or employee.
 - (v) A person or organization with whom any of the persons listed in subparagraphs (i) to (iii) is negotiating or has any arrangement concerning prospective employment.
 - (b) A commission member shall make known a potential conflict of interest under subdivision (a) before a vote regarding a contract.
 - (c) A commission member shall abstain from discussing a relevant motion, making a recommendation, or voting in regard to a contract, grant, or policy if his or her personal or business interest is involved as described in subdivision (a).

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981;—Am. 1987, Act 35, Imd. Eff. May 27, 1987.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.585 Office of services to the aging; creation; exercise of powers and functions; appointment of director; exemption; compensation; director as special assistant to governor and liaison to commission.

Sec. 5. The office of services to the aging is created within the department of management and budget. The office shall exercise its powers and functions, including the functions of budgeting and procurement and management-related functions, as an autonomous entity, independent of the director of the department of management and budget. The governor shall appoint a director of the office by and with the advice and consent of the senate. The director shall be exempt from the state classified civil service. The director shall receive compensation as provided by the legislature. The director shall serve as a special assistant to the governor on the problems of aging and older persons. The director or a designee of the director shall serve as office liaison to the commission.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Popular name: Act 180

400.586 Office of services to the aging; duties.

Sec. 6. The office of services to the aging shall do all of the following:

- (a) Serve as a visible and effective advocate for aging and older persons.
- (b) Function as the single state agency within this state to supervise and administer the state plan required by the older Americans act of 1965, 42 U.S.C. 3001 to 3058d.
- (c) Be primarily responsible for the coordination of all state activities related to the purposes of this act.

- (d) Cooperate with agencies of the state and federal government and receive funds for any purpose authorized by the legislature.
- (e) Make necessary contracts incidental to the performance of its duties and the execution of its policies.
- (f) Provide technical assistance to state and local agencies for the purposes of planning, program development, administration, and evaluation; and encourage, promote, and aid in the establishment of services for aging and older persons.
- (g) Collect, analyze, and disseminate data concerning services which affect aging and older persons.
- (h) Establish an educational and public information program to foster public understanding of the problems and opportunities of aging and older persons; provide information on programs available to assist older persons; and encourage the development of private and public community programs to improve the status of older persons.
- (i) Evaluate the effect of federal and state statutes on aging and older persons and recommend to the governor and the legislature appropriate changes.
- (j) Evaluate, in cooperation with appropriate state departments and agencies, the effectiveness of public and private policies which affect older persons in the state and which are funded by federal, state, local, and private resources, including services which provide a comprehensive and integrated system of health and social services which respond to individual needs.
- (k) Supervise, monitor, assess, evaluate, and provide technical assistance to area agencies on aging, and other agencies receiving funds from the office, in meeting specified objectives.
- (l) Make recommendations to the governor and the legislature on budget and grant requests for programs for aging and older persons.
- (m) Participate in the development of the annual report of services that is required to be submitted to the department of health and human services under section 2004 of Title XX of the social security act, 42 U.S.C. 1397c, and provide recommendations to the governor on the components of the plan which relate to services to aging and older persons.
- (n) Develop a comprehensive triennial state plan on aging with yearly updates regarding the priority needs of aging and older persons, as well as recommendations for future action. The office shall prepare an annual report to be submitted to the governor and the legislature by January 31 of each year. The annual report shall detail the progress of the office and the commission in implementing the triennial plan.
- (o) Establish an appeals procedure, subject to approval by the commission, the applicability of which shall not be limited to denials of funding.
- (p) Serve as a clearinghouse for the collection and distribution of information on aging and older persons.
- (q) Establish demonstration programs for services to the aging and older persons in selected communities in the state. Particular emphasis shall be given to services designed to foster continued participation of older persons in family and community life and to prevent as nearly as possible unnecessary institutionalization of older persons. The programs shall be established to demonstrate and test their effectiveness, to stimulate continued support for them, and to create new services, using federal, state, local, or private funds and resources.
- (r) Function as the state agency for voluntary services for, and provided by, older persons. The office shall do all of the following:
 - (i) Be designated as the state agency for coordination and development of foster grandparent and senior companion programs. The office is authorized: to receive and allocate funds from federal, state, and other sources for foster grandparent and senior companion programs; to negotiate waivers with the federal agency responsible for administering foster grandparent and senior companion programs and funds; and, in cases where federal foster grandparent and senior companion programs cannot be modified, to institute policies and rule variations with subprograms of foster grandparent and senior companion programs distinctly established through the use of state funds. Administrative agencies established before October 6, 1976, to develop and administer foster grandparent and senior companion programs are continued under this act pursuant to contracts initiated with the federal government. This Subparagraph shall not be construed to prohibit the termination of a grantee for cause. Expansion of foster grandparent and senior companion programs shall be administered under existing programs where feasible. Other state and local governmental agencies serving children, youth, and mentally retarded persons in need of protective care and treatment in institutional and community settings shall cooperate with the office in the development and administration of voluntary services for, and provided by, aging and older persons. The office may negotiate with the federal administration to obtain the same nontaxable status for state funded foster grandparent and senior companion stipends as that given to participants in the federal program.
 - (ii) Be designated as the state agency for coordination and development of retired senior volunteer programs. The office is authorized: to receive and allocate funds from federal, state, and other sources for retired senior volunteer programs; to negotiate waiver of rules with the federal agency responsible for administering retired senior volunteer programs and funds; and, in cases where federal retired senior volunteer programs cannot be modified, to institute policies and rule variations with subprograms of retired senior volunteer programs distinctly established through the use of state funds. Administrative agencies established before October 1, 1978, to develop and administer retired senior volunteer programs are continued under this act pursuant to contracts initiated with the federal government. Nothing in this subparagraph shall be construed to prohibit the termination of a grantee for cause. Expansion of retired senior volunteer programs shall be administered under existing programs where feasible. Other state and local governmental agencies shall cooperate with the office in the development and administration of voluntary services for, and provided by, aging and older persons.
- (s) Establish, evaluate, and improve opportunities for aging and older persons to provide volunteer services.
- (t) Pursue and receive on behalf of the state any grant or gift and accept any grant or gift so that the title passes to the state. All grants and gifts shall be deposited with the state treasurer and used for the purposes set forth in the grant or the gift if the purposes are within the powers conferred on the office and the use is approved by the legislature. If the use is not approved, the grant or gift shall revert to the donor, or the donor's administrator or assigns.

