

Idaho Commission on Aging (ICOA) Program Manual

July, 1st

2013

IC 67-5001. CREATION OF COMMISSION ON AGING -- COMPOSITION -- APPOINTMENT. There is hereby established in the executive office of the governor the Idaho commission on aging, hereafter referred to as the "commission," which shall have the duties, powers, and authorities as provided in this act.

IC 67-5005. LEGISLATIVE INTENT. The legislature hereby finds and recognizes the need to provide basic necessities to its older people in their later years and particularly in providing efficient community services, including access transportation, adequate nutrition, in-home services, and adult day care, designed to permit its older people to remain independent and to be able to avoid institutionalization; and that these services be provided in a coordinated manner and be readily available when needed and accessible to all older people.

This act shall be known as the "Idaho Senior Services Act." (SS Act).

IC 67-5003(4). POWERS AND DUTIES OF COMMISSION. Enter into funding agreements as grants and contracts within the limits of appropriated funds to carry out programs and services for older Idahoans;

IC 67-5007. GRANTS TO AND CONTRACTS WITH LOCAL AREA AGENCIES. The commission shall, based on the recommendations of the local area councils on aging, enter into funding agreements as grants or contracts with designated local area agencies, as provided by the Older Americans Act of 1965, as amended, for the purpose of the agencies issuing contracts at the local level to provide the services listed in section [67-5008](#), Idaho Code. Such grants or contracts shall be subject to performance and financial audit by the agency in conformance with state practices and statutes.

Preface

This Idaho Commission on Aging's (ICOA) Program Manual provides official regulations for the operation of all Senior Services Act (SSA) and Administration on Aging (AoA)/ Administration for Community Living (ACL) funded programs.

This manual is effective **July 1, 2013** and supersedes any prior editions, policies, guidance, forms or reports. In case of any discrepancy in this manual and attachments, ICOA should be consulted for clarification/correction.

This manual is subject to change as additional information and/or regulations and guidance are received from the Health and Human Services, the Administration for Community Living, the Administration on Aging, the Idaho Code or the Idaho Administrative Procedures Act (IDAPA).

This Program Manual and all updates will be posted on the ICOA's website at <http://www.aging.idaho.gov> The Program Manual will be reviewed/updated semi-annually.

Civil Rights: All AAAs and contractors must comply with the following Civil Rights requirements listed in IDAPA (15.01.20.057)

“Neither the AAAs nor their providers shall violate any state or federal law regarding civil rights and shall provide all services and functions funded by the ICOA, affected by rule of the ICOA or provided for by contract with the ICOA without discrimination on the basis of race, color, national origin, age, gender, physical or mental impairment, or on any other basis prohibited by law. (7-1-98)”

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CHAPTER 1: STATE AND FEDERAL RESOURCES

- 1.1. **STATE AUTHORIZATION AND STATUTORY REQUIREMENTS.** This Program Manual is based on the following Idaho Code (IC) and Idaho Administrative Procedures Act rules (IDAPA): Note, the web-links below are current as of July 1, 2013, but are subject to change. Updates will be incorporated in the ICOA Program Manual that can be accessed online through the ICOA's Aging and Disability Resource Center website:
<http://www.aging.idaho.gov/about/documents.html>

1. **IC Title 67 State Government and State Affairs, Chapter 50 Commission on Aging**
<http://legislature.idaho.gov/idstat/Title67/T67CH50.htm>
 - A. [67-5001 Creation of Commission on Aging -- Composition -- Appointment](#)
 - B. [67-5002 Organization -- Meeting -- Quorum -- Compensation -- Expenses](#)
 - C. [67-5003 Powers and Duties of Commission](#)
 - D. [67-5004 Administrator -- Appointment and Term](#)
 - E. [67-5005 Legislative Intent](#)
 - F. [67-5006 Definitions](#)
 - G. [67-5007 Grants to and Contracts with Local Area Agencies](#)
 - H. [67-5008 Programs for Older Persons](#)
 - I. [67-5009 Office of Ombudsman for the Elderly](#)
 - J. [67-5010 Grants or Contracts for Demonstration Projects](#)
 - K. [67-5011 Adult Protection Services](#)

2. **IC Title 39 Health and Safety, Chapter 53 Adult Abuse, Neglect and Exploitation Act**
<http://legislature.idaho.gov/idstat/Title39/T39CH53.htm>
 - A. [39-5301 Short Title](#)
 - B. [39-5301A Declaration of Policy](#)
 - C. [39-5302 Definitions](#)
 - D. [39-5303 Duty to Report Cases of Abuse, Neglect or Exploitation of Vulnerable Adults](#)
 - E. [39-5303A Exemption from Duty to Report -- Limited Application of Exemption](#)
 - F. [39-5304 Reporting Requirements, Investigation, Emergency Access](#)
 - G. [39-5305 Inspections -- Right of Entry](#)
 - H. [39-5306 Supportive Services and Disclosure](#)
 - I. [39-5307 Access to Records](#)
 - J. [39-5308 Interagency Cooperation](#)
 - K. [39-5309 Coordination of Services](#)
 - L. [39-5310 Report to Law Enforcement -- Prosecution](#)
 - M. [39-5311 Effect of Actions Taken Pursuant to the Natural Death Act](#)
 - N. [39-5312 Rules](#)

3. **IC Title 39 Health and Safety, Chapter 16 Food Establishment Act**
<http://legislature.idaho.gov/idstat/Title39/T39CH16.htm>

4. **Rules: ICOA Idaho Administrative Procedures Act (IDAPA)**
<http://adminrules.idaho.gov/rules/current/15/index.html>
 - A. [15.01.01, Rules Governing Senior Services Program](#)
 - B. [15.01.02, Rules Governing Adult Protection Programs](#)
 - C. [15.01.03, Rules Governing Ombudsman for the Elderly Program](#)
 - D. [15.01.20, Rules Governing Area Agency on Aging \(AAA\) Operations](#)
 - E. [15.01.21, Rules Governing Older Americans Act Services](#)

5. **Idaho Rules of Administrative Procedure** of the Attorney General
 - A. <http://adminrules.idaho.gov/rules/current/04/1101.pdf>
6. **Rules: Department of Health and Welfare, Food Safety**
 - A. <http://adminrules.idaho.gov/rules/current/16/index.html>
 - B. **Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code) 16.02.19**
<http://adminrules.idaho.gov/rules/current/16/0219.pdf>
7. **IC Title 18: Crimes and Punishment, Chapter 15: Children and Vulnerable Adults**
<http://legislature.idaho.gov/idstat/Title18/T18CH15.htm>
 - A. [18-1505 Abuse, Exploitation or Neglect of a Vulnerable Adult](#)
 - B. [18-1505A Abandoning a Vulnerable Adult](#)
 - C. [18-1505B Sexual Abuse and Exploitation of a Vulnerable Adult](#)
8. **Idaho State Purchasing**
 - A. <http://purchasing.idaho.gov/>

1.2. **FEDERAL AUTHORIZATION AND STATUTORY REQUIREMENTS.** This Program Manual is based on the following Federal Act, Code, Title and Circular and reporting requirements:

1. **Older Americans Act (OAA) of 1965.** The Older Americans Act is referred by the abbreviation OAA, and was enacted as Public Law 89-73 on July 14, 1965.
 - A. http://www.aoa.gov/AoA_Programs/OAA/oa_full.asp
2. **42 U.S.C. Chapter 35 Programs for Older Americans**
 - A. http://uscode.house.gov/download/title_42.shtml
 - B. <http://www.law.cornell.edu/uscode/text/42/chapter-35>
3. **Title 45—Public Welfare, Code of Federal Regulations (CFR) Subtitle A—Department of Health and Human Services**
 - A. http://www.access.gpo.gov/nara/cfr/waisidx_10/45cfrv1_10.html

The administrative requirements can be accessed from the following “Parts” of the CFR:

<ol style="list-style-type: none"> 1. Part 74 Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations and commercial organizations 	<ol style="list-style-type: none"> 2. Part 92 Uniform administrative requirements for grants and cooperative agreements to State, local and tribal governments
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4. **Office of Management and Budget Circulars**

- A. http://www.whitehouse.gov/omb/circulars_default

<ol style="list-style-type: none"> 1. A-21 Cost Principles for Institutions of Higher Education 2. A-87 Cost Principles for State and Local Governments (for use by state and local governments) 3. A-102 Property Management for State and Local Governments (for use by state and local governments) 	<ol style="list-style-type: none"> 4. A-110 Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations (for use by nonprofit grantees) 5. A-122 Cost Principles for Nonprofit Organizations for use by nonprofit grantees 6. A-128 Single Audit Act 7. A-133 Audit Requirements; Non-Profit Organizations Receiving Federal Awards
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5. **Administration on Aging (AoA) Reporting Requirements for National Aging Program Information System (NAPIS)**

- A. http://www.aoa.gov/AoARoot/Program_Results/docs/StateProgramReportForm053110.pdf

CHAPTER 2: DEFINITIONS

2.1. SOURCE OF DEFINITIONS.

1. Older Americans Act (OAA)
2. IC, Title 67, Chapter 50 and Title 39, Chapter 53
3. Idaho Administrative Procedures Act (IDAPA) (15)

2.2. DEFINITIONS.

1. **Abuse.** (OAA Section 102(a)(1))
 - A. Infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish;
 - B. Deprivation by a person, including a caregiver, of goods or services that are necessary to avoid physical harm, mental anguish, or mental illness.
2. **Abuse.** (IC 39-5302(1)) means the intentional or negligent infliction of physical pain, injury or mental injury.
3. **Access.** (IDAPA Ombudsman 15.01.03.010.01) Right to enter long-term care facility upon notification of person in charge. (7-1-98)
4. **Access Services.** (IDAPA 15.01.21.010.01) Transportation, Outreach, Information and Assistance and Case Management. (7-1-98)
5. **Act.** (IDAPA 15.01.01.010.01 & 15.01.20.010.01) The Idaho Senior Services Act (SS Act). Programs and services established in Sections 67-5001 et seq., Idaho Code. (3-20-04)
6. **Activities of Daily Living (ADL).** (IDAPA 15.01.01.010.02) Bathing, dressing, toileting, transferring, eating, walking. (7-1-98)
7. **Adult child with a disability.** (OAA Section 102(a)(3)) means a child who—
 - A. Is 18 years of age or older;
 - B. Is financially dependent on an older individual who is a parent of the child; and
 - C. Has a disability.
8. **Adult Day Care.** (IC 67-5006(5)) a structured day program which provides individually planned care, supervision, social interaction and supportive services for frail older persons in a protective setting, and provides relief and support for caregivers.
9. **Adult Day Care.** (IDAPA 15.01.01.010.03) A structured day program which provides individually planned care, supervision, social interaction, and supportive services for frail older persons in a protective group setting, and provides relief and support for caregivers. (7-1-98)
10. **Adult Protection (AP).** (IDAPA 15.01.02.010.01) Statutory protections safeguarding vulnerable adults through investigations of reports alleging abuse, neglect, self-neglect or exploitation, and arrangements for the provision of emergency or supportive services necessary to reduce or eliminate risk of harm. (7-1-98)

11. **AP Supervisor.** (IDAPA 15.01.02.010.02) AAA employee responsible for overseeing the provision of AP services. The Supervisor’s duties include:
 - A. the direct supervision of AP staff,
 - B. case assignments,
 - C. the monitoring of case loads and documentation,
 - D. and the maintenance of cooperative relationships with other agencies, organizations or groups serving vulnerable “at risk” populations.
 - E. The employee shall be a social worker licensed to practice in Idaho.(5-3-03)
12. **AP Worker.** (IDAPA 15.01.02.010.03) AAA employee providing AP services. The worker’s duties include:
 - A. the investigation of AP reports,
 - B. client risk assessment ,
 - C. and the development of plans for protective actions, supportive services and/or law enforcement referral.
 - D. The employee shall be any one (1) of the following: (4-2-08)
 1. A social worker licensed to practice in Idaho; or (4-2-08)
 2. An individual with a Bachelor of Arts (BA) or Bachelor of Science (BS) in a human services field or equivalent and at least two (2) years’ experience in direct service delivery to vulnerable adults; or (4-2-08)
 3. An individual with an Associate of Arts (AA) or Associate of Science (AS) degree and at least two (2) years’ experience in law enforcement. (4-2-08)
13. **Advance Directive.** (IDAPA 15.01.01.010.05) A Living Will or Durable Power of Attorney for Healthcare executed under the Natural Death Act, Section 39-4501, Idaho Code. (5-3-03)
14. **Affected Parties.** (IDAPA Ombudsman 15.01.03.010.02) Long-term care facilities, state or county departments or agencies, or others against whom a complaint has been lodged.
15. **Aging and Disability Resource Center.** (IC 67-5006(8)) (OAA Section 102(a)(4)) means an entity established by a state as part of the state system of long-term care, to provide a coordinated system for providing:
 - A. Comprehensive information on the full range of available public and private long-term care programs, options, service providers and resources within a community, including information on the availability of integrated long-term care;
 - B. Personal counseling to assist individuals in assessing their existing or anticipated long-term care needs, and developing and implementing a plan for long-term care designed to meet their specific needs and circumstances; and
 - C. Consumers' access to the range of publicly supported long-term care programs for which consumers may be eligible, by serving as a convenient point of entry for such programs.

16. **Aging Network.** (OAA Section 102(a)(5)) the network of—
 - A. State agencies, area agencies on aging, title VI grantees, and the Administration; and
 - B. organizations that—
 1. are providers of direct services to older individuals; or
 2. are institutions of higher education; and
 3. receive funding under this Act.
17. **Aging Network.** (IDAPA 15.01.01.010.04) The ICOA, the AAAs, and other providers. (5-3-03)
18. **Area I.** Planning and service area made up of: Benewah, Boundary, Bonner, Kootenai, and Shoshone counties.
19. **Area II.** Planning and service area made up of: Clearwater, Idaho, Latah, Lewis, and Nez Perce counties.
20. **Area III.** (IDAPA **Ombudsman** 15.01.03.010.03) Planning and service area made up of: Canyon, Valley, Boise, Gem, Elmore, Washington, Ada, Adams, Payette, and Owyhee counties. (7-1-98)
21. **Area IV.** Planning and service area made up of: Blaine, Camas, Cassis, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties.
22. **Area V.** Planning and service area made up of: Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties.
23. **Area VI.** Planning and service area made up of: Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties.
24. **Area Agency on Aging.** (OAA Section 102(a)(6)) an area agency on aging designated under section 305(a)(2)(A) or a State agency performing the functions of an area agency on aging under section 305(b)(5).
25. **Area Agency on Aging (AAA).** (IDAPA 15.01.01.010.06 & 15.01.20.010.02) Separate organizational unit within a multipurpose agency which functions only for purposes of serving as the area agency on aging that plans, develops, and implements services for older persons within a planning and service area. (3-20-04)
26. **Area Plan.** (IDAPA 15.01.01.010.07 & 15.01.20.010.03) Plan describing aging programs and services which an AAA is required to submit to the Idaho Commission on Aging, in accordance with the OAA, in order to receive OAA funding. (3-20-04)
27. **Assessment Instrument.** (IDAPA 15.01.01.010.08) A comprehensive instrument utilizing uniform criteria to assess a client’s needs. (5-3-03)
28. **Assistive (technology) device.** (OAA Section 102(a)(8)(B)) assistive technology, assistive technology device, and assistive technology service’ have the meanings given such terms in section 3 of the Assistive Technology Act of 1998 (29 U.S.C. 3002).
29. **At Risk for Institutional Placement.** (OAA Section 102(a)(9)) with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or

supervision) and is determined by the State involved to be in need of placement in a long-term care facility.

30. **Board and Care Facility.** (OAA Section 102(a)(10)) an institution regulated by a State pursuant to section 1616(e) of the Social Security Act (42 U.S.C. 1382e(e)).
31. **Caregiver.** (OAA Section 102(a)(18)(B)) means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an older individual.
32. **Caretaker.** (IC 39-5302(2)) means any individual or institution that is responsible by relationship, contract, or court order to provide food, shelter or clothing, medical or other life-sustaining necessities to a vulnerable adult.
33. **Case Manager.** (IDAPA 15.01.01.010.09) A licensed social worker, licensed professional nurse (RN), or Certified Case Manager, or an individual with a BA or BS in a human services field or equivalent and at least one (1) year's experience in service delivery to the service population. (3-30-01)
34. **Case Management.** (IDAPA 15.01.01.010.10) Case management is a service provided to older individuals and disabled adults, at the direction of the individual or a family member of the individual, to assess the needs of the person and to arrange, coordinate, and monitor an optimum package of services to meet those needs.
 - A. Activities of case management include:
 1. comprehensive assessment of the individual;
 2. development and implementation of a service plan with the individual to mobilize formal and informal resources and services;
 3. coordination and monitoring of formal and informal service delivery;
 4. and periodic reassessment. (3-30-01)
35. **Case Management Services.** (OAA Section 102(a)(11))
 - A. A service provided to an older individual, at the direction of the older individual or a family member of the individual—
 1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in subparagraph (2); and
 2. To assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual; and
 - B. Includes services and coordination such as—
 1. Comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual);
 2. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the

assessment to meet the needs of the older individual, including coordination of the resources and services—

- a. With any other plans that exist for various formal services, such as hospital discharge plans; and
 - b. With the information and assistance services provided under this Act;
3. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 4. Periodic reassessment and revision of the status of the older individual with—
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual
 5. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

36. Case Management Services. (IC 67-5006(9))

- A. Means a service provided to an older individual at the direction of the older individual or a family member of the individual:
 1. By an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described in section (2) of this subsection; and
 2. To assess the needs and to arrange, coordinate and monitor an optimum package of services to meet the needs of the older individual; and
- B. Includes services and coordination such as:
 - a. Comprehensive assessment of the older individual, including the physical, psychological and social needs of the individual;
 - b. Development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
 - a. With any other plans that exist for various formal services such as hospital discharge plans; and
 - b. With the information and assistance services provided herein;
 - c. Coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 - d. Periodic reassessment and revision of the status of the older individual with:
 - a. The older individual; or
 - b. If necessary, a primary caregiver or family member of the older individual; and
 - e. In accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

37. Case Management Supervisor. (IDAPA 15.01.01.010.11) An individual who has at least a BA or BS degree and is a licensed social worker, psychologist or licensed professional

nurse (registered nurse/RN) with at least two (2) years' experience in service delivery to the service population. (4-5-00)

38. **Certified Case Manager.** (IDAPA 15.01.01.010.12) A Case Manager who has met the requirements for certification as established by the National Academy of Care/Case Managers or other professional association recognized by the Idaho Commission on Aging. (5-3-03)
39. **Child.** (OAA Section 372(a)(1)) means an individual who is not more than 18 years of age or who is an individual with a disability.
40. **Chore Services.** (IDAPA 15.01.01.010.13) Providing assistance with routine yard work, sidewalk maintenance, heavy cleaning, or minor household maintenance to persons who have functional limitations that prohibit them from performing these tasks. (5-3-03)
41. **Civic Engagement.** (OAA Section 102(a)(12)) an individual or collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.
42. **Client.** (IDAPA 15.01.01.010.14) Person who has met program eligibility requirements for services addressed in this chapter. (7-1-98)
43. **Cognitive Impairment.** (IDAPA 15.01.01.010.15) A disability or condition due to mental impairment. (7-1-98)
44. **Commission.** (IC 39-5302(3)) means the Idaho Commission on Aging (ICOA), established pursuant to [chapter 50, title 67](#), Idaho Code.
45. **Complainant.** (IDAPA Ombudsman 15.01.03.010.04) The substate ombudsman or any individual or organization who registers a complaint with the substate ombudsman. (7-1-98)
46. **Complaints.** (IDAPA Ombudsman 15.01.03.010.06) Allegations made by or on behalf of eligible clients, whether living in long-term care facilities or in the community. (7-1-98)
47. **Comprehensive and coordinated system.** (OAA Section 302(1)) means a system for providing all necessary supportive services, including nutrition services, in a manner designed to
 - A. Facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
 - B. Develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals;
 - C. Use available resources efficiently and with a minimum of duplication; and
 - D. Encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

48. **Congregate Meals.** (IC 67-5006(3)) meals prepared and served in a congregate setting which provide older persons with assistance in maintaining a well-balanced diet, including diet counseling and nutrition education.
49. **Congregate Meals.** (IDAPA 15.01.01.010.16) Meals that meet the requirements of the OAA, as amended, served in a group setting. (7-1-98)
50. **Contract.** (IDAPA 15.01.20.010.04) A legally binding, written agreement between two (2) or more parties which outlines the terms and provisions to which both parties agree.
51. **Contractor.** (IC 39-5302(4)) means an Area Agency on Aging (AAA) and its duly authorized agents and employees providing adult protection services pursuant to a contract with the commission in accordance with section [67-5011](#), Idaho Code. The commission designates area agencies on aging pursuant to 42 U.S.C.A. 3025(a)(2)(A) and may establish by rule when duties or obligations under this chapter may be fulfilled by an area agency on aging.
52. **Cost Sharing Payment.** (IDAPA 15.01.01.010.17) An established payment required from individuals receiving services under the Act. The cost sharing payment varies according to client's current annual household income. (4-6-05)
53. **Department.** (IDAPA 15.01.01.010.18) (IC 39-5302) Department of Health and Welfare. (7-1-98)
54. **Designation.** (IDAPA Ombudsman 15.01.03.010.07) Process by which the Office approves the location of substate ombudsman programs within AAAs and delegates to such programs the authority to carry out the purposes of the program. (7-1-98)
55. **Direct Costs.** (IDAPA 15.01.01.010.19) Costs incurred from the provision of direct services. These costs include, but are not limited to, salaries, fringe benefits, travel, equipment, and supplies directly involved in the provision of services. Salaries of program coordinators and first line supervisors are considered direct costs. (7-1-98)
56. **Disability.** (OAA Section 102(a)(13)) (except when such term is used in the phrase "severe disability", "developmental disability- "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:
 - A. Self-care,
 - B. Receptive and expressive language,
 - C. Learning,
 - D. Mobility,
 - E. Self-direction,
 - F. Capacity for independent living,
 - G. Economic self-sufficiency,
 - H. Cognitive functioning, and

- I. Emotional adjustment.
57. **Disease Prevention and Health Promotion Services.** (OAA Section 102(a)(14))
- A. Health risk assessments;
 - B. Routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, and nutrition screening;
 - C. Nutritional counseling and educational services for individuals and their primary caregivers;
 - D. Evidence-based health promotion programs, including programs related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition;
 - E. Programs regarding physical fitness, group exercise, and music therapy, art therapy, and dance-movement therapy, including programs for multigenerational participation that are provided by—
 - 1. an institution of higher education;
 - 2. a local educational agency, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801); or
 - 3. a community-based organization;
 - F. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment;
 - G. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
 - H. Educational programs on the availability, benefits, and appropriate use of preventive health services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
 - I. Medication management screening and education to prevent incorrect medication and adverse drug reactions;
 - J. Information concerning diagnosis, prevention, treatment, and rehabilitation concerning age-related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer’s disease and related disorders with neurological and organic brain dysfunction;
 - K. Gerontological counseling; and
 - L. Counseling regarding social services and follow up health services based on any of the services described in subparagraphs (A) through (K). The term shall not include services for which payment may be made under titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq., 1396 et seq.).
58. **Education and Training Service.** (OAA Section 302(2)) means a supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of this Act.

