



Idaho Commission on Aging (ICOA) Operations Manual

PREFACE

This Idaho Commission on Aging’s (ICOA) Operations Manual provides official standards and guidance on the operation of all Idaho Area Agencies on Aging.

This manual was created **June 2022** and supersedes any prior editions. In case of any discrepancy in this manual and attachments, ICOA should be consulted for clarification/correction. These standards are in effect as of June 30, 2022, and substantial compliance is expected by January 1, 2023. A second addition was published October of 2022. For any new standards not contained in the prior version, substantial compliance is expected by June 2023. Standards that require new budget parameters will be in effect July 1, 2023 with compliance by January 1, 2024. If outcomes set in the current local accepted plans do not meet minimum standards, alignment of the outcome will be expected by year 3 of the plan.

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, Idaho Statute or the Idaho Administrative Procedures Act (IDAPA).

This Operations Manual and all updates will be posted on the ICOA’s website at <https://aging.idaho.gov/resources/icoa-administration/>. The Operations Manual will be reviewed/updated 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)”

Contents

- II. INTRODUCTION 4
 - A. Executive Summary..... 4
- III. PROFESSIONAL STANDARDS 5
 - A. Governance 5
 - B. Return on Investment 6
 - C. Ethics and Transparency 7
 - D. Stakeholder Involvement..... 8
 - E. Consumer Voice and Choice 8
 - F. Inclusion and Cultural Competence 9
 - G. Dementia Capability..... 9
 - H. Aging & Disability Resource Center (ADRC)..... 10
 - I. Elder Rights and Autonomy 11
 - J. Civil Rights 11
- IV. GENERAL STANDARDS..... 12
 - A. Planning..... 12
 - B. Daily Office Operations 12
 - C. Staff Qualifications, On Boarding and Professional Development 13
 - D. Branding, Outreach, Public Information and National Campaigns 14
 - E. Volunteer Management..... 16
 - F. AAA Contracting and Procurement 16
 - G. Fiscal..... 29
 - H. Oversight and Reviews of AAA Operations..... 48
 - I. Data and IT Systems..... 51
 - J. Records Retention..... 53
 - K. Upholding Rights and Grievance Procedures 54
 - L. Conflict of Interest and Confidentiality 55
- V. UNIVERSAL PROGRAM and SERVICE STANDARDS
 - Universal Programming 57
 - A. Focus Area – Information and Assistance Services 57

B.	Focus Area – Congregate Meals	71
C.	Focus Area – Health Promotion	83
D.	Focus Area – Medicare Improvements for Patients and Providers Act (MIPPA)/Senior Medicare Patrol (SMP).....	110
E.	Focus Area – Loneliness Reduction/Friendly Caller	122
VI.	TARGETED PROGRAM and SERVICE STANDARDS	
•	Targeted Programming	127
A.	Focus Area – Family Caregivers/Respite/Support Group/Kincare	127
B.	Focus Area – Transportation	144
C.	Focus Area – Home Delivered Meals/NSIP	148
D.	Nutrition Services Incentive Program	158
E.	Focus Area – Commodity Supplemental Food Program.....	161
F.	Focus Area – Consumer Direction	161
G.	Focus Area – Homemaker	162
H.	Focus Area – Chore	168
VII.	CRISIS PROGRAM and SERVICE STANDARDS	
•	Crisis Programming	174
A.	Focus Area –Legal Assistance.....	174
B.	Focus Area – Ombudsman	176
C.	Focus Area – Adult Protective Service	236
VIII.	Reporting Dates and Standards – Attachments from State Plan	268
IX.	List of Appendices	269

II. INTRODUCTION

A. Executive Summary

If you have not read the ICOA Planning Manual, put this down and start there. The Planning Manual explains expectations related to a six-phase planning process with the outcome of a four-year local plan. The local plan is the foundational roadmap for each Area Agency on Aging (AAA) to follow and execute over the 4-year plan period. This high-level strategic plan is important to keep in front of the AAA as their True North document.

