

Scope of Work

Arizona Department of Economic Security (ADES) - Area Agencies on Aging

1.0 **ADES Mission and Vision Statement**

1.1 ADES Mission – The Arizona Department of Economic Security makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable.

1.2 ADES Vision – All Arizonans who qualify receive timely ADES services and achieve their potential.

2.0 **Purpose**

2.1 Purpose Statement – The purpose of this contract is to enable a designated Area Agency on Aging to develop, establish and maintain within their geographic planning and service area (PSA) a comprehensive and coordinated service delivery system that supports services and programs which include non-medical home and community-based programs, disease prevention and health promotion, coordination-elder refugees services, family caregiver supports, legal assistance, long-term care ombudsman, mature workers, state health insurance assistance program, and the senior Medicare patrol.

2.2 Legal Authority – Arizona Revised Statute (A.R.S.) §41-1954 (A) (6) and (ARS) §41- 2501, Q. provides ADES the authority to enter into contracts and incur obligations within the general scope of its activities and operations subject to the availability of funds.

2.2.1 The Older Americans Act of 1965, as amended, created the National Aging Network comprising the Administration for Community Living (ACL) on the federal level, State Units on Aging (SUA), and Area Agencies on Aging at the local level. Through this federal legislation, ADES provides services to vulnerable and older individuals living in Arizona.

2.2.2 The Non-Medical Home and Community Based Services System (NMHCBS) is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization. The NMHCBS are intended to be client-centered and flexible. Service clusters allow for flexible care management based on the current needs of clients.

2.2.3 There are two service clusters within the Division of Aging and Adult Services (DAAS), and these are as follows:

- a) The Home Care cluster consists of housekeeping, personal care, home health aid, home nursing, and attendant care, as may be amended.
- b) The Family Caregiver Support Program cluster consists of outreach, information and referral, community education and information, case management, supportive intervention/guidance counseling, peer counseling, respite care, supplemental provisions, and general transportation, as may be amended.

3.0 **Funding**

Services may be funded through various sources including, but not limited to, the U.S. Department of Health and Human Services, Administration for Community Living (ACL) and the Office of Refugee Resettlement, U.S. Department of Labor, and Arizona State General Funds.

3.1 Non-Federal In-kind/Cash Match Requirement

3.1.1 In accordance with the Older Americans Act regulations, Title 45 Part 74 of the Code for Federal Regulations as may be amended, and the DAAS policy as may be amended, agencies are required to provide ten (10) percent non-federal match for all services funded under an approved Area Plan on Aging for the cost of carrying out Older Americans Act programs. The match shall consist of non-federal cash and in-kind contributions and shall be expended for goods and services necessary for and specifically identifiable to the contract. Program income cannot be utilized to meet the match requirements. Program income is defined as “gross income earned by a recipient from activities part or all the cost of which is either borne as a direct cost by the grant or counted as a direct cost toward meeting a cost sharing or matching requirement of a grant”.

3.1.2 Contractor is required to provide ten (10) percent of the non-federal share of the cost of carrying out a program under Family Caregiver Support Program (FCSP) in accordance to OAA Public Law 89-73, Section 373 the non-federal share shall be provided from local sources and may be met with cash or in-kind expenditures. Expenditures used to satisfy the non-federal share requirement must be related to the purpose of FCSP and may not be used to meet maintenance of effort or non-federal share requirements in other federal programs, including other sections of the Older Americans Act, Title III. Expenditures previously used to “over match” other programs may be used to satisfy the non-federal share requirement in the FCSP provided that those expenditures no longer are counted toward meeting the non-federal share requirement of such other programs and those expenditures are related to the purpose of the FCSP.

3.1.3 Non-federal in-kind/cash match requirement for Older Americans Act funding is based on the following formula:

$$\frac{(\text{funds allocated}) \times (.10)}{(.90)}$$

3.2 Definitions – See the DAAS Policy and Procedure Manual, Chapter 6000 the Aging and Adult Services Glossary, at the following link: <https://des.az.gov/services/aging-and-adult/partners/daas-policy-and-procedure-manual>.

3.3 In this document, people 60 years of age or older are also referred to as “older people”, “elders”, or “older adults”.

4.0 Program Description

4.1 The DAAS is the designated SUA for Arizona. The DAAS’ mission is to ensure “Arizonans have access to systems of support that enable them to live safely, independently, and with dignity and self-determination.” The Community Action in Aging Program Administration (CAAPA) Unit within DAAS houses a variety of programs and services to enable older persons and vulnerable adults to remain independent in their communities. Programs and services are provided through contracts with Area Agencies on Aging (AAA) that play a pivotal role in assessing community needs and developing programs that respond to those needs. Additionally, the AAAs act as advocates for improving services for older adults, persons living with disabilities and their informal caregivers. They serve as portals to care, assessing multiple service needs, determining eligibility, authorizing or purchasing services, and monitoring the appropriateness and cost-effectiveness of services.

5.0 Administrative Requirements – The Contractor shall:

5.1 Ensure services are linguistically appropriate and culturally responsive to the eligible populations to be served.

5.2 Comply with the DAAS Policy and Procedure Manual, Chapters 1000 – 4000 as may be amended, located at: <https://des.az.gov/services/aging-and-adult/partners/daas-policy-and-procedure-manual>.

5.2.1 Comply with Discretionary Grants approved by the U.S. Department of Health and Human Services ACL, as described in the DAAS Policy and Procedure Manual Chapter 3900.

5.3 Area Plan on Aging

5.3.1 Comply with all aspects of the Area Plan on Aging requirements as outlined in DAAS Policy and Procedure Manual Chapter 2000 as may be amended, located at <https://des.az.gov/services/aging-and-adult/partners/daas-policy-and-procedure-manual>

5.3.2 Implement the Area Plan on Aging, as approved by DAAS according to the DAAS Policy and Procedure Manual, as may be amended, Chapter 2000.

5.4 Comply with the following Federal and State Requirements as may be amended:

5.4.1 Medicare Prescription Drug, Improvement and Modernization Act of 2003. (PL-180-179);

5.4.2 Consolidated Appropriations Act, 2001 (PL-106-554);

5.4.3 Title 2 CFR Part 200, Uniform Administrative Requirements Cost Principles, and Audit requirements associated with Federal Awards, as appropriate;

- 5.4.4 Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35) including Section 2352 “Title XX Block Grants”, 42 U.S. C. 1397 and 42 U.S.C. 1297A, D, and e; 45 CFR, Part 96; and the Arizona Title XX Social Services Plan;
- 5.4.5 The Older American’s Act, 42 U.S.C., Chapter 35, Sub-chapter I, Section 3002, paragraph 33;
- 5.4.6 The Older Americans Act of 1965, as amended 42 U.S.C. 3001 through 3035;
- 5.4.7 45 CFR Parts 1321 and 1326; and
- 5.4.8 A.R.S. §46-452-01, and §46-191-193.

- 5.5 Staffing and Security
- 5.5.1 Maintain and utilize policies and procedures that requires its employees, subcontractors and volunteers to declare if they have a conflict of interest with the provision and or management of the services, or programs contracted.
- 5.5.2 Maintain and utilize policies and procedures that establish a process for documenting training, verifying the qualifications, skills and knowledge of employees/volunteers, and retaining required training and competency records for the services and/or programs contracted.
- 5.5.3 Maintain documentation in employee personnel file that supports key agency staff has received the appropriate orientation, training, and maintain current appropriate certification/licensure in accordance with their job descriptions-
- 5.5.4 Ensure training, assistance, and technical guidance is provided to all employees responsible for using and preparing client assessment and reporting forms as required by the service and/or program contracted.
- 5.5.5 Comply with and ensure that all agency employees, independent contractors, subcontractors, volunteers and other agents comply with fingerprinting, certification, and criminal background checks prior to the provision of services under this contract as required in the Special Terms and Conditions, Fingerprinting and DAAS Policy and Procedure Manual, as may be amended, Chapter 1000.
- 5.5.6 Comply with DAAS Policy and Procedure Manual, as may be amended, Chapter 1000 which requires that contract entities shall ensure the confidentiality of client information. Confidential information shall be maintained in locked files. If electronic records are utilized, confidential information must be secured location.
- 5.5.7 If applicable, require that a newly hired employee providing non-medical home and community-based services submit three references from persons other than family members in order for the Contractor to verify the employee’s previous employment record. All references shall be contacted, and results documented in the personnel record.

- 5.6 Equipment
- 5.6.1 Maintain and utilize policy and procedures that require backup recovery procedures for computer systems to ensure no programmatic, financial or client data is lost, and no disruption or degradation of services occurs.
- 5.6.2 Maintain and utilize a computer-based tracking system from which required reports and/or requested information may be generated.
- 5.6.3 Comply with DAAS data sharing agreement (form J119) and security requirements to include at a minimum, but not limited to staff certification and annual re-certification training as required by DSA J-119, Section II, #8.
- 5.6.4 Directly input client and financial data into the DAAS reporting system Division of Aging and Adult Reporting System (DAARS) in accordance with system Guides, other national databases including State Health Insurance Assistance Program (SHIP) Tracking and Reporting System (STARS), and Senior Medicare Patrol (SMP) Information and Reporting System (SIRS), or as directed by ADES.
- 5.6.5 Directly extract programmatic and financial reports from DAARS to monitor service delivery and financial expenditures.

- 5.7 Service Provision

- 5.7.1 Conduct at a minimum, on-site contract compliance monitoring of subcontractors at least annually, to include but not limited to facilities, administrative and financial operations, and programmatic service delivery.
- 5.7.2 Maintain and utilize a policy and procedure manual that includes, at a minimum, detailed intake procedures, program description and eligibility requirements, client grievance procedures, non-discrimination policy, and confidentiality requirements.
- 5.7.3 Maintain client-focused facility locations which offer sufficient client waiting space or waiting rooms, adequate seating, and restrooms for program applicants at all permanent facility locations indicated on the Facility Location Chart.
- 5.7.4 Utilize client grievance procedures which respond timely and effectively to client complaints as required in DAAS Policy and Procedure Manual Chapter 1000 and Special Terms and Conditions, Fees and Program Income.
- 5.7.5 Impose no fees upon recipients for service unless the fund source permits a fee to be charged for the service. A fee policy shall have written approval by the DAAS prior to implementation. The Contractor shall comply with any restriction or stipulation set by the DAAS. Income generated from client fees shall be used exclusively to expand existing program services.
- 5.7.6 Participate as requested by DAAS in any state and/or national studies and evaluations.

5.8 Subcontract Related Service Provisions

- 5.8.1 Comply with the Special Terms and Conditions, Subcontracts, before entering into subcontracts for the provision of services under this contract.
- 5.8.2 Comply with DAAS Policy and Procedure Manual Chapter 1000 regarding the Documentation and reporting of all costs associated with the provision of subcontracted services.
- 5.8.3 Provide administrative assistance, training and technical assistance to subcontractors in support of administrative, financial and programmatic functions as needed or requested by subcontractors.
- 5.8.4 Require subcontractors to comply with administrative and emergency preparedness requirements as well as requirements specified in service scopes of work.
- 5.8.5 Provide technical assistance to subcontractors through procedural interpretation and/or by additional research upon request.
- 5.8.6 Develop and present initial and refresher training to subcontractor staff as deemed necessary by the Contractor, subcontractor, or DAAS.
- 5.8.7 Implement a coordinated service delivery system that establishes standards for service delivery and operations across the designated service area.
- 5.8.8 Hold periodic meetings with subcontractors to communicate new developments, discuss problems, share ideas for improvements, or address other identified topic areas.
- 5.8.9 Train appropriate personnel in the use and preparation of client assessment and other forms.

5.9 Networking

- 5.9.1 Develop partnerships and network with related programs to provide timely resolution to issues and expand resources.
- 5.9.2 Form local partnerships with social service professionals and community agencies to enhance program service information sharing and delivery.
- 5.9.3 Collaborate to hold and participate in education, training, and information seminars, workshops, and conferences.
- 5.9.4 Participate in conference calls and attend meetings initiated by DAAS to receive training, share best practices and/or obtain information.

6.0 Emergency Preparedness Requirements – The Contractor shall:

- 6.1 Coordinate activities and develop long-range disaster/emergency preparedness plans with local and state disaster/emergency response agencies, relief organizations, local and state governments, and any other institutions that have responsibility for disaster relief service delivery as required by the Special Terms and Conditions, Pandemic Contractual Performance.

6.2 Establish and implement, as necessary, a Disaster/Emergency Management Plan that includes components of disaster/emergency preparedness, disaster/emergency response, and disaster/emergency recovery as described in the DAAS Policy and Procedure Manual Chapter 1105, as may be amended.

7.0 Notices

7.1 The Contractor shall address all correspondence regarding this contract to the assigned Contract Specialist or as directed by ADES.

8.0 Reporting Requirements – The Contractor shall:

8.1 Submit the following items to the ADES Contract Specialist as directed by ADES:

8.1.1 Programmatic and financial reports as identified in the DAAS Policy and Procedure Manual Chapter 1000, as may be amended.

8.1.2 Current Contractor's Insurance Certificate(s) that meets the requirements specified in the Special Terms and Conditions, Indemnification Clause and Insurance Requirements. Insurance certificates are required ten (10) days after contract award and prior to contract commencement

8.1.3 Contractor's Equipment List form (FES1000AFORFF) for all equipment costing \$5,000 or more purchased by Contractor or Subcontractor, in whole or in part with ADES/DAAS funds (Exhibit A).

8.1.4 By June 30th annually, a 12-month monitoring plan that includes at a minimum: which direct service subcontractors are to be monitored during the twelve (12) month period beginning July 1st (of the same year), and for each: the type (desk or on-site) and scope (administrative, fiscal, and/or programmatic) of the monitoring for each, the specific service(s) to be monitored, and the target monitoring start and completion dates for each.

8.1.5 Provide by July 31, 2020, or any time changes are made, for ADES review and comment, the template used by the contractor to sub-contract with service providers.

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9.0 ADAPTIVE AIDS AND DEVICES - ASSISTIVE TECHNOLOGY

9.1 Purpose Statement

9.1.1 The service provides medically necessary adaptive aids, devices and assistive technology to individuals in their residence which allows them to perform normal living skills and remain independent in their homes and communities.

9.1.2 For the Family Caregiver Support Program, this service is provided on a limited basis, to complement the care provided by the caregiver.

9.2 Service Description

9.2.1 Taxonomy Definition – A service that provides or fabricates specialized equipment that will assist persons in performing normal living skills, and any necessary installation, fitting, adjustment and training.

9.2.2 For purposes of the Family Caregiver Support Program, this service is provided as a supplemental service, on a limited basis. The adaptive aid, device, or assistive technology must be shown to complement the care provided by the caregiver.

9.2.3 Adaptive Aids and devices/assistive technology is a case-managed service.

9.2.4 Assisted technology (AT) includes thousands of devices and products that enable people to be more independent in activities such as communication, self-care, mobility, education, and employment.

9.2.5 AT devices can offer an alternative way to accomplish a task, and work by enhancing existing abilities or by compensating for absent or non-functional skills.

9.2.6 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapters 3000, Sections 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

9.3 Service Requirements – The Contractor shall:

9.3.1 Provide service on a temporary and limited basis as defined in the DAAS Policy and Procedure Manual, as may be amended, Chapter 3000, Section 3600-Family Caregiver Support Program.

9.3.2 Review the individual's medical conditions and the results of specialist evaluations or examinations.

9.3.3 Determine the aid and/or device best suited to meet those needs in consultation with the referral source or in accordance with professionally identified needs.

9.3.4 Provide, construct, or adapt the appropriate aid or device (including augmentative and/or alternative communication devices).

9.3.5 Provide aids or devices that meet all generally accepted standards for those products and for product performance, as well as any applicable safety and health standards set by law or generally accepted in the industry.

9.3.6 Install/or fit the aid and/or device, as necessary.

9.3.7 Train the individual, his/her family and/or the care contractor in the proper use and maintenance of the aid or device, including but not limited to provision of maintenance and operation manuals.

9.3.8 Provide follow-up evaluations and make any adjustments as necessary.

9.3.9 Offer adaptive aids, devices and assistive technology include access to maintenance and repair services.

9.4 Licensure/Certification Requirements – The Contractor shall:

9.4.1 Provide services in accordance with:

1. A.R.S. §32 1681, et. seq. for dispensing opticians, as may be amended;
2. A.R.S. §32-1684.01 for optical establishments, as may be amended;
3. A.R.S. §32-1293, et. seq. for dentist, dental technologist and dental lab technician, as may be amended; and
4. A.R.S. §36-1921, et. seq. for dispenser of hearing aids, as may be amended.

9.5 Reporting Unit

9.6.1 One unit of service equals one adaptive aid or device provided to an eligible individual.

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10.0 ADULT DAY CARE/ADULT DAY HEALTH CARE

10.1 Purpose Statement

10.1.1 The service improves the emotional and mental well-being of eligible individuals, enabling eligible individuals to interact socially, receive health monitoring, and to acquire knowledge and skills, and provides respite for the caregivers of eligible individuals. Services provide respite for family caregivers from the demanding responsibilities of their role, helping to avoid costly and unwanted placement of the care recipient in a full-time care facility.

10.2 Service Description

10.2.1 Taxonomy Definition – A service that provides supervised planned care and health-related services to adults in a group setting during a portion of a 24-hour day.

10.2.2 Caregivers typically select the type of center a care recipient attends based on the care needed. In general, there are three types of adult day centers:

1. Social - Provides meals, recreation and some health-related services;
2. Medical/Health - Provides social activities as well as more intensive health and therapeutic services; and
3. Specialized - Provide services only to specific care recipients, such as those with diagnosed dementias or developmental disabilities).

10.2.3 Adult Day Care is:

1. A component of community-based long-term care systems and a service that supports the caregiver;
2. A case-managed service focused on general supervision, socialization, recreation;
3. A caregiver-focused service but can be provided to individuals living at home alone as an opportunity for socialization;
4. Short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need; and
5. Normally planned in advance as part of a care plan but can also be provided on an emergency basis.