59. **Elder Abuse.** (OAA Section 102(a)(15)) abuse of an older individual.
60. **Elder Abuse, Neglect and Exploitation.** (OAA Section 102(a)(16)) abuse, neglect, and exploitation, of an older individual.
61. **Elder Justice.** (OAA Section 102(a)(17))
- A. Used with respect to older individuals, collectively, means efforts to prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation and to protect older individuals with diminished capacity while maximizing their autonomy; and
 - B. Used with respect to an individual who is an older individual, means the recognition of the individual's rights, including the right to be free of abuse, neglect, and exploitation.
62. **Elder Rights.** (OAA Section 761(1)) means a right of an older individual.
63. **Eligible Clients.** (IDAPA 15.01.01.010.20) Residents of the state of Idaho who are sixty (60) years or older. (5-3-03)
64. **Eligibility Entity.** (OAA Section 422(a)(1))
- A. Means a nonprofit health or social service organization, a community-based nonprofit organization, an area agency on aging or other local government agency, a tribal organization, or another entity that—
 - 1. The Assistant Secretary determines to be appropriate to carry out a project under this part; and
 - 2. Demonstrates a record of, and experience in, providing or administering group and individual health and social services for older individuals; and
 - B. Does not include an entity providing housing under the congregate housing services program carried out under section 802 of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 8011) or the multifamily service coordinator program carried out under section 202(g) of the Housing Act of 1959 (12 U.S.C. 1701q(g)).
65. **Emergency.** (IC 39-5302(6)) means an exigent circumstance in which a vulnerable adult's health and safety is placed in imminent danger. Imminent danger is when death or severe bodily injury could reasonably be expected to occur without intervention.
66. **Exploitation.** (OAA Section 102(a)(18)(a))
- A. The fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an older individual for monetary or personal benefit, profit, or gain, or that results in depriving an older individual of rightful access to, or use of, benefits, resources, belongings, or assets.
 - B. In subparagraph (1), the term 'caregiver' means an individual who has the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a

public or private agency, organization, or institution) compensated or uncompensated care to an older individual.

67. **Exploitation.** (IC 39-5302(7)) means an action which may include, but is not limited to, the unjust or improper use of a vulnerable adult's financial power of attorney, funds, property, or resources by another person for profit or advantage.
68. **Family Caregiver.** (OAA Section 302(3)) means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
69. **Family Violence.** (OAA Section 102(a)(19)) same meaning given the term in the Family Violence Prevention and Services Act (42 U.S.C. 10408).
70. **Fiscal Effectiveness.** (IDAPA 15.01.01.010.21) A financial record of the cost of all formal services provided to insure that maintenance of an individual at home is more cost effective than placement of that individual in an institutional long-term care setting. (7-1-98)
71. **Fiduciary.** (OAA Section 102(a)(20))
- A. Person or entity with the legal responsibility –
 - 1. to make decisions on behalf of and for the benefit of another person; and
 - 2. to act in good faith and with fairness; and
 - B. Includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.
72. **Focal Point.** (OAA Section 102(a)(21)) a facility established to encourage the maximum collocation and coordination of services for older individuals.
73. **Formal Services.** (IDAPA 15.01.01.010.22) Services provided to clients by a formally organized entity, including, but not limited to, Medicaid HCBS. (5-3-03)
74. **Frail.** (OAA Section 102(a)(22))
- A. With respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—
 - 1. is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - 2. at the option of the State, is unable to perform at least three such activities without such assistance; or
 - B. Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
75. **Functional Impairment.** (IDAPA 15.01.01.010.23) A condition that limits an individual's ability to perform ADLs and IADLs. (7-1-98)
76. **Grandparent or Older Individual Who is a Relative Caregiver.** (OAA Section 372(2)) The term "grandparent or older individual who is a relative caregiver" means a grandparent

or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and—

- A. Lives with the child;
 - B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
77. **Greatest Economic Need.** (OAA Section 102(a)(23)) the need resulting from an income level at or below the poverty line.
78. **Greatest Social Need.** (OAA Section 102(a)(24)) the need caused by non-economic factors, which include—
- A. Physical and mental disabilities;
 - B. Language barriers; and
 - C. Cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that—
 - 1. restricts the ability of an individual to perform normal daily tasks; or
 - 2. threatens the capacity of the individual to live independently.
79. **Hispanic-serving institutions.** Section 502 of the Higher Education Act of 1965 (20 U.S.C. 1101a) defines the term as an institution of higher education that –
- A. Is an eligible institution;
 - B. At the time of application, has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students; and
 - C. Provides assurances that not less than 50 percent of the institution's Hispanic students are low-income individuals, which assurances –
 - 1. May employ statistical extrapolation using appropriate data from the Bureau of the Census or other appropriate Federal or State sources; and
 - 2. The Secretary shall consider as meeting the requirements of this subparagraph, unless the Secretary determines, based on a preponderance of the evidence, that the assurances do not meet the requirements.
80. **Home-Delivered Meals.** (IDAPA 15.01.01.010.24) Meals delivered to eligible clients in private homes. These meals shall meet the requirements of the OAA. (7-1-98)
81. **Homemaker.** (IDAPA 15.01.01.010.25) A person who has successfully completed a basic prescribed training, who, under the supervision of a provider, supplies homemaker services. (4-6-05)
82. **Homemaker Service.** (IDAPA 15.01.01.010.26) Assistance with housekeeping, meal planning and preparation, essential shopping and personal errands, banking and bill

paying, medication management, and, with restrictions, bathing and washing hair. (7-1-98)

83. **Household.** (IDAPA 15.01.01.010.27) For sliding fee purposes, a “household” includes a client and any other person permanently resident in the same dwelling who share accommodations and expenses with the client. (7-1-98)
84. **Idaho Commission on Aging (ICOA).** (IDAPA 15.01.01.010.28 & 15.01.20.010.05) State agency that plans, sets priorities, coordinates, develops policy, and evaluates state activities relative to the objectives of the OAA. (3-20-04)
85. **In-home Services.** (OAA Section 102(a)(30)) Includes—
- A. Services of homemakers and home health aides;
 - B. Visiting and telephone reassurance;
 - C. Chore maintenance;
 - D. In-home respite care for families, and adult day care as a respite service for families;
 - E. Minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);
 - F. Personal care services; and
 - G. Other in-home services as defined—
 - 1. by the State agency in the State plan submitted in accordance with section 307; and
 - 2. by the area agency on aging in the area plan submitted in accordance with section 306.
86. **In-home Services.** (IC 67-5006(2)) Provide care for older persons in their own homes and help them maintain, strengthen, and safeguard their personal functioning in their own homes. These services shall include, but not be limited to case management, homemakers, chores, telephone reassurance, home delivered meals, friendly visiting and shopping assistance, and in-home respite care.
87. **Indian.** (OAA Section 102(a)(26)) Means a person who is a member of an Indian tribe.
88. **Indian Tribe.** (OAA Section 102(a)(27)) Means any tribe, band, nation, or other organized group or community of Indians (including any Alaska Native village or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (Public Law 92–203; 85 Stat. 688) which (A) is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians; or (B) is located on, or in proximity to, a Federal or State reservation or rancheria.
89. **Information and Assistance Service.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
- A. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;

- B. Assesses the problems and capacities of the individuals;
 - C. Links the individuals to the opportunities and services that are available;
 - D. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 - E. Serves the entire community of older individuals, particularly—
 - 1. Older individuals with greatest social need;
 - 2. Older individuals with greatest economic need; and
 - 3. Older individuals at risk for institutional placement.
90. **I & A.** (IDAPA 15.01.21.010.02) Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
- A. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 - B. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
 - C. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)
91. **Information and Referral.** (OAA Section 102(a)(29)) includes information relating to assistive technology.
92. **Information and Referral.** (IC 67-5006(7)) means and includes information relating to assistive technology.
93. **Informal Supports.** (IDAPA 15.01.01.010.29) Those supports provided by church, family, friends, and neighbors, usually at no cost to the client. (7-1-98)
94. **Institution of Higher Education.** (OAA Section 102(a)(31)) has the meaning given the term in section 101 of the Higher Education Act of 1965.
95. **Instrumental Activities of Daily Living (IADL).** (IDAPA 15.01.01.010.30) Meal preparation, money management, transportation, shopping, using the telephone, medication management, heavy housework, light housework. (7-1-98)
96. **Integrated Long-term Care.** (OAA Section 102(a)(32))
- A. Means items and services that consist of –
 - 1. With respect to long-term care –
 - a. Long-term care items or services provided under a State plan for medical assistance under the Medicaid program established under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and
 - b. Any other supports, items, or services that are available under any federally funded long-term care program; and

- 2. with respect to other health care, items and services covered under –
 - a. The Medicare program established under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.);
 - b. The State plan for medical assistance under the Medicaid program; or
 - c. Any other federally funded health care program; and
 - B. Includes items or services described in subparagraph (A) that are provided under a public or private managed care plan or through any other service provider.
97. **Legal Assistance.** (OAA Section 102(a)(33))
- A. Means legal advice and representation provided by an attorney to older individuals with economic or social needs; and
 - B. Includes—
 - 1. To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
 - 2. Counseling or representation by a nonlawyer where permitted by law.
98. **Legal Assistance.** (IDAPA 15.01.21.010.03) Advice, counseling, or representation by an attorney or by a paralegal under the supervision of an attorney.
99. **Legal Representative.** (IDAPA 15.01.01.010.31) A person who carries a Power of Attorney or who is appointed Guardian or Conservator with legal authority to speak for a client. (5-3-03)
100. **Long-Term Care.** (OAA Section 102(a)(34)) means any service, care, or item (including an assistive device), including a disease prevention and health promotion service, an in-home service, and a case management service –
- A. Intended to assist individuals in coping with, and to the extent practicable compensate for, a functional impairment in carrying out activities of daily living;
 - B. Furnished at home, in a community care setting (including a small community care setting as defined in subsection (g)(1), and a large community care setting as defined in subsection (h)(1), of section 1929 of the Social Security Act (42 U.S.C. 1396t)), or in a long-term care facility; and
 - C. Not furnished to prevent, diagnose, treat, or cure a medical disease or condition.
101. **Long-Term Care Facility.** (OAA Section 102(a)(35)) means—
- A. Any skilled nursing facility, as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a));
 - B. Any nursing facility, as defined in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a));
 - C. For purposes of sections OAA 307(a)(12)^[1] and 712, a board and care facility; and
 - D. Any other adult care home, including an assisted living facility, similar to a facility or institution described in subparagraphs (1) through (3).
102. **Long-Term Care Facility.** (IDAPA Ombudsman 15.01.03.010.10) Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, “Rules and Minimum

Standards for Skilled Nursing and Intermediate Care Facilities,” and residential care facilities as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)

103. **Meal Site.** (IDAPA 15.01.21.010.04) A facility or location where eligible persons (and spouses) assemble for a meal, either site prepared or catered. (7-1-98)
104. **Medicaid HCBS.** (IDAPA 15.01.01.010.32) Services approved under the Medicaid Waiver for the aged and disabled. (3-30-01)
105. **Multipurpose Senior Center.** (OAA Section 102(a)(36)) Means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
106. **National Aging Program Information System (NAPIS).** (IDAPA 15.01.01.010.33) Standardized nationwide reporting system that tracks: (7-1-98)
- A. Service levels by individual service, identifies client characteristics, State and AAA staffing profiles, and identifies major program accomplishments; and (4-5-00)
 - B. Complaints received against long term care facilities and family members or complaints related to rights, benefits and entitlements. (7-1-98)
107. **Native American.** (OAA Section 102(a)(37)) Means—
- A. An Indian as defined in paragraph (5); and
 - B. A Native Hawaiian, as defined in section 625.
108. **Naturally Occurring Retirement Community.** (OAA Section 422(a)(2)) Means a community with a concentrated population of older individuals, which may include a residential building, a housing complex, an area (including a rural area) of single family residences, or a neighborhood composed of age-integrated housing—
- A. Where—
 - 1. 40 percent of the heads of households are older individuals; or
 - 2. A critical mass of older individuals exists, based on local factors that, taken in total, allow an organization to achieve efficiencies in the provision of health and social services to older individuals living in the community; and
 - B. That is not an institutional care or assisted living setting.
109. **Neglect.** (OAA Section 102(a)(38)) Means-
- A. The failure of a caregiver (as defined in paragraph (27) or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older individual; or
 - B. self-neglect.
110. **Neglect.** (IC 39-5302(8)) Means failure of a caretaker to provide food, clothing, shelter or medical care reasonably necessary to sustain the life and health of a vulnerable adult, or the failure of a vulnerable adult to provide those services for himself.

111. **Non-Institutional.** (IDAPA 15.01.01.010.34) Living arrangements which do not provide medical oversight or organized supervision of residents' activities of daily living. Non-institutional residences include:
- A. Congregate housing units,
 - B. Board and room facilities,
 - C. Private residential houses,
 - D. Apartments,
 - E. Condominiums,
 - F. Duplexes and multiplexes,
 - G. Hotel/ motel rooms, and
 - H. Group homes in which residents are typically unrelated to individuals.
- Non-institutional does not include:
- A. skilled nursing homes,
 - B. residential care facilities,
 - C. homes providing adult foster care,
 - D. hospitals,
 - E. or residential schools/hospitals for the severely developmentally disabled or the chronically mentally ill. (7-1-98)
112. **Non-Jurisdictional Complaints.** (IDAPA Ombudsman 15.01.03.010.08) Complaints made by or on behalf of residents of long-term care facilities who are under the age of sixty (60) or complaints concerning persons outside the statutory jurisdiction of an ombudsman. (7-1-98)
113. **Nonprofit.** (OAA Section 102(a)(39)) As applied to any agency, institution, or organization means an agency, institution, or organization which is, or is owned and operated by, one or more corporations or associations no part of the net earnings of which inuries, or may lawfully inure, to the benefit of any private shareholder or individual.
114. **Office.** (OAA 712(a)(2)) For purposes of Long Term Care Ombudsman only, "Office" is defined as: the individual described in section 712(a)(2) Ombudsman – the Office shall be headed by an individual, to be known as the State Long Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long term care and advocacy.
115. **Office.** (IDAPA Ombudsman 15.01.03.010.09) Office of the State Ombudsman for the Elderly pursuant to Title 67, Chapter 50, Idaho Code, Section 67-5009. (7-1-98)
116. **Older Americans Act.** (IDAPA 15.01.01.010.35 & 15.01.20.010.06) Federal law authorizing funding to states for supportive and nutrition services for the elderly. (3-20-04)

117. **Older Individual.** (OAA Section 102(a)(40)) means an individual who is 60 years of age or older.
118. **Older Persons.** (IC 67-5006(4)) individuals sixty (60) years of age or older.
119. **Ombudsman.** (IDAPA 15.01.01.010.36) An individual or program providing a mechanism to receive, investigate, and resolve complaints made by, or on behalf of, residents of long-term care facilities. (5-3-03)
120. **Outreach Service.** (IDAPA 15.01.21.010.05) A service which actively seeks out older persons, identifies their service needs, and provides them with information and assistance to link them with appropriate services. (7-1-98)
121. **Pension and Other Retirement Benefits.** (OAA Section 215(a)(1)) means private, civil service, and other public pensions and retirement benefits, including benefits provided under—
- A. The Social Security program under title II of the Social Security Act (42 U.S.C. 401 et seq.);
 - B. The railroad retirement program under the Railroad Retirement Act of 1974 (45 U.S.C. 231 et seq.);
 - C. The government retirement benefits programs under the Civil Service Retirement System set forth in chapter 83 of title 5, United States Code, the Federal Employees Retirement System set forth in chapter 84 of title 5, United States Code, or other Federal retirement systems; or
 - D. Employee pension benefit plans as defined in section 3(2) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(2)).
122. **Physical Harm.** (OAA Section 102(a)(41)) means bodily injury, impairment, or disease.
123. **Planning and Service Area (PSA).** (IDAPA 15.01.01.010.38 & 15.01.20.010.07) ICOA designated geographical area within Idaho for which an AAA is responsible. (3-20-04)
124. **Planning and Service Area.** (OAA Section 102(a)(42)) means an area designated by a State agency under section 305(a)(1)(E), including a single planning and service area described in section 305(b)(5)(A).
125. **Poverty Line.** (OAA Section 102(a)(43)) means the official poverty line (as defined by the Office of Management and Budget, and adjusted by the Secretary in accordance with section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)).
126. **Program.** (IDAPA 15.01.01.010.37) The Idaho Senior Services Program. (7-1-98)
127. **Protective Action Plan (PAP).** (IDAPA 15.01.02.010.05) An individual plan addressing the remedial, social, legal, medical, educational, mental health or other services available to reduce or eliminate the risk of harm to a vulnerable adult. A PAP

may include a Supportive Services Plan as defined in IDAPA 15.01.01, “Rules Governing Idaho Senior Services.

128. **Provider.** (IDAPA 15.01.01.010.39) An AAA or another entity under contract with the AAA to provide a specific service. (5-3-03)
129. **Representative Payee.** (OAA Section 102(a)(44)) means a person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.
130. **Resident.** (OAA Section 711(6)) The term “resident” means an older individual who resides in a longterm care facility.
131. **Resident.** (IDAPA Ombudsman 15.01.03.010.11) Resident as defined in IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho.” (7-1-98)
132. **Respite.** (IDAPA 15.01.01.010.40) Short-term, intermittent relief provided to caregivers (individuals or families) of a functionally-impaired relative or custodial charge. (4-5-00)
133. **Rural.** (IDAPA 15.01.21.010.06) Communities having a population of fewer than twenty thousand (20,000) persons.(7-1-98)
134. **Secretary.** (OAA Section 102(a)(45)) means the Secretary of Health and Human Services, expect that for purposes of title V such term means the Secretary of Labor.
135. **Self-directed Care.** (OAA Section 102(a)(46)) means an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which –
- A. Such services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of such individual;
 - B. Such individual is provided with such information and assistance as are necessary and appropriate to enable such individual to make informed decisions about the individual’s care options;
 - C. The needs, capabilities, and preferences of such individual with respect to such services, and such individual’s ability to direct and control the individual’s receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
 - D. Based on the assessment made under subparagraph (3), the area agency on aging (or other agency designated by the area agency on aging) develops together with such individual and the individual’s family, caregiver (as defined in paragraph (27)), or legal representative –
 1. A plan of services for such individual that specifies which services such individual will be responsible for directing;
 2. A determination of the role of family members (and others whose participation is sought by such individual) in providing services under such plan; and

3. A budget for such services; and
 4. The area agency on aging or State agency provides for oversight of such individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.
136. **Self-neglect.** (OAA Section 102(a)(47)) means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including –
- A. Obtaining essential food, clothing, shelter, and medical care;
 - B. Obtaining goods and services necessary to maintain physical health, mental health, or general safety; or
 - C. Managing one's own financial affairs.
137. **Serious Injury or Serious Imposition of Rights.** (IDAPA 15.01.02.010.04) A situation of substantiated abuse or neglect involving serious mental or physical injury, or exploitation. (5-3-03)
138. **Serious Physical Injury.** (IDAPA 15.01.02.010.06) Includes, but is not limited to: (3-30-01)
- A. Severe skin bruising; (5-3-03)
 - B. Burns; (3-30-01)
 - C. Bone fractures; (3-30-01)
 - D. Decubitis ulcers; (5-3-03)
 - E. Internal injuries; (5-3-03)
 - F. Lacerations; (3-30-01)
 - G. Malnutrition resulting in serious medical consequences; (5-3-03)
 - H. Subdural hematoma; or (5-3-03) i. Soft tissue swelling. (5-3-03)
139. **Severe Disability.** (OAA Section 102(a)(48)) means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that—
- A. Is likely to continue indefinitely; and
 - B. Results in substantial functional limitation in 3 or more of the major life activities specified in subparagraphs.
140. **Sexual Assault.** (OAA Section 102(a)(49)) has the meaning given the term in section 2003 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3796gg-2).
141. **Shopping Assistance.** (IDAPA 15.01.01.010.41) Accompaniment and provision of assistance to an elderly individual for the purpose of purchasing food, medicine and other necessities for an elderly individual who is disabled or homebound. (7-1-98)
142. **Sliding Fee Scale.** (IDAPA 15.01.01.010.42) A fee scale ranging from zero percent (0%) to one hundred percent (100%) of the cost of services. Cost of services shall be based on the contractor's or provider's actual unit costs. A client's percentage

(payment) shall be determined by ranking the client's annual household income against the federally determined poverty guidelines for that year. (3-19-99)

143. **State System of Long-term Care.** (OAA Section 102(a)(52)) Means the Federal, State, and local programs and activities administered by a State that provide, support, or facilitate access to long-term care for individuals in such State.
144. **Substate Ombudsman.** (IDAPA Ombudsman 15.01.03.010.12) An individual associated with a designated local Ombudsman for the Elderly Program, who performs the duties of ombudsman. (7-1-98)
145. **Supportive Service.** (OAA Section 102(a)(53)) means a service described in section 321(a).
146. **Supportive Service.** (IC 39-5302(9)) means noninvestigatory remedial, social, legal, health, educational, mental health and referral services provided to a vulnerable adult.
147. **Supportive Service Plan (SSP).** (IDAPA 15.01.01.010.43) An individual support plan outlining an array of services or the components of an individual service required to maintain a client at home or to reduce risks and meet the care needs of a vulnerable adult. (4-6-05)
148. **Supportive Services Technician.** (IDAPA 15.01.01.010.44) AAA employee working under the supervision of a licensed social worker or case manager assisting with investigation of Adult Protection reports, completion of the ICOA approved assessment instrument for services of clients of ICOA funded in-home services, or development and initiation of SSPs. The employee shall have a High School diploma and at least two (2) years' experience delivering services to the elderly or at-risk populations. (5-3-03)
149. **Transportation.** (IC 67-5006(1)) services designed to transport older persons to and from community facilities and resources for the purpose of applying for and receiving services, reducing isolation, or otherwise promoting independent living, but not including a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.
150. **Transportation Services.** (IDAPA 15.01.01.010.45) Services designed to transport eligible clients to and from community facilities/resources for the purposes of applying for and receiving services, reducing isolation, or otherwise promoting independence.
151. **Unit of General Purpose Local Government.** (OAA Section 302(4)) means—
1. A political subdivision of the State whose authority is general and not limited to only one function or combination of related functions; or
 2. An Indian tribal organization.
152. **USDA Eighty/Twenty (80/20) Commodity Program.** (IDAPA 15.01.21.010.07) Federal program in which the participating AAA agrees to accept a minimum of twenty percent (20%) of its total entitlement in commodities with the balance of eighty percent (80%) being paid in cash at the current USDA reimbursement rate. (7-1-98)

153. **USDA One Hundred Percent (100%) Cash-in-Lieu Community Program.** (IDAPA 15.01.21.010.08) Federal program in which the participating AAA receives one hundred percent (100%) cash reimbursement in lieu of commodities. (7-1-99)
154. **Vulnerable adult.** (IC 39-5302(10)) means a person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect or exploitation due to physical or mental impairment which affects the person's judgment or behavior to the extent that he lacks sufficient understanding or capacity to make or communicate or implement decisions regarding his person.
155. **Vulnerable Elder Rights Protection Activity.** (OAA Section 761(2)) means an activity funded under subtitle A. (42 U.S.C. 3058bb)

2.3. **NAPIS REPORTING DEFINITIONS.** (OMB 0985-0008) Administration on Aging (AoA) Reporting Requirements for National Aging Program Information System (NAPIS).