The ICOA Operations Manual relates to daily execution of the program and services we use to meet our strategic goals. It explains best practices and standards that each organization providing the program or service must contractually meet. It is the Nuts-and-Bolts document related to both excellence and compliance with State and federal law.

The operations manual should be used as a benchmarking document. The true power of the document is enabling ongoing self-audits to ensure excellence and evaluate staff performance. Any program or service not currently meeting identified standards needs an immediate process improvement plan. As always ICOA stands by as a resource to answer questions, help locate resources, and contribute to improvement across the aging network.

We are on the journey together to become highly reliable and effective learning organizations. Older and vulnerable Idahoans deserve no less. Join me in coming to work to change the world.

Together in service to Idaho,

Judy B Taylor, Director

III. PROFESSIONAL STANDARDS

A. Governance

1. Program/Organizational Structure

a) Staffing Resources

Informed and involved leadership is essential on all levels of the aging network to choose the right goals, plan essential activities, execute them well, and track and report the outcomes. Each AAA will be led by a dedicated Director, who has the appropriate deemed authority to manage both the daily operations and achievement of area plan.

b) Purpose and Goals

(1) Purpose

The purpose of good governance is to promote the appropriate level of oversight and accountability, communication and transparency. To facilitate good business decisions, and efficient and effective operations. Thus, maximizing return on dollars invested in fulfilling the mission and goals of State and local plans. The parent organization, AAA staff, vendors, consumers, and community members are allies in advancing the mission of the AAA. There should be quality and routine investment in increasing participation and knowledge of the AAA's goals and outcomes.

(2) Goals

- Maintaining a reputation in the community as an effective and trustworthy organization.
- Promoting sound decision making and creative problem-solving.
- Enforcing good internal controls and financial oversight to prevent any real or perceived irregularities.
- Ensuring accountability for achievement of planned outcomes.
- Varied and robust feedback concerning organizational performance.

2. Responsibilities

a) ICOA Responsibilities

Execute a performance-based contract with the parent organization.

Function as the oversight agency, and enforce standards as explicated in the performance based agreement, and all official guidance.

Facilitate communication between all levels of the Aging Network.

b) Parent Organization Responsibilities

The governing board of the parent organization or designee is responsible for hiring the AAA Director in accordance with the organization's rules and regulations. ICOA may participate as a non-voting member of the interview and selection panel upon request by the organization.

The AAA will be maintained as a distinct agency within the parent organization.

The AAA Director works at the pleasure of the Board or designee. ICOA may participate in evaluation of Director performance through data sharing or survey upon request.

A member of the parent board is a de-facto member of the AAA advisory council. This Board member will provide periodic/quarterly reports to the parent board on AAA financial performance and progress toward identified outcomes.

Hold the AAA Director accountable for the excellence of daily operations and achievement of local plan goals.

c) AAA Responsibilities

Adhere to the Governance policy PO.AD.14 in appendix.

3. Implementation

a) Policies and Procedures

(1) Program and Contingencies

Whenever local leadership believes a current standard is not implementable, or would not achieve the desired results, they should submit a request for a variance in writing to the appropriate Program Specialist, Administrative or Operational Managers. This will trigger an interactive process that may include a request for more information, advisement of alternatives, and problem-solving. A final response will be issued within 30 days. Any decision can be appealed to the Director of ICOA. A final response will be issued within 14 days.

(2) Investigation

Desk or in person audits will be performed periodically to promote gap identification and closure.

(3) Complaints

Complaints may come to ICOA concerning AAA issues from many sources. Each will be evaluated on its own merits and a response plan crafted based on each circumstance. Privacy will be afforded as appropriate, but the nature of ICOA as a state agency, plus our fiduciary role precludes confidentiality except in rare circumstances allowed by law.