Adult Day Health is:

1. A component of community-based long-term care systems and a service that supports the caregiver;
2. A case-managed service focused on more intensive health-related services;
3. A caregiver-focused service but can be provided to individuals living at home alone as an opportunity for health care supervision;
4. Short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need; and
5. Normally planned in advance as part of a care plan but can also be provided on an emergency basis.

10.2.4 For the purpose of the Family Caregiver Support Program, this service is to be provided to the caregiver as a form of respite care service and is considered to be a temporary substitute supportive service that provides a brief period of relief or rest for caregivers. Temporary service not to exceed an average of 60 hours per month.

10.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

10.3 Service Requirements – The Contractor shall:

10.3.1 Review case manager authorization for duration of service and any special service requirements;

10.3.2 Develop a written care plan for each care recipients/caregiver upon entry. The care plan shall utilize the individual's family and/or friends when applicable/possible. The care plan shall include a plan of action to be followed in the event of an emergency;

1. Maintain monthly progress notes for each care recipients/caregiver.
2. Reassess at least every six months, in writing, the adequacy of the care recipient's/caregiver's care plan. or more frequently if a change occurs that affects eligibility or need

10.3.3 Refer individuals/caregivers to and coordinate with the appropriate agencies and resources when additional social, emotional or physical needs are present.

- 10.3.4 Provide services to the care recipient that include, but are not limited to:
1. Short-term personal care and supervision;
 2. Supervision of the individual to protect the individual's welfare and safety;
 3. An initial visit may be conducted to set up a care plan that addresses the individual's interests.
 4. The individual receiving medication as prescribed;
 5. First aid and appropriate attention to injury and illness;
 6. Food to meet daily dietary needs, including a therapeutic diet if prescribed;
 7. General supervision of the care recipient's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.;
 8. Family or care recipient psycho-social intervention when applicable; and
 9. Service provision only when there is a discharge plan which indicates a definite timeline for transitioning back into the community for individuals living in nursing homes or assisted living centers.

10.4 Licensure/Certification Requirements

10.4.1 Services provided in non-tribal facilities shall be licensed by the Arizona Department of Health Services according to the Arizona Administrative Code (A.A.C.) R9-10-501 through R9-10-514, as an Adult Day Care/Adult Day Health Care facility, as may be amended.

10.4.2 Services provided in tribal facilities shall be authorized by a tribal government or the Bureau of Indian Affairs as an Adult Day Care/Adult Day Health Care facility.

10.4.3 Programs providing meals must comply with the nutrition requirements as specified in the A.A.C. R9-10-509, as may be amended.

10.5 Reporting Unit

10.5.1 One unit of service equals 60 minutes of service time.

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11.0 ADVOCACY

11.1 Purpose Statement

11.1.1 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

11.2 Service Description

11.2.1 **Taxonomy** - Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

11.2.2 Services that take action to protect the rights of individuals and ensure they receive appropriate services and benefits or to seek needed changes in the law and/or administrative rules to protect the rights of individuals and ensure adequate service levels.

1. Advocacy ensures the availability of information about and access to human services and community resources and enhances and/or supports the provision of direct services to eligible individuals and families. Area Agencies on Aging provide information to agencies, organizations, legislators, and the general public about issues affecting older individuals, planning to meet current needs, and formulating policy that will address the future needs of older individuals. Continued advocacy efforts are necessary to reduce barriers and to improve responsiveness to the needs and concerns of older and vulnerable adults.

11.3 Service Requirements - The Contractor shall:

11.3.1 Identify the individual's legal and social problems and need for services.

11.3.2 Identify appropriate providers to provide needed services.

11.3.3 Identify barriers to an individual's access to needed services and assist to remove barriers which prevent them from meeting identified needs.

11.3.4 Identify changes in procedures, laws, regulations, or appropriations which would increase an individual's access to necessary services or increase or clarifies legal protections.

11.3.5 Assist in training community groups and individuals in advocacy techniques, community organizations, and the legislative process.

11.3.6 Provide advocacy to assist in modifying, changing, or adding to procedures, laws, regulations, or appropriations, as necessary.

11.3.7 Provide technical assistance and support to individuals and groups involved in advocacy actions to remove impeding barriers.

11.3.8 Disseminate information or provide education to appropriate agencies or groups to assist in effecting necessary changes in laws, regulations, or appropriations.

11.3.9 Identify gaps in necessary services.

11.4 Optional Tasks/Activities - The Contractor may:

11.4.1 Assess the nature and level of counseling and/or representation necessary to assist an individual to realize his/her rights and/or entitlements under the law.

11.4.2 Provide counseling or representation for the individual as appropriate to the level of expertise of the advocate and the individual's needs. Where legal representation or counseling is required, it shall be provided by licensed attorneys or by paralegals or lay advocates under the supervision and direction of a licensed attorney as is consistent with or required by the ethical requirements of the Arizona Bar Association or existing laws.

11.4.3 Identify appropriate existing resources.

11.4.4 Refer individuals to appropriate resources.

11.4.5 Assist individuals in completion of application for service.

11.4.6 Follow-up referrals to verify service delivery.

11.4.7 Initiate and enforce standardized follow-up procedures.

11.4.8 Institute a regular assessment procedure, which shall include individual or consumer participation.

11.4.9 Establish an individual grievance or appeals procedure.

11.4.10 Inform individuals of grievance and appeals procedures.

11.4.11 Establish standardized assessment methods for analysis of the service delivery system.

- 11.4.12 Analyze and assess the problems in the delivery system.
- 11.4.13 Make recommendations with individual input as necessary to improve the service system.
- 11.4.14 Make assessment of existing attitudes and policies.
- 11.4.15 Identify problem(s) and/or need(s).
- 11.4.16 Develop a plan of action to be taken within a specified time frame.
- 11.4.17 Implement the plan of action.
- 11.4.18 Evaluate the plan of action.
- 11.4.19 Modify the plan as necessary.

11.5 Reporting Unit

- 11.5.1 One unit of service equals 60 minutes of staff time.

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12.0 ATTENDANT CARE / PERSONAL ASSISTANCE

12.1 Purpose Statement

12.1.1 The service provides assistance with routine housekeeping tasks, personal physical needs, and related services at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

12.2 Service Description

12.2.1 Taxonomy Definition - A service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities.

12.2.2 Attendant care is:

1. A case managed service;
2. Provides assistance with housekeeping homemaker services, personal care, coordination of services, general supervision and assistance, companionship, socialization and skills development at an individual's place of residence;
3. A component of community-based long-term care systems; and
4. Increases an individual's ability to live independently in the community.

12.2.3 NMHCBS is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization.

12.2.4 The service may be used as part of the Home Care cluster and is a case managed service.

12.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

12.3 Service Requirements – The Contractor shall:

12.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service provider to determine specific tasks is to be performed. During this visit, a Care Plan is developed, and specific tasks can be assigned to the attendant care worker for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each individual at least every 90 days, or more frequently if required, to determine if the attendant care worker is performing tasks according to the care plan and to remedy areas of deficiency.

12.3.2 Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency.

12.3.3 Provide services in accordance with the individual's Care Plan as authorized by the case manager.

Services include but are not limited to:

1. Routine Housekeeping/Homemaker tasks to maintain safe and sanitary living conditions for individuals;
2. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances; and
3. Wash, dry and fold laundry. Ironing to be included if clothes cannot be worn otherwise;
4. Assist with personal care services including:
 - a) Showering, bathing, toileting, dressing, oral care and shampooing to maintain good personal hygiene;
 - b) Transfer to and from wheelchair/other seating and/or bed;
 - c) Eating, where the assistance is required, may include:
 - i. Remind or encourage to maintain intake;
 - ii. Serve or bring food ;
 - iii. Prepare food through prep work such as cutting of meats, vegetables, fruit, opening of containers, etc. and other set-up activities;
 - iv. Assist with menus/food selection); and
 - v. Feeding the individual, if applicable.
5. Routine ambulation activities assistance;

6. Routine nail and skin care assistance;
7. Assist with tasks necessary for the comfort and safety of the movement-restricted that do not require medical or nursing supervision;
8. Assist with special appliances and/or prosthetic devices, if the procedure is routine and well established per the Care Plan ;
9. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate;
10. General supervision which includes but not limited to:
 1. Self-administration of medications;
 2. Monitoring general medical condition and functional level
11. Assist with recreational/socialization skill development;
12. Encouraging the individual, family, caregiver or representative to provide input into and support the individual's care plan to verify that activities and services are provided to meet the objectives of the individual's care plan;
13. Other tasks such as documenting and communicating to the individual's case manager, any decline, improvement or continuing maintenance of the individual's condition; and
14. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

12.3.4 Not handle individual's personal finances.

12.4 Other Tasks/Activities - The Contractor may:

12.4.1 Provide or monitor nutritional maintenance for eligible individuals:

1. Plan and cook meals;
2. Shop for and store food; and
3. Shop for and store household supplies and medicines.

12.4.2 Attain safe living conditions for individuals:

1. Provide heavy cleaning such as ceiling, walls or floors;
2. Provide yard work such as cleaning yard and hauling away debris; and
3. Arrange for pest control services, when insect infestation presents a health concern for the client. Pest control services should be purchased from licensed agencies, if no other funding for this service is available.

12.4.3 Assist individuals in obtaining and/or caring for basic material needs for water, heating/cooling, and food:

1. Haul water for household use;
2. Gather and haul firewood for household heating or cooking, including sawing and chopping firewood into usable sizes;
3. Care for livestock used for consumption, this includes feeding, watering and milking;
4. Care for the garden used for food consumption, including planting and harvesting;
5. Dig out dirt floors and replace with fresh dirt; and
6. Turn heating and/or cooling systems on or off. The Attendant are work performing the service of turning on/off utilities shall receive instruction about heating and cooling systems from the local utility company or weatherization project.

12.5 Licensure/Certification Requirements

12.5.1 Require that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

12.5.2 Adhere to the following staffing standards:

1. Newly hired employees providing Attendant Care shall submit three (3) references from persons other than family members. All references shall be contacted, and results documented in the personnel record;
2. Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Attendant Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that are interested in becoming an approved testing site are available on the ADES website, located at www.azdirectcare.org. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the employee personnel record;
3. Direct Service Staff Supervisor shall have at a minimum:
 - i. At least two (2) years full time employment experience in a supervisory capacity;
 - ii. One (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience.

- iii. Orientation to target population is also required, unless otherwise evident in background that s/he has previous experience serving the target population; and
- iv. Demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

12.6

Reporting Unit

12.6.1

One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

14.0 CAREGIVER TRAINING – FAMILY CAREGIVER SUPPORT PROGRAM

14.1 Purpose Statement

14.1.1 The family caregiver training service provides training to enhance caregiver skills, well-being, and to help decrease risk of compassion fatigue. The successful delivery of family caregiver training will help avoid costly and unnecessary placement in a care facility.

14.2 Service Description

14.2.1 Taxonomy Definition – A service that provides training to assist caregivers in performing care giving activities, decision making, and problem solving.

14.2.2 Caregiver Training is an educational service that focuses on improving informal caregivers' practice of providing care and, assists caregivers in the areas of health, nutrition, financial literacy, decision-making and problem-solving related to their caregiving roles. The service provides information about and access to human services and community resources, to improve the physical, emotional, and mental health of eligible individuals, and to meet the needs of diverse caregivers who have different preferences and schedules. Specific training designed to mitigate the effects of stress and burden related to caregiving can also be included in this service.

14.2.3 This service provides training for family members and other home-based caregivers which focuses on caregiver related topics including:

1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking;
2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices;
3. Making the home environment safe and barrier-free; and
4. Stress management and other self-care techniques to help the caregiver take care of him or herself.

14.2.4 Specific Caregiver Training for grandparents raising grandchildren is allowable, including skills training related to guardianship, school enrollment, and other child-related training that may include Trauma-informed care, financial, and community resources.

14.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the DAAS Policy and Procedure Manual, as may be amended.

14.3 Service Requirements – The Contractor shall:

14.3.1 Provide caregiver training on a one-on-one basis or in a classroom setting.

14.3.2 Provide training with cultural sensitivity and flexibility suitable to the caregiver's needs.

14.3.3 Provide training that is appropriate in design and implementation to account for different types of interventions caregivers will provide and to account for the cultural diversity of the caregivers being trained.

14.3.4 Provide training that, at a minimum, assists caregivers in the areas of health, nutrition, financial literacy, decision-making, and problem solving related to their caregiving roles. Topics may include but not be limited to:

1. Nutrition education or instruction;
2. Home injury control services (including screening of high-risk home environments);
3. Proper lifting techniques, bathing, and patient care skills;
4. Medical management and/or medication administration;
5. Money management;
6. Helping caregivers to care for themselves and how to obtain necessary information and resources;

7. Mental health education for family caregivers and their care recipients;
8. Long-term care insurance information and resources;
9. Life-Care Planning review and guidance, and;
10. Other additional caregiver training, as needed.

14.4 Licensure/Certification Requirements

14.4.1 Utilize instructors/trainers that meet the educational qualifications and/or required certifications for the applicable subject matter to be taught.

14.5 Performance Measures

14.5.1 Evaluation instruments used at training sessions show that participants have increased their skill of the subject matter(s).

14.6 Reporting Requirement

14.6.1 Submit the Quarterly Family Caregiver Support Program Report form as found in the DAAS Policy and Procedure Manual.

14.7 Reporting Unit

14.7.1 One unit of service equals one training session.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

15.0 CASE MANAGEMENT

15.1 Purpose Statement

15.1.1 The service identifies, facilitates, and coordinates formal and informal services in order to assist clients to maintain independence and avoid institutional placement, while complementing caregiver support.

15.2 Service Description

15.2.1 Taxonomy Definition – A service or process that establishes a relationship with an individual or family in order to enhance their functioning and/or integration into the community. Appropriate services and/or benefits are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminate. This may include: assessment to determine their needs and eligibility when applying for/receiving services, assistance in finding necessary resources in addition to covered services to meet basic needs, assistance in obtaining entitlements, communication and coordination of care as well as follow-up of crisis contacts or missed appointments.

15.2.2 Service Description:

15.2.2.1 Case Management is:

1. A service or process that establishes a relationship through a strength-based collaboration with an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner.
2. Consists of intake and screening, assessment, service planning and implementation, follow-up and monitoring, and reassessment and termination of services.
3. Specifically related to the Family Caregiver Support Program, case management for a Caregiver focuses on the needs of the caregiver and doesn't include client (care-recipient) assessment or authorization of client-supported services.

15.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the DAAS Policy and Procedure Manual, as may be amended.

15.3 Service Requirements – The Contractor shall:

15.3.1 Provide Case Management as follows:

15.3.1.1 Conduct an in-depth assessment using an ADES approved tool (see the DAAS Policy and Procedure Manual Chapter 3000, as may be amended)

15.3.1.2 Provide the individual or caregiver with information about available services, eligibility, and conditions of acceptance for services.

15.3.1.3 Inform the individual or caregiver of:

1. Rights and responsibilities in relation to services; and
2. Arrangements for or access to one-time-only or emergency services needed by the individual or caregiver. Document the name of the individual or caregiver and the type of service for which arrangements were made.

15.3.1.4 Develop a Service Plan in collaboration with the individual or caregiver and other appropriate person to identify and record:

1. Services have been chosen to be provided to the individual or caregiver;
2. How services will be provided;
3. Who will provide the service;
4. With input from the individual or caregiver, on the plan start and end dates, when specified milestones are to be accomplished, and when progress is to be assessed;
5. Criteria for measuring the results to be achieved by the service plan; and
6. Process to be utilized for renegotiating the service plan as needed.

- 15.3.1.5 Provide Service Plan Implementation;
1. Authorize and record the covered services to be provided to the individual or caregiver;
 2. Record referrals made for non-covered services (services other than those authorized);
 3. Give each individual or caregiver seeking services a list of agencies that provide similar services;
 4. Coordinate and facilitate the access to and the delivery of services to the individual or caregiver and record information;
 5. Assist the individual or caregiver in obtaining needed services and resources through education and advocacy; and
 6. Provide direct intervention to assist with the individual or caregiver's service plan overall goals.

- 15.3.1.6 Provide Service Plan Monitoring:
1. Determine and record the type and quantity of services the individual or caregiver received;
 2. Identify and record the individual or caregiver's progress toward established goals;
 3. Identify and record the quality and appropriateness of the services provided;
 4. Identify, record and reassess the service goals and resolve any problems related to the service assist the individual or caregiver with appeals, hearings and/or grievances;
 5. Monitor service plans at least every 90 days or when a change occurs that affects eligibility or need;
 6. Conduct a home visit at least every six months;
 7. Re-determine eligibility for services at least annually or if changes have occurred since the last review. A home visit is required for annual re-determination; and
 8. Follow up to determine whether changes were implemented.

- 15.3.1.7 Provide Service Plan Closure:
1. Identify, assess and record the individual or caregiver's progress toward his/her service plan goals;
 2. Identify and record the individual or caregiver's status at the close of the service plan; and
 3. Identify and record the reasons for closure of the plan.

15.4 Staffing Requirements – The Contractor shall:

- 15.4.1 Require that case managers have at a minimum a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have two years' experience in social or health services.
- 15.4.2 Require that the Case Management Supervisor has at least a Master's degree or at least four years experience in social or health services.
- 15.4.3 Require that case managers have a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.
- 15.4.4 Require that case managers have the knowledge, skills, and experience necessary to assess the client's strengths and need for services and perform the core functions of case management.
- 15.4.5 Require that case managers confirm that appropriate assistance is given to each individual, family member, caregiver, or an individual's legal representative, by providing accurate and complete information about available services allowing the individual self-directed care.
- 15.4.6 Require that case managers display effective communication skills and be able to work as part of a team of service providers on behalf of the individual.
- 15.4.7 Require that case managers assume responsibility for their own professional growth and continuing education to enhance their case management skills and keep up with the many changes of available resources in the health and social service fields.
- 15.4.8 Require that case managers do not engage in any personal relationships with the individual, caregiver, or family members that may lead to any personal or professional gain or impair professional judgment.
- 15.4.9 Require that staff providing intake have the knowledge, skills, and experience necessary to refer individuals to case management as appropriate.