- (u) Train and assign staff who shall institute food delivery systems, inform older persons of the delivery systems, and train older persons to operate the food delivery systems. The office shall also do all of the following:
 - (i) Develop means to reduce the cost of food to older persons and increase the nutritional adequacy of food purchased and consumed.
 - (ii) Provide technical assistance to local clubs, groups, or organizations of older persons for the development of buying clubs, food cooperatives, or shopping assistance programs; provide education in purchase and preparation of foods; and encourage retail grocers to package raw food in meal-size portions.
 - (iii) Provide ongoing assistance until the individual projects become self-sufficient.
 - (iv) Coordinate and develop efforts in conjunction with those of other state or local public or private agencies such as the cooperative extension services, public health agencies, senior nutrition projects, the department of social services, the retail grocers association, the department of agriculture, and others considered appropriate by the office.
 - (v) Provide in its annual report to the governor and the legislature under subdivision (n), a report on the effect of the programs.
 - (vi) Provide trained personnel, technical assistance, and coordination with other state agencies.
 - (v) Function as the administrator of employment programs and related services for, and provided by, older persons. The office shall encourage the employment of older persons in government agencies and private organizations.
 - (w) Subject to Act No. 370 of the Public Acts of 1941, as amended, being sections 38.401 to 38.428 of the Michigan Compiled Laws, and the rules of the state civil service commission, ensure that preference is given to older persons in employment by the office and all recipients of funds from the office.
 - (x) Encourage the development of preretirement and postretirement programs for older persons.
 - (y) Develop, in consultation with the various components of the aging network, basic core needs assessment and evaluation instruments. The office shall provide technical assistance to aid local organizations in augmenting these core instruments.
 - (z) Provide adequate and effective opportunities for older persons to express their views on policy development and program implementation.
 - (aa) Establish a long-term care ombudsman program consisting of a state long-term care ombudsman and a system of local or regional ombudsman offices having the duties and powers described in section 6g. The local or regional ombudsman programs shall be funded through area agencies on aging.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981;—Am. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

***** 400.586a THIS SECTION DOES NOT APPLY AFTER MARCH 29, 1988: See (3) of 400.586a *****

400.586a Older persons' shared housing program; establishment; duties of office; applicability of section.

Sec. 6a. (1) There is established an older persons' shared housing program to be administered by the office. The office may contract with private or public nonprofit agencies or local governmental agencies to establish shared housing for the older persons in local areas.

(2) In administering the older persons' shared housing program, the office shall do all of the following:

- (a) Develop proposed model living arrangements in which 2 or more older persons share housing and the expenses of maintaining the housing.
- (b) Develop 1 or more model shared housing agreements fixing the rights and responsibilities of older persons who share housing.
- (c) Communicate with landlords and housing rental businesses to encourage shared rental housing for older persons.
- (d) Locate older persons who could benefit from living in shared housing arrangements, and identify areas in the state that have the greatest need for shared housing for older persons.
- (e) Match older persons with homeowners, renters, or landlords and with other older persons to create shared housing arrangements.
- (f) Identify impediments to the development of shared housing for older persons, including impediments resulting from zoning laws and ordinances; building, housing, and fire safety laws and ordinances; and rules, policies, and practices of state and local agencies.

(3) This section shall not apply after 3 years from its effective date.

History: Add. 1984, Act 357, Eff. Mar. 29, 1985.

Popular name: Act 180

***** 400.586b THIS SECTION DOES NOT APPLY AFTER MARCH 29, 1987: See (2) of 400.586b *****

400.586b Report; applicability of section.

Sec. 6b. (1) Within 2 years after the effective date of this section, the office shall report to the house and senate committees having jurisdiction over legislation relating to older persons. The report shall include all of the following:

- (a) A summary of the proposed model living arrangements described in section 6a.
- (b) The model shared housing agreements described in section 6a.
- (c) An estimate of the number of older persons in the state, by county or other region, who would benefit from continuation of the older persons' shared housing program.
- (d) A description of the shared housing arrangements and the number of older persons placed in those shared housing arrangements since the effective date of this section.
- (e) A summary of the impediments to the development of shared housing for older persons identified pursuant to section 6a.

(2) This section shall not apply after 2 years from its effective date.

History: Add. 1984, Act 357, Eff. Mar. 29, 1985.

Popular name: Act 180

400.586c Volunteer service credit program.

Sec. 6c. (1) The office may establish a program in 1 or more counties under which an older person, or a person of any age who is a member of an organization that is exempt from taxation under section 501(c)(3) of the internal revenue code, 26 U.S.C. 501, may volunteer his or her time and services to an in-home service or volunteer agency that serves older persons and is approved by the office, and receive credit for providing volunteer respite services and other volunteer services. A volunteer shall not be credited with more than 10 hours of volunteer services for any week.

(2) A person who has earned volunteer service credit or a person who has had volunteer service credit designated to him or her and who needs to receive volunteer services, or whose spouse needs volunteer services, shall notify the office. If the office determines that the person needs volunteer services and is 60 years of age or older, or the person's spouse needs volunteer services and otherwise qualifies under this act,

the office shall assist in arranging for the person or the person's spouse to receive those services from an in-home service or volunteer agency in the person's locality that participates in the service credit program. The receipt of volunteer services by a person who has earned volunteer service credit or who has had volunteer service credit designated to him or her shall not be based on financial need, but shall be based on the person's living situation and medical condition.

(3) In order to ensure the integrity of the service credit program, the office shall, to the extent possible, recruit and train a sufficient number of volunteers to assure their availability, on an emergency basis, to meet the needs of persons who have earned volunteer service credits under subsection (1) and who need to receive volunteer services. However, volunteer service credits have no cash value, and the state has no obligation to pay or reimburse any person for the value of his or her volunteer service credits under any circumstances.