1. **Access Assistance.** (1 contact) A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures. [Note: Information and assistance to caregivers is an access service, i.e., a service that:
 - A. Provides individuals with information on services available within the communities;
 - B. Links individuals to the services and opportunities that are available within the communities;
 - C. To the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied.]
2. **Impairments in Activities of Daily Living (ADL).** The inability to perform one or more of the following six activities of daily living without personal assistance, stand-by assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.
3. **Adult Day Care/Adult Day Health.** (1 Hour) Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health.
4. **Agency Executive/Management Staff.** Personnel such as SUA director, deputy directors, directors of key divisions and other positions which provide overall leadership and direction for the state or area agency on aging.
5. **Assisted Transportation.** (1 Way Trip) Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

6. **Caregiver.** An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual. “Informal” means that the care is not provided as part of a public or private formal service program.
7. **Case Management.** (1 Hour) Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as:
 - A. Assessing needs,
 - B. Developing care plans,
 - C. Authorizing and coordinating services among providers, and
 - D. Providing follow-up and reassessment, as required.
8. **Cash and Counseling.** (People Served, Title III Expenditures, Total Expenditures) This covers the range of services provided or paid for through allowance, vouchers, or cash which are provided to the client so that the client can obtain the supportive services which are needed. Since service units could be so diverse they would not provide meaningful results they are not included.
9. **Child.** An individual who is not more than 18 years of age or an individual 19 – 59 years of age who has a severe disability. The term relates to a grandparent or other older relative who is a caregiver of a child.
10. **Chore.** (1 Hour) Assistance such as heavy housework, yard work or sidewalk maintenance for a person.
11. **Congregate Meals.** (1 Meal) A meal provided to a qualified individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure.
12. **Counseling.** (1 session per participant) Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).
13. **Elderly Client.** An eligible (60 years of age or older or who is less than 60 and has a diagnosis of early onset dementia) elderly individual who receives OAA services.
14. **Grandparent or other older relative caregiver of a child.** A grandparent, step grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and
 - A. Lives with the child;
 - B. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - C. Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
15. **Health Promotions.** Services which include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs;

medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older. Since service units could be so diverse they would not provide meaningful results they are not included.

16. **High Nutritional Risk.** (persons) An individual who scores six (6) or higher on the DETERMINE Your Nutritional Risk checklist published by the Nutrition Screening Initiative.
17. **Home-Delivered Meals.** (1 Meal) A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws. Meals provided to individuals through means-tested programs such as Medicaid Title XIX waiver meals or other programs such as state-funded means-tested programs are excluded from the NSIP meals figure. Certain Title III-E funded home delivered meals may also be included – see the definition of NSIP meals below.
18. **Homemaker.** (1 Hour) Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
19. **Information Services.** (1 activity) A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. [Note: service units for information services are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.]
20. **Information and Assistance.** (1 contact) A service that:
 - A. Provides individuals with information on services available within the communities;
 - B. Links individuals to the services and opportunities that are available within the communities;
 - C. To the maximum extent practicable, establishes adequate follow-up procedures. Internet web site “hits” are to be counted only if information is requested and supplied.
 - D. Note. The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E.-Utilization and Expenditures Profiles, Other Services Profile.
21. **Impairment in Instrumental Activities of Daily Living (IADL).** The inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual’s ability to make use of available transportation without assistance).

22. **Legal Assistance.** (1 Hour) Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
23. **Legal Assistance Development.** Activities carried out by the state “Legal Assistance Developer” that are designed to coordinate and enhance state and local legal services and elder rights programs.
24. **Living alone.** A one person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.
25. **Minority Provider.** A provider of services to clients which meets any one of the following criteria:
 - A. A not for profit organization with a controlling board comprised at least 51% of individuals in the racial and ethnic categories listed below.
 - B. A private business concern that is at least 51 percent owned by individuals in the racial and ethnic categories listed below.
 - C. A publicly owned business having at least 51 percent of its stock owned by one or more individuals and having its management and daily business controlled by one or more individuals in the racial and ethnic categories listed below. The applicable racial and ethnic categories include: American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic.
26. **NSIP Meals.** (1 meal) A Nutrition Services Incentive Program (NSIP) Meal is a meal served in compliance with all the requirements of the OAA, which means at a minimum that:
 - A. It has been served to a participant who is eligible under the OAA and has NOT been means-tested for participation;
 - B. It is compliant with the nutrition requirements;
 - C. It is served by an eligible agency; and
 - D. It is served to an individual who has an opportunity to contribute. Meal counts include all OAA eligible meals including those served to persons under age 60 where authorized by the OAA. NSIP Meals also include home delivered meals provided as Supplemental Services under the National Family Caregiver Support Program (Title III-E) to persons aged 60 and over who are either care recipients (as well as their spouses of any age) or caregivers.
27. **Nutrition Counseling.** (1 session per participant) Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician, and addresses the options and methods for improving nutrition status.
28. **Nutrition Education.** (1 session per participant) A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

29. **Other Paid Professional Staff.** Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency the following areas:
- A. **Planning**—Includes such responsibilities as needs assessment, plan development, budgeting/resource analysis, inventory, standards development and policy analysis.
 - B. **Development**—Includes such responsibilities as public education, resource development, training and education, research and development and legislative activities.
 - C. **Administration**—Includes such responsibilities as bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring, and quality assurance.
 - D. **Access/Care Coordination**—Includes such responsibilities as outreach, screening, assessment, case management, information and referral.
 - E. **Clerical/Support Staff**—All paid personnel who provide support to the management and professional staff.
30. **Outreach.** (1 contact) Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.
- A. The service units for information and assistance and for outreach are individual, one-on-one contacts between a service provider and an elderly client or caregiver. An activity that involves contact with multiple current or potential clients or caregivers (e.g., publications, publicity campaigns, and other mass media activities) should not be counted as a unit of service. Such services might be termed public information and reported on the public information category. They may also be reported in “Section II.E. – Utilization and Expenditures Profiles, Other Services Profile.
31. **Personal Care.** (1 Hour) Personal assistance, stand-by assistance, supervision or cues.
32. **Poverty.** Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.
33. **Provider.** An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA.
34. **Race/Ethnicity Status.** The following reflects the requirements of the Office of Management and Budget (OMB) for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the “two-question format.” When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification, and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:
- A. Ethnicity:
 - 1. Hispanic or Latino

- 2. Not Hispanic or Latino
 - B. Race:
 - 1. American Indian or Alaskan Native
 - 2. Asian
 - 3. Black or African American
 - 4. Native Hawaiian or Other Pacific Islander
 - 5. White
35. **Registered Client.** A registered client is an individual who received at least one unit of the following specified services within the reported fiscal year. The services include:
- A. Congregate meals,
 - B. Nutrition counseling,
 - C. Assisted transportation,
 - D. Personal care,
 - E. Homemaker,
 - F. Chore,
 - G. Home
 - H. Delivered meals,
 - I. Adult day care/health, or
 - J. Case management
 - K. Services for Caregivers- Case Management and Respite
36. **Respite Care.** (1 hour) Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes:
- A. In-home respite (personal care, homemaker, and other in-home respite);
 - B. Respite provided by attendance of the care recipient at a senior center or other nonresidential program;
 - C. Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
37. **Rural.** A rural area is: any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories with a combined minimum population of 50,000) and (2) an incorporated place or a census designated place with 20,000 or more inhabitants.
38. **Rural Provider.** Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban areas. [See definition of rural].
39. **Service Delivery.** Includes those activities associated with the direct provision of a service that meets the needs of an individual older person and/or caregiver.

40. **Supplemental Services.** (1 hour) Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.
41. **Volunteer.** An uncompensated individual who provides services or support on behalf of older individuals.

CHAPTER 3: PROGRAM OUTCOMES & KEY DATES

- 3.1. **PROGRAM OUTCOMES.** (IDAPA 15.01.01.020) State Senior Services are designed to provide older individuals with assistance they need to compensate for functional or cognitive limitations. Individuals qualifying for these services are those who require personal assistance, stand-by assistance, supervision or cueing to accomplish ADLs, IADLs, or both. The program aims to help clients: (7-1-98)
1. **Avoid Inappropriate or Premature Institutional Placement.** Avoid inappropriate institutionalization of a client; facilitate timely discharge of an institutionalized client; or prevent inappropriate or premature reinstitutionalization of a formerly discharged client. (5-3-03)
 2. **Enhance Ability to Accomplish Short-Term Rehabilitation.** Facilitate rehabilitation at home by providing supportive services to those who are temporarily incapacitated due to short-term illness or injury. (5-3-03)
 3. **Assist in Crisis Intervention.** Maintain older individuals in their own homes, on a short-term basis, during a crisis when the primary caregiver is incapacitated or absent. (7-1-98)
 4. **Provide Protection.** Enable individuals to remain in their own homes during a crisis through coordination with Adult Protection Services. (7-1-98)
- 3.2. **KEY DATES.**
1. **Invoicing**
 - A. Title III, VII and Adult Protection: The AAAs will submit the Invoice and Unit tracking to the ICOA no later than the 25th of each month.
 - B. The AAAs will submit other program invoices (SMP, ADRC, ADSSP, etc.) separately according to contract.
 2. **Reporting**
 - B. Title III:
 1. The AAAs will enter all SAMs data by the 25th following the end of the quarter (January 25th, April 25th, July 25th, October 25th)
 2. The AAAs shall submit the In-kind Match and Program Income form quarterly by the 25th following the end of the quarter (October 25th, January 25th, April 25th, July 25th).
 3. The AAAs will submit an annual Developmental Accomplishment and Staff Profile Report by October 25th of each year. (**Forms Packet: RP.AD.02 Developmental Accomplishment Annual Report**).
 4. The ICOA will submit State ICOA annual report to the Governor's office by December 1st
 5. The ICOA will submit the Federal National Aging Program Information System (NAPIS) report by January 31st
 - C. Title VII: Ombudsman
 1. The AAAs will make sure that all OmbudsManager data has been entered by the 25th following the end of the quarter (January 25th, April 25th, July 25th, October 25th)

2. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st
3. The ICOA will submit Federal National Ombudsman Reporting System (NORS) report by January 30st
- D. Prevention of Elder Abuse, Neglect, Exploitation
 1. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st
- E. Adult Protection
 1. The AAAs will submit the Substantiated Case report to the ICOA no later than the 10th of each month (Forms Packet: RP.AP.02. AAA Substantiated Case Report)
 2. The AAAs will submit the Adult Protection Quarterly report – 25th of month following end of quarter (October 25th January 25th, April 25th, and July 25th). (Forms Packet: RP.AP.03 Adult Protection Quarter Progress Report (QPR))
 3. The ICOA will submit State ICOA annual report to the Governor's office State by December 1st
3. **Area Plan**
 - A. The AAAs will submit a four year plan due October 15th, 2013 and every 4 years after.
 - B. The AAAs will submit Annual updates to ICOA every year by October 15th.
4. **Nutrition Services Incentive Program (NSIP)**
 - A. AAAs must enter all NSIP data into SAMS for the period of October 1st through September 30th by November 1st of each year. (Forms Packet: PO.NU.01 NSIP Meal Counts in SAMS)
 - B. The ICOA will include NSIP data in the annual report to the Governor's office by December 1st.
 - C. The ICOA will submit the State Progress Report to AoA/ACL by January 31st.
 - D. The ICOA sends the AAAs a year-end distribution report to verify NSIP meal counts from the prior year. This report will be used to calculate funding distribution for the upcoming year. AAAs must verify those counts and submit to ICOA by January 25th.
 - E. The ICOA will submit the Commodity dollar report to USDA and Department of Education by May 15th.
 - F. The ICOA will request the AAAs to identify between (80%/20%) or (100%) Cash-In-Lieu Commodity program for each provider site. The AAAs will submit response by March 25th of each year.
 1. ICOA will compile AAA nutrition provider commodity elections and send to the Department of Education and the United States Department of Agriculture by May 15th.
 - G. Within 30 days of receiving NSIP funds from ICOA, each AAA must distribute those funds to the participating meal sites for purchasing domestically produced foods for their nutrition projects. (OAA Section 311(d)(4).

CHAPTER 4: AAA DESIGNATION AND RESPONSIBILITIES

- 4.1. **PLANNING AND SERVICE AREA (PSA) DESIGNATION.** (IDAPA 15.01.20.020) The ICOA has divided the state into PSAs in accordance with Section 305 of the OAA, as amended. (3-20-04) (Forms Packet PO.AD.02 Designation of PSA)
- 4.2. **AREA AGENCY ON AGING (AAA).** (IDAPA 15.01.20.021) (Forms Packet PO.AD.03 Area Agency on Aging Designation)
 1. **AAA Designation.** The ICOA shall accept applications for AAA designation in accordance with Section 305 of the OAA. (3-20-04)
 2. **Revocation of AAA Designation.** The ICOA may revoke the designation of an AAA as specified in OAA and the federal regulations thereunder. (3-20-04) (Forms Packet PO.AD.04 Withdrawal of AAA Designation)
 3. **Denial of AAA Designation.** Any organization denied AAA designation through a competitive bidding process may appeal the decision to the Administrator of ICOA. (3-20-04)
 4. **Limit on the Number of Area Agencies and PSA's.** In order to maximize funding for services that directly benefit the elderly, the number of PSAs and AAAs is limited to six (6). (3-20-04)
- 4.3. **AAA RESPONSIBILITIES.** (IDAPA 15.01.20.041) On behalf of all older persons in the PSA, the AAA shall assume the lead role relative to aging issues. In accordance with the OAA and all pertinent federal regulations, the AAA shall serve as the public advocate for the development and enhancement of comprehensive, coordinated community-based service systems within each community throughout the PSA. (7-1-98)
- 4.4. **AREA ADVISORY COUNCILS ON AGING.** (IDAPA 15.01.20.051)
 1. **Establishment of Council.** The AAA shall establish an advisory council in accordance with the requirements of the OAA, as amended, and all pertinent federal regulations. (7-1-98)
 2. **Council Meetings.** Each advisory council shall meet at least two (2) times each year. (3-20-04)
 3. **Conflict of Interest.** AAA employees, or members of the immediate families of AAA employees, shall not serve on the advisory council. (3-20-04)
 4. **By-Laws.** The advisory council shall adopt and operate according to by-laws. (3-20-04)
- 4.5. **GRANTS TO AND CONTRACTS WITH LOCAL AREA AGENCIES.** (IC 67-5007) The commission shall, based on the recommendations of the local area councils on aging, enter into funding agreements as grants or contracts with designated local area agencies, as provided by the Older Americans Act of 1965, as amended, for the purpose of the agencies issuing contracts at the local level to provide the services listed in section 67-5008, Idaho Code. Such grants or contracts shall be subject to performance and financial audit by the agency in conformance with state practices and statutes.

- 4.6. **ADMINISTRATIVE APPEALS.** (Forms Packet: PO.AD.01 Appeals Process)
1. **Rules Governing Senior Services Program** (15.01.01.003) Appeals hereunder are governed by the provisions set forth in IDAPA 15.01.20, "Rules Governing Area Agency on Aging (AAA) Operations," Section 003. (4-6-05)
 2. **Rules Governing Area Agency on Aging AAA Operations** (15.01.20.003) The ICOA shall provide AAAs with the opportunity to appeal administrative decisions. (3-20-04)
 3. **Rules Governing Area Agency Adult Protection Programs** (15.01.02.003) **Rules Governing the Ombudsman for the Elderly Program** (15.01.03.003) and **Rules Governing Older Americans Act Services** (15.01.21.003) The ICOA shall provide AAAs with opportunity to appeal administrative decisions related to these rules in accordance with IDAPA 04.11.01, "Idaho Rules of Administrative Procedures of the Attorney General." (7-1-98)
- 4.7. **AAA BUDGET FORMS AND REVISIONS.** (IDAPA 15.01.20.022)
1. **Budget Forms.** Each AAA shall submit, on forms provided by the ICOA, a budget for agency operations. The AAA shall maintain sufficiently detailed budget and expenditure records to respond to requests for information from the ICOA, Administration on Aging, legislators, or the general public. (3-20-04) (Forms Packet: FO.AD.05 Reimbursement Invoice)
 2. **Budget Revisions.** Requests for approval of budget revisions shall be made in writing to the ICOA: (3-20-04)
 - A. In order to process transfers between Title III programs; (3-20-04)
 - B. To reflect holdbacks or midyear increases in state or federal spending; or (7-1-98)
 - C. If there is a change in spending which exceeds ten percent (10%) of any line item in the comprehensive budget summary. (3-20-04)
- 4.8. **REPORTING REQUIREMENTS.** (IDAPA 15.01.20.056)
1. **Reporting Forms.** Each AAA shall submit to the ICOA such reports as are specified by the ICOA, in such format and on such schedule as is established by the ICOA, in fulfillment of all federal and state requirements. (7-1-98):
 - Forms Packet: RP.AD.02 AAA Developmental Accomplishment Annual Report.
 - Forms Packet: RP.AP.02 AAA Substantiated Case Report.
 - Forms Packet: RP.AP.03 Adult Protection Quarterly Progress Report (QPR).
 2. **Verification of Service Provider Reports.** The AAAs shall conduct ongoing verification of service provider reports in accordance with the terms of the contract with the ICOA. (3-20-04)
 3. **Reporting Deficiencies.** If reports are late, incorrect, or incomplete, the ICOA shall withhold funds from the AAA, in accordance with terms of the contract between the ICOA and the AAA, until a correct report is received by the ICOA. (3-20-04)
- 4.9. **SERVICE PRIORITY AND APPEALS.** (IDAPA 15.01.20.053)
1. **Service Priority.** Pursuant to the OAA, each AAA shall ensure that all service providers prioritize service delivery to those older individuals having the greatest economic and

social need, with particular attention to low-income minority individuals and individuals residing in rural areas. (3-20-04)

2. **Denial or Termination of Service.** AAAs shall develop fair and impartial hearing procedures and shall provide an opportunity for a hearing for any individual who is denied or terminated from a service. (3-20-04)

- 4.10. **CONTRACT MANAGEMENT REQUIREMENTS.** (IDAPA 15.01.20.042) AAAs shall adhere to all applicable federal contracting and procurement requirements in awarding subcontracts. (3-20-04) **(Forms Packet: FO.AD.10 Contract Approval Form)**
 1. **Non-Profit Agency Contractors.** AAAs may subcontract with private, non-profit agencies that are incorporated as 501(c)(3) organizations. (3-20-04)
 2. **AAA Provider Subcontracts.** All subcontracts between the AAA and service providers shall contain sufficient program and financial information to ensure all activities comply with the Area Plan, the OAA, federal regulations, the SS Act, and the rules of the ICOA. (3-20-04)
 3. **Contracts Term.** Each AAA may award multi-year subcontracts not to exceed four (4) years. (3-20-04)
 - A. Each AAA shall maintain documentation satisfactory to ICOA that justifies the reason(s) a multi-year subcontract was awarded. Justification for a multi-year subcontract may include, but is not limited to, the following: (3-20-04)
 1. More than one (1) year is necessary to complete the project or service; (7-1-98)
 2. More than one (1) year is necessary to justify substantial cost savings; or (3-20-04)
 3. A multi-year subcontract award is necessary to allow a provider the opportunity to increase and demonstrate capacity to operate a particular service. (3-20-04)
 - B. No AAA shall continue a multi-year subcontract unless the results of evaluation justify continuance of the subcontract. (3-20-04)
 4. **AAA Provider Appeals.** AAAs shall develop fair and impartial hearing procedures and shall provide an opportunity for a hearing for any organization denied a subcontract with the AAA. (3-20-04)

- 4.11. **CONTRACTING AND GRANT AUTHORITY; PRIVATE PAY RELATIONSHIPS; APPROPRIATE USE OF FUNDS. OAA Section. 212(b)1**
 1. **Ensuring Appropriate Use of Funds.** **An agreement may not** be made without the prior approval of the State agency (or, in the case of a grantee under title VI, without the prior recommendation of the Director of the Office for American Indian, Alaska Native, and Native Hawaiian Aging and the prior approval of the Assistant Secretary), after timely submission of all relevant documents related to the agreement including information on all costs incurred; **(Forms Packet: FO.AD.10 Contract Approval Form)**

- 4.12. **FEDERAL PROCUREMENT REQUIREMENTS.** (CRF 45.Part 74 and 92)
http://www.access.gpo.gov/nara/cfr/waisidx_10/45cfrv1_10.html

1. **Title 45 Part 74:** Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations and Commercial Organizations:

Subsection	Description
Part 74.13	Debarment and suspension
Part 74.27	Allowable costs
Part 74.40	Purpose of procurement standards
Part 74.41	Recipient responsibilities
Part 74.42	Code of conduct
Part 74.43	Competition
Part 74.44	Procurement procedures
Part 74.45	Cost and price analysis
Part 74.46	Procurement Records
Part 74.47	Contract administration
Part 74.48	Contract provisions
Part 74.51	Monitoring and reporting program performance
Appendix A	Contract Provisions

2. **Title 45 Part 92:** Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and tribal Governments:

Subsection	Description
Part 92.22	Allowable costs
Part 92.35	Sub-awards to debarred and suspended parties
Part 92.36	Procurement

4.13. **AAA ASSESSMENTS OF PROVIDERS.** (IDAPA 15.01.20.055) Every other year each AAA shall conduct, at a minimum, one (1) on-site assessment of each of its providers that receives fifty thousand dollars (\$50,000) or more in combined federal and state funds during a contract year. Such assessments shall comply with the terms of the AAA contract with the ICOA. Such reviews shall be on file for ICOA review. (3-30-07)