15.5 Reporting Unit

- 15.5.1 One case management unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

16.0 COMMUNITY EDUCATION AND INFORMATION

16.1 Purpose Statement

16.1.1 The service helps to create awareness and provide information to the community related to services available to assist individuals in maintaining their independence and ability to remain in their home and community.

16.1.2 Specifically related to the Family Caregiver Support Program, the purpose is to create awareness and provide information to the community related to support services available to family caregivers.

16.2 Service Description

16.2.1 Taxonomy Definition – A service that provides information on, and/or instructions in, various subjects through public contact and/or meetings, printed materials and media presentations focused on a particular subject, field of interest, agency or service(s).

16.2.2 The service is designed to distribute information and educational resources related to aging issues, aging services, long-term care, long-term care planning, retirement planning, and other related topics.

16.2.3 The Older Americans Act indicates that Area Agencies on Aging are to include community education services in their area plans related to the need to plan for long-term care in advance and the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources.

16.2.4 Specifically related to the Family Caregiver Support Program:

1. The service consists of the presentation of a spectrum of information activities, designed to make it likely that members of local communities are aware of the availability and accessibility to human services and community resources related to informal caregiving.
2. The service provides awareness of training available for family members and other home-based caregivers which focuses on caregiver related topics including:
 1. Assistance with basic activities of daily living, including bathing, dressing, eating, toileting, transferring, and walking.
 2. Assistance with instrumental activities of daily living, including medication management, meal preparation, money management, and use of communication devices.
 3. Making the home environment safe and barrier-free.
 4. Stress management and other techniques to help the caregiver take care of him or herself.
3. The service may include a caregiver assessment, development of an individualized plan that focuses on the caregiver, setting goals and establishing a routine for ongoing support for the caregiver.

16.2.5 Target Population - This service is intended for the general public within the community being served, with targeting towards older individuals and caregivers as described in Chapters 3000 of the DAAS Policy and Procedure Manual, as may be amended.

16.3 Service Requirements – The Contractor shall:

16.3.1 Develop and distribute informational literature for the purpose of educating the general public on currently available resources.

16.3.2 Provide presentations, in person or through other media, to groups or individuals who are potentially in need of service throughout the Planning and Service area.

16.3.3 Provide presentations, in person and/or through other media, to groups or individuals who have knowledge of, or are in a position to refer, individuals who need or could benefit from services.

16.3.4 Require that the service is provided by persons who are knowledgeable of available human resources and sensitive to the needs of the community as the service is intended to meet the needs of diverse individuals or caregivers who have different preferences and schedules

16.4 Reporting Unit

16.4.1 One unit of service equals one event/activity.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

17.0 CONGREGATE MEALS

17.1 Purpose Statement

17.1.1 The service helps to increase the nutrient intake of participants to prevent or reduce the risk of chronic diseases, preserve and promote health, and improve nutritional status.

17.2 Service Description

17.2.1 Taxonomy Definition: A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual in a congregate setting.

17.2.2 Service Description: Congregate nutrition services:

1. Provide for meal planning, preparation and service.
2. Provide staff training, nutrition education and social interaction.
3. Link individuals with community-based services and provide resources for physical and health interventions, where available.

17.2.3 The Older Americans Act as amended in 2006 adopted 1/3 of Dietary Reference Intakes as the meal standard.

17.2.4 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

17.3 Service Requirements – The Contractor shall provide:

17.3.1 Menu Planning

17.3.1.1 Develop cycle menus to be used on a semi-annual basis (every six months). A cycle menu is a six or more week menu that will be rotated throughout the period.

17.3.1.2 Keep menus for audit inspection for at least one year after the meals have been served. Menus shall also be kept for at least one year at the meal preparation site and the location where the meal was served.

17.3.1.3 Utilize a mechanism to solicit the advice and expertise of:

1. A dietitian or other individual meeting the requirements in Section 17.4;
2. Meal participants; and
3. Other individuals knowledgeable of the needs of older individuals as stated in DAAS Policy and Procedure Manual, Chapter 3000.

17.3.1.4 Compose menus in English as well as the dominant language or languages of the participant group for each site.

17.3.1.5 Incorporate ethnic and cultural preferences of participants when planning menus.

1. Plan menus that reduce the frequent use of foods high in sugar, salt, and saturated fats.
2. Plan menus considering the availability of foods during seasons when they are most plentiful.
3. Plan, prepare, provide and serve meals in accordance with the ADES, DAAS “Nutrition, Food Service, and Wellness Manual as amended.
4. Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes for nutrients as may be amended, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
 1. Each meal must contain a specified number of calories as defined in DAAS policies and procedures.
 2. Plan the menu with a majority ($\geq 80\%$) as hot meals.
 3. Cold meals may be planned, such as once a week during the summer, to add variety to the menu such as chef salad, sub sandwich or deli plate.
5. Submit menus per the DAAS Policy and Procedures Manual, as may be amended on an ADES or contractor’s standardized menu form and secure the approval of a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to using the menu.
 1. The R.D., Nutritionist, DTR, or CDM shall verify menu by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the ADES, DAAS “Nutrition, Food Service, and Wellness Manual” and as may be amended.

17.3.2 Meal preparation and service

1. Prepare and serve congregate meals in compliance with all municipal, county, state, tribal, and federal requirements related to the food service operation.
2. Prepare or arrange for preparation and service of meals and adhere to approved menus as written.
 1. Substitutions shall be made when ingredient is unavailable. Shall be selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans.
 2. Substitution menus for holidays and special occasions must meet menu requirements as listed in 17.3.1.
 3. All substitutions shall be documented on the approved menu for site review.
3. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
4. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual's physician, e.g., diet order. All special diet menus shall be approved by a Registered Dietitian or Nutritionist.
5. Maintain a distinct and physical separation between dining areas and food preparation areas.
6. Use facilities and equipment that are suitable and accessible for individuals who are functionally limited when providing congregate meals.
7. Allow adequate aisle space between tables for the use of wheelchairs, or to allow persons with canes or other support devices to walk with ease and safety.
8. Post menus at the site at least one week in advance of the start of the menu. Site location shall be clearly accessible and visible to individuals attending the congregate meals site.
9. Obtain the individual's signature and date for each meal served and maintain the signatures in a central file, or contractor staff shall certify the individuals and dates for which each meal was served and maintain the certification in a central file.
10. Document the number of meals provided each month at each location.
11. Review food service expenditures annually in order to further cost-effective management of expenses.
12. Develop and implement an emergency meal plan to be used when a meal cannot be prepared or becomes unsuitable for consumption. This includes a one-day emergency menu with existing supplies for implementation.
13. Provide the opportunity for participants to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual Chapter 3000, Section 3200, as may be amended.

17.3.3

Staff Training

1. Provide on-going food safety and sanitation training for all food service personnel according to the local county health department in which the site is located to include at a minimum, but not limited to: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal and/or storage of left-overs. All new food service personnel shall initially receive this training within the first month of employment.
2. Require that all food handlers pass a course provided by a certified trainer in food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or another course approved by their County Health Department.
3. Document staff certification and training in personnel files.

17.3.4

Nutrition Education

1. Plan, develop, and implement a written nutrition education program that includes at least two sessions/activities each quarter.
2. Nutrition education includes written materials, demonstrations, audio-visual presentations, lectures, and small group discussions.
3. Nutrition education pertains to nutritionally related topics that are culturally sensitive such as: dietary guidelines for older adults, modified meals and chronic disease, food and drug interaction, physical fitness health information as it relates to nutrition, meal planning and preparation, budgeting, shopping, and sanitation.
4. Nutrition information is backed by credible research. Only materials from reputable sources shall be used such as The Academy of Nutrition Dietetics, United States Department of Agriculture,

United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration on Aging, and the National Institute on Aging.

5. Publicly Post and advertise nutrition education sessions/activities in advance.
6. Require that each center/site develops and submits to the Contractor an outline of the proposed nutrition education program annually. Outlines are to be maintained and monitored for compliance.
7. Document the date, topic, name of presenter and the number of people who attended the nutrition education. Documentation to be retained for at least one (1) year at the center/site for annual audit purposes.
8. Require that every participant is given the Nutrition Screening Checklist initially, and annually thereafter.
 1. Those at high nutritional risk with a score of six or higher are referred to a healthcare professional for nutrition-related counseling.

17.3.5 Social Interaction

17.3.5.1 Provide activities that encourage social interaction, e.g., recreation and group activities in concert with meals provided.

17.3.5.2 Establish and maintain project/site councils to provide input on activities and meals.

17.3.6 Site Monitoring

17.3.6.1 Monitor on an annual basis the centers/sites for compliance to the ADES requirements.

17.3.6.2 Establish timeframes (not to exceed 30 days) for centers/sites to respond to monitoring reports and to initiate corrective actions.

17.3.6.3 Conduct timely monitoring to verify completion of corrective actions taken by centers/sites.

17.4 Licensure/Certification Requirements

17.4.1 Registered Dietitians and Registered Dietetic Technicians must meet the requirements for membership in the Academy of Nutrition Dietetics American Dietetic Association, have successfully completed the examination for registration, and meet continuing education requirements.

17.4.2 Nutritionists must hold a Bachelor's or Master's degree in food and nutrition.

17.4.3 Certified Dietary Managers must meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association, are in good standing with the Board, and meet continuing education requirements.

17.4.4 All food handlers shall be certified in food safety and sanitation within one month of employment. Site manager or the appropriate management staff shall have an additional certification such as ServSafe or another course approved by their County Health Department.

17.5 Reporting Unit

17.5.1 One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

18.0 CONSULTATION

18.1 Purpose Statement

18.1.1 The service assists with effective program development and implementation in order to use resources efficiently and enhance the ability to achieve desired goals.

18.2 Service Description

18.2.1 Taxonomy Definition – A service that provides professional information and advice to assist in planning, developing, implementing and evaluating individual and service programs and in providing coordination with the professional community.

18.2.2 The service is provided to assist ADES and Area Agencies on Aging in developing new programs or expanding existing programs.

18.2.3 Provides professional information and advice to assist in planning, developing, implementing and evaluating individuals and service programs and in providing coordination with the professional community.

18.2.4 Provides support and/or enhancements to the provision of direct services to individuals and families and to provide assistance in program development and implementation as applicable.

18.3 Service Requirements – The Contractor shall:

18.3.1 Receive written approval from the ADES on the Contractor's proposal that identifies the following at a minimum: project description, methodology, and budget prior to initiating services.

18.3.2 Conduct Research

1. Review literature related to the specified subject.
2. Review relevant activities in other States or regions and report findings.
3. Prepare summaries of key findings and information.
4. Prepare bibliography and provide suggestions for readings.

18.3.3 Provide Assistance with Ongoing Projects

1. Review existing data and literature related to the specified subject.
2. Obtain input from staff or other appropriate individuals assigned to the project.
3. Evaluate implementation of plan, expansion, improvement, and/or integration and develop recommendations for appropriate modifications.

18.3.4 Provide related services as described in the project description/methodology/budget as pre-approved by DAAS.

18.4 Licensure/Certification Requirements

18.4.1 Comply with applicable licensure requirements when consultation is provided in areas for which there exists licensing or certification requirements.

18.5 Reporting Unit

18.5.1 One unit of service equals one completed activity or deliverable.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

19.0 Coordination – Services to Older Refugees (SOR)

19.1 Purpose Statement

19.1.1 The service is geared toward older refugee clients who are uniquely vulnerable in their effort to transition to life in the United States. Services include addressing: chronic health and emotional problems stemming from the conditions of client flight, family loss and separation, an inability to advocate for themselves because of cultural, linguistic or educational barriers, limited access to appropriate health and social service providers, limited incomes due to work histories, and barriers to meeting the requirement for United States naturalization. Specifically, many clients are in jeopardy of losing public benefits because they have not acquired United States citizenship within required timeframes.

19.2 Service Description

19.2.1 Taxonomy Definition - A service that promotes efficiency through the cooperation and collaboration of multiple entities concerned with the same issue or need.

19.2.2 Actual Service Description - The SOR program's goals are to increase integration and independent healthy living for older ORR-eligible populations. This is to be accomplished through providing services in the following areas:

1. Assisting clients to access mainstream Aging services
2. Assisting clients in connecting to communities to avoid isolation
3. Assisting clients on their path to citizenship

19.2.3 Eligibility Requirements –

1. Eligible Beneficiaries: A refugee or other eligible beneficiary pursuant to the Refugee Act of 1980, as amended, who is within five years from date of arrival or grant of qualifying status . Eligible beneficiaries (hereto referenced interchangeably with “client” or “clients”) include the following:
 - Refugees admitted under INA § 207
 - Asylees granted asylum under INS § 208
 - Cuban and Haitian Entrants as defined under 45 CFR § 401.2
 - Certain Amerasians
 - Adult Victims of Trafficking certified by the U.S. Department of Health and Human Services (DHHS) and Minor Victims of Trafficking
 - Special Immigrant Visa Holders
 - Permanent Residents who had held one of the above statuses in the past
 - Others as indicated by the Arizona Refugee Resettlement Program (RRP)

Note: Individuals paroled into the U.S. as refugees or asylees under INA § 212 (d) (5) are also eligible for the Office of Refugee Resettlement (ORR) assistance and services. General parolees under § 212 (d) (5) (such as “Lautenberg” parolees, other “public interest parolees” and “humanitarian interest parolees”) are not eligible for benefits under this contract.

2. Additionally clients must be aged 60 or older, as may be amended, and meet the specific enrollment criteria found in the most recent policy letter for Services to Older Refugees from the Federal Office of Refugee Resettlement (ORR) which may be found at <https://www.acf.hhs.gov/orr/resource/policy-letters>.

3. **Formula RSS Funded:** Pursuant to the requirements of Title 45, Code of Federal Regulations (C.F.R.), Part 400 (hereto referred to as the Federal Regulations - specific reference will be made when citing Title 45, C.F.R., Part 401) § 147, Contract Services funded under Formula RSS shall be provided in a manner that ensures that services for the eligible client population are managed and provided according to the following order of priority, except in certain individual extreme circumstances as required by Federal Regulations and approved by the State Refugee Coordinator:

- Priority 1: All newly arriving refugees during their first year in the U.S.

- Priority 2: Cash assistance recipients.
- Priority 3: Unemployed refugees who are not receiving cash assistance.
- Priority 4: Employed refugees in need of services to retain employment or attain economic independence.

19.3 **Service Requirements** **The Contractor Shall:**

- 19.3.1 Utilize referrals and referral requests in ARRPODS and facilitate enrollment into SOR-funded activities.
- 19.3.2 Formally enroll clients into SOR services through one of the methods below:
1. Utilize the Grants Program Object in the Arizona Refugee Resettlement Program Online Data System (ARRPODS)
 2. Maintain and provide CSV/Flat file data reports with equivalent fields in ARRPODS Grant Program and contact objects on a quarterly basis.
- 19.3.3 Create a service plan for each older refugee enrolled in SOR services. Service plans may be completed either using internal templates or the template found in ARRPODS.
1. Service plans shall include projected completion dates for planned services.
 - a. Should planned services progress beyond the projected completion date, planned completion dates may be updated to reflect evolving client situations.
 2. If utilizing internal templates upload them into ARRPODS or DAARS
- 19.3.4 Create mechanisms to manage, track, and report on all services provided for older refugees participating in SOR-funded programs.
- 19.3.5 Maintain the capacity to report on the instances of service provided for each client and the outcomes of the following activities, the application of Citizenship, N-648 (Medical Waiver), Arizona Long Term Care System (ALTCS), Social Security Income, guardianship, subsidized housing, and mainstream aging services through one of the following methods:
- Direct usage of the ARRPODS services and plan objects.
 - Maintain and provide CSV/Flat file data reports with equivalent fields in ARRPODS services and plan objects
- 19.3.6 Provide direct support or referrals to services for older refugees pursuant to latest ORR policy letters, as may be amended, including but not limited to the following service areas:
1. Helping older ORR-eligible population's access mainstream aging services in the community such as information about supportive services, nutrition services, meal delivery, elder abuse, senior community centers, and intergenerational activities.
 2. Providing older ORR-eligible populations with appropriate services that are not available in the community. (e.g. interpretation and translation services)
 3. Developing opportunities for older ORR-eligible populations to connect with their communities to avoid isolation (e.g. mental health support, community navigators, and opportunities for engagement in social and cultural activities)
 4. Assisting older ORR-eligible populations on the path to citizenship, especially those at risk of losing Supplemental Security Income or other federal benefits, to naturalize (e.g. civics instructions, counseling, and application assistance. Note, funding from the SOR program cannot be used to pay application fees for citizenship examinations and not duplicate citizenship services provided by U.S. Citizenship and Immigration Services.)
 5. ORR policy letters may be found at: <https://www.acf.hhs.gov/orr/resource/policy-letters>
- 19.3.7 Ensure all services rendered through SOR funding are documented as service notes in ARRPODS through either of the two established methods:
1. Direct usage of the ARRPODS data System
 2. The completion of CSV/Flat File Templates provided by RRP for data load into ARRPODS on a quarterly basis, should the usage of ARRPODS represent an unreasonable administrative burden for a sub-contractor who already possesses the information technology systems required to collect and distribute SOR services data.
 - a. Ensure the integrity of the data set if collected internal data systems and clean the data set to sufficient levels to allow for data upload.
- 19.3.8 Provide technical assistance on services to older refugees to RRP contractors when requested by RRP.
- 19.3.9 Participate in RRP strategic planning initiatives.

19.4 **Performance Measures**

- 19.4.1 80 percent of goals identified on service plans shall be completed in accordance with the scope and time frame laid out in each plan.

19.5 **Reporting**

- 19.5.1 ORR-6 Schedule D RSS Set-aside report, <https://www.acf.hhs.gov/orr/resource/report-forms> as may be amended consistent with the most recent timelines and templates for ORR reporting.
- 19.5.2 Monthly reporting of indicator metrics developed jointly with RRP and the Contractor, to RRP on the 15th of every month, should these metrics not be directly available to RRP through ARRPODS.

19.6 Reporting Unit

- 19.6.1 One unit of service equals one hour of service staff time.