History: Add. 1986, Act 247, Eff. Dec. 9, 1986;—Am. 1988, Act 235, Eff. Oct. 7, 1988.

Popular name: Act 180

400.586d-400.586f Repealed. 1988, Act 235, Eff. Apr. 1, 1990.

Compiler's note: The repealed sections pertained to computer-based volunteer skills bank, program sites, and grants to establish demonstration service credit programs.

Popular name: Act 180

400.586g State long-term care ombudsman; job qualifications; operation; duties; immunity from liability; rebuttable presumption.

Sec. 6g. (1) Job qualifications for the state long-term care ombudsman established pursuant to section 6(2)(aa) shall include, but not be limited to, experience in all of the following:

(i) The field of aging.

(ii) Health care.

(iii) Working with community programs.

(iv) Long-term care issues, both regulatory and policy.

(2) The state long-term care ombudsman may operate either directly or by contract with any public agency or other appropriate private nonprofit organization other than an agency or organization which is responsible for licensing or certifying long-term care facilities or which is an association of long-term care facilities.

(3) The state long-term care ombudsman shall do all of the following:

(a) Establish and implement confidential complaint, investigatory, informational, educational, and referral procedures and programs.

(b) Establish a statewide uniform reporting system to collect and analyze complaints about the health, safety, welfare, and rights of residents of long-term care facilities for the purpose of publicizing improvements and significant problems.

(c) Assist in the development of and monitor the implementation of state and federal laws, rules, and regulations concerning the delivery of services to older persons.

(d) Annually report to the governor and legislature on the long-term care ombudsman program and make recommendations for improving the health, safety, welfare, and rights of residents of long-term care facilities.

(e) Recommend changes in state and federal law, rules, regulations, policies, guidelines, practices, and procedures to improve the health, safety, welfare, and rights of residents of long-term care facilities.

(f) Cooperate with persons and public or private agencies and undertake or participate in conferences, inquiries, meetings, or studies which may lead to improvements in the health, safety, welfare, and rights of residents and the functioning of long-term care facilities.

(g) Widely publicize the long-term care ombudsman program.

(h) Provide training for local and regional long-term care ombudsmen, which shall include, but not be limited to, familiarity with all of the following:

(i) Relevant state and federal regulatory and enforcement agencies.

(ii) The common characteristics, conditions, and treatments of long-term care residents.

(iii) Long-term care facility operations.

(iv) Long-term care facility licensing and certification requirements.

(v) Titles XVIII and XIX of the social security act, 42 U.S.C. 1395 to 1396s.

(vi) Interviewing, investigating, mediation, and negotiation skills.

(vii) Management of volunteer programs.

(i) Recommend that the attorney general institute actions for injunctive relief or civil damages relative to complaints.

(4) If acting in good faith and within the authority granted by this act, the state long-term care ombudsman is immune from any civil or criminal liability that otherwise might result by reason of taking, investigating, or pursuing a complaint under this section. For

purposes of any civil or criminal proceeding, there is a rebuttable presumption that when acting under the authority of this act, the state long-term care ombudsman does so in good faith.

History: Add. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

400.586h Local or regional long-term care ombudsman programs; requirements.

Sec. 6h. The local or regional long-term care ombudsman programs established pursuant to section

6(2)(aa) shall do all of the following:

- (a) Accept, investigate, verify, and work to resolve complaints, whether reported to or initiated by an ombudsman, relating to any action which may adversely affect the health, safety, welfare, and rights of a resident of a long-term care facility.
- (b) Provide information about long-term care facilities, the rights of residents, sources of payment for care, and guidelines in selecting a long-term facility or other service to residents and the public.
- (c) Make referrals to appropriate government and private agencies.
- (d) Recruit, train, and supervise volunteers to assist ombudsmen in providing services.
- (e) Educate residents and the public about abuse of long-term care residents and coordinate with licensing and enforcement agencies to assure appropriate investigation of abuse complaints and corrective actions.
- (f) Assist in the development and work of resident councils when invited by residents or the long-term care facility. As used in this subdivision, "resident council" means a forum in which residents of long-term care facilities exercise their rights and communicate their views on the operations of a long-term care facility, the quality of care and life provided, and any other issue of interest to the council.
- (g) Assist the state long-term care ombudsman in identifying needed regulatory changes in long-term care.

History: Add. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

400.586i State, local, or regional long-term care ombudsman and trained volunteers; access to long-term care facility; purpose; time; "access" defined.

Sec. 6i. The state long-term care ombudsman, the local or regional long-term care ombudsmen, and their trained volunteers shall be granted access to any long-term care facility for the purpose of carrying out section 6h of this act. For the state long-term care ombudsman and the local or regional long-term care ombudsmen, access shall be allowed each day from 8 a.m. to 8 p.m. For ombudsman trained volunteers, access shall be allowed to nursing homes during regular visiting hours each day as required by section 20201(3)(b) of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.20201 of the Michigan Compiled Laws. For ombudsman trained volunteers, access shall be allowed to homes for the aged, hospital long-term care units, and adult foster care homes each day from 11 a.m. to 7 p.m. As used in this section, "access" means the right to do all of the following:

- (a) Enter any facility and identify himself or herself.
- (b) Seek consent from a resident to communicate privately and without restriction with that resident.
- (c) Communicate privately and without restrictions with any resident who consents to communication.
- (d) Observe all resident areas of the facility except the living area of any resident who protests the observation.

History: Add. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

400.586j Retaliation or discrimination as misdemeanor; unlawful conduct; fine.

Sec. 6j. (1) A person who retaliates or discriminates against any of the following individuals due to that individual's registration of a complaint or assistance in the investigation of a complaint is guilty of a misdemeanor:

- (a) An officer, employee, resident, or visitor to a long-term care facility.
- (b) A family member or guardian of a resident in a long-term care facility.
- (c) An ombudsman described by this act.
- (d) A volunteer at a long-term care facility.