- 4.14. **FINANCIAL MANAGEMENT.** (IDAPA 15.01.20.066)
1. **Regulations.** Area agencies and service providers shall meet the financial management requirements of 45 CFR, 74 and 92. (7-1-98)
 2. **Allowable Costs.** Allowable costs are delineated in the OAA, Cost Principles for Colleges and Universities, OMB Circular A-21, and Cost Principles for Non-Profit Organizations, OMB Circular A-122. These cost principles shall apply to the expenditure of federal funds, as well as any state or local funds which are reported as match for federal funds. In-kind contributions shall benefit the program for which they are reported as match. No expenditure shall be used as match if it has been or will be counted as match for another award of federal or state funds. (3-20-04)
 3. **Audits.** All AAAs and service providers receiving more than three hundred thousand dollars (\$300,000) of federal funds per year shall be audited per the Single Audit Act of 1996 and OMB Circular A-133. (3-20-04)
- 4.15. **CLIENT ASSESSMENT.** (IDAPA 15.01.01.022) Applicants for services under this chapter shall be assessed utilizing the ICOA approved assessment instrument. (4-6-05)
- 4.16. **FAMILY AND CAREGIVER SUPPORTS.** (IDAPA 15.01.01.023)
1. **Intent of ICOA.** It is the intent of ICOA to support efforts of family caregivers to maintain functionally or cognitively-impaired elderly relatives in the household. (7-1-98)
 2. **Eligibility.** Based on eligibility and cost sharing requirements, AAAs shall support family caregiver efforts by making program services available to such families. (4-6-05)
- 4.17. **ACCOMMODATIONS.** (IDAPA 15.01.01.024)
1. **Accommodations for Geographic Inaccessibility.** All providers shall make and document efforts to locate and hire a part-time worker or generate a volunteer to meet the client service need. (7-1-98)
 2. **Accommodations for Language.** All providers shall make reasonable accommodations to work with persons who speak a language other than English. (5-3-03)
 3. **Cultural Accommodations.** All providers shall make reasonable accommodations for cultural differences and take them into account when delivering services. (5-3-03)
 4. **Accommodations for Disabilities.** All providers shall make reasonable accommodations to work with persons who have vision or hearing impairments or other disabilities. (5-3-03)
- 4.18. **COST SHARING PAYMENTS AND CLIENT CONTRIBUTIONS.** (IDAPA 15.01.01.025)
1. **Poverty Guidelines.** Clients whose income exceeds one hundred percent (100%) of poverty (as established by the United States Department of Health and Human Services) shall be required to make a cost sharing payment for services according to a variable fee schedule established by the ICOA. (4-6-05)
 2. **Income Declaration.** Income shall be determined by an annual client self-declaration. When a client's income increases or decreases, the client shall notify the provider for a

redetermination of income. (7-1-98)(Forms Packet: FO.AD.04 Standard Income Declaration)

3. **Determining Income.** For this purpose, income means gross household income from all sources, less the cost of medical insurance and expenditures for non-covered medical services and prescription drugs. Payments the client receives from owned property currently being leased shall be counted as income after expenses are deducted if paid by the client, i.e., insurance, taxes, water, sewer, and trash collection. (5-3-03) (Forms Packet: FO.AD.04. Standard Income Declaration)
 4. **Cost Sharing Payment Based on Actual Cost.** Assessed cost sharing payment shall be a percentage of the provider's actual unit cost. (4-6-05)
 5. **Cost Sharing Payment Required.** Cost sharing payments are required from clients receiving either Chore or Homemaker Services. (4-6-05)
 6. **Cost Sharing Payment Waived.** The cost sharing payment may be waived for clients who refuse to make such payment if there is documented evidence that not providing the service would increase risk or harm to the client. (4-6-05)
 7. **Client Contributions.** All clients from whom a cost sharing payment is not required shall be given the opportunity to make voluntary contributions. (4-6-05)
 8. **Use of Cost Sharing Payments and Contributions.** Providers shall maintain accounting records of all cost sharing payments and contributions collected and of all monies expended from these sources. All monies derived from cost sharing payments, contributions, or both, shall be used to offset the costs of providing the service for which they were collected. (4-6-05)
- 4.19. **DISCLOSURE OF INFORMATION.** (IDAPA 15.01.01.026) Providers' disclosure of information about clients is limited by law. All information obtained from a client, whether verbal or written, and any records created from that information, shall be treated as confidential. The OAA requires that confidentiality regarding clients shall be followed thus: (5-3-03) (Forms Packet: FO.AD.03 Release of Information Form)
1. **Disclosure.** A provider may disclose to anyone the content of a client's communication only with the client's prior, informed consent. Without the client's prior, informed consent, the provider may:
 - A. Only disclose information for purposes directly related to the administration of the program under which the client is applying for or receiving benefits; or (7-1-98)
 - B. Disclose client information to auditors and to persons conducting research within certain defined circumstances as approved in writing by the ICOA. (5-3-03)
 2. **Client's Expectation of Privacy.** Disclosure of information to others does not abrogate a client's expectation of privacy as protected by law. Those to whom disclosure is made have a duty to maintain the confidentiality of the disclosure. (7-1-98)
 3. **Disclosure Required.** The disclosure of information required for a coordinated assessment of a client and for coordinating delivery of services to a client is allowed between aging network providers and, if required, the Department. Disclosure to individuals outside that group shall not be authorized without prior written approval from the ICOA. (5-3-03)

- 4.20. **DENIAL OF SERVICE.** (IDAPA 15.01.01.027) An applicant shall be notified in writing of a denial of service and the right to appeal in accordance with IDAPA 15.01.20, Section 003, "Rules Governing Area Agency on Aging Operations." The request for services may be denied for any of the following reasons listed below, or at the discretion of the AAA director: (5-3-03)
1. **Applicant Not in Need of Service.** The applicant's functional or cognitive deficits are not severe enough to require services. (7-1-98)
 2. **Family or Other Supports Adequate.** Family, or other available formal or informal supports are adequate to meet applicant's current needs. (4-6-05)
 3. **Other Care Required.** The applicant's needs are of such magnitude that more intensive supports, such as Medicaid HCBS, attendant care, or referral for residential or nursing home placement are indicated. In such instances, alternatives shall be explored with the applicant and the applicant's legal representative and family, if available. Referrals shall be made by the provider, as appropriate. (5-3-03)
 4. **Barriers to Service Delivery Exist.** The applicant's home is hazardous to the health or safety of service workers. (7-1-98)
 5. **Geographical Inaccessibility.** The AAA determines that the applicant's home is geographically inaccessible from the nearest point of service provision of home-delivered meals, homemaker, chore, or respite and the provider can document efforts to locate a worker or volunteer to fill the service need have been unsuccessful. (5-3-03)
 6. **Lack of Personnel or Funding.** Services are unavailable based on a lack of available service personnel or funding. When an eligible applicant is denied service based on a lack of available service personnel or funding, the applicant shall be placed on a waiting list. For services other than Case Management, the applicant shall receive an in-home assessment prior to placement on a waiting list. Applicants on a waiting list for services shall be prioritized according to IDAPA 15.01.20, "Rules Governing Area Agency on Aging Operations," Section 053. All applicants placed on a waiting list shall be notified of this action in writing. (4-6-05)
- 4.21. **TERMINATION OF SERVICE.** (IDAPA 15.01.01.028)
1. **Documentation.** Documentation of notice of termination shall be placed in the client's case record, signed, and dated by the provider. (7-1-98)
 2. **Appeals Process.** The client shall be informed of the appeals process, in accordance with IDAPA 15.01.20, "Rules Governing Area Agency on Aging Operations," Section 053. (4-6-05)
 3. **AAA Services.** AAA authorized services may be discontinued by the provider for any of the reasons listed below, or at the discretion of the AAA director: (5-3-03)
 - A. Services proved ineffective, insufficient, or inappropriate to meet client needs. (7-1-98)
 - B. Other resources, including, but not limited to, formal and informal supports, became available. (5-3-03)
 - C. Client withdrew from the program or moved. (7-1-98)
 - D. Family or other available formal or informal support to client increased. (5-3-03)
 - E. Client placed in a long-term care facility. (7-1-98)

- F. Client died (no notification of termination required). (7-1-98)
 - G. Client's functioning improved. (7-1-98)
 - H. Client refused service. (7-1-98)
 - I. Client's home is hazardous to the service provider (requires prior notification of the AAA Director with final approval being at the discretion of the AAA Director). (7-1-98)
 - J. Client's home is not reasonably accessible. (7-1-98)
 - K. Client's behavior is a threat to the safety of the provider (requires prior notification of the AAA Director with final approval being at the discretion of the AAA Director.) (7-1-98)
 - L. Client verbally abuses or sexually harasses service provider. (7-1-98)
 - M. Client refuses to pay fee determined for service. (7-1-98)
 - N. Service provider is not available in locale. (7-1-98)
 - O. Services are no longer cost effective. (7-1-98)
4. **Notification of Termination and Right to Appeal.** At least two (2) weeks prior to termination, the client shall be informed in writing of the reasons for provider initiated service termination and the right to appeal in accordance with IDAPA 15.10.20, "Rules Governing Area Agency on Aging Operations," Section 053. Exceptions to the two (2) week advance notification of termination will be justified to the AAA Director with final approval being at the discretion of the AAA Director. Appeal actions are the responsibility of the AAA. The client shall be referred to other services as appropriate. (4-6-05)

4.22. **SERVICE WORKERS.** (IDAPA 15.01.01.029)

- 1. **Training and Supervision.** All service workers shall receive an employee orientation from the provider before performing any services. Orientation shall include:
 - A. The purpose and philosophy of the services,
 - B. Review of pertinent skills,
 - C. Program regulations,
 - D. Policies and procedures,
 - E. Proper conduct in relating to clients, and
 - F. Handling of confidential and emergency situations involving a client. (4-6-05)
 - 1. CPR. Service workers shall complete CPR training within three (3) months of hire and shall maintain certification thereafter. (4-6-05)
 - 2. In-Service Training. Providers shall annually provide service workers with a minimum of ten (10) hours training, including CPR, for the purpose of upgrading their skills and knowledge. (4-6-05)
 - 3. Providers shall assure that service workers who assist clients with bathing or hair washing receive specific training in performing these services prior to being assigned to a client. (4-6-05)
 - 4. Supervision. All providers shall maintain written job descriptions for service workers and shall have written personnel policies. All service workers shall receive an annual performance evaluation. Supervisors of service workers shall be available to service workers during work hours to discuss changes in client's

circumstances, to resolve problems with schedules, or to respond to emergencies. (4-6-05)

2. **Medical Emergencies.** In case of medical emergency, the service worker shall immediately call 911 or the available local emergency medical service and, if appropriate, shall initiate CPR. (4-6-05)
3. **Restrictions.** Providers shall ensure, through personnel policies, orientation procedures, signed service workers' agreements, and supervision, that the service worker's conduct is governed by the following restrictions. A copy of these restrictions, signed by the service worker, shall be placed in each service worker's personnel file. (4-6-05)
 - A. Service workers shall not accept money or a loan, in any form, from a client. (4-6-05)
 - B. Service workers shall not solicit the purchase of goods, materials or services. (4-6-05)
 - C. Service workers shall not provide a personal telephone number or home address to clients. (4-6-05)
 - D. Service workers shall not work privately for a client. (4-6-05)
 - E. Service workers shall not enter a client's residence in the absence of the client unless the client has given permission to enter to accomplish scheduled work and the permission is documented in the client file. (4-6-05)
 - F. Service workers shall not engage in religious proselytizing during the course of employment. (4-6-05)
 - G. Service workers shall not administer medications. A service worker may remind a client to take medications, assist with removing the cap from a multi-dose or bubble pack container, and may observe the client taking medications. (4-6-05)
 - H. Service workers shall regard all client communications and information about clients' circumstances as confidential. (4-6-05)
 - I. Service workers shall not smoke in the home of a client. (4-6-05)

CHAPTER 5: AAA PLANNING SERVICE AREA (PSA)

REQUIREMENTS

- 5.1. **AREA PLANS.** (IDAPA 15.01.20.052) Each AAA shall submit a four (4) year area plan to the ICOA by close of business January 1, 2002, and by October 15 every four (4) years thereafter. Annual updates shall be submitted by October 15 of each year. The area plan and annual updates shall be submitted in a uniform format prescribed by the ICOA to meet the requirements of the OAA and all pertinent federal regulations. (3-20-04) (Area Plan Packet)
- 5.2. **OLDER AMERICANS ACT (OAA) PLANNING AND SERVICE AREA REQUIREMENTS.** (Section 306)
1. **PSA Elements:** (Section 306(a)) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency (**Idaho requires four-year period**), with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—
 - A. (1) Provide, through a comprehensive and coordinated system, for:
 1. Supportive services,
 2. Nutrition services, and,
 3. Where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things:
 - a. The number of older individuals with low incomes residing in such area,
 - b. The number of older individuals who have greatest economic need (**with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas**) residing in such area,
 - c. The number of older individuals who have greatest social need (**with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas**) residing in such area,
 - d. **the number of older individuals at risk for institutional placement** residing in such area, and
 - e. The number of older individuals who are Indians residing in such area,

4. And the efforts of voluntary organizations in the community, evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- B. (2) Provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—
 1. (A) Services associated with access to services (transportation, **health services (including mental health services)** outreach, information and assistance, **(which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible)** and case management services);
 2. (B) In-home services, including supportive services for families of older individuals who are victims of Alzheimer’s disease and related disorders with neurological and organic brain dysfunction; and
 3. (C) Legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;
 - C. (3)(A) Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;
 - D. (4)(A)(i)(I) **Provide assurances that the area agency on aging will—**
 1. **(aa) set specific objectives, consistent with State policy, for providing services to older individuals with:**
 - a. **Greatest economic need,**
 - b. **Older individuals with greatest social need, and**
 - c. **Older individuals at risk for institutional placement;**
 2. **(bb) include specific objectives for providing services to:**
 - a. **low-income minority older individuals,**
 - b. **older individuals with limited English proficiency, and**
 - c. **older individuals residing in rural areas; and include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);**
 3. (ii) Provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - a. (I) Specify how the provider intends to satisfy the service needs of low income minority individuals, **older individuals with limited English proficiency,** and older individuals residing in rural areas in the area served by the provider;

- b. (II) To the maximum extent feasible, provide services to low-income minority individuals, **older individuals with limited English proficiency**, and older individuals residing in rural areas in accordance with their need for such services; and
 - c. (III) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, **older individuals with limited English proficiency**, and older individuals residing in rural areas within the planning and service area; and
 - 4. (iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared—
 - a. (I) identify the number of low-income minority older individuals in the planning and service area;
 - b. (II) describe the methods used to satisfy the service needs of such minority older individuals; and
 - c. (III) provide information on the extent to which the area agency on aging met the objectives described in clause (1 of this section);
 - 5. (B) provide assurances that the area agency on aging will use outreach efforts that will—
 - a. (i) identify individuals eligible for assistance under this Act, with special emphasis on—
 - 1. (I) older individuals residing in rural areas;
 - 2. (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - 3. (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
 - 4. (IV) older individuals with severe disabilities;
 - 5. (V) older individuals **with limited English proficiency**;
 - 6. (VI) older individuals with Alzheimer’s disease **and related** disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - 7. **(VII) older individuals at risk for institutional placement; and**
 - b. (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
 - 6. (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas;
- E. (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, **and**

individuals at risk for institutional placement with agencies that develop or provide services for individuals with disabilities;

- F. (6) provide that the area agency on aging will—
1. (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
 2. (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
 3. (C)
 - a. (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
 - b. (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that-
 1. (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42 U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
 2. (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; **and**
 - c. **(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;**
 5. (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, **family caregivers of such individuals**, representatives of older individuals, **service providers, representatives of the business community**, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

6. (E) establish effective and efficient procedures for coordination of—
 - a. (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
 - b. (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
7. **(F) in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;**
8. (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
- G. **(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—**
 1. **(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;**
 2. **(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—**
 - a. (i) respond to the needs and preferences of older individuals and family caregivers;
 - b. (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - c. (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 3. **(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and**
 4. **(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—**
 - a. (i) the need to plan in advance for long-term care; and
 - b. (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

- H. (8) provide that case management services provided under this title through the area agency on aging will—
 - 1. (A) not duplicate case management services provided through other Federal and State programs;
 - 2. (B) be coordinated with services described in subparagraph (A); and
 - 3. (C) be provided by a public agency or a nonprofit private agency that—
 - a. (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - b. (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - c. (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - d. (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- I. (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- J. (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- K. (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as “older Native Americans”), including—
 - 1. (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - 2. (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - 3. (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans; and
- L. (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- M. (13) provide assurances that the area agency on aging will—
 - 1. (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - 2. (B) disclose to the Assistant Secretary and the State agency—

- a. (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - b. (ii) the nature of such contract or such relationship;
- 3. (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
- 4. (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
- 5. (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- N. (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- O. **(15) provide assurances that funds received under this title will be used—**
 - 1. **(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and**
 - 2. **(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;**
- P. **(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care; and**
- Q. **(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.**
- 2. **PSA May Include Assessment: (Section 306(b))**
 - A. **(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.**
 - B. **(2) Such assessment may include—**
 - 1. **(A) the projected change in the number of older individuals in the planning and service area;**
 - 2. **(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;**
 - 3. **(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet**

the needs of the changing population of older individuals in the planning and service area; and

4. (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- C. (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
1. (A) health and human services;
 2. (B) land use;
 3. (C) housing;
 4. (D) transportation;
 5. (E) public safety;
 6. (F) workforce and economic development;
 7. (G) recreation;
 8. (H) education;
 9. (I) civic engagement;
 10. (J) emergency preparedness; and
 11. (K) any other service as determined by such agency.
3. **Waiver for Areas that Sufficiently Meet Needs:** (Section 306(c)) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
4. **Agreements with Providers of Rehabilitation Act and Titles XIX and XX:** (Section 306(d))
- A. (1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.
 - B. (2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

5. **Attorney-client Privilege** (Section 306(e))An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.
6. **State May Withhold Funds for Failure to Comply:** (Section 306(f))
 - A. (1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.
 - B. (2)
 1. (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.
 2. (B) At a minimum, such procedures shall include procedures for—
 - a. (i) providing notice of an action to withhold funds;
 - b. (ii) providing documentation of the need for such action; and
 - c. (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.
 - C. (3)
 1. (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).
 2. (B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

CHAPTER 6: SUMMARY OF AUTHORIZED PROGRAMS

- 6.1. **ELIGIBILITY.** (IDAPA 15.01.01.021) Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)
1. **OAA Family Caregiver Eligibility Exceptions:** (OAA Section 372(a)(2))
 - A. (2) **GRANDPARENT OR OLDER INDIVIDUAL WHO IS A RELATIVE CAREGIVER.**—The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a **child by blood, marriage, or adoption** who is **55** years of age or older and—
 1. (A) lives with the child;
 2. (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 3. (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
 - B. **(b) RULE.—In providing services under this subpart—**
 1. **(1) for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder; and**
 2. **(2) for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities.**
- 6.2. **PROGRAMS FOR OLDER PERSONS.** (IC 67-5008) The commission shall upon reviewing recommendations from local area councils on aging, as required by the Older Americans Act of 1965, as amended, allocate to local designated area agencies grants or contracts for the following purposes:
1. **Transportation** -- For operating expenses only.
 2. **Congregate meals** -- For direct costs to provide nutritionally balanced meals to older persons at congregate meal sites.
 3. **In-home services** -- For direct provision of:
 - A. Case management,
 - B. Homemaker,
 - C. Chore,
 - D. Telephone reassurance,
 - E. Home delivered meals,
 - F. Friendly visiting,
 - G. Shopping assistance,
 - H. In-home respite and other in-home services to older persons living in noninstitutional circumstances. Fees for specific services shall be based upon a variable schedule, according to rules established by the Idaho commission on aging, based upon ability to pay for such services.

4. **Adult day care** -- For direct services to older persons and their caregivers.
5. **Ombudsman** -- For provision of ombudsman services as described in section [67-5009](#), Idaho Code.
6. **Disease Prevention and Health Promotion Services** (OAA 361 a-c)

6.3. **ADDITIONAL PROGRAMS.**

1. **Adult Protection Services.** (IC 67-5011) Adult protection services for vulnerable adults shall be administered through the commission as described in [chapter 53, title 39](#), Idaho Code, entitled "Adult Abuse, Neglect and Exploitation Act."
2. **Grants or Contracts for Demonstration Projects.** (IC 67-5010) The commission may, based on needs identified in Idaho's community based service system for the elderly through its state planning process and at its discretion, enter into grants or contracts with area agencies or service providers to demonstrate new or more effective methods of delivering the services listed in section [67-5008](#), Idaho Code. These one (1) time demonstration grants or contracts will not adversely affect the grants or contracts provided to local area agencies on aging described in section [67-5007](#), Idaho Code.