Scope of Work

Arizona Department of Economic Security (ADES) - Area Agencies on Aging

20.0 EMERGENCY HUMAN SERVICES

20.1 Purpose Statement

20.1.1 This service provides for emergency home and community-based services and/or emergency housing services to Adult Protective Services (APS) client(s). Without the intervention, the individual would be at-risk.

20.2 Service Description

20.2.1 Taxonomy Definition – Services respond to crises-related situations where there is an inability to provide for the basic needs. Services may include, but are not limited to case management, financial and referral.

20.2.2 Services include, but are not limited to the following:

1. Housekeeping/homemaker,
2. Personal care services,
3. Home health aide,
4. Nursing,
5. Home delivered meals,
6. Case management,
7. Adult Day Care/Adult Day Health Care,
8. Short term emergency respite,
9. Durable medical equipment, and/or
10. Emergency placement/housing for up to 14 days.

20.2.3 Eligibility Requirements – The contractor shall comply with eligibility requirements identified in the DAAS Policy and Procedure Manual, Chapter 3000, as may be amended.

20.3 Service Requirements – The Contractor shall:

20.3.1 Receive referral and corresponding intake information on individuals who have been assessed by an APS worker and for which an APS case exists.

20.3.2 If emergency home and community-based services are necessary:

1. Develop a short-term case plan in coordination with the APS worker;
2. Establish contact with the client within two business days of the referral date;
3. Notify APS if the contact is unsuccessful;
4. Request the APS worker to accompany in instances where there is a potential for an unsafe or unstable environment;
5. Complete an assessment using the Arizona Standardized Client Assessment Plan and enter the information into the DAARS;
6. Determine eligibility for emergency home and community-based services;
7. Ensure the individual is agreeable to the service(s) on short-term case plan;
8. Notify the APS worker of the service plan and start date of services if applicable within one week of the assessment;
9. Make the referral to service providers;
10. Obtain APS approval of service expenses; and
11. Pursue other agency resources to contribute as necessary.

20.3.3 If emergency placement is necessary:

1. Locate appropriate placement; coordinate placement and tuberculosis testing clinics with the APS worker; and
2. Teleconference with the APS worker and his/her supervisor within five (5) business days of placement to coordinate a case plan for the client.

20.3.4 Coordinate with the APS worker to establish a resolution, generally not to exceed 90 days, prior to APS case closure.

20.3.5 Record the client information and services rendered and submit to ADES in DAARS within the established timelines.

20.4 Licensure/Certification Requirements

20.4.1 Comply with all federal, state, and local licensure/certification requirements.

20.5 Reporting Unit

20.5.1 One unit of service equals 60 minutes of service time.

20.5.2 Instances of durable medical equipment, the unit of service equals one device.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

21.0 GENERAL TRANSPORTATION

21.1 Purpose Statement

21.1.1 The service helps to assist individuals 60 years of age or older and/or individuals with disabilities to maintain their independence and avoid costly and unnecessary placement in a care facility by providing access to services.

21.2 Service Description

21.2.1 Taxonomy Definition - A service that provides or assists in obtaining various types of transportation for specific needs.

21.2.2 The service includes the arrangement and/or provision of transportation services which may include the use of a car, bus or van.

21.2.3 Under the Family Caregiver Support Program, the service is provided as a supplemental service, on a limited basis, to complement the care provided by the caregiver.

21.2.4 Senior center participants may be transported from their place of residence to the center and returned to their residence; they may also be transported to appointments or other community services such as shopping.

21.2.5 Services may include the transport of eligible groups of individuals to activities such as recreational, educational or community events.

21.2.6 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers who meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

21.3 Service Requirements

The Contractor shall:

21.3.1 Require that the vehicles used are constructed specifically for the transportation of persons. All seats are securely fastened to the body of the vehicle, individuals are properly seated when the vehicle is in operation, and individuals utilize seatbelts.

21.3.2 Require the availability and use of vehicles that are wheelchair accessible for those individuals who are wheelchair bound.

21.3.3 Require that vehicles used for the transportation of individuals meet federal, state and local safety and maintenance standards.

1. Maintain logs of maintenance completed on all vehicles used for the transportation of individuals.

21.3.4 Require that drivers have and carry a valid driver's license.

21.3.5 Provide driver training that includes instructing how to assist individuals to safely enter and exit vehicles, handle road emergencies, safe driving, defensive driving, and disease specific information (e.g., Alzheimer's, Parkinson's, and Diabetes).

21.3.6 Protect the individual's safety while using this service.

21.3.7 Provide information to individuals on accessing the transportation service.

21.3.8 Arrange transportation for individuals:

1. Make arrangements for transportation through public or private transportation providers; and
2. Determine with the individual and/or significant others, a plan for providing transportation

21.3.9 Provide transportation for individuals:

1. Transport individuals from one location to another. (This includes traveling to and from designated locations to pick up or drop off individuals.);
2. Require that drivers are physically capable to assist the individual with entering and exiting the vehicles as needed, and securing them safely within the vehicle;
3. Provide transportation to individuals with a physical disability in a vehicle adapted to their needs;
4. Record and maintain services delivered to each individual; and
5. Adhere to time schedules.

21.4 Licensure/Certification Requirements

21.4.1 Require that individuals providing transportation are at least 18 years of age and possess valid Arizona Operator's or Commercial Driver's License.

21.4.2 Utilize vehicles which have a valid Arizona license plate and pass emissions standards at a minimum and have insurance coverage.

- 21.4.3 Require that individuals providing transportation services have the expertise in safety standards to perform their tasks which includes training in CPR and first aid.
- 21.4.4 Require drivers to pass a physical prior to providing transportation service to individuals and pass a physical at least every two years thereafter.

21.5 Reporting Unit

- 21.5.1 One unit of service equals one trip per person one way.

Scope of Work

Arizona Department of Economic Security (DES) - Area Agencies on Aging

22.0 HEALTH EDUCATION- DISEASE PREVENTION AND HEALTH PROMOTION

22.1 Purpose Statement

The purpose is to provide evidence-based interventions that help reduce the impact of disease, chronic conditions, and minimize health-related risk factors associated with aging.

22.2 Service Description

- 22.2.1 Taxonomy Definition - A service that provides individual or group instruction to maintain or improve physical well-being.
- 22.2.2 Health promotion and disease prevention programs are designed to maintain or improve the emotional and physical well-being of older adults.
- 22.2.3 Evidence-based health promotion and disease prevention programs that relate to prevention and mitigation of the effects of chronic disease for participants and eligible individuals in the community are provided.
- 22.2.4 Programs provide planned activities to identify, prevent, or decrease risk factors for specific conditions, diseases, and injuries.
- 22.2.5 Programs provide a variety of evidence-based health promotion activities at senior centers and other suitable locations.
- 22.2.6 Programs increase participants' control of factors associated with optimal psychosocial and physical health through education.
- 22.2.7 Programs provide outreach materials, current information and links to opportunities related to evidence-based disease prevention and health promotion programs and services as available.
- 22.2.8 Eligibility Requirements

The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

22.3 Service Requirement- The Contractor Shall:

- 22.3.1 Ensure programs comply with Title III-D section 361 of the Older Americans Act for Disease Prevention and Health Promotion.
- 22.3.2 Ensure Funding is only used for programs and activities which have been demonstrated through rigorous evaluation to be evidence-based and effective and meet the criteria defining an evidence-based intervention set forth by the Administration for Community Living (ACL).
- 22.3.3 Submit all evidence-based programs supported with Title III-D funding to the DAAS Aging & Wellness Coordinator for approval prior to initial implementation. Ensure all programs using Title III-D funds meet one of following two criteria:

A. ACL Evidence-Based Criteria One (1):

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

B. ACL Evidence Based Criteria Two (2):

A program can also be considered evidence-based if any operating division of the U.S. Department of Health and Human Services has included the program on a registry of evidence-based programs or has reviewed it and deemed it evidence-based.

Additional information regarding Title III-D funding and ACL-approved evidence-based programs can be found on the ACL Title III-D webpage:

<https://www.acl.gov/programs/health-wellness/disease-prevention>

22.4 Licensure/Certification Requirements -The Contractor shall:

- 22.4.1 Require that certification and licensure standards are met when providing an evidenced-based program for which licensing or certification requirements exist.
- 22.4.2 Require that educators/presenters providing health promotion activities meet appropriate certification/licensure standards.

22.5 Reporting Unit

- 22.5.1 One unit of service equals one evidence-based activity.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

23.0 HOME DELIVERED MEALS

23.1 Purpose Statement

23.1.1 The service helps increase the nutrient intake of older adults at nutrition risk and allow them to remain independent in their homes.

23.2 Service Description

23.2.1 Taxonomy Definition – A service that provides for a nutritious meal containing at least 1/3 of the Recommended Dietary Allowance for an individual, delivered to his/her place of residence.

23.2.2 Home Delivered Meals is a case-managed service.

23.2.3 Provide older adults, in their home or place of residence, with nutritious meals that meet 1/3 of the Dietary Reference Intakes.

23.2.4 Provide resources and options, when available, that allow older adults to remain independent in their homes and communities.

23.2.5 A “wellness check” is conducted at the time of the meal delivery to evaluate the general health and well-being of the meal recipient.

23.2.6 The service also provides for the opportunity for socialization.

23.2.7 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

23.3 Service Requirements – The Contractor shall provide:

23.3.1 Menu Planning

23.3.1.1 Develop cycle menus to be used on a semi-annual basis (every six months). A cycle menu is a six or more week menu that will be rotated throughout the period.

23.3.1.2 Maintain menus for audit inspection for at least one year after the meals have been served. Menus shall also be kept for at least one year at the meal preparation site and the location where the meal was served.

23.3.1.3 Utilize a mechanism to solicit the advice and expertise of:

1. Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM)
2. Meal participants; and
3. Other individuals knowledgeable of the needs of older individuals as stated in DAAS Policy and Procedure Manual, Chapter 3000.

23.3.1.4 Compose menus in English as well as the dominant language or languages of the participant group for each site.

23.3.1.5 Incorporate ethnic and cultural preferences of participants when planning menus.

1. Plan menus that reduce the frequent use of foods high in sugar, salt, and saturated fats.
2. Plan menus considering the availability of foods during seasons when they are most plentiful.
3. Plan, prepare, provide and serve meals in accordance with the ADES, DAAS “Nutrition, Food Service, and Wellness Manual as amended.
4. Require that each meal contains at least one-third (1/3) of the current Dietary Reference Intakes for nutrients as may be amended, as established by the Food and Nutrition Board of the National Academy of Science – National Research Council.
 1. Each meal must contain a specified number of calories as defined in DAAS policies and procedures;
 2. Plan the menu with a majority ($\geq 80\%$) as hot meals; and
 3. Cold meals may be planned, such as once a week during the summer, to add variety to the menu such as chef salad, sub sandwich or deli plate.
5. Submit menus per the DAAS Policy and Procedures Manual, as may be amended on an ADES or contractor’s standardized menu form and secure the approval of a Registered Dietitian (R.D.), Nutritionist, Dietetic Technician Registered (DTR), or Certified Dietary Manager (CDM) prior to using the menu.

1. The R.D., Nutritionist, DTR, or CDM shall verify menu by computerized nutritional analysis of at least one meal per week of the menu cycle and adherence to menu requirements in the ADES, DAAS “Nutrition, Food Service, and Wellness Manual” and as may be amended.
6. Annually review food service expenditures in order to further cost-effective management.
7. Develop and implement an emergency plan to be used when the meal cannot be prepared or becomes unsuitable for consumption. This includes a one-day emergency menu with supplies on hand for implementation.

23.3.2

Meal preparation and service

23.3.2.1

Provide a nutritious home delivered meal at least once a day, five days a week except in rural areas where such frequency is not feasible, and as approved by the DAAS.

1. Prepare or arrange for preparation and service of meals and adhere to approved menus as written:
 1. Substitutions shall be made when ingredient is unavailable. Shall be selected from the same food group, for example, 1/2 cup carrots for 1/2 cup green beans;
 2. Substitution menus for holidays and special occasions must meet menu requirements as listed in 17.3.1; and
 3. All substitutions shall be documented on the approved menu for site review.
2. Purchase and receive food contributions only from an approved source, such as grocery stores and food vendors. The following shall not be used: cans which are bulging, dented, leaking, rusty, or which spurt liquid when opened; food with an off-odor; food which shows signs of mold; food prepared or canned in the home.
3. Prepare and deliver meals in compliance with all local, county, state, and federal regulations and requirements for food service.
4. Prepare and serve meals for persons needing diabetic or sodium-restricted diets, etc. (when appropriate and feasible) with written approval from the individual’s physician, e.g., diet order. All special diet menus shall be approved by a Registered Dietitian or Nutritionist.
5. Provide menus to eligible client at least one week in advance of the start of the menu. Site location shall be clearly accessible and visible to individuals attending the congregate meals site.
6. Obtain the individual’s signature and date for each meal served and maintain the signatures in a central file, or contractor staff shall certify the individuals and dates for which each meal was served and maintain the certification in a central file.
7. Document the number of meals provided each month at each location.
8. Review food service expenditures annually in order to further cost-effective management of expenses.
9. Develop and implement an emergency meal plan to be used when a meal cannot be prepared or becomes unsuitable for consumption. This includes a one-day emergency menu with existing supplies for implementation.
10. Provide the opportunity for participants to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual Chapter 3000, as may be amended.

23.3.3

Delivery Requirements

1. Package and deliver meals in a safe and sanitary manner.
2. Meals are to be hand-delivered directly to the eligible client unless an exception has been made and is documented in the client’s case file.
3. Provide each new participant with a current week’s menu and provide on-going individuals with a copy of the menu at least one week in advance.
4. Obtain the individual’s authorized signature and date for each meal delivered and maintain the signatures in a central file.
5. Maintain record/log of the number of meals delivered each month to each individual.
6. If more than one frozen meal is received per delivery per individual, document reason for multiple meals delivery in the individual’s case record.
7. It is verified and documented in the case record that the individual has the facilities to properly store and prepare frozen meal(s).

23.3.4

Wellness Check

1. Assess general mental and physical health status (“wellness check”) of the individual at the time of meal delivery; and

2. Refer to Case Manager all individuals for appropriate action who present additional medical or social problems during the course of service delivery.

23.3.5

Staff Training

1. Provide on-going food safety and sanitation training for all food service personnel according to the local county health department in which the site is located to include at a minimum, but not limited to: personal hygiene, proper attire for food service workers, cleaning and sanitizing, correct use of gloves, proper hot and cold food temperatures, proper use of a thermometer, food delivery procedures and correct disposal and/or storage of left-overs. All new food service personnel shall initially receive this training within the first month of employment.
2. Require that all food handlers pass a course provided by a certified trainer in food safety and sanitation within one month of employment. The site manager or the appropriate management staff shall have additional training such as ServSafe or another course approved by their County Health Department.
3. Document staff certification and training in personnel files.
4. Provide training on a quarterly basis to persons preparing and delivering meals. Training is encouraged in the areas of food safety and sanitation, storage, food preparation and service, cost effective management, purchasing, menu planning, equipment operation and safety.
5. Train meal delivery staff in Wellness Check evaluations on communication and observation skills necessary to evaluate an individual's general mental and physical status at the time of meal delivery.
6. Document staff certification and training in personnel files.

23.3.6

Nutrition Education

1. Provide to home delivered meal individuals printed nutrition education materials two times per quarter.
2. Plan, develop, and implement a written nutrition education program that includes at least two handouts each quarter, and that pertain to nutritionally related topics that are culturally sensitive such as, but not limited to:
 - a. dietary guidelines for older adults;
 - b. modified meals and chronic disease;
 - c. food and drug interaction;
 - d. physical fitness health information as it relates to nutrition;
 - e. meal planning and preparation;
 - f. budgeting, shopping; and
 - g. sanitation.
3. Nutritional information provided to individuals shall be backed by credible research, such as but limited to: The Academy of Nutrition Dietetics , United State Department of Agriculture, United States Food and Drug Administration, National Institutes of Health, Centers for Disease Control, Administration for Community Living, and the National Institute on Aging.

23.4

Licensure/Certification Requirements

- 23.4.1 Registered Dietitians and Registered Dietetic Technicians must meet the requirements for membership in the Academy of Nutrition Dietetics, have successfully completed the examination for registration, and meet continuing education requirements.
- 23.4.2 Nutritionists must hold a Bachelor's or Master's degree in food and nutrition.
- 23.4.3 Certified Dietary Managers must meet the requirements for certification as identified by the Certifying Board of Dietary Managers of the Dietary Managers Association and meet continuing education requirements and are in good standing with the Board.
- 23.4.4 All food handlers shall be certified in food safety and sanitation within one month of employment Site manager or the appropriate management staff shall have an additional certification such as ServSafe or another course approved by their County Health Department.
- 23.4.5 Valid and current State Driver's License for delivery drivers shall be maintained.

23.5

Reporting Unit

- 23.5.1 One unit of service equals one meal.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

24.0 HOME HEALTH AID

24.1 Purpose Statement

The services provide intermittent health maintenance and assistance with personal physical needs at an individual's place of residence and helps clients to maintain their independence and avoid costly and unwanted placement in a care facility.

24.2 Service Description

24.2.1 Taxonomy Definition – A service that provides intermittent health maintenance, continued treatment or monitoring of a health condition and supportive care for activities of daily living at the individuals place of residence.

24.2.2 Home Health Aid is a case managed service.

24.2.3 Home Health Aid is a medically related service within the NMHCBS System.

24.2.4 This service may be used as part of the Home Care cluster.

24.2.5 The service of Nursing-Home Nursing is not required for the provision of home health aid services.

24.2.6 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the DAAS Policy and Procedure Manual, as may be amended.

24.3 Service Requirements – The Contractor shall:

24.3.1 Provide assessment, supervision and monitoring:

1. Develop a care plan under the supervision of a registered nurse or licensed practical nurse for each person who is to receive this service, using a strength-based assessment of the individual's level of functioning, need for service, and preferences;
2. Implement the care plan under the supervision of a registered nurse or registered physical therapist to include at a minimum continued treatment, monitoring and/or maintenance of a health condition; and
3. Review the plan of care for adequacy at least every ninety (90) days, by or under the supervision of a registered nurse or registered physical therapist.