(2) A person who willfully does any of the following in connection with an ombudsman described by this act is subject to a fine of not more than \$1,500.00:

- (a) Hinders the work of an ombudsman or an ombudsman program.
- (b) Refuses to comply with a lawful request of an ombudsman.
- (c) Offers compensation or other promises to improperly influence the outcome of a matter being investigated by an ombudsman.

History: Add. 1987, Act 35, Imd. Eff. May 27, 1987.

Popular name: Act 180

400.586k Older persons' abuse prevention fund; establishment; administration; contributions; creation of older persons' abuse prevention project; duties of office; pilot programs; report; definition.

Sec. 6k. (1) There is established in the state treasury an older persons' abuse prevention fund, to be administered by the office. The fund shall consist of contributions of money from individuals, corporations, or other associations, and any money appropriated to the fund. No state general purpose or general fund money shall be appropriated to the fund.

(2) With the fund, the office shall create an older persons' abuse prevention project, for which the office shall do all of the following:

- (a) Administer the older persons' abuse prevention fund for the purpose of implementing the older persons' abuse prevention project.

(b) Develop an older persons' abuse prevention program in cooperation with the department of social services, department of public health, department of mental health, department of state police, the office of substance abuse services, and representatives of local police agencies.

(c) Disseminate information about the aging process.

(d) Evaluate and approve proposals from community organizations for grants from the older persons' abuse prevention fund. Proposals may be submitted directly to the office or may be submitted to any area agency on aging, which shall forward the proposal to the office. A grant from the older persons' abuse prevention fund shall be for a purpose consistent with the older persons' abuse prevention program and shall be expended as determined by an interagency review panel, of which the director or the director's designee shall be the chairperson.

(3) If sufficient contributions have been made to the fund, the office shall develop and implement 2 pilot programs for purposes of this section. The pilot programs shall be established in cooperation with community organizations that provide services to older persons and that have adequate facilities, staff, and expertise to provide services for the prevention of the abuse of older persons. The pilot programs shall be implemented not later than 18 months after the effective date of this section. Not later than 2 years after the pilot programs are implemented, the office shall report to the legislature on the results of the pilot programs.

(4) As used in this section, "abuse of older persons" includes the following types of abuse involving an older person: physical abuse, emotional or social abuse, financial abuse, or environmental abuse.

History: Add. 1988, Act 235, Eff. Oct. 7, 1988.

Popular name: Act 180

400.587 Office of services to the aging; interagency agreements.

Sec. 7. The office shall develop interagency agreements with departments or agencies providing services to older persons. The agreements shall specify methods of interagency planning and coordination of services. The agreements shall be renewed annually.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Popular name: Act 180

400.587a State advisory council on mental health and aging; establishment; administration and operation; membership, duties, and operation.

Sec. 7a. The state advisory council on mental health and aging is jointly established in, and shall be administered and operated jointly by, the office of services to the aging and the department of mental health. The membership, duties, and operation of the state advisory council on mental health and aging shall be as provided in section 941 of the mental health code, Act No. 258 of the Public Acts of 1974, being section

330.1941 of the Michigan Compiled Laws.

History: Add. 1988, Act 437, Imd. Eff. Dec. 27, 1988.

Popular name: Act 180

400.588 Conduct of commission business at public meeting; notice.

Sec. 8. (1) The business which the commission created pursuant to this act may perform shall be conducted at a public meeting of the commission held in compliance with Act No. 267 of the Public Acts of 1976, as amended, being sections 15.261 to 15.275 of the Michigan Compiled Laws. Public notice of the time, date, and place of the meeting shall be given in the manner required by Act No. 267 of the Public Acts of 1976, as amended.

(2) A writing prepared, owned, used, in the possession of, or retained by the commission, the office, or by an area agency created pursuant to this act in the performance of an official function shall be made available to the public in compliance with Act No. 442 of the Public Acts of 1976, as amended, being sections 15.231 to 15.246 of the Michigan Compiled Laws.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.589 Agency designated as area agency on aging; powers and duties; source and use of funds; advisory council.

Sec. 9. (1) An agency designated by the commission as an area agency on aging may be any of the following:

(a) An established office on aging located within the region to be served by an area agency on aging.

(b) An office or agency of a unit of local government that is designated for the purpose of serving as an area agency on aging by the chief elected official of that unit of government.

(c) An office or agency designated by the appropriate chief elected officials of a combination of units of local government.

(d) A public or nonprofit private agency, except a regional or local agency of the state, that is under the supervision or direction of the state agency.

(2) An area agency on aging designated by the commission is authorized to carry out the following duties and powers:

(a) Serve as an advocate for aging and older persons by representing their interests to public officials and public and private organizations within the planning and service area.

(b) Develop and administer an area plan for a comprehensive and coordinated service delivery system in the planning and service area, providing opportunities for older persons and service providers to express their views to the area agency on policy development and program implementation under the plan.

(c) Assess the kinds and levels of service needed by older persons in the planning and service area, and the effectiveness of other public and private programs serving those needs.

- (d) Enter into subcontracts with local organizations for the direct provision of services to meet the priority needs of older persons identified in the plan.
 - (e) Coordinate and assist regional or local public and nonprofit agencies in the planning and development of programs to establish an areawide network of comprehensive, coordinated service and opportunities for older persons.
 - (f) Serve as an advocate for aging and older persons by assisting them in obtaining the benefits currently available under federal and state law and by representing their interests to public officials and public and private organizations within the planning and serving area.
 - (g) Receive information from the office and commission regarding legislation, regulation, and program and policy direction, and serve as the clearinghouse for dissemination of information from and to older persons and service providers within the planning and service area.
 - (h) Give priority in planning and administering services and programs to those older persons with the greatest economic and social need.
 - (i) Undertake other activities necessary to develop and administer the area plan in compliance with the policies, guidelines, or rules as set forth by federal or state statute and regulation, the commission, and the office.
 - (j) Provide adequate and effective opportunities for older persons to express their views on policy development and program implementation.
- (3) An area agency on aging designated by the commission shall use funds distributed from the senior care respite fund created in section 9a to provide day care for older persons or other types of respite services for persons providing care to older persons. The area agency on aging may develop new programs or fund existing programs. Except where a waiver allowing direct service delivery is granted by the office, the area agency on aging shall award the distributed funds by grant or contract to community agencies and organizations for the provision of respite services. The area agency on aging may design respite programs to meet the needs of its constituents.