B. Return on Investment

1. Purpose and Goals

a) Purpose

Ensuring the highest feasible return on investment and use the saved resources to provide services at a greater frequency, enhanced geographic delivery, or higher quality.

b) Goals

- Eliminate waste from processes
- Eliminate duplicative overhead
- Increase quality of leadership and service delivery
- Increase availability of services in marginalized populations

2. Responsibilities

a) ICOA Responsibilities

ICOA will research, plan, and test multiple models for service and program delivery. ICOA will set standards and create tools and resources to promote execution on the AAA level. ICOA will make decisions on distribution of resources and program and service delivery with a transparent goal of promoting the best return on investment, while adhering to all applicable regulations.

As directed by State statute 67-5003.6 ICOA will periodically examine the appropriate number of PSAs to maximize investment. This will be accomplished at minimum every state plan cycle. Other metrics related to performance, contract compliance, or changing demographics may trigger an out of time assessment process.

b) AAA Responsibilities

AAAs leadership should help staff understand the nature of the aging network, and the necessity of working as a united whole to meet the needs of older and vulnerable Idahoans. AAA staff should fully participate and communicate with other AAAs when serving shared clients or delivering services across PSA lines.

C. Ethics and Transparency

1. Purpose and Goals

a) Purpose

The purpose of ethics is to guide decisions and actions based on explicit values.

b) Goals

- Align daily behavior, actions and decisions with legal constraints.
- Align daily behavior, actions and decisions with stated mission, vision, and values.
- Promote the aging network's reputation for efficient, effective and equitable programs.

2. Responsibilities

a) ICOA Responsibilities

ICOA will develop tools and standards that reflect current Federal and State laws, rules and operating procedures. ICOA will educate the aging network on best practices including assurances that the network is meeting its obligation to serve those at highest risk. ICOA will educate and create operating procedures that drives transparency for stakeholders.

b) AAA Responsibilities

AAAs will undertake strategic planning on a periodic basis and formally adopt a mission, vision, and values for the AAA. Missions, vision and values should permeate the organization and be evident in choices, actions and attitudes. Local leadership will create internal controls that ensure compliance with the accepted ethical standards.

D. Stakeholder Involvement

1. Purpose and Goals

a) Purpose

The ultimate purpose of stakeholder involvement is improvement of programs and services.

b) Goals

- Increase the reach of the agency by promoting awareness of the AAA in community partners.
- Increase the effectiveness of the AAA through partnership with other agencies.
- Uncover and close gaps in current programs and services.
- Facilitate comprehensive local planning.
- Leverage resources and avoid duplication of efforts.
- Facilitate comprehensive local planning.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools and resources to promote stakeholder recruitment and engagement

b) AAA Responsibilities

AAA's will participate in planning, outreach, and Aging and Disability Resource Center (ADRC) programming as specified in this manual.

Additional expectations related to stakeholder identification, outreach, and involvement reside throughout the ICOA Planning Manual.

E. Consumer Voice and Choice

1. Purpose and Goals

a) Purpose

Endorsing the "Nothing about me without me" philosophy promotes autonomy, dignity, and control in the people we serve.

b) Goals

- Improve participation rates by offering choice and control whenever possible.
- Enlarge the reach and scope of services to the currently underserved.
- Raise the quality of programs and services through involved client participation.
- Positively contribute to client mental health through meaningful opportunities for choice and control.
- Combat ageism through the support of the dignity of risk philosophy.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools and resources to promote consumer direction, choice, and control in planning and programming.

*Note: Consult the most current material provided through the consumer direction demonstration project.

b) AAA Responsibilities

AAAs will participate in consumer directed service delivery options as a tool to reach the underserved. Evidence of client control and choice should be reflected throughout the organization.

F. Inclusion and Cultural Competence

1. Purpose and Goals

a) Purpose

Programs and services should be free of bias, equitable, and respectful of cultures represented in the community.

b) Goals

Services are delivered to those most in need without bias of gender, religion, sexual identity, ethnicity, or cultural identification.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools and resources to promote cultural competence. The Idaho state plan will reflect goals for inclusion and cultural competence.

b) AAA Responsibilities

AAAs will provide services and programs without bias. Common cultural practices and languages in the community should be supported to provide appropriate access. Staff who interact with clients should be trained in cultural competence. Evidence of a plan to serve those most at social risk is contained within the Planning Manual standards.