24.3.2 Provide health maintenance and continued treatment or monitoring of a health condition under the supervision of a registered nurse or registered physical therapist, including but not limited to:

1. Monitor vital signs and report variations to the registered/licensed practical nurse;
2. Provide care for the prevention of bedsores;
3. Assist with catheter (not to include catheter insertion) and meatus hygiene;
4. Assist with bowel, bladder and/or ostomy program;
5. Reinforce the nurse's or registered physical therapist's instructions;
6. Provide toe and fingernail care;
7. Provide skin care;
8. Provide bathing, shampooing, shaving and toileting;
9. Assist with eating where assistance is required by including: reminding or encouraging the individual to maintain intake; serving or bringing food to the individual; preparing food for consumption through cutting meats or other set-up activities; and feeding the individual including those who frequently gag or choke due to difficulty in swallowing or routine nasogastric tube feeding;
10. Assist with routine ambulation and ambulation activities for severely impaired individuals;
11. Assist with range of motion activities;
12. Assist with simple exercise program;
13. Assist the individual with special appliances and/or prosthetic devices;
14. Provide transfers to and from wheelchair and bed or other seating; and
15. Assist the individual physically to perform Activities of Daily Living in order to increase physical mobility.

24.4 Optional Service Requirements: The Contractor may:

24.4.1 Provide information, education and/or referrals in support of health maintenance, by or under the supervision of a registered nurse or registered physical therapist:

1. Teach and encourage the individuals, family members and/or friends in how to perform home health tasks when such persons are available and can provide appropriate care;

2. Provide information about nutrition to individuals receiving home health service; and
3. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

24.5 Licensure/Certification Requirements – The Contractor shall provide services in accordance with:

- 24.5.1 DHS A.A.C. R9-10-1200 et. seq. regarding home health services, as may be amended;
- 24.5.2 DHS A.A.C. R9 10-1206 for home health aides, as may be amended;
- 24.5.3 A.R.S. Title 32, Chapter 15 for a Registered Nurse (RN) or Licensed Practical Nurse (LPN), as may be amended;
- 24.5.4 A.R.S. Title 32, Chapter 20, for a Registered Physical Therapist, as may be amended;
- 24.5.5 DHS A.A.C. R9-10-1210 regarding supervisory visits, as may be amended.
- 24.5.6 Professional Standards:
 1. Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid;
 2. Home Health Aides shall have a current certification as Certified Nursing Assistants (CNA);
 3. Home Health Aides shall have advance training when providing services delegated by an RN or LPN and typically provided by a nurse, for example, assistance with routine naso-gastric feeding;
 4. Home Health Aides shall work under the supervision of a RN, LPN or registered or physical therapist;
 5. Licensed Practical Nurses shall work under the supervision of a registered nurse; and
 6. Any subcontracted provider agency must be monitored at least annually for compliance with all service standards and requirements.

24.6 Reporting Unit

- 24.6.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

25.0 HOME REPAIR AND RENOVATION

25.1 Purpose Statement

The service assists older adults by providing safety and/or structural repairs to the home, including residential repair and renovation projects designed to enable older adults to maintain their homes in conformity with minimal housing standards.

25.2 Service Description

25.2.1 Taxonomy Definition - A service that provides for safety and/or structural repairs to the home.

25.2.2 Home Repair and Renovations is a case-managed service.

25.2.3 Home repair increases or maintains independence of eligible individuals.

25.2.4 Home repair increases the individual's mobility, safety, and access to and around the home.

25.2.5 For purposes of the Family Caregiver Support Program, this service is provided as a limited supplemental service to complement the care provided by the caregiver.

25.2.6 Eligibility Requirements - The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements as described in Chapter 3000 of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

25.3 Service Requirements – The Contractor shall:

25.3.1 Require and document that all subcontractors receive an orientation to the Contractor's agency and to the target group being served.

25.3.2 For purposes of the Family Caregiver Support Program, require that services are provided on a temporary and limited basis as defined in the DAAS Policy and Procedures Manual, Chapter 3000, as may be amended.

25.3.3 Examine and utilize all other available resources (e.g., funding from Community Action Agencies for weatherization) prior to providing the service.

25.3.4 Assess the adequacy of the individual or caregiver's residences in relation to his/her needs, desires and preferences, and specify/document the needed structural repairs or adaptations.

25.3.5 Adapt, repair or build structural items which increase the person's ability to perform activities of daily living independently or which eliminate unsafe conditions, such as, but not limited to:

1. Building of ramps;
2. Cooling and heating repair/maintenance;
3. Widening of doorways and/or hallways;
4. Installation of grab bars;
5. Screen and window repair;
6. Installation of safety mats;
7. Minor roof repair;
8. Door repair; and
9. Floor repair.

25.3.6 Any adaptations to be completed to rental property shall have prior signed consent of the owner/landlord.

25.4 Licensure/Certification Requirements

25.4.1 Comply with all federal, state and local licensure/certification requirements.

25.4.2 Materials and work meet industry standards.

25.4.3 All repairs and adaptations must conform to state and local building codes.

25.5 Reporting Unit

25.5.1 One unit of service equals one repair or adaptation.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

26.0 HOUSEKEEPING/HOMEMAKER

26.1 Purpose Statement

26.1.1 The service provides assistance with routine housekeeping tasks at an individual's place of residence in order to maintain and improve safe and sanitary living conditions and the nutritional value of foods/meals for eligible individuals.

26.2 Service Description

26.2.1 Taxonomy Definition – A service that provides assistance in the performance of routine household activities at an individual's place of residence.

26.2.2 Housekeeping/Homemaker is a case managed service within the NMHCBS System.

26.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, as may be amended.

26.3 Service Requirements – The Contractor shall:

26.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the housekeeper service agency to determine specific tasks to be performed is conducted. During this visit, a care plan is developed, and specific housekeeping tasks are assigned to the housekeeper for completion at each visit in the time allotted; and
2. The Supervisor shall conduct home visits for each individual at least every 180 days or more frequently if required, to determine if the Housekeeper is performing tasks according to the care plan and to remedy areas of deficiency.

26.3.2 Maintain safe and sanitary living conditions for individuals.

1. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances; and
2. Wash, dry and fold laundry. Ironing is to be conducted if clothes cannot be worn otherwise.

26.4 Optional Service Requirements – The Contractor may:

26.4.1 Plan and cook meals to promote nutritional maintenance for eligible individuals.

26.4.2 Shop for and store food, household supplies and medicines.

26.4.3 Promote safe living conditions for individuals:

1. Provide heavy cleaning such as ceiling, walls or floors;
2. Provide yard work such as cleaning yard and hauling away debris;
3. Provide pest control services, when insect infestation presents a health concern for the individual; and
4. Pest control services will be purchased from licensed agencies, if no other funding for this service is available.

26.4.4 Assist individuals in obtaining and/or caring for basic material needs for water, heating and food:

1. Haul water for household use;
2. Gather and haul firewood for household heating or cooking. This includes sawing logs and chopping wood into usable sizes;
3. Care for livestock used for consumption. This includes feeding, watering and milking;
4. Care for the garden used for food consumption;
5. Dig out dirt floors and replacing with fresh dirt; and
6. Turn heating and/or cooling systems on or off. The person who turns on/off utilities must have instruction about heating and cooling systems from the local utility company or weatherization project.

- 26.5 Licensure/Certification Requirements**
- 26.5.1 Direct service staff must hold current certification in CPR.
- 26.5.2 Staffing Standards:
1. Newly hired employees providing services shall submit three (3) references from persons other than family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record;
 2. Direct service staff shall have documented training in home accident prevention and first aid;
 3. Direct service staff shall not provide services until certified competent by the provider;
 4. As described in the DAAS Policy and Procedure Manual, as may be amended, documentation of verification of certified competencies shall be included in employee personnel file;
 5. Supervisors shall have at least one (1) year of full-time employment experience in a supervisory capacity and have completed an orientation to the target population, unless it is evident in the supervisor's background that s/he has previous experience serving the target population; and
 6. Supervisors shall demonstrate knowledge and skills consistent with the Arizona Direct Care standards at least at the same level as the employees being supervised.

- 26.6 Reporting Unit**
- 26.6.1 One unit of service is equal to sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

27.0 INFORMATION AND REFERRAL

27.1 Purpose Statement

27.1.1 The service provides information to the community related to, and assistance in accessing, various services available to assist individuals in maintaining their independence and to enhance their ability to remain in their home and community.

27.1.2

27.2 Service Description

27.2.1 Taxonomy Definition – A service that provides or arranges for assistance to individuals to enable them to gain access to services through the provision of accurate and current information and referral to appropriate resources. Referral may involve short-term supportive assistance and follow-up.

27.2.2 The terms “information and referral” and “information and assistance” are used synonymously for this service.

27.2.3 AAA include information and referral services in their area plans related to long-term care resources in their Planning and Service Area.

27.2.4 Related to home and community-based services, the service:

1. Provides the individuals with current information on opportunities and services available within their communities, including information relating to assistive technology;
2. Assesses the problems and capacities of the individual;
3. Links the individuals to the opportunities and services that are available; and
4. To the maximum extent practicable, verifies that the individuals receive the services needed and are aware of the opportunities available by establishing adequate follow-up procedures.

27.2.5 Related to the Family Caregiver Support Program:

1. Community education consists of the presentation of a spectrum of information activities designed to promote awareness of the availability and accessibility to human services and community resources related to informal caregiving; and
2. The service provides awareness of caregiver training, support groups and resources available for family members and other home-based caregivers which focuses on caregiver related topics.

27.2.6 Agencies designated as an Aging and Disability Resource Connection Partner (ADRC) shall:

1. Serve as a single, coordinated system of information, assistance, and access for all persons seeking long-term care services;
2. Staff an Options Counselor/Care Transitions Coach when applicable; and
3. Care Transitions is intended to serve individuals with chronic illnesses that are being discharged from the hospital and remaining at home. It establishes a relationship through a strength-based collaboration with the hospital discharge planner, an individual, family and/or caregiver in order to assist individuals in organizing and managing their care by coordinating and facilitating access to a variety of services in a timely manner to avoid hospital readmission within the first thirty days of discharge.

27.3 Service Requirements – The Contractor shall:

27.3.1 Provide information to individuals.

1. Identify needs and provide simple and/or complex information in response to written, telephone, walk-in or electronic requests from individuals or community agencies;
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual;
3. Disseminate information to the public about Information and Referral Services;
4. Maintain a 24-hour phone number for the designated geographic area.

27.3.2 Refer individuals to human services and community resources, as appropriate.

1. Identify needs and provide referral information in response to written, telephone, electronic or walk-in requests from individuals or community agencies;
2. Identify problems and/or barriers which prevent the receipt of needed services and to intercede on behalf of the individual;
3. Follow-up with individuals, as appropriate, to determine if services from other referred service providers have been received;
4. Document every referral provided to each individual for each identified need; and

5. Address the different needs of individuals and caregivers and link them with the opportunities and services to meet their unique circumstances.

27.3.3 Determine and document if the service met the individual's need.

- 27.3.4 Provide the following Options Counselor/Transition Coach services if Contractor is a designated ADRC:
1. Collaborate with at least one hospital and their respective discharge planners within the planning and service area;
 2. Collaborate with the Center for Independent Living within the planning and service area;
 3. Implement the Coleman's Care Transition Model (CCTP), utilizing the Four Pillars approach;
 4. Serve as a part of the interdisciplinary team, providing appropriate services and resources, including home and community-based services (HCBS), that are identified, planned, obtained, provided, recorded, monitored, modified when necessary and/or terminated; and
 5. Follow-up with individuals to determine if services have been received.

27.4 Licensure/Certification Requirements

27.4.1 Service providers must be Alliance of Information and Referral Systems (AIRS) Certified.

27.4.2 Compliance with the following staffing standards:

1. Information and referral staff must have the knowledge, skills, and experience necessary to screen potential clients for wants, problems, strengths and needs;
2. Have good communication and basic interviewing skills;
3. Are familiar with available home and community-based resources in the community; and
4. For the purposes of the Family Caregiver Support Program, staff are trained relative to the specific issues of caregiving and have knowledge of supportive resources for caregivers.

27.5 Reporting Unit

27.5.1 One unit of service equals one initial service contact. (Subsequent communications pertaining to the initial request are not separate units of service.)

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

29.0 LEGAL ASSISTANCE

29.1 Purpose Statement

29.1.1 The service provides legal assistance, legal advice, advocacy and representation to individuals that are 60 years of age or older and/or individuals with a disability with emphasis on:

1. Vulnerable persons who have limited access to legal services and the justice system; and
2. Individuals with few financial resources, physical or mental disabilities and are reliant on public resources who are most at risk of being unable to secure needed legal services and legal interventions as necessary to ensure their rights are protected.

29.2 Service Description

29.2.1 Taxonomy Definition- A service that provides consultation and representation of civil and legal matters.

29.2.2 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual Chapter 3000, as may be amended.

29.3 Service Requirements – The Contractor shall:

29.3.1 Provide legal services.

1. Identify the individual's legal needs by means of a personal interview.
2. Research the law pertaining to the identified legal issues.
3. Conduct issue research and investigation.
4. Provide legal advice to the individual regarding the identified issue.
5. Draft legal documentation pertaining to the identified issue.
6. Provide legal advice, advocacy or representation.
7. Schedule service hours to be flexible to the locally defined needs.
8. Utilize only licensed attorneys to provide legal advice and representation.
9. Utilize paralegals or law students who provide legal counseling or assistance only under the direct supervision of an attorney licensed to practice in Arizona.

29.3.2 Provide education and outreach activities.

1. Disseminate information and provide education to individuals and community groups regarding legal issues affecting the eligible population specified in 29.2.2
2. Provide technical assistance to individuals and groups involved in advocacy on behalf of the eligible population specified in 29.2.2
3. Identify changes to policies, regulations and laws which would increase access to necessary services or clarify available legal remedies.
4. Participate in outreach activities that inform eligible individuals and the community of the legal services available under the Older Americans Act. Participate in community coalitions and network activities.

29.3.3 Collect accurate data for needs assessment, program evaluation, and reporting in compliance with current ACL guidelines.

1. Collect at a minimum the following data on each individual who requests assistance: individual's name, age and ethnicity, as well as a detailed description of the presenting issue and resolution.
2. Collect at a minimum the number of participants and type of activity on each public outreach and educational activity where the program participated.
3. Collect participant evaluations of training and educational presentations.
4. Evaluate collected data to determine current legal needs and identify systemic trends.
5. Compile the evaluations for program improvement.

29.3.4 Attend and participate in meetings with the DAAS and other legal services contractors and sub-contractors as needed.

29.4 Licensure/Certification Requirements

29.4.1 Attorneys must hold a current license to practice in the State of Arizona. Paralegals may perform work listed in this Scope as long as it is overseen and signed off on by a licensed attorney.

29.5 Reporting Unit

29.5.1 One unit of service equals 60 minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

30.0 LONG-TERM CARE ADVOCACY - OMBUDSMAN

30.1 Purpose Statement

30.1.1 The service helps to ensure that residents of long-term care facilities receive quality care and have the best possible quality of life.

30.2 Service Description

30.2.1 Taxonomy Definition - A service that is to investigate and resolve complaints relating to administrative action that may adversely affect the health, safety, welfare and rights of individuals who are residents of long-term care facilities.

30.2.2 The service provides assistance to and advocacy for residents of long-term care facilities to assist them in understanding and maintaining their human, civil, and resident rights.

30.2.3 Long-Term Care Ombudsmen visit long term care facilities, investigate complaints, and assist in ensuring quality of life and quality of care for the residents of long-term care facilities.

30.2.4 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements as described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

30.3 Service Requirements – The Contractor shall:

30.3.1 Provide personnel and an administrative structure for the Long-Term Care Ombudsman Program which includes the supervision and coordination of ongoing ombudsman activities.

30.3.2 Comply with state and federal law, as well as the DAAS Policy and Procedure Manual, as may be amended, related to the protection of confidential information and the appropriate release of files/records the program maintains;

30.3.3 Provide a complaint resolution process in which the date of initial contact with a resident, their legal representative, and/or the complainant is made within two (2) business days of the receipt of the complaint. Follow up with documentation, investigation and resolution of complaints made by, or on behalf of, residents of long-term care facilities. These processes shall be in accordance with Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

30.3.4 Follow an established quarterly visitation schedule to include all long-term care facilities within the Area Agency on Aging region.

30.3.5 Provide technical support for the development of resident and family councils within long term care facilities.

30.3.6 Make referrals to other governmental or community agencies and/or the Office of the State Long-Term Care Ombudsman (OSLTCO), as appropriate.

30.3.7 Utilize and enter data into the ADES Long-Term Care Ombudsman Module as required in Chapter 3000 of the DAAS Policies and Procedures Manual, as may be amended.

30.3.8 Assist residents/individuals in identifying the resident's rights and interests under state and federal law and obtaining the rights and services to which they are entitled:

1. Provide verbal or written specific information to residents/individuals on their rights and available services;
2. Respond to the need for services identified by the resident/individual;
3. Identify services and existing resources;
4. Refer residents/individuals to appropriate resources;
5. Monitor referrals to ensure service delivery; and
6. Assist residents/individuals in removing barriers, including language and cultural barriers, which prevent them from meeting identified needs.

30.3.9 Identify, investigate and resolve complaints, which include but are not limited to, those made by or on behalf of residents that are related to action, inaction, or decisions of individuals or organizations that may

adversely affect the health, safety, welfare, or rights of residents. Those individuals or organizations include, but are not limited to the following:

1. Providers of long-term care services and staff of their facilities;
2. Representatives of the above providers;
3. Public agencies;
4. Health and social service agencies; and
5. Government agencies.