(4) Each area agency on aging shall have an advisory council, 1/2 of the membership of which shall be 60 years of age or older.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981;—Am. 1990, Act 171, Imd. Eff. July 2, 1990.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.589a Senior care respite fund; creation; administration; expenditures; money credited to fund; balances carried over.

Sec. 9a. (1) The senior care respite fund is created in the department of treasury. The fund shall be administered by the office and shall be expended only as provided in section 9b.

(2) The state treasurer shall credit to the fund all of the following:

(a) Money that descends to the state as an escheat pursuant to section 403a of the nonprofit health care corporation reform act, Act No. 350 of the Public Acts of 1980, being section 550.1403a of the Michigan Compiled Laws.

(b) Money received as a gift or donation to the fund.

(c) Money from any other source as provided by law.

(3) Any balances in the fund at the end of any fiscal year shall be carried over as a part of the fund and shall not revert to the general fund of the state.

History: Add. 1990, Act 171, Imd. Eff. July 2, 1990.

Popular name: Act 180

400.589b Senior care respite fund; distribution of money; administrative costs.

Sec. 9b. (1) The office shall annually distribute the money in the senior care respite fund to the area agencies on aging. Each area agency on aging shall receive a minimum of \$25,000.00, or a proportionate part of that amount if sufficient money is not available, with all remaining money, if any, distributed according to a formula developed by the office pursuant to rules promulgated under the administrative procedures act of 1969, Act No. 306 of the Public Acts of 1969, being sections 24.201 to 24.328 of the Michigan Compiled Laws, or according to the terms and conditions of the donor.

(2) Up to 1% of the fund may be used for administrative costs of the office for administering the senior care respite fund.

History: Add. 1990, Act 171, Imd. Eff. July 2, 1990.

Popular name: Act 180

400.590 Proposed state program concerned with providing services to older persons; review and approval of office; obtaining budget request relating to programs for older persons.

Sec. 10. A proposed state program concerned with providing services to older persons shall be submitted to, and coordinated with, the office, and an allotment of funds for that purpose shall not be recommended to the state administrative board without the review and approval of the office. The office shall obtain from the department of management and budget a copy of any budget request relating to programs for older persons.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Popular name: Act 180

400.591 Rules.

Sec. 11. The office, in consultation with, and with the approval of, the commission, shall promulgate rules pursuant to Act No. 306 of the Public Acts of 1969, as amended, being sections 24.201 to 24.315 of the Michigan Compiled Laws, for the implementation and

administration of this act. A draft of the proposed rules to implement this act shall be submitted to public hearing no later than 30 days following the effective date of this act.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

Administrative rules: R 400.20101 et seq. of the Michigan Administrative Code.

400.592 Review of functions, responsibilities, and performance of office and commission.

Sec. 12. A thorough review of the functions, responsibilities, and performance of the office and commission shall be completed every 5 years after the effective date of this act.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Compiler's note: For transfer of powers and duties of the office of services to the aging from the executive office of the governor to the department of community health, see E.R.O. No. 1997-5, compiled at MCL 400.224 of the Michigan Compiled Laws.

Popular name: Act 180

400.593 Transfer of equipment, records, and supplies to commission and office.

Sec. 13. The equipment, records, and supplies of the commission and office which are repealed pursuant to section 14 are transferred to the commission and office created by sections 3 and 5, respectively.

History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

Popular name: Act 180

400.594 Repeal of MCL 400.541 to 400.553.

Sec. 14. Act No. 146 of the Public Acts of 1975, as amended, being sections 400.541 to 400.553 of the Compiled Laws of 1970, is repealed.

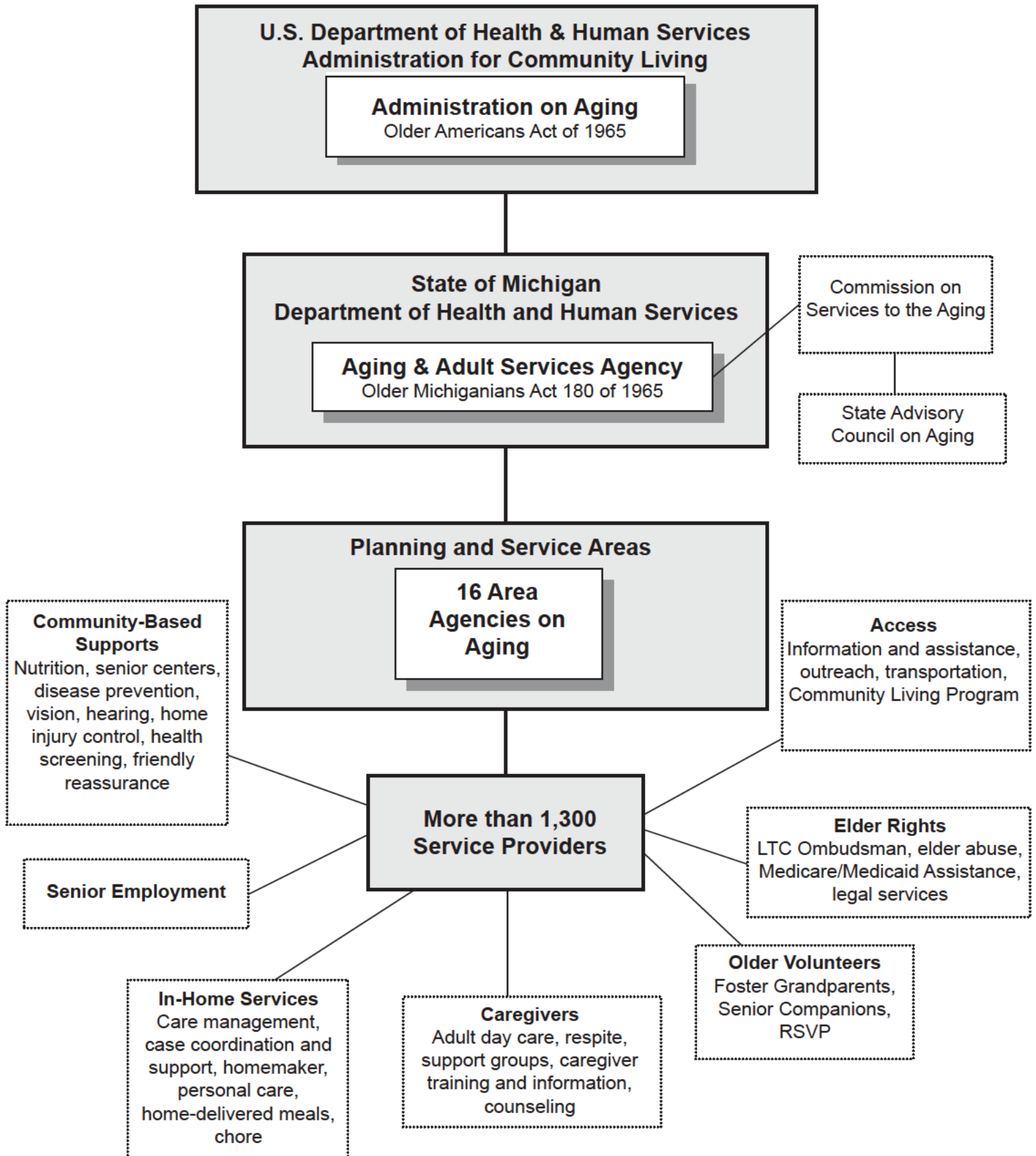
History: 1981, Act 180, Imd. Eff. Dec. 15, 1981.