CHAPTER 7: INFORMATION AND ASSISTANCE

- 7.1. **INFORMATION AND ASSISTANCE.** (IDAPA 15.01.21.021)
1. **Area-Wide Information and Assistance (I&A) Service.** Each AAA shall directly provide area-wide toll-free I&A telephone service. (5-3-03)
 2. **Client Screening.** I&A shall provide client screening and appropriate referrals. (4-5-00)
 3. **Client Assessment.** All screened clients requiring assessment shall be referred to case management or adult protection as appropriate. (4-5-00)
 4. **Reporting Requirements.** Each AAA shall maintain records as required by the ICOA. Such records shall include information about the purpose and date of incoming calls, referrals of callers to other service providers, and any follow-up information regarding the outcome of referrals. The AAA shall report to the ICOA the units of service attributable to the I&A services provided. (5-3-03)
- 7.2. **OLDER AMERICANS ACT DEFINITIONS FOR INFORMATION AND ASSISTANCE SERVICES.** (OAA Section 102(a)(28)) (IC 67-5006(6)) Means a service for older individuals that—
1. Provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology;
 2. Assesses the problems and capacities of the individuals;
 3. Links the individuals to the opportunities and services that are available;
 4. To the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures; and
 5. Serves the entire community of older individuals, particularly—
 - A. Older individuals with greatest social need;
 - B. Older individuals with greatest economic need; and
 - C. Older individuals at risk for institutional placement.
- 7.3. **IDAPA DEFINITIONS FOR INFORMATION AND ASSISTANCE.** (IDAPA 15.01.21.010.02)
Information and Assistance Services initiated by an older person or their representative that: (7-1-98)
1. Provides current information about services available within the community, including information about assistive technology; (7-1-98)
 2. Assesses the problem, determines the appropriate available service, and makes the referral; (7-1-98)
 3. To the maximum extent practicable, by establishing adequate follow-up procedures, ensures that the client receives the needed service and is made aware of other available services. (7-1-98)

CHAPTER 8: CASE MANAGEMENT

- 8.1. **POLICY.** (IDAPA 15.01.01.056.01) Case management is a consumer-driven, social model case management service that empowers individuals and their families to make choices concerning in-home, community-based or institutional long-term care services. (4-5-00)
- 8.2. **QUALIFICATIONS.** (IDAPA 15.01.01.056.02) Any person hired to fill the position of case manager or case management supervisor on or after July 1, 1998, shall have the qualifications identified in Subsections 010.09 and 010.11 of these rules. (4-6-05) (see “Case Manager” in Chapter 2 Definitions)
- 8.3. **SERVICE PRIORITY.** (IDAPA 15.01.01.056.03) Service priority is based on the following criteria: (7-1-98)
1. Require minimal assistance with one or more ADLs or IADLs; (7-1-98)
 2. Require services from multiple health/social services providers; and (7-1-98)
 3. Are unable to obtain the required health/social services for themselves; or (7-1-98)
 4. Lack available formal or informal supports that can provide the needed assistance. (5-3-03)
- 8.4. **SCREENING AND REFERRAL.** (7-1-98) (IDAPA 15.01.01.056.04)
1. The purpose of screening is to determine whether an older person needs service referral, assistance and client advocacy, or is a potential case management client who should receive a home visit and a comprehensive assessment. (4-5-00)
 2. Screening shall be provided over the telephone. Screening may also be provided in the field, if appropriate. (7-1-98)
 3. Screening shall usually be accomplished by the Information and Assistance component, Adult Protection, provider, or by a community agency. However, case management may receive a direct referral of a potential client who has not been screened. In such cases, case management shall conduct screening or refer the potential client to the Information and Assistance component for screening. (5-3-03)
 4. Pre-referral screening shall be performed to determine if a potential client meets the criteria for receipt of case management services. If the potential client meets the criteria and agrees to the referral, the client shall be referred for a comprehensive assessment utilizing the ICOA approved assessment instrument. (4-6-05)
 5. Referrals who do not meet the criteria for Case Management Services shall be referred for other appropriate services. (4-5-00)
 6. If notification was requested, the referral source shall be notified of case disposition following the screening. (7-1-98)
- 8.5. **REFERRAL FOR CASE MANAGEMENT.** (IDAPA 15.01.01.056.05) Referrals shall be accepted from any source and may include eligible clients who are seeking or already receiving other services. (4-5-00)

- 8.6. **WORKING AGREEMENTS.** (7-1-98) (IDAPA 15.01.01.056.06)
1. The Case Management Program is encouraged to enter into working agreements with primary community resources utilized by older persons. These resources may include AAA service providers, mental health centers, hospitals, home health agencies, legal services providers, and others. (4-6-05)
 2. Working agreements should address at least the following: (4-6-05)
 - A. How long each party will take to respond to a request for service; (4-6-05)
 - B. Release of information procedures; (7-1-98)
 - C. Referral and follow-up procedures; (7-1-98)
 - D. How each party will notify the other of program changes and non-availability of service; and (4-6-05)
 - E. Procedures for working out problems between the two (2) parties. (7-1-98)
- 8.7. **CORE SERVICES.** (IDAPA 15.01.01.056.07) Case management provides responsible utilization of available informal (unpaid) supports before arranging for formal (paid) services. The case manager and client, or client's legal representative, shall work together in developing an SSP to establish the frequency and duration of needed services. Services shall be arranged subsequent to approval by the client or legal representative. Services provided shall be recorded and monitored to ensure cost effectiveness and compliance with the SSP. (5-3-03)
- 8.8. **PROGRAM INTAKE.** (4-6-05) (IDAPA 15.01.01.056.08)
1. **Normal Intake.** Except under circumstances where a case management waiting list exists, client contact shall be initiated within five (5) days of receipt of the referral, and an assessment shall be conducted within two (2) weeks of referral. (4-6-05)
 2. **Emergency Intake.** Referrals indicating a crisis or potential crisis such as a marked decline in health or functional status, hospital discharge, or adult protection referral require a home visit be conducted to assess service need within two (2) working days of receipt of referral. If appropriate and available, a homemaker shall be assigned and service shall be initiated immediately. Referrals assessed to need emergency service shall take precedence over applicants carried on a waiting list. (4-6-05)
 3. **Client Assessment.** To determine the level of need and the type of service needed, an AAA Case Manager or SST shall conduct an in-home assessment using the ICOA approved assessment instrument. Service alternatives shall be discussed and referrals initiated as appropriate. (5-3-03)
 4. **Assessment Coordination.** A client need not be re-assessed if an assessment completed within the past ninety (90) days by the Department provides the same information as the ICOA approved assessment instrument and the client signs a Release of Information form. A client assessment shall be completed if no current assessment from another agency is available. In either case, a home visit shall be included in the process of developing the client's individual SSP. (5-3-03) (F.O.AD.03. Release of Information)

- 8.9. **INDIVIDUAL SUPPORTIVE SERVICE PLAN (SSP).** (IDAPA 15.01.01.056.09) A supportive service plan shall be signed by the client or legal representative prior to initiation of services. (4-6-05)
1. **An approved plan.** Shall reflect needed services to be provided by available family or others. (7-1-98)
 2. **Revision of the SSP.** After services have been in place for one (1) month, the provider shall inform the AAA of any modifications it suggests be made to the SSP, such as changes in hours of service or tasks to be performed. (4-6-05)
 3. **Reassessments of SSP.** Case Management shall update the SSP at least annually. Any revisions to an SSP shall be initiated by the client prior to being put into effect. An SSP may be updated more often than annually if changes in a client's circumstances (i.e., functional or cognitive ability, living conditions, availability of supports) indicate a necessity for re-assessment. (4-6-05)
 4. **Client assessment** shall be conducted during a home visit and shall utilize the ICOA approved assessment instrument. (5-3-03)
 5. **SSP.** Based on the information obtained during the client assessment and input obtained from family or professionals familiar with the client, the case manager shall develop a written SSP which shall include at least the following: (4-5-00)
 - A. Problems identified during the assessment; (7-1-98)
 - B. Exploration of opportunities for family and other informal support involvement to be included in development of the SSP; (7-1-98)
 - C. Overall goals to be achieved; (7-1-98)
 - D. Reference to all services and contributions provided by informal supports including the actions, if any, taken by the case manager to develop the informal support services; (4-5-00)
 - E. Documentation of all those involved in the service planning, including the client's involvement; (7-1-98)
 - F. Schedules for case management monitoring and reassessment; (4-5-00)
 - G. Documentation of unmet need and service gaps; and (7-1-98)
 - H. References to any formal services arranged, including fees, specific providers, schedules of service initiation, and frequency or anticipated dates of delivery. (7-1-98)
 6. A copy of the current SSP shall be provided to the client or legal representative. (7-1-98)
 7. Case files shall be maintained for three (3) years following service termination. (7-1-98)
- 8.10. **OTHER SUPPORTIVE SERVICES.** (7-1-98) (IDAPA 15.01.01.056.10)
1. **Necessary Services.** Case managers shall assist clients to obtain available benefits, services, medically related devices, assistive technology, necessary home modifications, or other services required to fulfill unmet needs. (4-5-00)
 2. **Social-Emotional Support.** Case managers shall link clients and their families with available services which facilitate life adjustments and bolster informal supports. (4-5-00)
 3. **Unmet Needs.** To assist the AAA in future planning, case managers shall identify and document unmet client needs. (4-5-00)

4. Other Resources. In all cases, other available formal and informal supports shall be explored prior to utilization of formal Aging Network services. (5-3-03)
- 8.11. **STRUCTURE AND ROLE.** (IDAPA 15.01.01.056.11) Case management is a centralized evaluator and arranger of services and provides those activities previously outlined under “Service Functions.” AAAs shall be the direct provider for case management services. The AAA is responsible for the implementation of the case management program. (4-5-00)
1. Case managers shall coordinate service delivery between multiple agencies, individuals, and others. (4-5-00)
 2. Each AAA shall carry insurance covering case management services in the types and amounts which meet acceptable business and professional standards. (5-3-03)
 3. Each AAA shall conduct an orientation program for all new case management employees which covers, at least, local resources available, case management service delivery, confidentiality of information, and client rights. (4-6-05)
 4. In addition to the development and maintenance of the SSP, program and client records shall be maintained to provide an information system which assures accountability to clients, the Case Management Program, and funding agencies, and which supplies data for AAA planning efforts. The information system established shall comply with the following the ICOA requirements: (4-5-00)
 - A. NAPIS Registration Form; (7-1-98) (Forms Packet: FO.NU.02. Congregate Meal Registration)
 - B. Completed the ICOA approved assessment instrument; (5-3-03)
 - C. Pertinent correspondence relating specifically to the client; (7-1-98)
 - D. A narrative record of client and community contacts, including problems encountered and SSP modifications developed in response; (7-1-98)
 - E. Completed SSP, signed by the client; (7-1-98)
 - F. Written consent and acceptance of Case Management Services and release of information forms; (4-5-00) (Forms Packet: FO.AD.03. Release of Information)
 - G. Any other documentation necessary for systematic case management and SSP continuity. (4-5-00) (Forms Packet: FO.AD.04. Standard Income Declaration; GU.AD.01. Sliding Fee Scale)
- 8.12. **AREA PLANS.** (OAA, Section 306(a)(8)) Case management services provided under this title through the area agency on aging will— (Area Plan Packet)
1. (A) not duplicate case management services provided through other Federal and State programs;
 2. (B) be coordinated with services described in subparagraph (A); and
 3. (C) be provided by a public agency or a nonprofit private agency that—
 - A. (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - B. (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

- C. (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
- D. (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

8.13. **STANDARDS OF PERFORMANCE.** (IDAPA 15.01.01.056.12) AAAs shall assure case management meets the requirements for service neutrality. AAAs shall not be a direct provider of other in-home services, other than Adult Protection, without proper written justification and approval by the Administrator of the ICOA. (5-3-03)

8.14. **EVALUATION.** (IDAPA 15.01.01.056.13) Evaluation is required to assure quality control. The AAA is responsible for monitoring case management activities for quality control and assurance. The AAA shall review client records to determine: (4-5-00)

1. Services are being provided as outlined in the SSP; (7-1-98)
2. Services are meeting the goals established in the SSP; (7-1-98)
3. The client is satisfied with the service being provided; (7-1-98)
4. Changes in service have been authorized; (7-1-98)
5. The SSP continues to be cost-effective; (7-1-98)
6. Providers are noting observations and relating information about informal caregivers, additional actions required by the case manager, re-evaluations, amendments to the SSP, and client contacts. (4-5-00)

CHAPTER 9: OMBUDSMAN

9.1. ESTABLISHMENT/DESIGNATION/DEDESIGNATION.

1. **Area Plans** (OAA Section 306.(a)(9)) Provide assurances that the area agency on agency, in carrying out the State Long-Term Care Ombudsman program under 307(a)(9) will expend not less than the total amount of funds appropriated under this Act and expended by the Agency in fiscal year 2000 in carrying out such a program under this title.
2. **State Plans** (OAA Section 307(a)(9)) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.
3. **Consumer Contributions, Cost sharing Exception** (OAA Section 315(a)(2) The State is not permitted to implement the cost sharing described in paragraph (1) for the following services:
 - a. (B) Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
4. **Minimum Allotments for Ombudsman and Elder Abuse Programs.** (OAA Section 703(a)(2)(C)(i)) No State shall be allotted for a fiscal year, from the funds appropriated under section 702 and made available to carry out chapter 2, less than the amount allotted the State under section 304 in fiscal year 2000 to carry out the State Long-Term Care Ombudsman program under title III.
5. **State Long-Term Care Ombudsman Program** (OAA Section 712)
 - A. (a)
 1. (1) In General.—In order to be eligible to receive an allotment under section 703 from funds appropriated under section 702 and made available to carry out this chapter, a State agency shall, in accordance with this section—
 - a. (A) Establish and operate an Office of the State Long-Term Care Ombudsman; and
 - b. (B) Carry out through the Office a State Long-Term Care Ombudsman program.
 2. (2) Ombudsman. —The Office shall be headed by an individual, to be known as the State Long-Term Care Ombudsman, who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy.
 3. (5)
 - a. (A) Designation.—In carrying out the duties of the Office, the Ombudsman may designate an entity as a local Ombudsman entity, and may designate an employee or volunteer to represent the entity.

- b. (C) Eligibility for Designation.—Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall—
 - 1. (i) have demonstrated capability to carry out the responsibilities of the Office;
 - 2. (ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves;
 - 3. (iii) in the case of the entities, be public or nonprofit private entities; and
 - 4. (iv) meet such additional requirements as the Ombudsman may specify.
 - B. (e) Consultation. In planning and operating the program, the State agency shall consider the views of area agencies on aging, older individuals, and providers of long-term care.
- 6. **Office of Ombudsman for the Elderly (IC 67-5009)**
 - A. The office of ombudsman for the elderly is hereby created within the commission. The ombudsman shall be responsible for:
 - 1. Receiving,
 - 2. Investigating and
 - 3. Resolving or closing complaints made by or on behalf of residents of long-term care facilities or persons aged sixty (60) years or older living in the community.
 - B. For the purposes of implementing the provisions of this section, the commission is hereby authorized as follows:
 - 1. The administrator shall hire the state ombudsman for the elderly who shall be a person with the necessary educational background commensurate with the duties and responsibilities of the office of ombudsman and shall be a classified employee subject to the provisions of [chapter 53, title 67](#), Idaho Code.
 - 2. The ombudsman may delegate to designated local ombudsmen any duties deemed necessary to carry out the purposes of the provisions of this section.
 - 3. The ombudsman shall establish procedures for
 - a. Receiving and processing complaints,
 - b. Conducting investigations and reporting his findings.
 - c. He shall have jurisdiction to investigate administrative acts or omissions of long-term care facilities or state or county departments or agencies providing services to older people.
 - 1. An administrative act of a long-term care facility or state or county department or agency may become an appropriate subject for the ombudsman to investigate under certain circumstances. For example, the ombudsman may investigate such an act if it might be contrary to law, unreasonable, unfair, oppressive, capricious or discriminatory.
 - 2. The ombudsman may make a finding for an appropriate resolution to the subject matter of the investigation.
- 7. **Administrative Requirements (IDAPA 15.01.03.020)** Each AAA substate ombudsman program shall meet all administrative requirements as cited in OAA, Section 712 (a), and

Title 67, Chapter 50, Idaho Code, Section 67-5009, unless granted a waiver by the ICOA. (7-1-98)

- A. Travel Funds. Each AAA shall provide travel funds for the substate ombudsman program to carry out activities related to complaint investigations. (7-1-98)
 - B. Program Reviews. Each AAA shall submit to a program review of substate ombudsman programs at reasonable intervals deemed necessary by the ICOA.
8. **Staffing (IDAPA 15.01.03.021)** Pursuant to the OAA, Section 712, in order to meet minimum requirements established for the position of substate ombudsman, each AAA shall seek applicants having the following qualifications. (7-1-98)
- A. Minimum Qualifications. Any person hired to fill the position of substate ombudsman on or after July 1, 1998, shall have: (7-1-99)
 - 1. A Bachelor's degree or equivalent; (3-30-01)
 - 2. Minimum of one (1) years' experience working with the elderly; (7-1-98)
 - 3. Ability to effectively communicate verbally and in writing; (7-1-98)
 - 4. Knowledge of long-term care issues and resources; (7-1-98)
 - 5. Demonstrated ability to interpret and apply relevant local, state and federal laws, rules, regulations, and guidelines; (7-1-98)
 - 6. Demonstrated ability to work independently; (7-1-98)
 - 7. Demonstrated skill in interviewing techniques; and (7-1-98)
 - 8. Demonstrated ability to collect data, conduct interviews and to form conclusions. (7-1-98)
 - B. Hiring. The Office shall be included in the process of interviewing and selecting applicants for the substate ombudsman position. The AAA shall make the final selection from the top three (3) applicants. (7-1-98)
9. **Designation of Authority of AAA (IDAPA 15.01.03.031)** The Office shall designate an entity as a substate ombudsman. (7-1-98)
- A. Designation of Authority. Each AAA shall directly provide, through a contract agreement with the ICOA, a substate ombudsman program employing at least one (1) full-time substate ombudsman whose function shall be to carry out the duties of the Ombudsman for the Elderly Program.
 - 1. AAAs I, II, IV, V and VI shall employ one (1) full-time substate ombudsman;
 - 2. AAA III shall employ two (2) full-time substate ombudsmen.
 - 3. An AAA may petition the ICOA in writing for a waiver of this requirement. (7-1-98)
 - B. Grounds for Revocation or Termination. In revoking a designated substate ombudsman program, the ICOA shall provide due process in accordance with applicable law and IDAPA 04.11.01, Section 000, et seq., "Idaho Rules of Administrative Procedure of the Attorney General." (7-1-98)
 - 1. Following termination of a substate ombudsman program, the ICOA shall perform the duties of the substate program. (7-1-98)
 - 2. Following termination of a substate ombudsman program, the ICOA shall withdraw funding for the substate program for the remainder of the funding period. (7-1-98)

3. An AAAs appeal of the ICOA's termination of its substate ombudsman program shall be governed by the Adjudicatory Rules of Practice and Procedures in Claims Relating to Contracts and Grants Funded under Title III, OAA. (7-1-98)

9.2. **PROGRAM FUNCTION**

1. **State Long-Term Care Ombudsman Program, Functions** (OAA Section 712(a)(3))
 - A. (a)(3) Functions-The Ombudsman shall serve on a fulltime basis, and shall, personally or through representatives of the Office—
 1. (A) Identify, investigate, and resolve complaints that
 - a. (i) Are made by, or on behalf of, residents; and
 - b. (ii) Relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents (including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees), of—
 1. (I) Providers, or representatives of providers, of long-term care services;
 2. (II) Public agencies; or
 3. (III) Health and social service agencies;
 2. (B) Provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents;
 3. (C) Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (A)(ii) or services described in subparagraph (B);
 4. (D) Ensure that the residents have regular and timely access to the services provided through the Office and that the residents and complainants receive timely responses from representatives of the Office to complaints;
 5. (E) Represent the interests of the residents before governmental agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 6. (F) Provide administrative and technical assistance to entities designated under paragraph (5) to assist the entities in participating in the program;
 7. (G)
 - a. (i) Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in the State;
 - b. (ii) Recommend any changes in such laws, regulations, policies, and actions as the Office determines to be appropriate; and
 - c. (iii) Facilitate public comment on the laws, regulations, policies, and actions;
 8. (H)
 - a. (i) Provide for training representatives of the Office;
 - b. (ii) Promote the development of citizen organizations, to participate in the program; and

- c. (iii) Provide technical support for the development of resident and family councils to protect the well-being and rights of residents; and
 - 1. (I) Carry out such other activities as the Assistant Secretary determines to be appropriate.
 - B. (a)(5) Designation of Local Ombudsman Entities and Representatives.—
 - 1. (B) DUTIES.—An individual so designated shall, in accordance with the policies and procedures established by the Office and the State agency—
 - 2. i) provide services to protect the health, safety, welfare^[14] and rights of residents;
 - 3. (ii) ensure that residents in the service area of the entity have regular, timely access to representatives of the program and timely responses to complaints and requests for assistance;
 - 4. (iii) identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of the residents;
 - 5. (iv) represent the interests of residents before government agencies and seek administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
 - 6. (v)
 - a. (I) review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions, that pertain to the rights and well-being of residents; and
 - b. (II) facilitate the ability of the public to comment on the laws, regulations, policies, and actions;
 - c. (vi) support the development of resident and family councils; and
 - d. (vii) carry out other activities that the Ombudsman determines to be appropriate.
2. **Office of Ombudsman for the Elderly**(IC 67-5009)
 - A. The ombudsman shall investigate any complaint which he determines to be an appropriate subject for investigation under this section.
 - B. When the ombudsman investigates a complaint, he shall notify the complainant, if any, of the investigation and shall also notify the long-term care facility or the state or county department or agency affected by the investigation of his intent to investigate.
 - 1. However, if no investigation takes place, he shall inform the complainant of the reasons therefor. Records obtained by the ombudsman shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code.
 - C. In an investigation of any complaint or administrative act of any long-term care facility or state or county department or agency providing services to older people, the ombudsman may undertake, but not be limited to, any of the following actions:
 - 1. Make the necessary inquiries and obtain such information he deems necessary.
 - 2. Hold private hearings.
 - 3. Enter during regular business hours, a long-term care facility or state or county department or agency's premises

- D. Following the investigation and upon his determination that particular subject matter should be further considered by the long-term care facility or state or county department or agency, an administrative act should be modified or canceled, a statute or regulation on which an administrative act is based should be altered, reasons should be given for an administrative act, or some other action should be taken by a long-term care facility or state or county department or agency, he shall report his opinions and recommendations to the respective parties.
- E. The ombudsman may request the parties affected by such opinions or recommendations to notify him within the specified time of any action taken by such parties on his recommendation.
- F. Following an investigation, the ombudsman shall consult with the particular parties before issuing any opinion or recommendation that is critical to such parties.
 - 1. The ombudsman shall notify the complainant in writing within a reasonable time from the date the investigation is terminated of any actions taken by him and the long-term care facility, or state or county department or agency to resolve any issues raised by the complaint.
- G. Nothing in this section shall be construed to be a limitation of the powers and responsibilities assigned by law to other state or county departments or agencies.
- H. Good Faith Performance. No representative of the office shall be liable for the good faith performance of official duties, and willful interference with representatives of the office is unlawful.
- I. Facility Prohibitions. Long-term care facilities are prohibited from reprisals or retaliation against a resident or employee filing a complaint with, or furnishing information to, the office.

3. Handling of Complaints (IDAPA 15.01.03.032)

The Ombudsman for the Elderly Program has jurisdiction to accept, identify, investigate, and resolve complaints made by, or on behalf of, persons aged sixty (60) or older, living in the community or in long-term care facilities. The Office and the substate ombudsmen shall ensure that persons aged sixty (60) or older have regular and timely access to services provided through the Office. The Ombudsman for the Elderly Program shall represent the interests of older persons before governmental agencies and shall seek to protect the health, safety, welfare and rights of older persons. (7-1-98)

- i. Non-Jurisdictional Complaints. Substate ombudsmen may respond to complaints made by or on behalf of under age sixty (60) long-term care residents where such action will: (7-1-98)
 - 1. Benefit other residents; or (7-1-98)
 - 2. Provide the only viable avenue of assistance available to the complainant.

9.3. CONTRACTS AND ARRANGEMENTS

1. State Long-Term Care Ombudsman Program, Contracts and Arrangements (OAA Section 712(a)(4))

- A. (A) IN GENERAL.—Except as provided in subparagraph (B) the State agency may establish and operate the Office, and carry out the program, directly, or by contract or other arrangement with any public agency or nonprofit private organization.