30.3.10 Provide follow-up and coordination procedures that require timely and quality service delivery and resolution of issues as defined in Chapter 3000 of the DAAS Policies and Procedures Manual, as may be amended, that include at a minimum the following:

1. Initiate and utilize standardized follow-up procedures;
2. Follow established procedures for recording client contacts, accepting individual complaints and concerns and addressing these problems;
3. Maintain and advertise a phone number for use by complainants;
4. Maintain procedures for handling urgent requests from the complainants and the OSLTCO;
5. Comply with procedures that address the protection of client confidentiality as well as access to the records by the OSLTCO and ADES monitoring;
6. Uphold privacy and confidentiality for the purpose of hearing, investigating and resolving complaints and rendering advice to residents of the long-term care facilities;
7. Inform residents and/or the Resident Representative of resolution procedures;
8. Provide and document follow-up and ongoing monitoring during the complaint resolution process with complainant or resident;
9. Provide education, training, and technical assistance to citizen's groups, the general public, local volunteer groups, human services workers, long term care facility staff, and others involved in the long-term care industry, concerning residents' rights and related issues; and
10. Promote the local Long-Term Care Ombudsman Program by providing information, technical assistance, and education in all long-term care facilities and communities throughout the region to increase visibility of the program.

30.3.11 Develop partnerships and network with related programs to facilitate more immediate resolution to issues and to expand resources:

1. Including but not limited to the Social Security Administration, Arizona Health Care Cost Containment System (AHCCCS), ADES Adult Protective Services (APS), law enforcement agencies and other agencies and services;
2. Participate in licensing surveys conducted by the Arizona Department of Health Services, Division of Licensing Services, or the Centers for Medicare and Medicaid Services;
3. Network with social service professionals within the community; and
4. Increase coordination between non-tribal and tribal regional Ombudsman coordinators.

30.3.12 Expand and recruit for the volunteer base:

1. Provide continuous outreach and recruitment of volunteers; and
2. Provide an annual event dedicated for recognition of volunteers.

30.3.13 Require Regional Ombudsman Program Coordinators to attend and participate in scheduled tri-annual meetings, monthly conference calls, and other trainings as required by the OSLTCO, or appoint a designee to attend and participate.

30.4 Certification Requirements – The Contractor shall:

30.4.1 Recruit, hire, train and supervise local Long-Term Care Ombudsman Program staff and volunteers in accordance with Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

30.4.2 Comply with program policies and procedures, reporting requirements, training modules and designation requirements provided by the OSLTCO.

30.4.3 Require that ombudsman staff and volunteers receive training in accordance with Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

30.4.4 Require that the Regional Ombudsman Program Coordinator will report in writing any identified conflict of interest of any Ombudsman staff and volunteers within the region to the OSLTCO immediately after identification of the conflict.

- 30.4.5 Require all Ombudsman staff and volunteers to be designated by the OSLTCO prior to their beginning to provide services.
- 30.4.6 Provide for uniformity of training and provision of training materials by following the OSLTCO requirements for designation of ombudsmen, including the completion of the 16-hour core curriculum and four (4) additional hours of field training for initial designation.
- 30.4.7 Require that Regional Ombudsman Program Coordinators are trained, designated, and re-designated by the OSLTCO:
1. Regional ombudsmen and volunteers will be trained by Regional Ombudsman Program Coordinators, or their designee, with the OSLTCO providing designation;
 2. Training for re-designation of regional ombudsmen and volunteers will be provided by Regional Ombudsman Program Coordinators with the OSLTCO providing designation; and
 3. Designation and re-designation are valid for one year.
- 30.4.8 Require that all staff Ombudsman staff and volunteers attend at least one outside training each year to increase program knowledge and networking capabilities.
- 30.4.9 Require that for re-designation, all Ombudsman staff and volunteers complete eight (8) hours of continuing education training provided by the Regional Ombudsman Program Coordinator
- 30.4.10 Require that for re-designation Regional Ombudsman Program Coordinators complete an additional four (4) hours of continuing education. Coordinated and/or approved by the OSLTCO.
- 30.4.11 Follow the State Long Term Care Ombudsman criteria and written procedures for designation, re-designation and de-designation as required by Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.
- 30.4.12 Utilize all program forms appropriately and as specified within the DAAS Policy and Procedure Manual, as may be amended.
- 30.4.13 Maintain records for each ombudsman of all training participated in, including training related to initial designation and re-designation.
- 30.4.14 Require that all ombudsmen carry identification badges, which provides proof of designation by the OSLTCO.
- 30.4.15 Provide the OSLTCO verification of completion of initial designation and re-designations for all ombudsmen within thirty (30) days of training completion.
- 30.5 Performance Measures**
- 30.5.1 Each long-term care facility is visited at least annually and is documented in the ADES Long-Term Care Ombudsman Database.
- 30.6 Reporting Unit**
- 30.6.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

31.0 MULTIPURPOSE CENTER OPERATIONS

31.1 Purpose Statement

31.1.1 The service is to help foster social, emotional, mental and physical well-being and reduce the social isolation of eligible individuals as well as providing beneficial intergenerational opportunities.

31.2 Service Description

31.2.1 Taxonomy Definition - A service that operates facilities and maintains activities necessary for the delivery of services.

31.2.2 Multipurpose centers are community facilities utilized for the organization and provision of a broad spectrum of services for older adults.

31.2.3 Activities and services are planned based on the participant's needs and preferences.

31.2.4 Centers provide:

1. An array of physical activities on a daily or weekly basis which may include but not limited to: chair exercises, aerobics, balance exercises, yoga, and Tai Chi;
2. Opportunities for socialization through group activities such as games, discussions, special events, crafts, and lectures;
3. Required nutrition education activities such as food demonstrations, guest speakers, discussions, and videos;
4. Other educational and recreational activities such as gardening, computer training, dancing;
5. Outreach to the community on the available programs and services; and
6. Assistance and information for available services such as housing, transportation, and legal services.

31.2.5 Centers that serve as nutrition sites provide meals that meet 1/3 of the Dietary Reference Intakes.

31.2.6 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described Chapter 3100 of the DAAS Policy and Procedure Manual, as may be amended.

31.3 Service Requirements – The Contractor shall provide:

31.3.1 Operations:

1. Provide services to meet the cultural and language needs of those being served;
2. Employ bilingual staff in centers whose participants have limited English proficiency;
3. Maintain records (e.g., client participation, financial, staffing, activities);
4. Establish and post a donation/contribution policy for services;
5. Train staff on services related to older adults and those with disabilities including but not limited to cultural sensitivity, bullying, and discrimination;
6. Establish and maintain project/site councils;
7. Involve participants in program planning and implementation; and
8. Develop and distribute a monthly calendar of activities.

31.3.2 Information on available services:

1. Maintain and update a resource file of currently available services and resource referrals; and
2. Provide written and verbal information on the following as available: housing, transportation, legal services, governmental programs, physical and mental health related services, food assistance, financial assistance, support groups, residential repair, energy assistance, and other relevant information.

31.3.3 Referral and assistance in accessing the services:

1. Assess/determine the services needed by individuals and groups;
2. Contact agencies providing the identified services;
3. Provide/arrange for transportation of individuals and groups to services when necessary;
4. Provide or arrange for assistance when the individual is handicapped or has limited English abilities; and
5. Provide follow-up with individual and with agency providing service to ensure contact was made.

31.3.4 Outreach:

1. Conduct outreach to ensure the participation of economically and socially needy individuals and of minorities;

2. Provide written and verbal information to community groups on services available at the center and offered by other agencies; and
3. Conduct home visits to home-bound older adults and those with disabilities in the community to conduct wellness checks.

31.3.5

Education:

1. Provide educational opportunities that assist older individuals with their economic and personal needs including the following topics but not limited to consumer fraud and scams and continuing education, retirement and financial planning;
2. Provide or arrange a variety of health promotion and disease prevention sessions designed to maintain and/or improve the physical and mental health status of older individuals;
3. Provide written information on health promotion, disease prevention, mental and physical health to include home bound individuals;
4. Develop and maintain on-going physical activity programs;
5. Coordinate with local community resources to provide health screening and health risk assessments; and
6. Provide training on the self-management of chronic conditions; and

31.3.6

Volunteer Opportunities:

1. Designate a volunteer coordinator to provide relevant volunteer opportunities for older individuals;
2. Implement a volunteer recruitment system;
3. Provide job descriptions for volunteers; and
4. Provide and document training for volunteers.

31.3.7

Recreational Activities:

1. Provide recreational activities appropriate to the physical and emotional needs of older individuals;

31.3.8

Intergenerational Programs:

1. Provide intergenerational programs of mutual benefit that includes input from all age groups involved.

31.4

Licensure/Certification Requirements

31.4.1

All facilities used for Multipurpose Center Operations shall comply with Federal, State and local laws regarding public facilities, fire and sanitary codes and licensures, as may be amended.

31.5

Reporting Unit

31.5.1

One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

32.0 NURSING – COMMUNITY NURSING

32.1 Purpose Statement

32.1.1 The service provides medical-related counseling and education to eligible individuals at their place of residence or in the community, helping clients to maintain their independence and avoid costly and unnecessary placement in a facility.

32.2 Service Description

32.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

32.2.2 The service includes the coordination of health-related services such as counseling and disease treatment education.

32.2.3 Eligibility Requirements – The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3200, DAAS Policy and Procedure Manual, as may be amended.

32.3 Service Requirements – The Contractor shall:

32.3.1 Provide a nursing assessment of the individual, family, and/or community as related to health:

1. Identify individuals, families and/or groups in need of health services;
2. Conduct a health status of an individual and/or family including the following dimensions: physical/developmental/behavioral, environmental/cultural/spiritual, and socio-economic; and
3. Identify health status, resources, and action potential of the individuals, families and/or group.

32.3.2 Develop a plan of nursing intervention based on the nursing assessment:

1. Establish a plan of care to meet individual, family and/or group identified health needs;
2. Collaborate with other professionals and agencies in developing plan of care; and
3. Identify barriers and limitations that relate to the level of function, priorities and accessibility to services for individuals, families and groups.

32.3.3 Implement a plan of nursing intervention for the individual, family and/or group:

1. Instruct individuals, families and/or groups regarding disease prevention, health promotion, maintenance and/or restoration based on needs assessment and learner readiness;
2. Provide information needed to seek and utilize appropriate health care resources;
3. Perform nursing techniques in personal, preventive, therapeutic and rehabilitative care;
4. Support individuals, families and/or groups making independent decisions unless the action is detrimental to their health or the health status of others; and
5. Utilize epidemiological methods in disease prevention and control.

32.3.4 Evaluate responses of the individuals, families and/or groups to the nursing intervention, then modify the plan of nursing intervention as necessary.

32.4 Licensure/Certification Requirements – The Contractor shall provide services in accordance with:

32.4.1 DHS A.A.C. R9-10-1200 et. seq. regarding home health services, as may be amended;

32.4.2 A.R.S. Title 32, Chapter 15 for a Registered Nurse (RN) or Licensed Practical Nurse (LPN), as may be amended;

32.4.3 DHS A.A.C. R9-10-1210 regarding supervisory visits, as may be amended.

32.4.4 Professional Standards:

1. Employees providing services shall have a current certification in CPR and training in home accident prevention and first aid;
2. Licensed Practical Nurses shall work under the supervision of a registered nurse; and
3. Any subcontracted provider agency must be monitored at least annually for compliance with all service standards and requirements.

32.5 Reporting Unit

32.5.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

33.0 NURSING – HOME NURSING

33.1 Purpose Statement

33.1.1 The service provides intermittent health maintenance based on medical needs to improve the physical and mental health of eligible individuals at their place of residence, helping clients to maintain their independence and avoid costly and unnecessary placement in a facility.

33.2 Service Description

33.2.1 Taxonomy Definition - A service that provides nursing intervention that may include patient care, coordination, facilitation and education.

33.2.2 Home Nursing is a case managed service,

33.2.3 Home Nursing is a medically related service within the NMHCBS system.

33.2.4 The service may be used as part of the Home Care cluster.

33.2.5 Eligibility Requirements - The Contractor shall provide services to individuals and caregivers that meet the eligibility requirements described in Chapter 3300, DAAS Policy and Procedure Manual as may be amended.

33.3 Service Requirements – The Contractor shall:

33.3.1 Obtain a written statement from the primary health care provider that contains the diagnosis of a disabling condition or illness, and medical orders if needed for the individual prior to the person receiving skilled nurse services, as specified in the Nurse Practice Act;

33.3.2 Provide Assessment, Supervision and Monitoring:

1. A Registered Nurse (RN) shall develop a written individual nursing care plan for each individual within seven (7) working days of individual's initiation to service. The plan shall be written in measurable objectives and shall include, at a minimum, the following:
 1. Specific services to be provided;
 2. Who will provide specific services;
 3. Anticipated frequency and duration of each specific service;
 4. Expected outcome of service;
 5. Coordination of these services with other services being received by or needed by the individual; and
 6. Input of the-individual and/or legally responsible party.
2. A RN shall review and revise the nursing care plan for specific treatment at least every ninety (90) days, or when changes in an individual's status occur.

33.3.3 Provide skilled nursing services by a Licensed Practical Nurse (LPN):

1. Licensed Practical Nurses (LPN) shall work under the supervision of a Registered Nurse (RN); .
2. Observe, evaluate, and document the individual's response to treatment;
3. Provide training activities aimed at instructing the individual, family and/or other caregivers in providing care for the-individual;
4. Provide direct services such as medication management, injections or insertions of catheters;
5. Coordinate health-related services:
 1. Provide education/counseling to help the individual manage illness or disability; and
 2. Collaborate with other health professionals and Health Care Team members to meet identified individual/family needs;

33.4 Licensure /Certification Requirements – The Contractor shall provide services in accordance with:

33.4.1 DHS A.A.C. R9-10-1200 et. seq. regarding home health services, as may be amended;

32.4.2 A.R.S. Title 32, Chapter 15 for a Registered Nurse (RN) or Licensed Practical Nurse (LPN), as may be amended; and

32.4.3 DHS A.A.C. R9-10-1210 regarding supervisory visits, as may be amended.

33.5 Reporting Unit

33.5.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

34.0 OUTREACH

34.1 Purpose Statement

34.1.1 The service identifies/targets individuals for focused efforts to provide information about specific programs and resources available to assist those individuals in maintaining their independence and ability to remain in their home and community.

34.2 Service Description

34.2.1 Taxonomy Definition – A service that provides a systematic method to identify and directly contact persons in need of services.

34.2.2 Outreach is a home and community-based and Family Caregiver Support Program service, that:

1. Provides information and education about assistance, resources or other services for individuals and caregivers who would not otherwise have access;
2. Is initiated by an agency or organization to identify potential clients to inform them of existing services and benefits;
3. Tailors the outreach strategy to the intended audience's needs in relation to information and access to human services and community resources; and
4. Is communication, training, and service that engage agencies.

34.2.3 Specifically related to the Family Caregiver Support Program, the service identifies/targets eligible caregivers for focused efforts to provide information about specific programs and resources available to assist those caregivers in maintaining their role providing care to an individual and helping them to maintain their independence and ability to remain in their home and community.

34.3 Service Requirements – The Contractor shall:

34.3.1 Provide a systematic method to identify individuals in need of services.

1. Educate individuals and families on the need of available services through various forms of media; and
2. Provide access to information and referral.

34.3.2 Improve and network to develop and/or strengthen partnerships to create more outreach opportunities.

34.4 Reporting Unit

34.4.1 One unit of service equals one outreach activity.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

35.0 PEER COUNSELING

35.1 Purpose Statement

35.1.1 The purpose is to promote peer driven caregiver or kinship support groups by providing a safe space to share experiences to encourage self-help strategies in a non-judgmental environment. This service is proven to mitigate the effects of stress and caregiver burden.

35.2 Service Description

35.2.1 Taxonomy Definition - A service that provides self-help opportunities.

35.2.2 Peer counseling refers to a range of individual or group services that assist individuals and/or their caregivers in making informed decisions, solving problems, and gaining knowledge related to their caregiver role.

35.2.3 Peer Counseling is a primary component of this service, providing a forum in which caregivers can:

1. Come together and exchange ideas;
2. Learn to maintain a sense of self and establish reasonable/realistic boundaries;
3. Learn to enlist the help of other family members and friends;
4. Relieve stress and anxiety through sharing experiences with peer driven groups;
5. Experience a healthier attitude and approach to caregiving;
6. Validate the difficulty and complexity of the caregiving role; and
7. Learn coping and stress relieving skills which may include role playing and/or sharing experiences.

35.2.4 Peer Counseling includes Kinship Support groups for grandparents raising grandchildren which may include the following topics:

1. Childcare support services available
2. Legal information related to guardianship and/or custody
3. Educational assistance
4. Trauma-informed care

35.2.5 Eligibility Requirements – The Contractor shall provide services to caregivers that meet the eligibility requirements described in Chapter 3000, of the DAAS Policy and Procedure Manual, as may be amended.

35.3 Service Requirements – The Contractor shall:

35.3.1 Organize support groups for eligible caregivers by providing peer counseling and specific peer counseling for grandparents raising grandchildren by:

1. Assessing the community need for caregiver support groups in different geographic/service areas;
2. Determine appropriate location(s) and times where caregiver support groups or kinship support groups will be conducted, based upon the community assessment;
3. Establishing caregiver support group facilitator qualifications and local guidelines for group leadership, ensuring that at a minimum the facilitators/leaders have an understanding of caregiver risks, supportive services, and knowledge of community resources.
4. Publicizing the availability of the support group(s) through a multifaceted approach, such as flyers, Internet, and direct mailings, targeted to the general public and caregivers already receiving agency-funded services;
5. Tailoring to the needs of the specific caregiver groups, such as Alzheimer's Disease, dementia, raising grandchildren etc. when possible;
6. Convening an initial support group meetings; and
7. Providing regularly scheduled caregiver support group meetings.

35.3.2 Support groups shall be appropriate in design and implementation to account for different types of issues that participating caregivers may present.

35.3.3 Support groups shall be appropriate in design and implementation to account for the cultural diversity of the participating caregiver

35.3.4 Evaluate the performance of support group facilitators by participants every six months using the approved ADES evaluation form. Any issues or concerns must be resolved by the regional Family Caregiver Coordinator.

35.3.5 Support group facilitators shall have the educational qualifications and/or required related experience for the type of support group being facilitated. Support group leaders shall have a background of caregiving; must be able to perform the group leadership role; and demonstrate competency of requirements.