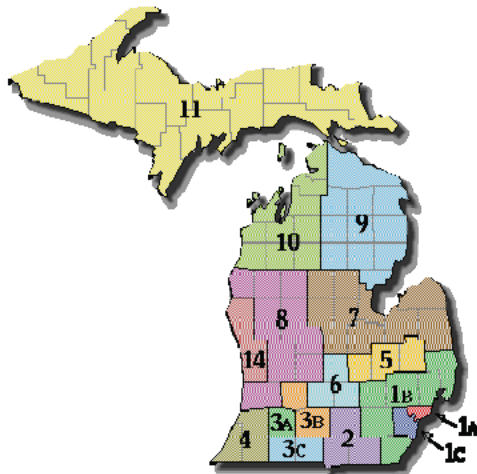
Popular name: Act 180

Rendered Thursday, July 16, 2009 Page 11 Michigan Compiled Laws Complete Through PA 73 of 2009

© Legislative Council, State of Michigan Courtesy of www.legislature.mi.gov

Michigan's Aging Network





MICHIGAN AREA AGENCIES ON AGING

1-A	Detroit Area Agency on Aging 1333 Brewery Park Blvd. Suite 200 Detroit, MI 48207 Main: (313) 446-4444	5	Valley Area Agency on Aging 225 E. Fifth Street, Suite 200 Flint, MI 48502 Main: (810) 239-7671
1-B	Area Agency On Aging 1-B 29100 Northwestern Hwy., Suite 400 Southfield, MI 48034 Main: (248) 357-2255	6	Tri-County Office on Aging 5303 South Cedar Street Lansing, MI 48911-3800 Main: (517) 887-1440
1-C	The Senior Alliance, Inc. 5454 Venoy Road Wayne, MI 48184 Main: (734) 722-2830	7	Region VII Area Agency on Aging 1615 S. Euclid Ave Bay City, MI 48706 Main: (800) 858-1637
2	Region 2 Area Agency on Aging 102 N. Main Street PO Box 189 Brooklyn, MI 49230-0189 Main: (517) 592-1974	8	Area Agency on Aging of Western MI, Inc. 3215 Eaglecrest Dr, NE Grand Rapids, MI 49525 Main: (616) 456-5664
3-A	3-A Area Agency on Aging Kalamazoo County Health & Community Services 311 East Alcott Kalamazoo, MI 49001 Main: (269) 373-5147	9	Region IX Area Agency on Aging Northeast MI Community Service Agency 2375 Gordon Road Alpena, MI 49707 Main: (989) 358-4600
3-B	3-B Area Agency on Aging 200 West Michigan Avenue, Ste 102 Battle Creek, MI 49017 Main: (269) 966-2450	10	Area Agency On Aging of Northwest MI, Inc. 1609 Park Drive P.O. Box 5946 Traverse City, MI 49686 Main: (800) 422-1713
3C	Branch-St. Joseph Area Agency on Aging 570 Marshall Road Coldwater, MI 49036 Main: (517) 278-2538	11	U.P. Area Agency On Aging (UPCAP) 2501 14th Avenue, South Escanaba, MI 49829 Main: (906) 786-4701
4	Region IV Area Agency on Aging 2900 Lakeview Avenue St. Joseph, MI 49085 Main: (269) 983-0177	14	Senior Resources of West Michigan, Inc. 560 Seminole Road Muskegon, MI 49444 Main: (231) 739-5858



MI Choice Waiver Program

Nursing homes used to be the only choice for older or disabled persons who needed help caring for themselves. Today there may be the choice to stay in your home or a community setting, but you or a family member may need assistance in doing so.

One program run by Michigan Medicaid is the MI Choice Waiver Program. It began in 1992 as the Home and Community Based Services for the Elderly and Disabled (HCBS/ED) waiver program. We now know it as the MI Choice Waiver Program, or simply, "the waiver."