- B. (B) LICENSING AND CERTIFICATION ORGANIZATIONS; ASSOCIATIONS.—The State agency may not enter into the contract or other arrangement described in subparagraph (A) with—
 - 1. (i) an agency or organization that is responsible for licensing or certifying long-term care services in the State; or
 - 2. (ii) an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals
- 2. **Administration** (h) The State agency shall require the Office to—
 - A. (6) coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under—
 - 1. (A) subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000^[16]; and
 - 2. (B) the Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 U.S.C. 10801 et seq.);
 - B. (7) coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under section 306(a)(2)(C), through adoption of memoranda of understanding and other means;
 - C. (8) coordinate services with State and local law enforcement agencies and courts of competent jurisdiction; and
 - D. (9) permit any local Ombudsman entity to carry out the responsibilities described in paragraph (1), (2), (3), (6), or (7)
- 3. **Liability** (i) The State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties.
- 4. **Noninterference** (j) The State shall—
 - A. (1) ensure that willful interference with representatives of the Office in the performance of the official duties of the representatives (as defined by the Assistant Secretary) shall be unlawful;
 - B. (2) prohibit retaliation and reprisals by a long-term care facility or other entity with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of, the Office; and
 - C. (3) provide for appropriate sanctions with respect to the interference, retaliation, and reprisals. (42 U.S.C. 3058g)
- 5. **Adult Protection and Ombudsman Coordination** (IDAPA 15.01.03.020.) Each AAA shall ensure that Adult Protection staff and the substate ombudsman maintain a written agreement establishing cooperative protocols in the investigation of complaints. (7-1-98)
- 6. **State Agreements** (IDAPA 15.01.03.020.10) All substate programs shall honor and carry out state-level agreements between the Office and other agencies of government.

9.4. **POLICIES AND PROCEDURES**

- 1. **State Long-Term Care Ombudsman Program, Policies and Procedures** (OAA Section 712 (a)(5)(D))

- A. (i) **IN GENERAL.**—The State agency shall establish, in accordance with the Office, policies and procedures for monitoring local Ombudsman entities designated to carry out the duties of the Office.
 - B. (ii) **POLICIES.**—In a case in which the entities are grantees, or the representatives are employees, of area agencies on aging, the State agency shall develop the policies in consultation with the area agencies on aging. The policies shall provide for participation and comment by the agencies and for resolution of concerns with respect to case activity.
 - C. (iii) **CONFIDENTIALITY AND DISCLOSURE.**—The State agency shall develop the policies and procedures in accordance with all provisions of this subtitle regarding confidentiality and conflict of interest.
2. **Procedures** (OAA Section 712 (b)(2).—The State agency shall establish procedures to ensure the access described in paragraph (1)
 3. **Disclosure** (OAA Section 712 (d))
 - A. (1) **IN GENERAL.**—The State agency shall establish procedures for the disclosure by the Ombudsman or local Ombudsman entities of files maintained by the program, including records described in subsection (b)(1) or (c).
 - B. (2) **IDENTITY OF COMPLAINANT OR RESIDENT.**—The procedures described in paragraph (1) shall—
 1. (A) provide that, subject to subparagraph (B), the files and records described in paragraph (1) may be disclosed only at the discretion of the Ombudsman (or the person designated by the Ombudsman to disclose the files and records); and
 2. (B) prohibit the disclosure of the identity of any complainant or resident with respect to whom the Office maintains such files or records unless—
 - a. (i) the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;
 - b. (ii) (I) the complainant or resident gives consent orally; and (II) the consent is documented contemporaneously in a writing made by a representative of the Office in accordance with such requirements as the State agency shall establish; or
 - c. (iii) the disclosure is required by court order
 4. **Office of Ombudsman for the Elderly** (IC 67-5009) The ombudsman shall establish procedures for receiving and processing complaints, conducting investigations and reporting his findings.
 5. **Administrative Requirements** (IDAPA 15.01.03.020)
 - A. **Procedures.** All substate ombudsmen shall follow procedures outlined in the Ombudsman for the Elderly Procedures Manual
 - B. **Space.** Each AAA shall provide space assuring privacy for substate ombudsmen to hold confidential meetings.
 - C. **Supervision.** Substate ombudsmen shall operate under the direct supervision of the Office for all complaint handling activities and are considered subdivisions of the Office. (7-1-98)

D. **Forms.** All substate ombudsmen shall utilize standardized forms provided by the Office.

9.5. **ACCESS**

1. **State Long-Term Care Ombudsman Program In General** (OAA Section 712)

A. **(b)(1) IN GENERAL.**—The State shall ensure that representatives of the Office shall have

1. (A) access to long-term care facilities and residents;
2. (B)
 - a. (i) appropriate access to review the medical and social records of a resident, if—
 1. (I) the representative has the permission of the resident, or the legal representative of the resident; or
 2. (II) the resident is unable to consent to the review and has no legal representative; or
 - b. (ii) access to the records as is necessary to investigate a complaint if—
 1. (I) a legal guardian of the resident refuses to give the permission;
 2. (II) a representative of the Office has reasonable cause to believe that the guardian is not acting in the best interests of the resident; and
 3. (III) the representative obtains the approval of the Ombudsman;
3. (C) access to the administrative records, policies, and documents, to which the residents have, or the general public has access, of long-term care facilities; and
4. (D) access to and, on request, copies of all licensing and certification records maintained by the State with respect to long-term care facilities.

2. **Access** (IDAPA 15.01.03.033) The Office shall ensure that representatives of the Office have access to long-term care facilities and residents as well as appropriate access to medical and social records needed to investigate complaints. (7-1-98)

A. **Visitation.** For visitation purposes, substate ombudsmen shall have access to long-term care facilities during regular business hours. Visiting substate ombudsmen shall: (7-1-98)

1. Notify the person in charge upon entering the facility; (7-1-98)
2. Be allowed to visit common areas of the facility and the rooms of residents if consent is given by the resident; and (7-1-99)
3. Communicate privately and without restriction with any resident who consents to the communication. (7-1-98)

B. **Investigation.** Substate ombudsmen shall have access to facilities for the purpose of conducting investigations. A substate ombudsman conducting an investigation shall: (7-1-98)

1. Notify the person in charge upon entering the facility; (7-1-98)
2. Be allowed to visit common areas of the facility and the rooms of residents if consent is given by the resident; (7-1-98)
3. Seek out residents who consent to communicate privately; (7-1-98) **d.** Communicate privately and without restriction with any resident who consents to the communication; and (7-1-98)

4. Inspect a resident's records under conditions set forth in the OAA, Section 712. (7-1-98)
- C. **Privacy.** Substate ombudsmen shall have statutory authority to visit facilities and residents in facilities unescorted by facility personnel. See Section 67-5009, Idaho Code.

9.6. **CONFLICT OF INTEREST**

1. **State Long-Term Care Ombudsman Program Designation of Local Ombudsman Entities and Representatives** (OAA Section 712)

A. (a)(5)

1. (C) Entities eligible to be designated as local Ombudsman entities, and individuals eligible to be designated as representatives of such entities, shall:
 - a. (ii) be free of conflicts of interest and not stand to gain financially through an action or potential action brought on behalf of individuals the Ombudsman serves.

B. (f) **CONFLICT OF INTEREST.**—The State agency shall—

1. (1) ensure that no individual, or member of the immediate family of an individual, involved in the designation of the Ombudsman (whether by appointment or otherwise) or the designation of an entity designated under subsection (a)(5), is subject to a conflict of interest;
2. (2) ensure that no officer or employee of the Office, representative of a local Ombudsman entity, or member of the immediate family of the officer, employee, or representative, is subject to a conflict of interest;
3. (3) ensure that the Ombudsman—
 - a. (A) does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service;
 - b. (B) does not have an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility or a long-term care service;
 - c. (C) is not employed by, or participating in the management of, a long-term care facility; and
 - d. (D) does not receive, or have the right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; and
4. (4) establish, and specify in writing, mechanisms to identify and remove conflicts of interest referred to in paragraphs (1) and (2), and to identify and eliminate the relationships described in subparagraphs (A) through (D) of paragraph (3), including such mechanisms as—
 - a. (A) the methods by which the State agency will examine individuals, and immediate family members, to identify the conflicts; and
 - b. (B) the actions that the State agency will require the individuals and such family members to take to remove such conflicts.

2. **Administrator Requirements** (IDAPA 15.01.03.020)

- A. 05 Conflict of Interest. The AAAs shall ensure that the substate ombudsmen shall not be part of an organization which: (7-1-98)
 - 1. a. Is responsible for licensing and certifying skilled nursing or residential care facilities under IDAPA 16.03.22, “Rules for Licensed Residential and Assisted Living Facilities in Idaho”; (7-1-98)
 - 2. b. Provides skilled nursing or living care or is an association of such a provider; or (7-1-98)
 - 3. c. May impair the ability of the substate ombudsmen to investigate and resolve complaints objectively and independently. (7-1-98)
- 3. **Handling of Complaints** (IDAPA 15.01.03.032)
 - A. **Handling of Complaints.**
 - 1. **Non-Jurisdictional Complaints.** Substate ombudsmen may respond to complaints made by or on behalf of under age sixty (60) long-term care residents where such action will:
 - a. Benefit other residents; or
 - b. Provide the only viable avenue of assistance available to the complainant
 - 2. **Conflict of Interest.** Substate ombudsmen shall refer to the Office any complaint involving the AAA staff or contractors. (7-1-98)
 - 3. **Complaints.** Complaints concerning substate ombudsmen, or relative to a substate ombudsman’s official duties, shall be directly referred to the ICOA. The ICOA, upon completing an investigation of such complaint, shall provide findings and recommendations to the AAA. (7-1-98)
 - 4. **Guardianship.** The substate ombudsmen shall not serve as an ex-officio or appointed member of any Board of Community Guardian, nor file an affidavit to the court for guardianship. (7-1-99)
 - 5. **Court Visitor.** The substate ombudsmen shall not act as court visitor in any guardianship/ conservatorship proceeding concerning a past or current client. (7-1-98)
 - 6. **Legal Documents.** Substate ombudsmen shall not, in their capacity as ombudsmen, act as a notary or a witness of signatures for legal documents. (7-1-98)

9.7. **TRAINING**

- 1. **Administration** (OAA Section 712(h))
 - A. (h)(4)(A) not later than 1 year after the date of the enactment of this title, establish^[15] procedures for the training of the representatives of the Office, including unpaid volunteers, based on model standards established by the Director of the Office of Long-Term Care Ombudsman Programs, in consultation with representatives of citizen groups, long-term care providers, and the Office, that—
 - 1. (A) specify a minimum number of hours of initial training;
 - 2. (B) specify the content of the training, including training relating to—
 - a. (i) Federal, State, and local laws, regulations, and policies, with respect to long-term care facilities in the State;
 - b. (ii) investigative techniques; and

- c. (iii) such other matters as the State determines to be appropriate; and
 - 3. (C) specify an annual number of hours of in-service training for all designated representatives;
- B. (h)(5) prohibit any representative of the Office (other than the Ombudsman) from carrying out any activity described in subparagraphs (A) through (G) of subsection (a)(3) unless the representative—
 - 1. (A) has received the training required under paragraph (4); and
 - 2. (B) has been approved by the Ombudsman as qualified to carry out the activity on behalf of the Office;

9.8. **REPORTING SYSTEM**

- 1. **State Long-Term Care Ombudsman Program Reporting System (OAA Section 712)**
 - A. (c) The State agency shall establish a statewide uniform reporting system to—
 - 1. (1) collect and analyze data relating to complaints and conditions in long-term care facilities and to residents for the purpose of identifying and resolving significant problems; and
 - 2. (2) submit the data, on a regular basis, to—
 - a. (A) the agency of the State responsible for licensing or certifying long-term care facilities in the State;
 - b. (B) other State and Federal entities that the Ombudsman determines to be appropriate;
 - c. (C) the Assistant Secretary; and
 - d. (D) the National Ombudsman Resource Center established in section 202(a)(21).
 - B. (h) Administration. The State agency shall require the Office to—
 - 1. (1) prepare an annual report—
 - a. (A) describing the activities carried out by the Office in the year for which the report is prepared;
 - b. (B) containing and analyzing the data collected under subsection (c);
 - c. (C) evaluating the problems experienced by, and the complaints made by or on behalf of, residents;
 - d. (D) containing recommendations for—
 - 1. (i) improving quality of the care and life of the residents; and
 - 2. (ii) protecting the health, safety, welfare, and rights of the residents;
 - e. (E)
 - 1. (i) analyzing the success of the program including success in providing services to residents of board and care facilities and other similar adult care facilities; and
 - 2. (ii) identifying barriers that prevent the optimal operation of the program; and
 - f. (F) providing policy, regulatory, and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of care and life of residents, to protect the health, safety, welfare, and rights of residents, and to remove the barriers;

2. (2) analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;
3. (3)
 - a. (A) provide such information as the Office determines to be necessary to public and private agencies, legislators, and other persons, regarding—
 1. (i) the problems and concerns of older individuals residing in long-term care facilities; and
 2. (ii) recommendations related to the problems and concerns; and
 - b. (B) make available the public, and submit to the Assistant Secretary, the chief executive officer of the State, the State legislature, the State agency responsible for licensing or certifying long-term care facilities, and other appropriate governmental entities, each report prepared under paragraph (1);
2. **Administrative Requirements** (IDAPA 15.01.03.020.)
 - A. **Program Report.** All substate ombudsman programs shall comply with the ICOA's reporting requirements. (7-1-98)
 - B. **Program Reviews.** Each AAA shall submit to a program review of substate ombudsman programs at reasonable intervals deemed necessary by the ICOA.

9.9. **CONFIDENTIALITY AND DISCLOSURE**

1. **Office of Ombudsman for the Elderly** (IC 67-5009) Records obtained by the ombudsman shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code.
2. **Written Consent (IDAPA 15.01.03.041.)** The Office shall ensure appropriate access to review medical and social records of a resident. (See OAA, Section 712) (7-1-98)
 - A. **Resident Written Consent.** Access to confidential records requires the written consent of the resident or legal representative. (7-1-98)
 - B. **Lack of Consent.** If the client is unable to provide written or oral consent, or the legal representative is unavailable to provide consent, the substate ombudsmen, with approval of the Office may inspect available client records, including medical records that are necessary for investigation of a complaint. (7-1-98)
 - C. **Consent Refused.** If a substate ombudsman has been refused access to records by legal representative but has reasonable cause to believe that the legal representative is not acting in the best interest of the client, the substate ombudsman may, with the approval of the Office, inspect client records, including medical records. (7-1-98)
 - D. **Requirements for Informing Client or Resident.** The substate ombudsman shall inform the complainant or resident regarding: (7-1-98)
 1. Who will receive the information; (7-1-98)
 2. What information will be disclosed; and (7-1-98) c. The purpose for which the information is being disclosed.

3. Confidentiality (IDAPA 15.01.03.042.)

- A. The Office shall be the custodian of all substate ombudsman program records including, but not limited to, records and files containing personal information relative to complainants and residents of long-term care facilities. Requests for release of confidential information shall be submitted to the Office for approval or denial. Release of information shall be granted pursuant to OAA, Section 721(e). (7-1-98)
1. **Storage of Records.** Client records shall be maintained in locked storage. Case records inactive for two (2) years or longer may be expunged. As required by law, release of these records shall be limited to persons authorized by the Office. (7-1-98)
 2. **Performance Evaluations.** For performance evaluation purposes, direct supervisors shall have access to client files maintained by substate ombudsmen. (7-1-98)
 3. **Confidential Records.** Records to be safeguarded include, but are not limited to, long-term care and community-based complaint files including: (7-1-98)
 - a. Notes of interviews with complainants and clients or collateral contacts; (7-1-98)
 - b. All copies of residents' medical records or diagnoses; (7-1-98)
 - c. All records relevant to complaint investigations; (7-1-98)
 - d. All memoranda generated by the Office or by another agency office during the evaluation and resolution of a complaint; (7-1-98)
 - e. All photographs, video tapes, tape recordings, etc. pertaining to complaint investigation; (7-1-98)
 - f. All memoranda or letters generated during evaluation or resolution of a complaint; (7-1-98)
 - g. Written documentation that parties affected by ombudsman opinions or recommendations have been notified; and (7-1-98)
 - h. Information containing unverified complaints about long-term care facility owners, administrators, staff or other persons involved in the long-term care system or in other service programs. (7-1-98)
 4. **Request for Anonymity.** The ombudsman shall honor a resident's or complainant's request to remain anonymous. If investigation of a complaint requires that a resident's or complainant's name be divulged in order for the investigation to proceed, the ombudsman shall so inform the resident or complainant. If the resident or complainant insists on maintaining anonymity, the ombudsman may terminate the investigation. (7-1-98)

4. Disclosure (IDAPA 15.01.03.043.) The Office shall be the only entity having authority to authorize disclosure of substate ombudsmen files maintained by the program except when the ICOA is subpoenaed by the court to disclose pertinent records. (7-1-98)

9.10. LEGAL COUNSEL.

1. **State Long-Term Care Ombudsman Program Legal Counsel** (OAA Section 712)
 - A. (g)The State agency shall ensure that—

1. (1)
 - a. (A) adequate legal counsel is available, and is able, without conflict of interest, to—
 1. (i) provide advice and consultation needed to protect the health, safety, welfare, and rights of residents; and
 2. (ii) assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives; and
 - b. (B) legal representation is provided to any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties of the Ombudsman or such a representative; and
2. (2) the Office pursues administrative, legal, and other appropriate remedies on behalf of residents.

CHAPTER 10: ADULT PROTECTION

10.1. **POLICY STATEMENT.** (IDAPA 15.01.02.020)(7-1-98)

1. The ICOA is charged by statute to provide AP services to ensure:
 - A. The vulnerable adult population in Idaho is protected from abuse, neglect and exploitation.
 - B. Protective services shall be provided that are the least restrictive to personal freedom and ensure the maximum independence of individuals served.
 - C. In protecting the vulnerable adult population, AP services are also intended to provide assistance to care giving families experiencing difficulties in maintaining functionally impaired relatives in the household.

10.2. **ADULT PROTECTION SERVICES.** (IC 67-5011) Adult protection services for vulnerable adults shall be administered through the commission. Adult protection services are specialized social services directed toward assisting vulnerable adults who are unable to manage their own affairs, carry out the activities of daily living or protect themselves from abuse, neglect or exploitation. Provision of services may be accomplished by contracting with each of the commission's local area agencies on aging. For the purposes of implementing the provisions of this section, the commission (AAAs) shall assume all responsibilities cited in chapter 53, title 39, Idaho Code, entitled "Adult Abuse, Neglect and Exploitation Act."

10.3. **ADMINISTRATIVE REQUIREMENTS.** (IDAPA 15.01.02.021)

1. In accordance with Section 67-5011, Idaho Code, the ICOA shall administer AP services through contracts with the AAAs.
2. Each AAA shall adhere to all administrative requirements relating to AP programs and those enumerated in IDAPA 15.01.01, "Rules Governing Senior Services Program," unless a waiver is granted by the ICOA. (4-6-05)
 1. **Staffing.** Each AAA shall provide sufficient staffing to respond to AP complaints within the statutory time frames set forth in Section 39-5304 (2), Idaho Code. (7-1-98)
 2. **Employee Qualifications.** Each AAA shall adhere to standards set forth in rule for the education and licensing of AP program employees, including requirements for the AP Supervisor, AP Worker and Supportive Services Technician. (4-2-08)
 3. **Program Reporting and Records.** All AAA AP programs shall comply with the ICOA's requirements for reporting and investigative documentation, and shall utilize standardized forms provided by the ICOA. (7-1-98)
 4. **Conflict of Interest.** AP program employees and their immediate families shall not hold a financial interest in agencies, organizations and entities providing care for vulnerable adults. (7-1-98)
 5. **Program Reviews.** The ICOA shall conduct on site program reviews of the AAA AP programs upon prior notice, and at reasonable intervals determined by the ICOA. (7-1-98)

- 10.4. **PROVISION OF SERVICE REQUIREMENTS.** (IDAPA 15.01.02.022) In accordance with Section 67-5011, Idaho Code, each AAA shall assume all responsibilities cited in Title 39, Chapter 53, Idaho Code. (7-1-98)
1. **Direct Provision of Service.** Each AAA shall provide AP as a direct service. (4-5-00)
 - A. Contracts. Each AAA shall provide AP services pursuant to contracts delineating the duties and obligations of each AAA AP program. (4-6-05)
 - B. Court Visitors. No AP worker shall serve as a court appointed visitor in a guardianship or conservatorship proceeding involving a proposed ward who is or has been the alleged victim in an AP investigation. (4-6-05)
- 10.5. **DECLARATION OF POLICY.** (IC 39-5301A)
1. It is the intent of the Adult Abuse, Neglect and Exploitation Act to:
 - A. Authorize the fewest possible restrictions on the exercise of personal freedom and religious beliefs consistent with a vulnerable adult's need for services and
 - B. Empower vulnerable adults to protect themselves.
 2. The legislature recognizes that vulnerable adults:
 - A. Sometimes experience difficulties managing their own affairs.
 - B. Are unable to protect themselves from abuse, neglect or exploitation.
 - C. Often, cannot find others who are able or willing to provide assistance.
 3. The commission is directed:
 - A. To investigate allegations of abuse, neglect, self-neglect or exploitation involving a vulnerable adult,
 - B. To make appropriate referrals to law enforcement, and
 - C. To arrange for the provision of necessary services.
 - D. Further the commission shall honor a vulnerable adult's freedom of choice and right to self-determination.
 - E. When it becomes necessary for the commission to assist a vulnerable adult:
 1. Actions shall be tempered by the requirements of due process and must place the fewest possible restrictions on personal freedom.
 - F. Services provided under this act are also intended to provide assistance to caregiving families experiencing difficulties in maintaining functionally impaired relatives in the household.
 4. In the process of carrying out its adult protection responsibilities, the commission is directed to make effective use of multidisciplinary services available through any and all public agencies, community-based organizations, and informal resources.
- 10.6. **ADULT PROTECTION PROCEDURES.** (OAA Section 721 (b)(3)) ensuring the coordination of services provided by area agencies on aging with services instituted under the State adult protection service program, State and local law enforcement systems, and courts of competent jurisdiction;
1. **Duty to Report Cases of Abuse, Neglect or Exploitation of Vulnerable Adults.** (IC 39-5303)

- A. Any physician, nurse, employee of a public or private health facility, or a state licensed or certified residential facility serving vulnerable adults, medical examiner, dentist, ombudsman for the elderly, osteopath, optometrist, chiropractor, podiatrist, social worker, police officer, pharmacist, physical therapist, or home care worker who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected or exploited shall immediately report such information to the commission or contractors.

Provided however, that nursing facilities defined in section [39-1301\(b\)](#), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department.

When there is reasonable cause to believe that abuse or sexual assault has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult, any person required to report under this section shall also report such information within four (4) hours to the appropriate law enforcement agency.

- B. Failure to report as provided under this section is a misdemeanor subject to punishment as provided in section [18-113](#), Idaho Code. If an employee at a state licensed or certified residential facility fails to report abuse or sexual assault that has resulted in death or serious physical injury jeopardizing the life, health or safety of a vulnerable adult as provided under this section, the department shall also have the authority to:
1. Revoke the facility's license and/or contract with the state to provide services;
 2. Deny payment;
 3. Assess and collect a civil monetary penalty with interest from the facility owner and/or facility administrator;
 4. Appoint temporary management;
 5. Close the facility and/or transfer residents to another certified facility;
 6. Direct a plan of correction;
 7. Ban admission of persons with certain diagnoses or requiring specialized care;
 8. Ban all admissions to the facility;
 9. Assign monitors to the facility; or
 10. Reduce the licensed bed capacity.
- Any action taken by the department pursuant to this subsection shall be appealable as provided in [chapter 52, title 67](#), Idaho Code.
- C. Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being abused, neglected or exploited may report such information to the commission or its contractors.
- D. The commission and its contractors shall make training available to officers and employees of financial institutions in identifying and reporting instances of abuse, neglect or exploitation involving vulnerable adults.