35.4 Reporting Requirement
Submit the Quarterly Family Caregiver Support Program Report form as found in the DAAS Policy and Procedure Manual

35.5 Reporting Unit
35.5.1 One unit of service equals one peer counseling session.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

36.0 PERSONAL CARE

36.1 Purpose Statement

The purpose is to provide assistance with personal physical needs at an individual's place of residence, helping clients to maintain their independence and avoid costly and unnecessary placement in a care facility.

36.2 Service Description

36.2.1 Taxonomy Definition - A service that provides assistance with personal physical needs.

36.2.2 Personal care is a case managed service.

36.2.3 Assistance with activities of daily living is provided at an individual's place of residence.

36.2.4 Personal care workers help individuals with tasks they are unable to complete independently due to illness, disability, or the natural progression of aging.

36.2.5 The service may be used as part of the Home Care cluster.

36.2.6 Licensed medical personnel are not required to provide this service.

36.2.7 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000, of the DAAS Policy and Procedure Manual, as may be amended.

36.3 Service Requirements – The Contractor shall:

36.3.1 Provide supervision and monitoring:

1. Upon authorization by a case manager, an initial supervisory visit by the service agency to determine specific tasks is to be performed. During this visit, a care plan is developed, and specific tasks may be assigned to the personal care worker for completion during each visit in the time allotted; and
2. The supervisor shall conduct home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

36.3.2 Provide personal care services:

1. Assist with showering, bathing, toileting, dressing, oral care and shampooing to maintain good personal hygiene;
2. Assist with transfer to and from wheelchair/other seating and/or bed;
3. Assist with eating, where the assistance required may include:
 - a. Reminding or encouraging the individual to maintain intake;
 - b. Serving or bringing food to the individual;
 - c. Preparing food for consumption through cutting meats, vegetables, fruit, opening of containers, etc., or other set-up activities;
 - d. Assist with menus/food selection; and
 - e. Feeding the individual.
4. Assist with routine ambulation activities;
5. Assist with routine nail and skin care;
6. Assist with tasks necessary for the comfort and safety of the movement-restricted (tasks that do not require medical or nursing supervision);
7. Assist with special appliances and/or prosthetic devices, if the procedure is routine and well established per the Care Plan;
8. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate;
9. Encourage the individual, family and caregiver to provide input into and support the individual's service plan; and
10. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.

36.4 Licensure/Certification Requirements

36.4.1 Direct service providers shall have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)

36.4.2 Require the following staffing standards:

1. Newly hired employees providing Personal Care shall submit three (3) references from persons other than family members. All references shall be contacted, and results documented in the personnel record;
2. Personal Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Personal Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that are interested in becoming an approved testing site are available on the ADES website, located at www.azdirectcare.org. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the employee personnel record;
3. Direct Service Staff Supervisor shall have at a minimum:
 - i. At least two (2) years full time employment experience in a supervisory capacity;
 - ii. One (1) year of studies at an accredited college in a related field can substitute for one (1) year's experience.
 - iii. Orientation to target population is also required, unless otherwise evident in background that s/he has previous experience serving the target population; and
 - iv. Demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

36.6

36.6.1

Reporting Unit

One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

37.0 PROGRAM DEVELOPMENT

37.1 Purpose Statement

37.1.1 For purposes of Older Americans Act programs, the service is provided to assist agencies in developing new programs or expanding existing programs. The service is not designed to be an on-going administrative expenditure.

37.2 Service Description

37.2.1 Taxonomy Definition - A service that researches and/or establishes a new service(s), improves, expands or integrates an existing service(s).

37.2.2 The service is designed to assist agencies in developing new programs or expanding existing programs that:

1. Achieve a specific service(s) goal and objective; and
2. Provide services that will have a direct and positive impact on the enhancement of services for older persons in the planning and service area.

37.2.3 Development of new programs or expanding existing programs should not cause a reduction in service levels from an existing program or service.

37.2.4 Program Development funds shall be expended within the State Fiscal Year.

37.2.5 Program Development is available to agencies that meet the requirements described in Chapter 2800 of the Division of Aging and Adult Services Policy and Procedure Manual, as may be amended.

37.2.6 Program proposal with established time frames must be sent to assigned DAAS Contracts Specialist for program approval before implementation.

37.3 Service Requirements – The Contractor shall:

37.3.1 Obtain approval from DAAS to expand, improve, or integrate existing services and/or programs which may include but not limited to:

1. Review existing data and literature related to the specified subject;
2. Obtain input from staff or other appropriate individuals;
3. Develop Assessment Instrument;
4. Develop research instrument(s);
5. Conduct Assessment;
6. Compile and analyze data;
7. Modify existing design and/or instruments, if necessary;
8. Prepare narrative, statistical and/or other appropriate report(s) making recommendations: participate in discussions of such reports for programmatic and fiscal planning;
9. Establish timeline for execution and completion of development of service(s) or program(s);
10. Implement the expansion, improvement, and/or integration of service(s) and/or program(s); and
11. Evaluate implementation of plan, expansion, improvement, and/or integration and make appropriate modifications.

37.3.2 Continue coordination efforts through involvement and support as an active community resource for specific functions to identify problems or needs:

1. Share information on mutually advantageous subjects such as client characteristics, community and agency need, and any other issues or subjects;
2. Establish a system or mechanism for continuous feedback and identification of new problems or needs;
3. Expand and maintain ongoing public relations and information exchanges with agencies, organizations, businesses, and/or individuals;
4. Recruit and coordinate individuals, agencies, and other entities to better serve the target population;
5. Develop and modify a community-resource directory as needed.; and
6. Develop impact or outcome measures of coordination efforts.

37.3.3 Develop a plan and obtain an approval from DAAS to establish new services and/or programs:

1. Review existing data and literature related to the specified subject;
2. Obtain input from staff, end users and other appropriate individuals;
3. Develop study design and methodology;
4. Develop research instrument;
5. Conduct specified research;
6. Collect, compile and analyze data;

7. Prepare narrative, statistical and/or other appropriate reports, make recommendations, and participate in discussions of such reports for programmatic and fiscal planning;
8. Establish timelines for execution and completion of development of service(s) or program(s);
9. Implement new service(s) or program(s); and
10. Evaluate implementation of plan and make appropriate modifications.

37.4 Reporting Requirement
37.4.1 Submit bi-annual program development activities and accomplishments to the assigned DAAS Contract Specialist.

37.5 Reporting Unit
37.5.1 One unit of service equals sixty (60) minutes of staff time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

38.0 PROTECTIVE SERVICES-TRIBAL ADULT PROTECTIVE SERVICES

38.1 Purpose Statement

38.1.1 The service helps to protect elders within the jurisdiction of the Navajo Nation from abuse, neglect, exploitation and maltreatment; and offers available and appropriate services to assist in accordance with individual needs and acceptance.

38.1.2 This service supports the provisions of the Dine' Elderly Protection Act of 1996.

38.2 Service Description

38.2.1 Taxonomy Definition – Services provide support to individuals who are in abusive, self-neglect or vulnerable situations. Services may include, but are not restricted to financial assistance, shelter, legal aid, counseling, information and referral, and follow-up.

38.2.2 Services includes assessing reported incidents of abuse, neglect, or exploitation of incapacitated or vulnerable adults; and it includes available and appropriate services to assist in accordance with individual needs and acceptance.

38.2.3 Services are provided to individuals who are experiencing physical/sexual abused, neglect, financial exploitation, maltreated and/or vulnerable situations. The services include:

1. Counseling on budgeting, financial assistance referral to Social Services;
2. Shelter placement, nursing or group home placement;
3. Lay-legal assistance related to:
 - a. Filing of Power of Attorney,
 - b. Guardianship,
 - c. Wills,
 - d. Involuntary Placement,
 - e. Temporary Protection Order;
4. Counseling on elder abuse, neglect, exploitation and maltreatment.

38.3 Service Requirements – The Contractor shall:

38.3.1 Receive reports of abused, exploited; neglected, incapacitated or vulnerable adults, and receive, from any source, information regarding an adult who may be in need of protective services.

38.3.2 Conduct an evaluation upon receipt of reports/information noted in 38.3.1 above, to determine if the adult is in need of protective services, and what services, if any, would properly address the need.

38.3.3 Offer adults who are in need of protective services, (or a guardian, if the situation dictates) appropriate services based on the evaluation.

38.3.4 File petitions, as necessary, for the appointment of guardian and/or conservator, or temporary guardian and/or temporary conservator.

38.3.5 Apply for special visitation warrants, when appropriate, within provisions of the law.

Direct service staff shall have a thorough knowledge of the services provided by their respective programs and an understanding of procedures for integrating services.

Provide the service in accordance with the Tribal Protective Services approved by the tribal government.

38.4 Licensure/Certification Requirements

38.4.1 Direct service providers shall hold at least a Bachelor's degree in social work, sociology, psychology, counseling, nursing, or other closely related fields, or have at least two years' direct service experience in social or health services.

38.5 Reporting Unit

38.5.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

39.0 REASSURANCE

39.1 Purpose Statement

39.1.1 The service helps to increase or maintain functional independence and promote the physical and emotional well-being of eligible individuals.

39.2 Service Description

39.2.1 Taxonomy Definition - A service that provides a regular contact system for individuals restricted to their place of residence.

39.2.2 The service utilizes volunteers to provide a regular wellness telephone contact to vulnerable older individuals with regular personal communication who are homebound, may live alone or be at risk of harm, with opportunities for social interaction, and provides an opportunity to evaluate an individual's emotional health through discussion.

39.2.3 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

39.3 Service Requirements – The Contractor shall:

39.3.1 Maintain regular personal communication with eligible individuals by:

1. Negotiate and develop a written emergency and back-up plan that is implemented for each individual if the individual cannot be contacted;
2. Communicate personally with the individual on a scheduled basis and determine if the individual's status is being maintained;
3. Arrange follow-up if an individual has had a change in status;
4. Notify the contact in the emergency plan if attempts to reach the individual are not successful; and
5. Implement the back-up plan in the event the emergency plan produces negative results.

39.3.2 Require that volunteers providing reassurance services have the training and skills to serve the needs of older adults.

39.4 Optional Service Requirements – The Contractor may:

39.4.1 Recruit volunteer and/or community groups to provide reassurance.

39.4.2 Train volunteers and/or community groups in how to provide reassurance.

39.4.3 Supervise and coordinate ongoing reassurance activities.

39.5 Reporting Unit

39.5.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

40.0 RESPITE CARE

40.1 Purpose Statement

The purpose is to provide temporary relief or rest to family caregivers, including kinship caregivers, from the demands and stressors of providing unpaid care in the home, helping to avoid costly placement of the care recipient in a care facility or placement into foster care. “Temporary” is defined by DAAS Policy and Procedure to mean not more than an average of 60 hours per month for adult day care or group respite and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than five consecutive days and nights at a time.

40.2 Service Description

- 40.2.1 Taxonomy Definition - A service that provides short-term care and supervision consistent with the health needs of the person, to supplement existing care, to provide a safe living environment, and to support or relieve the burden of caregivers.
- 40.2.2 Respite care is a family caregiver-focused service.
- 40.2.3 Respite care is a case-managed service, except when offered as a self-directed programs.
- 40.2.4 Respite care is a temporary supportive service to provide a brief period of relief or rest typically short-term in duration (four (4) - eight (8) hours at a time) but can vary in length based on the family caregiver's specific need.
- 40.2.5 Respite care is a temporary supportive service not to exceed an average of 40 hours per month for in-home respite.
- 40.2.6 Respite care is a temporary service not to exceed an average of 60 hours per month for group respite.
- 40.2.7 Respite care can take the form of in-home respite, including a friend or neighbor program; group respite, including Memory Café models; or institutional respite.
- 40.2.8 Respite care can also be provided on an emergency basis not to exceed five consecutive 24-hour periods (days and nights) at a time.
- 40.2.9 Respite care is assessed by completing the Caregiver Assessment Tool (CAT) for the family caregiver and the Arizona Standardized Client Assessment Plan (ASCAP) for the care recipient, and services are planned in advance as part of a care plan.
- 40.2.10 Services can diminish caregiver burden and stress and can prevent or delay more costly and unnecessary out-of-home placement for care recipients.
- 40.2.11 Eligibility Requirements - The Contractor shall:
1. Provide services to individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.
 2. For the Lifespan Respite Care Program, services are provided to any primary caregiver of an individual who does not currently receive for other publicly funded respite services, as stated in A.R.S. §46-172, as may be amended.
 3. For the purposes of the Adult Day Respite Program, refer to Adult Day Health Scope of Work and provide services to the individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

40.3 Service Requirements – The Contractor shall provide:

- 40.3.1 Supervision and monitoring:
For the purposes of in-home respite, including respite services provided by a friend or neighbor:
1. Require that the service agency Supervisor provide an initial visit to conduct an intake, assign direct care worker to initiate service provision, and develop a care plan.
 2. A family caregiver will be provided all self-directed respite program forms and requirements by the case manager;
 3. Require that the Supervisor conducts home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.
- 40.3.2 Services to the care recipient:
1. Provide short-term supervision either in or outside of the individual's home;
 2. Provide supervision of the individual to protect the individual's welfare and safety;
 3. Provide for the social, emotional, and physical needs of the individual. An initial supervisory visit may be conducted to set up a care plan that addresses the individual's interests;
 4. Supervision of self-administration of medication as prescribed;

5. Provide first aid and appropriate attention to injury and illness;
 6. Supervision of provision of food to meet daily dietary needs, including a therapeutic diet if prescribed; and
 7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.
 8. If authorized by the case manager, provide assistance with personal care and housekeeping
- 40.3.3 Services to the care recipient for group respite:
1. Provide appropriate group activities for the duration of the family caregiver program workshop or support group;
 2. Ensure the safety and well-being of the care recipient while attending; and
 3. Provide only companionship level care to the care recipient.
- 40.3.4 Emergency respite care provided within a facility outside the client's home, shall meet Arizona Department of Health Services license requirements appropriate to the facility.
1. Services provided must at appropriate level of care for the care recipient as determined on the Resident Care Plan and Residency Agreement; and
 2. May not exceed five days and nights.

40.4 Licensure/Certification Requirements

- 40.4.1 Require that direct service staff have current certification in CPR and training in home accident prevention and first aid.
- 40.4.2 Require that direct service staff do not provide services until they have been certified competent in this area by their agency.
1. As described in the DAAS Policy and Procedure Manual, as may be amended, direct service staff shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services.
 2. Direct Care workers providing respite services shall be certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing respite care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that are interested in becoming an approved testing site are available on the ADES website, located at www.azdirectcare.org. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the employee personnel record;
 3. Agency Service Supervisor shall have at a minimum:
 - i. At least two (2) years full time employment experience in a supervisory capacity;
 - ii. One (1) year of studies at an accredited college in a related field can substitute for one (1) years' experience.
 - iii. Orientation to target population is also required, unless otherwise evident in background that s/he has previous experience serving the target population; and
 - iv. Demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

- 40.4.3 Comply with the following:
1. Newly hired employees providing respite care shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record;

40.5 Performance Measures

- 40.5.1 The ability to care for the individual at home was enhanced as measured by a pre and post service delivery evaluation (Caregiver Assessment Tool).

40.6 Reporting Unit

- 40.6.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

41.0 SOCIALIZATION AND RECREATION

41.1 Purpose Statement

41.1.1 This service promotes the improvement in social, emotional, mental and physical well-being of older adults.

41.2 Service Description

- 41.2.1 Taxonomy Definition - A service that promotes mentally and emotionally healthy interaction between participants and that may be organized around leisure activities.
- 41.2.2 This service is to increase or maintain the functional independence of the eligible individuals by providing purposeful activities appropriate to the participants' preferences and needs.
- 41.2.3 Preferences and needs of the individuals, as well as the group, are evaluated and activities are planned accordingly.
- 41.2.4 Services include a variety of individual and group activities such as but not limited to:
1. Physical such as exercises, Tai Chi, yoga, dancing, and walking;
 2. Developmental such as writing, drawing, reading, crafting, and painting;
 3. Emotional such as support groups and discussions;
 4. Cognitive such as games, and puzzles that promote memory and thinking; and
 5. Social such as group events (e.g., singing, dancing, trips to museums, theater, and parks).

41.3 Service Requirements – The Contractor shall provide the following:

- 41.3.1 Assess the preferences and needs of the participants individually and/or as a group.
- 41.3.2 Develop and implement an activity plan in collaboration with the program participants.
- 41.3.3 Establish and maintain working relationships with community resources.
- 41.3.4 Utilize community resources for the provision of services.
- 41.3.5 Provide training and instructional techniques to encourage participation in program activities and to help individuals to independently choose and perform a variety of social and recreation activities.
- 41.3.6 Actively enlist participation in the service.
- 41.3.7 Provide a variety of recreational and social activities.
- 41.3.8 Document activities in which the individual participated.
- 41.3.9 Providing training to paid and volunteer staff.
- 41.3.10 Establish and maintain Project/Site Councils.

41.4 Reporting Unit

41.4.1 One unit of service equals sixty (60) minutes of staff time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

42.0 THE STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP)

42.1 Purpose Statement

42.1.1 The service is to empower, educate and assist Medicare eligible individuals, their families, and caregivers through objective outreach, counseling and training to make informed health insurance decisions that optimize access to care and benefits.

42.2 Service Description

42.2.1 Taxonomy Definition - Services provide health; long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to keep the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.

42.2.2 The service provides information regarding Medicare (Part A, Part B, and Prescription Drug Coverage), Medigap, Long Term Care Insurance, Medicare Advantage, Medicaid, other health benefit programs and health options to empower the individuals to: be informed of viable choices; exercise his/her individual rights and protections; and become a pro-active partner in his/her own health care decisions.

42.2.3 Target Populations – Provide services to Medicare beneficiaries, per the DAAS Policy and Procedure Manual, Chapter 3000, as may be amended.

42.3 Service Requirements – The Contractor shall:

42.3.1 Provide coordination and oversight of the SHIP including the recruiting and managing of volunteer counselors that provide the direct services.