Through this program, eligible adults who meet income and asset criteria can receive Medicaid-covered services like those provided by nursing homes, but can stay in their own home or another residential setting. The waiver became available in all Michigan counties October 1, 1998. Each participant can receive the basic services Michigan Medicaid covers, and one or more of the following services unique to the waiver:

- Community transition services
- Community living supports
- Nursing services (preventative nursing)
- Respite services
- Adult day health (adult day care)
- Environmental modifications
- Non-medical transportation
- Medical supplies and equipment not covered under the Medicaid State Plan
- Chore services
- Personal emergency response systems
- Private duty nursing
- Counseling
- Home delivered meals
- Training in a variety of independent living skills
- Supports coordination
- Fiscal intermediary
- Goods and services

Region 14 MI CHOICE Agents:

- **Senior Resources of West Michigan**
Pam Curtis, Executive Director
Sheyenne Cole, Care Connections Director
560 Seminole Road
Norton Shores, Michigan 49444
Tele: 231-739-5858
Fax: 231-739-4452
- **Reliance Community Care Partners.**
Steven Velzen-Haner, Executive Director
Mary VanSingel, Waiver Director
2100 Raybrook SE, STE 203
Grand Rapids, Michigan 49546
Tele: 616-956-9440
Fax: 616-954-1520

Region 14 Census Data Links:

[Region 14 Census Data](#)

[55+ Minority Poverty by County](#)



COMMON ACRONYMS

AAA	Area Agency on Aging
AAAAM	Area Agency on Aging Association of Michigan (also referred to as '4AM')
AARP	American Association of Retired Persons
ACLS B	Bureau of Aging, Community Living, and Supports (formerly 'AASA')
ACL	Administration for Community Living
AD	Alzheimer's disease
ADC	Adult Day Care
ADRC	Aging and Disability Resource Center
ADS	Adult Day Service
ADL	Activities of Daily Living
AFC	Adult Foster Care
AG	Attorney General
AIM	Aging in Michigan (AASA Publication)
AIP	Annual Implementation Plan
AIS	Aging Information System
ALF	Assisted Living Facility
AoA	Administration on Aging
APS	Adult Protective Services
BEAM	Bringing the Eden Alternative to the Midwest
ASA	American Society on Aging
CAP	Community Action Program
CCS	Case Coordination & Support
CLS	Community Living Supports
CM	Care Management
CMIS	participant Management Information System
CMS	Center for Medicare & Medicaid Services (formerly HCFA)
CNS	Corporation for National Service
COA	Commission on Aging/Council on Aging
CPHA	Community Public Health Agency
CR	Caregiver Respite (state)
CSA	Commission on Services to the Aging (or MCSA-Michigan Commission on Services to Aging)
CT	Care Transitions
DCIS/CIS	Department of Consumer and Industry Services
DHHS	Michigan Department of Health and Human Services (formerly 'DCH')
HHS	U.S. Department of Health and Human Services
DHS	Local Departments of Human Services (formerly the Family Independence Agency)
DMB	Department of Management and Budget
DoE	Department of Education

DoL	Department of Labor
DoT	Department of Transportation
DV	Domestic Violence
EPIC	Elder Prescription Insurance Coverage
ELM	Elder Law of Michigan
HB	House Bill (state)
HCBS/ED	Home & Community Based Services for the Elderly and Disabled Waiver (HCBS/ED) program commonly known as MiChoice
FGP	Foster Grandparent Program
FY	Fiscal Year
GAO	General Accounting Office
HDM	Home Delivered Meals
HMO	Health Maintenance Organization
HR	House Bill (federal)
HSA	Health Systems Agency
I&A	Information and Assistance
I&R	Information and Referral
IADL	Independent Activities of Daily Living
LEP	Limited English Proficiency
LSP	Legal Services Program
LTC	Long-Term Care
MADSA	Michigan Adult Day Services Association
MATF	Merit Award Trust Fund (formerly known as “Tobacco Settlement”)
MCO	Managed Care Organization
MHSCC	Michigan Hispanic Senior Citizens Coalition
MIACoA	Michigan Indian Advisory Council on Aging
MICIS	MI Choice Information System (also referred to as ‘COMPASS’)
MIS	Management Information System
MLSC	Michigan Legal Services Corporation
MMAP	Medicare/Medicaid Assistance Program
MSA	Medical Services Administration
MSAC	Michigan Senior Advocates Council
MSC	Michigan Senior Coalition (formerly Senior Power Day)
MSHDA	Michigan State Housing Development Authority
MSG	Michigan Society of Gerontology
MQCCC	Michigan Quality Community Care Council
MYP	Multi-Year Plan
N4A	National Association of Area Agencies on Aging
NFA	Notification of Financial Assistance
NAPIS	National Aging Programs Information System
NASUA	National Association of State Units on Aging
NF	Nursing Facility
NFT	Nursing Facility Transition
NCBA	National Center on Black Aged
NCOA	National Council on Aging
NCSC	National Council of Senior Citizens

NFCSP	National Family Caregiver Support Program
NIA	National Institute on Aging
NISC	National Institute of Senior Citizens
NSIP	Nutritional Services Incentive Program (USDA)
NSSC	National Senior Service Corps
OAA	Older Americans Act
OAVP	Older American Volunteer Program
OHDS	Office of Human Development Services
OMB	Office of Management and Budget (federal)
OWL	Older Women's League
PA	Public Act
PRR	Program Revision Request
PSA	Planning and Service Area
PY	Program Year
RFP	Request for Proposal
RSVP	Retired & Senior Volunteer Program
SAC	State Advisory Council
SB	Senate Bill (state)
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SEAQRT	Senior Exploitation and Abuse Quick Response Team
SGA	Statement of Grant Award
SMSA	Standard Metropolitan Statistical Area
SNF	Skilled Nursing Facility
SR	Senate Bill (federal)
SS	Social Security
SSA	Social Security Administration
SSI	Supplemental Security Income
SUA	State Unit on Aging
TA	Technical Assistance
TCM	Targeted Case Management
USDA	United States Department of Agriculture
VA	Veterans' Administration
WHCoA	White House Conference on Aging

Federal Rule OMB Super Circular has replaced OMB Circulars A-122 and A-133.

Below is a web link to the complete OMB Super Circular

<https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards>

In late 2013, the Office of Management and Budget (OMB) released new guidance on *Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, which has been dubbed the “Super Circular.” The new guidance affects entities receiving and administering federal awards as well as auditors responsible for auditing federal awards programs.