- E. Any person who makes any report pursuant to this chapter, or who testifies in any administrative or judicial proceeding arising from such report, or who is authorized to provide supportive or emergency services pursuant to the provisions of this chapter, shall be immune from any civil or criminal liability on account of such report, testimony or services provided in good faith, except that such immunity shall not extend to perjury, reports made in bad faith or with malicious purpose nor, in the case of provision of services, in the presence of gross negligence under the existing circumstances.
 - F. Any person who makes a report or allegation in bad faith, with malice or knowing it to be false, shall be liable to the party against whom the report was made for the amount of actual damages sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, plus attorney's fees and costs of suit. If the court finds that the defendant acted with malice or oppression, the court may award treble actual damages or treble statutory damages, whichever is greater.
2. **Exemption from Duty to Report – Limited Application of Exemption.** (IC 39-5303A)
- A. The requirements set forth in section [39-5303](#), Idaho Code, pertaining to the reporting of instances of abuse, neglect or exploitation of a vulnerable adult to the commission or the department shall not apply to situations involving resident-to-resident contact within public or private health facilities or state licensed or certified facilities which serve vulnerable adults, except in those cases involving sex abuse, death or serious physical injury that jeopardizes the life, health or safety of a vulnerable adult or repeated resident-to-resident physical or verbal altercations, not resulting in observable physical or mental injury, but constituting an ongoing pattern of resident behavior that a facility's staff are unable to remedy through reasonable efforts.
 - B. This exemption applies only to reports involving resident-to-resident abuse that are to be directed to the commission or the department pursuant to section [39-5303](#), Idaho Code. This exemption shall not limit any other reporting obligation or requirement whether statutory or otherwise.
3. **Reporting Requirements, Investigation, Emergency Access.** (IC 39-5304(1))
- A. When a report is required pursuant to this chapter, such report shall be made immediately to the commission or appropriate contractor.

Provided however, that nursing facilities defined in section [39-1301\(b\)](#), Idaho Code, and employees of such facilities shall make reports required under this chapter to the department.

If known, the report shall contain:

- 1. The name and address of the vulnerable adult; the caretaker; the alleged perpetrator;
- 2. The nature and extent of suspected abuse, neglect or exploitation; and
- 3. Any other information that will be of assistance in the investigation.

4. **Investigative Requirements.** (IDAPA 15.01.02.031)

- A. Review of Allegations. Upon receipt of a report of abuse, neglect or exploitation the AP worker shall conduct a review of the allegations of such report to determine whether: (5-3-03)
 - 1. The report was required to be made to the ICOA or its contractors pursuant to Section 39-5303, Idaho Code; (3-30-01)
 - 2. An emergency exists; and (3-30-01)
 - 3. In cases involving resident-to-resident contact reported pursuant to Section 39-5303(A), Idaho Code, determine whether the case involves the sexual abuse, death, or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult, or involves repeated physical or verbal altercations between residents, not resulting in observable physical or mental injury, but constituting an ongoing pattern of resident behavior that a facility's staff is unable to remedy through reasonable efforts. (4-6-05)
- B. Need for Investigation. If, based on its review, the AP worker determines that a report involves a nursing facility defined in Section 39-1301(b), Idaho Code, and was required to be made to the department pursuant to Section 39-5303, Idaho Code, the AAA shall immediately refer the report to the department.
 - 1. If, based on its review, the AAA determines that a report involving resident-to-resident contact was exempted from reporting by Section 39-5303A, Idaho Code, no further investigation need be conducted on such report. The AAA shall investigate all other reports.
- C. Vulnerability Determination. Upon investigating an AP report, each AP worker shall determine whether an alleged victim is vulnerable as defined in Section 39-5302, Idaho Code.
 - 1. If the alleged victim is determined to be vulnerable as defined in Section 39-5302, Idaho Code, the AP worker shall continue the investigation.
 - 2. If the alleged victim is not vulnerable as defined in Section 39-5302, Idaho Code, the case shall be closed; however, the AP worker may refer the complaint to:
 - a. Information and Assistance,
 - b. Case Management,
 - c. The Ombudsman,
 - d. Law enforcement
 - e. Or other appropriate entity for investigation and resolution. (5-3-03)
- D. Assessment of Alleged Victim. An alleged victim's vulnerability and associated risk factors shall be determined through the administration of a risk assessment instrument or other standardized assessment forms. Initial interviews and assessments of an alleged victim shall be conducted by an AP worker. (4-6-05)
(Forms Packet: FO.AP.04 Adult Functional Risk Assessment)
- E. Investigative Determinations. An AP worker shall make one (1) of two (2) investigative determinations upon completion of an AP investigation: (4-6-05)
 - 1. Substantiated. A report of abuse, neglect, or exploitation of a vulnerable adult by another individual is deemed substantiated when:
 - a. Based upon limited investigation and review, the AP worker perceives the report to be credible.

1. A substantiated report shall be referred immediately to law enforcement for further investigation and action. (Forms Packet: RP.AP.01 Report to Law Enforcement)
 2. Additionally, the name of the individual against whom a substantiated report was filed shall be forwarded to the department pursuant to Sections 39-5304(5) and 39-5308(2), Idaho Code, for further investigation.
 3. In substantiated cases of self-neglect, the AP worker shall initiate appropriate referrals for supportive services with the consent of the vulnerable adult or his legal representative. (4-6-05)
2. Unsubstantiated. The AP worker shall close the file if a report of abuse, neglect, or exploitation by another individual of a vulnerable adult is not substantiated. If a report is not substantiated, but the AP worker determines that the vulnerable adult has unmet service needs, the AP worker shall initiate appropriate referrals for supportive services with consent of the vulnerable adult or his legal representative. (4-6-05)
- F. Protective Action Plan. Upon substantiating a report of abuse, neglect or exploitation of a vulnerable adult, the AP worker shall develop and implement a PAP. (5-3-03)
- G. Caretaker Neglect. In investigating a report of caretaker neglect, the AP worker shall:
1. Take into account any deterioration of the mental or physical health of the caregiver resulting from the pressures associated with care giving responsibilities that may have contributed to the neglect of the vulnerable adult.
 - a. In such cases, the AP worker shall make every effort to assist the primary caregiver in accessing program services necessary to reduce the risk to the vulnerable adult.
 - b. In AP cases in which family members are experiencing difficulties in providing twenty-four (24) hour care for a functionally impaired relative, the AP worker shall make appropriate referrals to available community services to provide needed assistance. (5-3-03)
- H. Adult Protection and Ombudsman Coordination. The AAAs shall ensure that AP staff and the substate ombudsman maintain a written agreement establishing cooperative protocols in the investigation of complaints. (3-30-01)
- I. Confidentiality. All records relating to a vulnerable adult and held by an AAA are confidential and shall only be divulged as permitted pursuant to Sections 39-5307, 39-5304(5), and 39-5308, Idaho Code, and IDAPA 15.01.01, "Rules Governing Senior Services Program," Section 028. (3-30-01)
5. **Reporting Requirements, Investigation, Emergency Access.** (IC 39-5304(2-5))
- A. If the allegations in the report indicate that an emergency exists, the commission or contractor must initiate:
1. An investigation immediately, and
 2. Initiate contact with the alleged vulnerable adult within twenty-four (24) hours from the time the report is received.

3. All other investigations must be initiated within seventy-two (72) hours from the time the report is received.
- B. The investigation shall include:
 1. A determination of the nature, extent and cause of the abuse, neglect, or exploitation,
 2. Examination of evidence and
 3. Consultation with persons thought to have knowledge of the circumstances and identification, if possible, of the person alleged to be responsible for the abuse, neglect or exploitation of the vulnerable adult.
- C. Where no emergency exists, the commission or contractor may determine, based on the review of the report and any initial inquiries, that an interview with the vulnerable adult is not necessary to the investigation.
 1. If the commission or contractor determines that an interview is necessary,
 - a. The preferred method of interviewing is by means of a personal visit with the vulnerable adult in the adult's dwelling.
 - b. Alternatively, the interview may occur in the local office of the commission or contractor, or by telephone conversation, or by any other means available to the commission or contractor.
 - c. Decisions regarding the method of conducting any interview will be within the discretion of the commission or contractor.
- D. Upon completion of an investigation, the commission or contractor shall prepare a written report of the investigation. (**Forms Packet: FO.AP.01. Intake and Investigation**)
 1. The name of the person making the original report or any person mentioned in the report shall not be disclosed unless those persons specifically request such disclosure or unless the disclosure is made pursuant to the commission's duty to notify law enforcement as required in section [39-5310](#), Idaho Code, to a request to law enforcement for emergency access, a court order or hearing.
 2. If the abuse, neglect, or exploitation is substantiated to have occurred in a state certified or licensed facility, a copy of the findings shall be sent to the licensing and certification office of the department.
 3. If the commission or contractor determines that a report is unsubstantiated and that no other law has been violated, all records related to the report shall be expunged no later than three (3) years following the completion of the investigation.
6. **Inspections – Right of Entry.** (IC 39-5305)
 - A. Upon receiving information that a vulnerable adult is alleged to be abused, neglected, or exploited, the commission or contractor shall cause such investigation to be made in accordance with the provisions of this chapter as is appropriate.
 1. In making the investigation, the commission or contractor shall use its own resources and may enlist the cooperation of peace officers.
 2. In an emergency any authorized commission employee or contractor shall enlist the cooperation of a peace officer to ensure the safety of the vulnerable adult, and they shall receive the peace officer's assistance.

3. Assistance in an emergency may include entry on private or public property where a vulnerable adult is allegedly subject to abuse, neglect or exploitation, and the removal and transportation of the vulnerable adult to a medical facility, care-providing facility, or other appropriate and safe environment.
 - B. In a nonemergency, any peace officer may cooperate with an authorized commission employee or contractor in ensuring the safety of a vulnerable adult who has been abused, neglected or exploited, including a vulnerable adult living in a condition of self-neglect. Assistance shall only be provided with the consent of the vulnerable adult or his legal representative.
 - C. For the purposes of implementing or enforcing any provision of this chapter or any rule authorized under the provisions of this chapter, any duly authorized commission employee or contractor may, upon presentation of appropriate credentials at any reasonable time, with consent or in an emergency, enter upon any private or public property where a vulnerable adult allegedly is subject to abuse, neglect, or exploitation.
 - D. All inspections and searches conducted under the provisions of this chapter shall be performed in conformity with the prohibitions against unreasonable searches and seizures contained in the fourth amendment to the constitution of the United States and article I, section 17, of the constitution of the state of Idaho. The state shall not, under the authority granted in this chapter, conduct warrantless administrative searches of private property except with consent, or in an emergency.
 - E. If consent to entry is not given, a commission employee or contractor with the assistance of the county prosecutor may obtain, and any magistrate or district judge is authorized to issue a search warrant upon showing that probable cause exists to believe a vulnerable adult is subject to abuse, neglect or exploitation. Upon request of a commission employee or contractor, a peace officer shall serve the search warrant.
7. **Supportive Services and Disclosure.** (IC 39-5306)
- A. If there is substantiated abuse, neglect, or exploitation of a vulnerable adult, the commission or contractor has the responsibility to assist the adult in obtaining available services.
 1. Supportive Services Plan. (IDAPA 15.01.02.032.01) If determined necessary to reduce risk to a vulnerable adult, in substantiated cases and as part of a PAP, the AP worker shall refer the case to Case Management for the development and implementation of an SSP with the consent of the vulnerable adult or his legal representative. (4-6-05)
 - B. If the commission or contractor develops a plan of supportive services for the vulnerable adult, the plan shall provide for appropriate supportive services available to the vulnerable adult that are least restrictive to personal freedom and shall provide encouragement for client self-determination and continuity of care.
 - C. If the vulnerable adult does not consent to the receipt of reasonable and necessary supportive services, or if the vulnerable adult withdraws consent, services shall not be provided or continued.

1. Documentation of Client Consent. (IDAPA 15.01.02.032.02) A vulnerable adult's consent, refusal to grant consent, or withdrawal of consent to an SSP shall be documented in the client case record. (5-3-03)
- D. If the commission or contractor determines that a vulnerable adult is an incapacitated person, as defined in section [15-5-101\(a\)](#), Idaho Code, mentally ill as defined in section [66-317](#), Idaho Code, or developmentally disabled as defined in section [66-402](#), Idaho Code, the commission or contractor may petition the court for protective proceedings, appointment of a guardian or conservator and such other relief as may be provided by [chapter 5, title 15](#), Idaho Code, and chapters 3 and 4, [title 66](#), Idaho Code.
- E. An employee or contractor of the commission shall not be appointed the guardian or conservator of a vulnerable adult unless the commission employee or contractor has a spousal or familial relationship with the vulnerable adult.
8. **Case Closure.** (IDAPA 15.01.02.032.03) (Forms Packet: FO.AP.02. Case Closure)
 - A. Case Closure. AP shall close a case under the following circumstances:
 1. The AP worker shall close a substantiated case upon a determination that an initiated PAP, SSP or law enforcement involvement has successfully reduced the risk to the vulnerable adult. (5-3-03)
 2. The AP worker may close a substantiated case when the vulnerable adult refuses to consent to receive services, or upon a determination that the AAA has implemented all measures available to reduce risk but has been unable to reduce risk. (5-3-03)
 3. The AP worker may close a case if another program or agency has agreed to assume responsibility to monitoring and reviewing implementation of an SSP. (5-3-03)
 4. A case shall be closed if the AP worker determines that an allegation has been made in bad faith or for a malicious purpose. (5-3-03)
9. **Suspense File.** (IDAPA 15.01.02.032.04)
 - A. Suspense File. Closed cases shall be maintained in a suspense file until formal action is completed by law enforcement and/or the courts in the following instances: (7-1-98)
 1. Cases referred by an AP worker to law enforcement for criminal investigation and prosecution as determined necessary by the law enforcement agency. (5-3-03)
 2. Cases referred by an AP worker for guardianship/conservatorship proceedings. (5-3-03)
10. **Access to Records.** (IC 39-5307)
 - A. Any person, department, agency or commission authorized to carry out the duties enumerated in this chapter shall have access to all relevant records, which shall be subject to disclosure according to [chapter 3, title 9](#), Idaho Code, and shall only be divulged with the written consent of the vulnerable adult or his legal representative. No medical records of any vulnerable adult may be divulged for any purpose without the express written consent of such person or his legal representative, or pursuant to other proper judicial process. (Forms Packet: FO.AD.03. Release of Information)

11. Interagency Cooperation. (IC 39-5308)

- A. In performing the duties set forth in this chapter, the commission or contractor may request the assistance of the staffs and resources of all appropriate state departments, agencies and commissions and local health directors, and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Interagency cooperation shall include the involvement, when appropriate, of law enforcement personnel, department personnel, medical personnel, and any other person or entity deemed necessary due to their specialized training in providing services to vulnerable adults. Interagency cooperation may also include access to client information necessary for the provision of services to vulnerable adults.
- B. The commission shall provide to the department on at least a quarterly basis a listing of all alleged perpetrators against whom an allegation of adult abuse, neglect or exploitation has been substantiated. Upon request, all available supportive information shall be provided to enable the department to conduct criminal background checks and other required investigations. (Forms Packet: RP.AP.02. AAA Substantiated Case Report)
- C. The department shall provide to the commission or contractor any report received under this chapter from a nursing facility defined in section [39-1301\(b\)](#), Idaho Code, or an employee of such facility.
- D. The commission or contractor shall provide the department with any report received under this chapter involving allegations of abuse, neglect or exploitation occurring in a nursing facility as defined in section [39-1301\(b\)](#), Idaho Code.
- E. The commission, contractors and the department shall use interagency staffing when necessary and share client and facility information necessary to provide services to vulnerable adults.

12. Coordination of Services. (IC 39-5309) Subsequent to the authorization for the provision of reasonable and necessary emergency and support services, the commission or contractor shall initiate a review of each case at reasonable intervals over a reasonable period of time as the commission or contractor deems necessary based upon the circumstances in each individual case to determine whether continuation or modification of the services provided is warranted. A decision to continue the provision of such services should be made in concert with appropriate personnel from state agencies, departments, service providers and others, and shall comply with the consent provisions of this chapter.

13. Effect of Actions Taken Pursuant to the Natural Death Act. (IC 39-5311) Any action taken by a physician or health facility pursuant to an agreement with a vulnerable adult in accordance with the provisions of [chapter 45, title 39](#), Idaho Code, shall not be construed to constitute abuse, exploitation, or neglect, so long as it is consistent with the withholding or withdrawal of artificial life-sustaining procedures from a qualified patient.

14. Rules. (IC 39-5312) The director of the Commission shall have the authority to adopt, promulgate and enforce such rules as he deems necessary in carrying out the provisions of this chapter subject to the provisions of [chapter 52, title 67](#), Idaho Code.

CHAPTER 11: NUTRITION

11.1. RULES GOVERNING OLDER AMERICANS ACT SERVICES.

1. **Nutrition Services.** (IDAPA 15.01.21.011) The ICOA incorporates, by reference, all federal and state statutes and requirements governing the administration, operation and management of the congregate and home-delivered meal programs. (7-1-98)

11.2. SENSE OF CONGRESS RECOGNIZING THE CONTRIBUTION OF NUTRITION TO THE HEALTH OF OLDER ADULTS. (OAA Subpart 3, General Provisions, Section 339 Nutrition)

1. **(a) Findings.**—Congress finds that-
 - A. (1) good nutrition is vital to good health, and a diet based on the Dietary Guidelines for Americans may reduce the risk of chronic diseases such as cardiovascular disease, osteoporosis, diabetes, macular degeneration, and cancer;
 - B. (2) the American Dietetic Association and the American Academy of Family Physicians have estimated that the percentage of older adults who are malnourished is estimated at 20 to 60 percent for those who are in home care and at 40 to 85 percent for those who are in nursing homes;
 - C. (3) the Institute of Medicine of the National Academy of Sciences has estimated that approximately 40 percent of community-residing persons age 65 and older have inadequate nutrient intakes;
 - D. (4) older adults are susceptible to nutrient deficiencies for a number of reasons, including a reduced capacity to absorb and utilize nutrients, difficulty chewing, and loss of appetite;
 - E. (5) while diet is the preferred source of nutrition, evidence suggests that the use of a single daily multivitamin-mineral supplement may be an effective way to address nutritional gaps that exist among the elderly population, especially the poor; and
 - F. (6) the Dietary Guidelines for Americans state that multivitamin-mineral supplements may be useful when they fill a specific identified nutrient gap that cannot be or is not otherwise being met by the individual's intake of food.
2. **(b) Sense of Congress.** It is the sense of Congress that—
 1. (1) meal programs funded by the Older Americans Act of 1965 contribute to the nutritional health of older adults;
 2. (2) when the nutritional needs of older adults are not fully met by diet, use of a single, daily multivitamin-mineral supplement may help prevent nutrition deficiencies common in many older adults;
 3. (3) use of a single, daily multivitamin-mineral supplement can be a safe and inexpensive strategy to help ensure the nutritional health of older adults; and
 4. (4) nutrition service providers under the Older Americans Act of 1965 should consider whether individuals participating in congregate and home-delivered meal programs would benefit from a single, daily multivitamin-mineral supplement that is in compliance with all applicable government quality standards and provides at least 2/ 3 of the essential vitamins and minerals at 100 percent of the daily value levels as determined by the Commissioner of Food and Drugs.

- 11.3. **SUBPART 3 GENERAL PROVISIONS, NUTRITION.** (OAA Section 339) A State that establishes and operates a nutrition project under this chapter shall—
1. **Solicit Expertise of Dietitian.** (1) **solicit the expertise of a dietitian or other individual with equivalent education and training in nutrition science, or if such an individual is not available, an individual with comparable expertise in the planning of nutritional services, and**
 2. **Meal Requirements.** (2) ensure that the project—
 - A. (A) provides meals that –
 1. (i) comply with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture, and
 2. (ii) provide to each participating older individual—
 - a. (I) a minimum of 33 1/3 percent of the dietary reference intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day,
 - b. (II) a minimum of 66 2/3 percent of the allowances if the project provides two meals per day, and
 - c. (III) 100 percent of the allowances if the project provides three meals per day, and
 3. (iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants,
 - B. (B) provides flexibility to local nutrition providers in designing meals that are appealing to program participants,
 - C. (C) encourages providers to enter into contracts that limit the amount of time meals must spend in transit before they are consumed,
 - D. (D) where feasible, encourages **joint** arrangements with schools and other facilities serving meals to children in order to promote intergenerational meal programs,
 - E. (E) provides that meals, other than in-home meals, are provided in settings in as close proximity to the majority of eligible older individuals' residences as feasible,
 - F. (F) comply with applicable provisions of State or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual, (Forms Packet: TG.NU.01)
 - G. **(G) ensures that meal providers solicit the advice and expertise of—**
 1. **(i) a dietitian or other individual described in paragraph (1),**
 2. **(ii) meal participants, and**
 3. **(iii) other individuals knowledgeable with regard to the needs of older individuals,**
 - H. (H) ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to participating older individuals, to individuals providing

volunteer services during the meal hours, and to individuals with disabilities who reside at home with older individuals eligible under this chapter,

- I. (I) ensures that nutrition services will be available to older individuals and to their spouses, and may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided,
- J. **(J) provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate, and**
- K. **(K) encourages individuals who distribute nutrition services under subpart 2 to provide, to homebound older individuals, available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.**

(42 U.S.C. 3030g–21)

3. **Safety Standards.** (IDAPA 15.01.21.011(b)(c))

- A. The AAA shall ensure providers comply with all state and local fire, health, sanitation, safety, building, and zoning laws, ordinances, or codes;
- B. Have a valid permit to operate a food service establishment: (7-1-98)
 - (1) Are in compliance with the Federal Occupational Safety and Health Administration (O.S.H.A.) requirements; (7-1-98)
 - (2) Pass the Food Safety and Sanitation course in compliance with IDAPA 16.02.19, Subsection 400.02, "Rules Governing Food Safety and Sanitation Standards for Food Establishments (UNICODE)"; and (7-1-98)
 - (3) Comply with the provisions of the Americans with Disabilities Act (PL 101-336). (7-1-98)

4. **Food Safety and Sanitation Standards for Food Establishments (The Idaho Food Code).**

- A. These Rules Apply to Food Establishments. (IDAPA 16.02.19.001.03)
 - 1. Food establishments as defined in Section 39-1602, Idaho Code must follow these rules. Those facilities include but are not limited to the following:
 - a. Restaurants, catering facilities, taverns, kiosks, vending facilities, commissaries, cafeterias, mobile food facilities, temporary food facilities; and (4-6-05)
 - b. (b) Schools, senior centers, hospitals, residential care and treatment facilities, nursing homes, correctional facilities, camps, food banks, and church facilities.