42.3.2 Direct services to include but not limited to:

1. Provide regional outreach and enrollment events to diverse and hard to reach individuals that include activities that encompass cultural and intergenerational diversity in accordance with performance measures identified by the DAAS;
2. Hold educational presentations on Medicare, Medicaid, and other health insurances, and fraud, errors and abuses of the system;
3. Identify needs and provide information in response to written, telephone or walk-in requests;
4. Include information on SHIP on agency's website;
5. Include SHIP logo on all SHIP flyers, brochures, and factsheets;
6. Enroll and assist new beneficiaries statewide as identified by the Division of Aging and Adult Services;
7. Conduct beneficiary enrollment events as directed by the DAAS;
8. Submit all publications developed to DAAS for approval. Indicate on all new publications funded solely or in part by the SHIP grant the acknowledgement, "This project was supported, in part by grant number 1701AZM1AA, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking project under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy."

42.3.3 Enter accurate data utilizing the ACL data system in accordance with the DAAS Policy and Procedure Manual Chapter 3000, as may be amended. In addition, send information as requested by the State SHIP Coordinator.

42.3.4 Develop partnerships and network with related organizations to enhance services and expand resources including but not limited to:

1. The Social Security Administration, Centers for Medicare and Medicaid Services (CMS), Arizona Health Care Cost Containment System, ADES Adult Protective Services, Indian Health Services, Arizona Department of Insurance, U.S. Department of Veteran Affairs, multi-cultural organizations, and local libraries;
2. Collaborate with community partners to help beneficiaries understand and apply for Medicare benefits;
3. Participate in annual health fairs and other community events; and
4. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand and apply for Medicare benefits.

- 42.3.5 Recruit, screen, train, and retain volunteers by utilizing the Volunteer Risk and Program Management policies and procedures developed by Administration for Community Living (ACL) and DAAS.
- 42.3.6 Enhance the quality of the program and the information it provides by:
1. Developing educational materials specific to local area needs;
 2. Evaluating collected data to identify trends and target future program outreach;
 3. Conducting evaluations on each public and media activity;
 4. Compiling evaluations for program assessment and improvement; and
 5. Providing any materials, systems or other items developed, refined or enhanced under the grant awards to the ACL and CMS upon request.
- 42.3.7 Comply with the following staffing requirements:
1. Maintain and retain a SHIP Coordinator, to recruit and train other staff and volunteers, provide technical assistance, conduct education and outreach events, collect and report data, and create local and network partnerships;
 2. Verify that all SHIP counselors have no conflict of interest as identified in DAAS policy and procedures
 3. Require counselors to remain impartial in educating and assisting beneficiaries in making insurance or provider choices;
 4. Provide timely and accurate information and appropriate training to all staff members of the program, salaried and volunteer;
 5. Implement a security plan for maintaining the confidentiality of client information;
 6. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community;
 7. Provide counselors a minimum of 30 hours of initial training utilizing the SHIP National TA Center;
 8. Provide counselors a minimum of 10 hours of in-service training per year on related topics;
 9. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed;
 10. Verify that the SHIP Coordinator and counselors participate in CMS and ACL education and training opportunities.
 11. Participate in State SHIP monthly conference calls; and
 12. Require all counselors attend at least one outside service-related training annually.
- 42.4 Performance Measures**
- 42.4.1 Comply with performance measures established by the ACL and any identified in the DAAS Policy and Procedure Manual, as may be amended.
- 42.5 Reporting Units**
- 42.5.1 One unit of service equals one client contact.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

43.0 STATE HEALTH INSURANCE ASSISTANCE PROGRAM - SENIOR MEDICARE PATROL (SMP)

43.1 Purpose Statement

43.1.1 The service empowers and assists Medicare beneficiaries, their families, and caregivers, to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling and education.

43.2 Service Description

- 43.2.1 Taxonomy Definition - Services provide health, long-term care insurance information, education, counseling and assistance to Medicare beneficiaries, their families, caregivers and social service professionals to ensure the provision of accurate and current information and referral to appropriate resources and to reduce fraud in the systems.
- 43.2.2 SMP works to resolve beneficiary complaints of potential healthcare fraud, errors, and abuse in collaboration with state and federal partners, including the Department of Health & Human Services Office of the Inspector General, Centers for Medicare and Medicaid Services (CMS), Arizona Health Care Cost Containment System (AHCCCS) fraud control units, and the State Attorney General's Office. SMP recruits and trains retired professionals and other volunteers to recognize and report instances or patterns of healthcare fraud, errors, and abuse.
- 43.2.3 SMP activities serve to enhance the financial, emotional, physical, and mental well-being of older adults and individuals with disabilities, thereby increasing their capacity to maintain and make better financial and healthcare choices.
- 43.2.4 SMP promotes community awareness of healthcare fraud, errors, and abuse; disseminates consumer education materials about healthcare fraud through presentations, health fairs, and other community events; provides counseling, and when needed, serves as consumer advocates to resolve billing disputes/issues; and makes appropriate referrals to state and federal partners for suspected cases of healthcare fraud, errors, and abuse for further investigation.

43.3 Service Requirements – The Contractor shall:

- 43.3.1 Provide coordination and oversight of the SMP, including the recruiting and managing of volunteer counselors that provide the direct services.
- 43.3.2 Direct Services to include but not limited to
1. Provide regional outreach and enrollment events to diverse and hard to reach individuals to include activities that encompass cultural and intergenerational diversity in accordance with performance measures identified by ACL;
 2. Organize and conduct educational presentations on healthcare fraud, errors and abuse;
 3. Identify needs and provide information in response to written, telephone or walk-in requests;
 4. Receive complaints concerning fraud, errors, and abuse. If suspected, make referrals to appropriated state and federal agencies for further investigation;
 5. Include information about SMP on agency's website;
 6. Include SMP logo on all SMP flyers, brochures, and factsheets;
 7. Disseminate timely and accurate health care fraud, errors, and abuse information to SMP staff members, volunteers, the general public, and partner organizations;
 8. Conduct outreach events as directed by the DAAS; and
 9. Submit all publications developed to DAAS for approval. Indicate on all new publications funded solely or in part by the SMP grant the acknowledgement, "This project was supported in part by grant number 90MPPG from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy."
- 43.3.3 Provide group educational sessions and community events

- 43.3.4 Provide one-on-one counseling and other assistance to beneficiaries, their caregivers and family members about health care fraud, errors and abuse including regarding discrepancies in;
1. Insurance claims/billing including Durable Medical Equipment billing scams
 2. Long-term care insurance;
 3. Medicare prescription drug plans.
- 43.3.5 Organize or participate in any SMP Media Campaigns.
- 43.3.6 Utilize the web site, www.smpresource.org, for resources and tools.
- 43.3.7 Organize and conduct monthly outreach activities.
- 43.3.8 Enter accurate data utilizing the ACL data system in accordance with the DAAS Policy and Procedure Manual, Chapter 3000, as may be amended. In addition, send information as requested by the State SMP Coordinator.
- 43.3.9 Develop partnerships and collaborate with organizations that serve Medicare beneficiaries:
1. Including but not limited to the Social Security Administration, CMS, AHCCCS, ADES Adult Protective Services, Arizona Department of Insurance, Indian Health Services, U.S. Department of Veterans Affairs, multi-cultural organizations, and local libraries;
 2. Collaborate with community partners to expand SMP services to help beneficiaries understand, identify, protect and report healthcare fraud, errors, and abuse;
 3. Develop partnerships with multi-cultural groups or agencies serving beneficiaries with limited-English proficiency
 4. Participate in annual health fairs and other community events; and
 5. Expand the statewide and local coalitions focused on intensified outreach activities to help beneficiaries understand healthcare fraud, errors, and abuse.
- 43.3.10 Partner with other state and community agencies to train staff and volunteers in the most accurate and up to date healthcare fraud, errors, and abuse counseling and prevention information.
- 43.3.11 Provide targeted outreach and collaboration to share the SMP message throughout the assigned coverage area, including outreach to and collation with additional organizations working directly with beneficiaries and caregivers with limited-English proficiency and from other multi-cultural populations; “dual eligible” Medicare and Medicaid beneficiaries; homebound beneficiaries; homeless beneficiaries; Individuals with end-stage Renal Disease; and persons with a disability.
- 43.3.12 Comply with the Division of Aging and Adult Services (DAAS) Policy and Procedure Manual, Chapter 3410, as may be amended.
- 43.3.13 Record suspected Medicare fraud, errors, and abuse in the ACL database system to facilitate referrals to the appropriate entities such as referrals to the Office of the Inspector General Hot Line or the CMS Regional Office.
- 43.3.14 Recruit, screen, train, and retain volunteers by utilizing the Volunteer Risk and Program Management policies and procedures developed by ACL and DAAS.
- 43.3.15 Recruit a diverse population of SMP volunteers (including bilingual volunteers):
1. Ensure all Administration for Community Living (ACL) Volunteers and Program Management (VRPM) policies and procedures are followed, including but not limited to: completion of volunteer screening forms, reference and background checks according to volunteer role; appropriately train volunteers according to their SMP role; and manage senior volunteers to carry out activities that will achieve SMP program objectives;
 2. Maintain updated SMP volunteers contact information, training and work hours and report the information to the SMP Project Director; and
 3. Increase the number of senior volunteers to provide information and assistance to increased number of beneficiaries and their caregivers to “protect, detect and report” suspected healthcare errors, fraud, waste and abuse.
- 43.3.16 Enhance the quality of the program and the information it provides:
1. Develop educational materials specific to local area needs;

2. Evaluate collected data to identify trends and target future program outreach;
3. Conduct evaluations on each public and media activity;
4. Compile evaluations for program assessment and improvement; and
5. Utilize materials produced by ACL

43.3.17

Comply with the following staffing requirements:

1. Maintain and retain a SMP Coordinator to recruit and train other staff and volunteers, provide technical assistance, conduct education and outreach events, collect and report data, and create local and network partnerships;
2. Verify that all SHIP counselors have no conflict of interest as identified in DAAS policy and procedures
3. Provide timely and accurate information and appropriate training to all staff members of the program, salaried and volunteer;
4. Implement a security plan for maintaining the confidentiality of client information.
5. Train staff, including volunteer staff, in providing information and assistance to individuals and service providers in the community;
6. Provide counselors a minimum of 30 hours of initial training utilizing the SMP Foundations training manual;
7. Provide counselors a minimum of four (4) hours of in-service training per year on related topics;
8. Provide technical assistance to salaried and volunteer staff regarding data input, website searches, and other technical resources available as needed;
9. Verify that the SMP Coordinator and counselors participate in ACL education and training opportunities;
10. Participate in State SMP monthly conference calls; and
11. Require all counselors attend at least one outside service-related training annually.

43.3.18

Attend all required meetings, trainings, webinars, teleconferences, and conferences, as required by Administration for Community Living (ACL), the DAAS Project Director, and or the SMP Volunteer Coordinator.

43.3.19

Communication regarding grant activities with the SMP Project Director, the SMP Volunteer Coordinator and with other grant partners, when appropriate.

43.3.20

Compile and submit to the SMP Project Director required monthly narratives of program activities and lessons learned within specified time frames.

43.3.21

Comply with all state and federal data collection and reporting requirements related to the project within the required time frames.

43.4

Performance Measures

43.4.1

Comply with performance measures established by the ACL and any identified in the DAAS Policy and Procedure Manual, as may be amended

43.5

Reporting Units

43.5.1

One unit of service equals one event conducted.

43.5.2

One unit of service equals one client contact.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

44.0 SUPPLEMENTAL PROVISIONS

44.1 Purpose Statement

44.1.1 The service complements on a limited basis, the care provided by a family caregiver or a grandparent raising a grandchild to allow them to provide safe, confident care to loved ones in a community setting, helping to avoid costly and unwanted placement of the care recipient in a care facility.

44.2 Service Description

44.2.1 Taxonomy Definition - A service that provides supplemental food, clothing, toys, vouchers or household supplies to individuals. This service is intended to supplement individuals on a non-emergency basis.

44.2.2 Supplemental Provisions is a caregiver-focused service.

44.2.3 Supplemental Provisions is a case-managed service.

44.2.4 Supplemental Provisions is a temporary supportive service that may only be provided if it can be shown to complement the care of the caregiver.

44.2.5 All other available resources should be offered and/or utilized prior to providing this service.

44.2.6 Eligibility Requirements – The Contractor shall provide services to caregivers and their care recipients that meet the eligibility requirements described in Chapters 3100 and 3600 of the DAAS Policy and Procedure Manual, as may be amended.

44.3 Service Requirements – The Contractor shall:

44.3.1 Provide food, clothing, toys, vouchers or household supplies and may include the provision of other services.

44.3.2 Provide supervision and monitoring for direct service staff.

44.3.3 Review case manager authorization for duration of service and any special service requirements.

44.4 Reporting Unit

44.4.1 The unit of service equals one item of support.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

46.0 SUPPORTIVE INTERVENTION/GUIDANCE COUNSELING

46.1 Purpose Statement

46.1.1 The service provides support for informal caregivers, their care recipients and/or family by offering holistic professional counseling. Counseling can mitigate the effects of stress and burden related to caregiving, allowing the caregiver to continue to provide care; assist in improving family dynamics, helping to avoid costly and unnecessary placement of the care recipient in a care facility.

46.2 Service Description

46.2.1 Taxonomy Definition - A service that provides supportive intervention and/or guidance.

46.2.2 Supportive Intervention/Guidance Counseling may include one or more of the following:

1. Helping improve emotional and mental well-being,
2. Protecting physical, emotional, and mental well-being;
3. Providing information about and access to human services and community resources; and
4. Helping to facilitate and strengthen the family capacity for caregiving; and
5. Identifying barriers to employment and assisting with increasing employment potential

46.2.3 The service promotes problem solving and recognizing mental health issues.

46.2.4 The service helps caregivers cope with feelings of anger, frustration, anxiety, guilt, and loss.

46.2.5 Eligibility Requirements – The Contractor shall provide services to caregivers that meet eligibility requirements described in Chapter 3600 of the DAAS Policy and Procedure Manual, as may be amended.

46.3 Service Requirements – The Contractor shall:

46.3.1 Review any existing data relevant to the family caregiver and/or care recipient

46.3.2 Assess the care recipient caregiver, and/or family's need/readiness for services and develop service plan.

46.3.3 Provide professional counseling and supportive intervention services to the care recipient, caregiver, family, or significant others, as appropriate.

46.3.4 Assist the care recipient caregiver, and/or family in obtaining needed services and referrals.

46.3.5 Monitor referrals to other services prior to termination of counseling services.

46.3.6 Monitor progress regularly of the care recipient caregiver, and/or family service plan.

46.3.7 Prepare and providing regular reports which describe the progress being made and the achievement of the goals.

46.4 Licensure/Certification Requirements – The Contractor shall comply with the following:

46.4.1 A.R.S. Chapter 32, Sections 1401 through 1491 and 1821 through 1826 for Psychiatrist, as may be amended.

46.4.2 A.R.S. Chapter 32, Sections 1601 through 1669 for Psychiatric Nurse, as may be amended.

46.4.3 A.R.S. Chapter 32, Sections 2061 through 2086 for Psychologist, as may be amended.

46.4.4 A.R.S. Chapter 32, Sections 3251 through 3322 for Social Worker and Counselor, as may be amended.

46.5 Reporting Requirement

46.5.1 Submit the Quarterly Family Caregiver Support Program Report form as found in the DAAS Policy and Procedure Manual.

46.6 Reporting Unit

46.6.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

47.0 VOLUNTEER SERVICES - MANAGEMENT

47.1 Purpose Statement

47.1.1 This service provides for coordination of the recruitment, screening, training, placement and evaluation of volunteers.

47.2 Service Description

47.2.1 Taxonomy Definition – A service that provides the coordination of volunteer activities.

47.2.2 The importance of volunteers is recognized as a means of providing a cost-effective source of assistance as well as a meaningful experience to the volunteer.

47.2.3 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described the DAAS Policy and Procedure Manual, as may be amended.

47.3 Service Requirements – The Contractor shall:

47.3.1 Recruit and Screen:

1. Receive specific requests for volunteers;
2. Advertise for volunteers;
3. Screen applicant volunteers; and
4. Determine appropriate work assignments.

47.3.2 Train:

1. Determine training content for volunteers and staff including program policies and procedures;
2. Train volunteers, initially and ongoing; and
3. Train staff in utilizing volunteers.

47.3.3 Place and Supervise:

1. Develop policies and procedures for staff supervision of volunteers;
2. Develop a job description for volunteer responsibilities and tasks;
3. Place volunteers in appropriate work assignments; and
3. Document volunteer hours and activities accomplished.

47.3.4 Evaluate:

1. Evaluate volunteer performances in placements;
2. Evaluate staff performances with volunteers;
3. Obtain staff evaluations of placements;
4. Obtain volunteer self-evaluation of placement; and
5. Evaluate volunteer program.

47.4 Reporting Unit

47.4.1 One unit of service equals sixty (60) minutes of service time.

Scope of Work

Arizona Department of Economic Security (ADES) – Area Agencies on Aging

48.0 VOLUNTEER SERVICES – PERSONAL BUDGETING ASSISTANCE

48.1 Purpose Statement

48.1.1 The service provides assistance to older adults in managing their finances in order to help enable them to remain independent in their homes and communities.

48.2 Service Description

48.2.1 Taxonomy Definition – A service that provides coordination of volunteer activities.

48.2.2 The service provides assistance in bill paying and budget planning to elderly individuals who have no support in personal finances, and/or are in danger of losing independence due to budgeting or other financial challenges.

48.2.3 Services may be provided by trained volunteers who are usually assigned one or two clients.

48.2.4 The service is non-client supported.

48.2.5 Eligibility Requirements - The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

48.3 Service Requirements – The Contractor shall:

48.3.1 Require volunteers to receive pre-service orientation and training to demonstrate understanding of service provision prior to providing services to clients including recognizing scams and fraud.

48.3.2 Assist clients in budgeting and other financial related tasks.

48.3.3 Ensure volunteer(s) follow established reporting mechanisms if potential scam or fraud is recognized.

48.3.4 Require that volunteers do not handle client's cash or sign checks.

48.4 Reporting Unit

48.4.1 One unit of service equals sixty (60) minutes of service time.