Here are some key facts about the new guidance:

- Guidance was published December 26, 2013, will be in effect for all federal awards or funding increments to nonfederal entities on or after December 26, 2014, and will apply to nonfederal entity audits for fiscal years beginning on or after that date.
- Guidance supersedes and streamlines requirements contained in OMB Circulars A-21, A-50, A-87, A-89, A-102, A-110, A-122 and A-133 by consolidating the requirements of these eight documents into one.
- Final guidance is located in Title 2 of the Code of Federal Regulations.
- The goal of the reform was to provide guidance that would do the following:
 - Streamline guidance for federal awards to ease administrative burden
 - Strengthen oversight over federal funds to reduce risks of waste, fraud and abuse
 - Eliminate duplicate and conflicting guidance between circulars

Administrative Requirements

Reforms to administrative requirements, generally taken from guidance in Circular A-110 and A-102, include:

200.23 *Contractor* – The final guidance uses the term “contractor” rather than “vendor” to distinguish between a contract and a grant.

- 200.94 *Supplies* – If the cost of computing devices (inclusive of accessories) falls below the lesser of the capitalization threshold of the nonfederal entity or \$5,000, regardless of the length of useful life, the asset is a supply rather than equipment.
- 200.112 *Conflict of Interest* – Nonfederal entities must disclose in writing any potential conflict of interest to the federal awarding agency or pass-through entity.
- 200.113 *Mandatory Disclosures* – Nonfederal entities or applicants must disclose, in a timely manner, in writing to the federal awarding agency or pass-through entity all violations of federal criminal law involving fraud, bribery or gratuity violations potentially affecting the federal award.
- 200.210 *Information Contained in Federal Award* – This change sets 15 data elements that must be provided in all federal awards to provide consistency between grants and reduce the administrative burden of managing information throughout the federal award.
- 200.307 *Program Income* – This section deals with program income and, among other things, encourages nonfederal entities to earn income to defray program costs, specifies certain monies received that are not considered program income, such as proceeds from the sale of real property and government revenues, unless specifically identified as such in the federal award, and outlines the use of program income.

Cost Principles

Reforms to cost principles are contained in Sections 200.400 through 200.475, with a goal of eliminating duplication and inconsistencies between entities. These requirements include the following:

- 200.407 *Prior Written Approval* – This provides a listing of sections under which nonfederal entities should seek prior written approval from the federal awarding agency for reasonableness and allocability of certain costs in advance of the incurrence of such special or unusual costs.

- 200.414 *Indirect (F&A) Costs* – This provides a de Minimis indirect cost rate of 10 percent of modified total direct costs (MTDC), which may be used indefinitely, to those nonfederal entities that never have had a negotiated indirect cost rate. If the 10 percent of MTDC method is elected, the nonfederal entity still can negotiate a different rate at any time. This section also requires federal agencies to accept negotiated indirect cost rates unless an exception is required by statute or regulation. Lastly, this section offers a one-time extension without further negotiation of an already approved indirect cost rate for up to four years.
- 200.430 *Compensation – Personal Services* – This eliminates specific examples of time and effort reporting and consolidates reporting requirements. Charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. However, the guidance allows cognizant agencies to approve alternative proposals for compensation based on outcomes and milestones for program performance where clearly documented. If cognizant agencies adopt this alternative, this could mean substantially less administrative work for nonfederal entities.
- 200.432 *Conferences* – This tightens rules on allowable conference costs, an area that has recently received a great deal of media attention, by clarifying allowable conference spending. It also requires conference hosts or sponsors to exercise discretion and judgment in ensuring conference costs are appropriate, necessary and managed in a manner that mitigates costs to the federal award.
- 200.436 *Depreciation* – This requires depreciation to be calculated in accordance with generally accepted accounting principles (GAAP) and delineates costs to be excluded from the acquisition costs subject to depreciation.
- 200.437 *Employee Health and Welfare Costs* – Continuing with the theme of attempting to reduce the risk of abuse in federal award costs, this section eliminates the existing allowance for “morale” costs under OMB Circular A-122.
- Other sections with costs common to many federal awards include 200.413 *Direct Costs*, 200.431 *Compensation – Fringe Benefits* and 200.453 *Materials and Supplies Costs, Including Costs of Computing Devices*.

Audit Requirements

Reforms to audit requirements are contained in Sections 200.500 through 200.521. These requirements include the following:

- 200.501 *Audit Requirements* – For the last several years, there has been discussion surrounding the idea of raising the threshold for requiring audits of federal awards. This section says a nonfederal entity that expends \$750,000 or more in federal awards during its fiscal year must have a single or program-specific audit conducted for that year. This is an increase from the existing \$500,000 audit threshold. This change is effective for audits of fiscal years beginning on or after December 26, 2014, which for most entities would be years ending on or after December 31, 2015.
- 200.510 *Financial Statements* – The new guidance continues to require auditees to prepare a Schedule of Federal Awards (SEFA). At a minimum, the SEFA should include:
 - Listing of individual federal programs by federal agency
 - For clusters of programs, listing of individual federal programs within the cluster
 - Totals must be included for each individual federal program, for the CFDA number and for each cluster of programs
 - The total amount provided to sub-recipients from each federal program must be included
- 200.512 *Report Submission* – In an effort to provide more transparency, this section requires the Federal Audit Clearinghouse to make the reporting package (which includes audited financial statements) and the Data Collection Form publicly available online. This is a requirement for all entities except Indian tribes, which may opt out of making the reporting package publicly available online.
- 200.516 *Audit Findings* – The threshold for reporting known questioned costs has been raised from \$10,000 to \$25,000.
- 200.518 *Major Program Determination* – As shown below, in identifying Type A programs, the Type A threshold and parameters of total federal awards expended have been increased to “\$750,000 for total federal awards of equal to \$750,000 but less than or equal to \$25 million” for the first selection level. Under the previous guidance of OMB Circular A-133, that first selection level is the larger of \$300,000 or 3 percent of total federal awards expended from \$300,000 to \$100 million. This change is the result of auditors placing increased emphasis on larger programs rather than smaller programs.