5. **Donation and Fees.**

- A. Client Contributions. (IDAPA 15.01.01.025. 07)
 - 1. Client Contributions. All clients from whom a cost sharing payment is not required shall be given the opportunity to make voluntary contributions. (4-6-05)

11.4. **NUTRITION SERVICES INCENTIVE PROGRAM (NSIP).** (OAA Section 311 (a))

1. **Purpose.** (a) The purpose of this section is to provide incentives to encourage and reward effective performance by States and tribal organizations in the efficient delivery of nutritious meals to older individuals.
2. **Cash Distribution Plans.** (b)
 - A. (1) The Secretary shall allot and provide, in accordance with this section, to or on behalf of each State agency with a plan approved under this title for a fiscal year, and to or on behalf of each grantee with an application approved under title VI for such fiscal year, an amount bearing the same ratio to the total amount appropriated for such fiscal year under subsection (e) as the number of meals served in the State under such plan approved for the preceding fiscal year (or the number of meals served by the title VI grantee, under such application approved for such preceding fiscal year), bears to the total number of such meals served in all States and by all title VI grantees under all such plans and applications approved for such preceding fiscal year.
 - B. (2) For purposes of paragraph (1), in the case of a grantee that has an application approved under title VI for a fiscal year but that did not receive assistance under this section for the preceding fiscal year, the number of meals served by the title VI grantee for the preceding fiscal year shall be deemed to equal the number of meals that the Assistant Secretary estimates will be served by the title VI grantee in the fiscal year for which the application was approved.
3. **Agricultural Commodities.** (c)
 - A. (1) Agricultural commodities **(including bonus commodities)** and products purchased by the Secretary of Agriculture under section 32 of the Act of August 24, 1935 (7 U.S.C. 612c), shall be donated to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.
 - B. (2) The Commodities Credit Corporation shall dispose of food commodities **(including bonus commodities)** under section 416 of the Agricultural Act of 1949 (7 U.S.C. 1431) by donating them to a recipient of a grant or contract to be used for providing nutrition services in accordance with the provisions of this title.
 - C. (3) Dairy products **(including bonus commodities)** purchased by the Secretary of Agriculture under section 709 of the Food and Agriculture Act of 1965 (7 U.S.C. 1446a–1) shall be used to meet the requirements of programs providing nutrition services in accordance with the provisions of this title.
 - D. **(4) Among the commodities provided under this subsection, the Secretary of Agriculture shall give special emphasis to foods of high nutritional value to support the health of older individuals. The Secretary of Agriculture, in consultation with the Assistant Secretary, is authorized to prescribe the terms and conditions respecting the provision of commodities under this subsection.**
4. **Commodity Election and Disbursement of Funds.** (d)
 - A. (1) Each State agency and each title VI grantee shall be entitled to use all or any part of amounts allotted under subsection (b) to obtain, subject to paragraphs (2) and (3), from the Secretary of Agriculture commodities available through any food

program of the Department of Agriculture at the rates at which such commodities are valued for purposes of such program.

- B. (2) The Secretary of Agriculture shall determine and report to the Secretary, by such date as the Secretary may require, the amount (if any) of its allotment under subsection (b) which each State agency and title VI grantee has elected to receive in the form of commodities. Such amount shall include an amount bearing the same ratio to the costs to the Secretary of Agriculture of providing such commodities under this subsection as the value of commodities received by such State agency or title VI grantee under this subsection bears to the total value of commodities so received.
 - C. (3) From the allotment under subsection (b) for each State agency and title VI grantee, the Secretary shall transfer funds to the Secretary of Agriculture for the costs of commodities received by such State agency or grantee, and expenses related to the procurement of the commodities on behalf of such State agency or grantee, under this subsection, and shall then pay the balance (if any) to such State agency or grantee. The amount of funds transferred for the expenses related to the procurement of the commodities shall be mutually agreed on by the Secretary and the Secretary of Agriculture. The transfer of funds for the costs of the commodities and the related expenses shall occur in a timely manner after the Secretary of Agriculture submits the corresponding report described in paragraph (2), and shall be subject to the availability of appropriations. Amounts received by the Secretary of Agriculture pursuant to this section to make commodity purchases for a fiscal year for a State agency or title VI grantee shall remain available, only for the next fiscal year, to make commodity purchases for that State agency or grantee pursuant to this section.
 - D. (4) Each State agency and title VI grantee shall promptly and equitably disburse amounts received under this subsection to recipients of grants and contracts. Such disbursements shall only be used by such recipients of grants or contracts to purchase domestically produced foods for their nutrition projects.
 - E. (5) Nothing in this subsection shall be construed to require any State agency or title VI grantee to elect to receive cash payments under this subsection.
5. **Authorization to Carry out Section.** (e) There are authorized to be appropriated to carry out this section (other than subsection (c)(1)) such sums as may be necessary for fiscal year 2007 and such sums as may be necessary for each of the 4 succeeding fiscal years.
6. **Disseminate Information.** (f) In each fiscal year, the Secretary and the Secretary of Agriculture shall jointly disseminate to State agencies, title VI grantees, area agencies on aging, and providers of nutrition services assisted under this title, information concerning the foods available to such State agencies, title VI grantees, area agencies on aging, and providers under subsection (c).
(43.S.C. 3030a)

11.5. **COMMODITY CASH IN LIEU/COMMODITY ELECTION.** (IDAPA 15.01.21.011.02)

1. **Commodity Program Participation Requirements.** All AAA nutrition service providers shall choose annually to participate in the USDA Eighty/Twenty (80/20) or One Hundred Percent (100%) Cash-In-Lieu Commodity program. (7-1-99)

11.6. **SUBPART 1 - CONGREGATE NUTRITION SERVICES**

1. **Purposes.** (OAA, Section 330)
 - A. (1) To reduce hunger and food insecurity;
 - B. (2) To promote socialization of older individuals; and
 - C. (3) To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
2. **Authorization.** (OAA Section 331) The Assistant Secretary shall carry out a program for making grants to States under State plans approved under section 307 for the establishment and operation of nutrition **projects that—**
 - A. (1) 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by regulation) and a lesser frequency is approved by the State agency), provide at least one hot or other appropriate meal per day and any additional meals which the recipient of a grant or contract under this subpart may elect to provide;
 - B. (2) Shall be provided in congregate settings, including adult day care facilities and multigenerational meal sites; and
 - C. (3) Provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants. (42 U.S.C. Chapter 35 3030e)
3. **Eligibility.**
 - A. (IDAPA 15.01.01.021)
 1. Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho.
 2. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)
 - B. (OAA 339(2)(H) and (I) A State that establishes and operates a nutrition project under this chapter shall—
 1. (H) Ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to
 - a. participating older individuals, to individuals providing volunteer services during the meal hours, and to
 - b. individuals with disabilities who reside at home with older individuals eligible under this chapter,
 2. (I) Ensures that nutrition services will be available to older individuals and to
 - a. their spouses, and

- b. may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
 - 4. **Screening.** (OAA Section 339(J)) (**Forms Packet: FO.NU.02. Congregate Meal Registration**)
 - A. A State that establishes and operates a nutrition project under this chapter shall ensure that the project.
 - B. Provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.
- 11.7. **SUBPART 2 - HOME DELIVERED NUTRITION SERVICES.**
- 1. **Program Authorized.** (OAA Section 336)
 - A. The Assistant Secretary shall establish and carry out a program to make grants to States under State plans approved under section 307 for the establishment and operation of nutrition projects for older individuals that provide—
 - 1. (1) On 5 or more days a week (except in a rural area where such frequency is not feasible (as defined by the Assistant Secretary by rule) and a lesser frequency is approved by the State agency) at least 1 home delivered meal per day, which may consist of hot, cold, frozen, dried, canned, fresh, or supplemental foods and any additional meals that the recipient of a grant or contract under this subpart elects to provide; and
 - 2. (2) Nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal recipients. (42 U.S.C. 3030f)
 - 2. **Eligibility.**
 - A. (IDAPA 15.01.01.021)
 - 1. Persons eligible to receive services under the Act shall be sixty (60) years of age or older and residents of the state of Idaho.
 - 2. Functionally- or cognitively-impaired adults under age sixty (60) living in the home of a caregiver who is age sixty (60) or older are exempted from this requirement. In those instances the caregiver is considered to be the client. (4-5-00)
 - B. (OAA 339(2)(H) and (I)) A State that establishes and operates a nutrition project under this chapter shall—
 - 1. (H) Ensures that each participating area agency on aging establishes procedures that allow nutrition project administrators the option to offer a meal, on the same basis as meals provided to
 - a. Participating older individuals, to individuals providing volunteer services during the meal hours, and to
 - b. Individuals with disabilities who reside at home with older individuals eligible under this chapter,
 - 2. (I) Ensures that nutrition services will be available to older individuals and to
 - a. their spouses, and

- b. may be made available to individuals with disabilities who are not older individuals but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.
 - C. (IDAPA 15.01.21.011.01(a)) Client's eligibility to receive home-delivered meals shall be based upon the degree to which ADLs/ IADLs limit ability to independently prepare meals. (7-1-98)
- 3. **Screening.** (OAA Section 339(J))
 - A. A State that establishes and operates a nutrition project under this chapter shall ensure that the project-
 - 1. Provides for nutrition screening and nutrition education, and nutrition assessment and counseling if appropriate.
- 4. **Client Assessment.** (IDAPA 15.01.01.022)
 - A. Applicants for services under this chapter shall be assessed utilizing the ICOA approved assessment instrument. (4-6-05)

CHAPTER 12: OTHER AAA CONTRACTED SERVICES

- 12.1. **TRANSPORTATION.** (IC 67-5008(1)) For operating expenses only
1. **Transportation.** (IDAPA 15.01.21.023.)
 - A. 01. Available Services. Each AAA, in accordance with Section 306, OAA, shall assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of the PSA. (7-1-98)
 - B. 02. Transportation to Meal Sites. Where appropriate, the AAA shall assure transportation to congregate meal sites is available. (7-1-98)
- 12.2. **IN-HOME SERVICES.** (IC 67-5008(3)) In-home services - For direct provision of case management, homemaker, chore, telephone reassurance, home delivered meals, friendly visiting, shopping assistance, in-home respite and other in-home services to older persons living in noninstitutional circumstances. Fees for specific services shall be based upon a variable schedule, according to rules established by the Idaho commission on aging, based upon ability to pay for such services.
1. **Case Management. See Chapter 8. (Note. Case Management is associated with access to services in OAA (Section 306(a)(2)(A)).**
 2. **Homemaker. (IDAPA 15.01.01.040)**
 - A. Policy. Homemaker service is designed to provide assistance required to compensate for functional or cognitive limitations. Homemaker services provide assistance to eligible individuals in their own homes, or, based on an Adult Protection referral, in a caregivers home; to restore, enhance, or maintain their capabilities for self-care and independent living. Available family shall be involved in developing a supportive services plan for the client to ensure the formal services provided shall enhance any available informal supports provided. A client or legal representative shall have the right to accept or refuse services at any time. The AAAs may reserve funds to support the expenditure of up to a maximum of ten percent (10%) of their annual Act Homemaker Service funding to support emergency service requests and response to Adult Protection referrals of individuals aged sixty (60) years or older. (4-6-05)
 - B. Service Eligibility. Individuals are eligible for homemaker services if they meet any of the following requirements: (7-1-98)
 1. They have been assessed to have ADL deficits, IADL deficits, or both, which prevent them from maintaining a clean and safe home environment. (4-6-05)
 2. Clients aged sixty (60) years or older, who have been assessed to need homemaker service, may be living in the household of a family member (of any age) who is the primary caregiver. (4-6-05)
 3. They are Adult Protection referrals for whom homemaker service is being requested as a component of an SSP to remediate or resolve an adult protection complaint. (4-6-05)
 4. They are home health service or hospice clients who may be eligible for emergency homemaker service. (5-3-03)

- C. Medicaid HCBS (Home and Community Based Services). When clients are determined by the Department to be eligible for Medicaid HCBS, they are no longer eligible for homemaker services unless the services are determined to be needed on an interim, emergency basis until Medicaid HCBS is initiated. (4-6-05)
 - D. Purpose of Service. (7-1-98)
 - 1. Maintain Independence and Dignity. To secure and maintain in a home environment the independence and dignity of clients who are capable of self-care with appropriate supportive services. (7-1-98)
 - 2. Prevent Institutionalization. To avoid or delay placement into long-term care institutions. (7-1-98)
 - 3. Remedy Harmful Living Arrangements. To promote the health and safety of the client. (7-1-98)
 - 4. Crisis Intervention. To assist the client through a crisis situation, if the homemaker service required meet the client's needs and can be provided within the guidelines set forth in these rules. (7-1-98)
 - E. Exclusions. (7-1-98)
 - 1. Meal Preparation. Homemakers shall not prepare meals for a client if home-delivered meals are available. (7-1-98)
 - 2. Transportation. Homemakers shall not transport a client. (4-6-05)
 - 3. Medical Judgments. Homemakers shall not make medical judgments nor any determinations regarding the application of advance directives. (7-1-98)
 - 4. Bathing and Washing Hair. Providers shall obtain adequate and appropriate insurance coverage prior to assigning their homemakers to assist clients with bathing or washing hair, or both. (5-3-03)
 - F. Service Priority. Once approved, clients shall be prioritized to receive homemaker services based on their needs, as determined through the completion of the ICOA approved assessment instrument as follows: (5-3-03)
 - 1. Highest priority shall be given to clients with the greatest degree of functional or cognitive impairment; then (7-1-98)
 - 2. To clients lacking other formal or informal supports, or both; then (5-3-03)
 - 3. To clients whose homes are in poor condition with respect to those circumstances which the homemaker service can remedy. (7-1-98)
 - G. Program Intake. (4-6-05)
 - 1. If homemaker services are to be provided, the income declaration and Supportive Services Plan shall be completed prior to any work being performed. (4-6-05)
 - 2. If the client is not eligible for services, appropriate referrals shall be made. (4-6-05)
3. **Chore (IDAPA, 15.01.01.041)**
- A. Policy. Chore service is designed to be provided to individuals who reside in their own homes or who occupy individual rental units. Chore services for those individuals who rent housing shall not provide repairs or maintenance that are the contractual responsibility of the property owner. (4-6-05)
 - B. Service Eligibility. Clients qualify to receive chore service if: (7-1-98)

1. They have been assessed to have ADL or IADL deficits which inhibit their ability to maintain their homes or yards; (7-1-98)
2. There are no available formal or informal supports; (5-3-03)
3. Chore service is needed to improve the client's safety at home or to enhance the client's use of existing facilities in the home. These objectives shall be accomplished through one-time or intermittent service to the client. (3-19-99)
- C. Service Priority. Service provision shall be prioritized based on client's degree of functional impairment. (7-1-98)
- D. Program Intake. (4-6-05)
 1. If chore services are to be provided, the income declaration and Supportive Service Plan shall be completed prior to any work being performed. (4-6-05)
 2. If the client is not eligible for services, appropriate referrals shall be made. (7-1-98)
4. **In-home Respite** (IDAPA 15.01.01.043.)
 - A. Policy. Respite is a Home and Community Based Service designed to encourage and support efforts of caregivers to maintain functionally or cognitively impaired persons at home. Paid respite staff and volunteers provide companionship or personal care services, or both, when needed and appropriate for the care recipient and the caregiver. Respite services may include, but are not limited to, the following: (4-6-05)
 1. Meeting emergency needs; (4-6-05)
 2. Restoring or maintaining the physical and mental wellbeing of the caregivers; (4-6-05)
 3. Providing socialization for the care recipient. (4-6-05)
 - B. Eligibility. (7-1-98)
 1. The care recipient shall have physical or cognitive impairments affecting ADL or IADL functioning to the extent twenty-four (24) hour care or supervision is required. (4-6-05)
 2. A caregiver sixty (60) years of age or older residing with an eligible care recipient who is under sixty (60) years of age is eligible to receive Respite. (4-6-05)
 3. A caregiver under sixty (60) years of age residing with an eligible care recipient aged sixty (60) years or older is eligible to receive Respite. (4-6-05)
 - C. OAA Family Caregiver Eligibility Exceptions: (OAA Section 372(a)(2))
 4. (2) GRANDPARENT OR OLDER INDIVIDUAL WHO IS A RELATIVE CAREGIVER.—The term “grandparent or older individual who is a relative caregiver” means a grandparent or step-grandparent of a child, or a relative of a **child by blood, marriage, or adoption** who is 55 years of age or older and—
 - a. (A) lives with the child;
 - b. (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
 - c. (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.
 - D. **(b) RULE.—In providing services under this subpart—**

3. **(1) for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder; and**
 4. **(2) for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities.**
- E. Service Limitations. (IDAPA 15.01.01.043 (3-30-01))
1. When personal care services are a part of the SSP, those services shall be provided by trained Respite employees or trained Respite volunteers. (4-6-05)
 2. Services requiring supervision of a registered nurse in accordance with the Nurse Practices Act shall not be performed by respite workers. (3-30-01)
 3. The Respite provider shall provide adequate and appropriate insurance coverage prior to assigning its respite employees or volunteers to assist clients with personal care tasks. (4-6-05)
- F. Eligibility Determination. Highest priority shall be given to caregivers of care recipients who have the greatest degree of physical or cognitive impairment and who are lacking informal supports other than the regular caregiver. (4-6-05)
5. **Adult Day Care** (IDAPA 15.01.01.042)
- A. Policy. Adult Day Care is designed to meet the needs of eligible participants whose functional or cognitive abilities have deteriorated. It is intended to provide relief for care providing family members. It is a comprehensive program which provides a variety of social and other related support services in a protective setting other than the participant’s home during any part of a day, but for a duration of less than twenty-four (24) hours. (5-3-03)
- B. Eligibility. Individuals eligible for adult day care include: (7-1-98)
1. Those who have physical or cognitive disabilities affecting ADL or IADL functioning; (7-1-98)
 2. Those capable of being transported; (7-1-98)
 3. Those capable of benefiting from socialization, structured and supervised group-oriented programs; and (7-1-98)
 4. Those capable of self-care with supervision or cueing. (7-1-98)
- C. Eligibility Determination. Highest priority shall be given to clients with the greatest degree of functional or cognitive impairment and then to clients lacking informal supports other than the regular caregiver. (4-6-05)
- D. Enrollment Agreement. A signed enrollment agreement shall be completed by the provider and the client, or the client’s legal representative, and shall include: (5-3-03)
1. Scheduled days of attendance; (7-1-98)
 2. Services and goals of the day care provider; (5-3-03)
 3. Amount of fees and when due; (7-1-98)
 4. Transportation agreement, if appropriate; (7-1-98)
 5. Emergency procedures; (7-1-98)
 6. Release from liability (for field trips, etc.); (7-1-98)

7. Conditions for service termination; (7-1-98)
8. A copy of the center's policy; and (7-1-98)
9. An SSP. (5-3-03)
- E. Staffing. Staff shall be adequate in number and skills to provide essential services. (7-1-98)
 1. There shall be at least two (2) responsible persons at the site at all times when clients are in attendance. One (1) shall be a paid staff member. (4-6-05)
 2. Staff to client ratio shall be increased appropriately if the number of clients in day care increases or if the degree of severity of clients' functional or cognitive impairment increases. (7-1-98)
 3. Staff persons counted in the staff to client ratio shall be those who spend the major part of their work time in direct service to clients. (7-1-98)
 4. If the site administrator is responsible for more than one (1) site or has duties not directly related to adult day care, a program manager shall be designated for each site. (5-3-03)
 5. Volunteers shall be included in the staff ratio only when they conform to the same standards and requirements as paid staff. (7-1-98)
- F. Services. Adult Day Care Programs shall, at a minimum, provide the following services: (7-1-98)
 1. Assistance with transferring, walking, eating, toileting; (7-1-98)
 2. Recreation; (7-1-98)
 3. Nutrition and therapeutic diets; and (7-1-98)
 4. Exercise. (7-1-98)
- G. National Standards. Adult Day Care Programs shall operate under guidelines established by the ICOA in accordance with national standards developed by the National Council on Aging's National Institute on Adult Day Care. (7-1-98)
6. **Outreach.** (IDAPA 15.01.21.022)
 - A. Identification of Older Persons in Need of Services. The AAA, in accordance with Section 306 of the OAA, shall assure that outreach efforts focus on identifying those older persons who have the greatest economic or social need, with particular attention to low-income minority elderly, elderly living in rural communities, and severely disabled elderly. (7-1-98)
 1. Minimum Requirements. To determine the effectiveness of outreach services, each AAA shall: (7-1-98)
 - a. Annually review program data to determine success in reaching those older individuals having greatest economic or social need, especially low-income minority elderly, elderly living in rural communities, and severely disabled elderly; and (7-1-98)
 - b. Require all funded nutrition providers report outreach activities on a quarterly basis. (7-1-98)
7. **Access Services.** (IDAPA 15.01.21.024)
 - A. **Expenditures for Access Services.** The AAA shall expend for access services the percentage established in the ICOA state plan. (7-1-98)
8. **Legal Assistance.** (IDAPA 15.01.21.031)

- A. Administrative Requirements. The AAA shall assure adherence to all administrative requirements as set forth in rule, unless the ICOA grants a waiver. (7-1-98)
- B. Title III-B Funds. Under an approved area plan, the AAA shall expend a minimum percentage of Title III-B funds as set forth in the ICOA state plan in Title III-B funds for legal assistance. (7-1-99)
- C. Contracts. Through performance-based agreements with local providers, the AAA shall provide legal assistance to older residents of the PSA. (7-1-98) **(Forms Packet: FO.AD.10 Contract Approval Form)**
 - 1. The AAA contracts with for-profit providers of legal assistance services shall conform with standards set forth in 45 CFR 1321.71. Prior to being executed, contracts shall be submitted to the ICOA for approval. (7-1-98)
 - 2. Contracts for legal assistance services shall be executed for the purpose of providing direct legal assistance and representation to persons aged sixty (60) years or older. The number of service units to be provided must be clearly stated in the contract. (7-1-98)
 - 3. Contracts for legal services shall include provision for legal services to clients of the AAA's Ombudsman for the Elderly Program and clients aged sixty (60) years or older of the Adult Protection Program. (7-1-99)
- D. Idaho Legal Aid Services. The AAA contracts with Idaho Legal Aid Services, Inc. shall provide the following assurances: (7-1-98)
 - 1. Services provided under the contract to individuals sixty (60) years of age or older shall be in addition to legal assistance furnished with funds obtained from other sources. (7-1-98)
- E. Maintenance of Legal Assistance Records. The AAAs shall maintain records documenting legal assistance provided within each calendar quarter to individuals aged sixty (60) years or older. (7-1-98)
- F. Provision of Service. In accordance with OAA Section 307 (a) and 45 CFR 1321.71, Subparts (a) through (k), each AAA shall assure provision of legal assistance to older individuals residing within the PSA. (7-1-98)