G. Dementia Capability

1. Purpose and Goals

a) Purpose

Older Idahoans living with Alzheimer's or related dementias (ADRD) are at the highest risk for institutionalization, usually based not on the need for skilled care, but because of the presence of distressing behaviors. Because of the compelling need to prevent the stressing behaviors of ADRD, every full-time staff member of the AAA by virtue of employment must be an ambassador to the community that there are tools and techniques to assist caregivers in reducing, coping with, or preventing distressing behaviors.

b) Goals

- Equip all staff regardless of role to speak knowledgeably that the distressing behaviors of ADRD happen but can be reduced, prevented, or mitigated.
- Equip all staff regardless of role to understand how to access resources in the community for people with ADRD and their caregivers.
- Facilitate dementia friendly practices of all contractors providing service in your PSA.
- Ensure dementia friendly practices within your AAA.

2. Responsibilities

a) ICOA Responsibilities

ICOA will develop tools and standards that reflect current Federal and State laws, rules and operating procedures. ICOA will educate the aging network on best practices including assurances that the network is meeting its obligation to serve people with ADRD and their caregivers. ICOA will create educational opportunities to promote best practices in dementia capability.

b) AAA Responsibilities

AAAs will provide onboarding and annual training to their staff, advisory board, and contractors. Deeper and specialized training should be assigned for job roles that support people with ADRD and their caregivers. AAA leadership will participate in local and state level dementia capability groups.

H. Aging & Disability Resource Center (ADRC)

1. Purpose and Goals

a) Purpose

The purpose of the Aging and Disability Resource Center (ADRC) is to link people needing services to the appropriate party with minimal redundancy, with a special focus on care transitions.

b) Goals

1. Link potential clients to services with the first contact of an ADRC agency.
2. Cross refer clients to needed services provided by others.
3. Facilitate a coordinated network across Idaho.
4. Facilitate return to the community post-acute medical care.

2. Responsibilities

a) ICOA Responsibilities

ICOA will lead programming and the ADRC efforts on the state level. The state plan will include an emphasis on the No Wrong Door (NWD) philosophy and ADRC initiatives.

b) AAA Responsibilities

Each AAA should model a NWD philosophy, and lead ADRC efforts within their PSA. Staff should receive the appropriate training and release time from daily duties to participate in ICOA calls and education, to refer back to appropriate community resources.

I. Elder Rights and Autonomy

1. Purpose and Goals

a) Purpose

Ageism is the insidious belief that as we age, it is acceptable to infringe on elders' rights to make their own decisions. This is usually done in a spirit of paternalism, "for their own good", to keep them "safe" or prevent "poor choices". The aging network should actively work against this dangerous practice and promote lifelong autonomy and the dignity of risk.

b) Goals

1. Advocate against ageism in all its forms.
2. Promote and enable the use of recognized forms to document advanced care planning and end of life wishes.
3. Promote supported decision making and other tools as alternatives to guardianship.
4. Weave the elements of autonomy, participant planning, and the dignity of risk throughout communications, outreach, and programming.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools and resources to promote autonomy and counter ageism. The ICOA Director will represent the aging network on the State mandated Guardian and Conservator (WINGS) committee.

b) AAA Responsibilities

The AAA will create programming to protect rights, promote autonomy, and guard against unwanted or unnecessary guardianships. A cordial working relationship should be established with the local legal Aid office, and the local Court Guardian and conservatorship representative.

J. Civil Rights

Note: [Civil Rights Guidance](#) is provided in the Appendix section.

IV. GENERAL STANDARDS

A. Planning

1. Purpose and Goals

a) Purpose

The purpose of planning is to uncover gaps and trends, choose the appropriate activities to respond, and identify the outcome to measure achievement. Planning is the core responsibility of ICOA and the AAAs. Failure to meet planning requirements as described in the ICOA Planning Manual is a fundamental breach of duty and threatens continued status as a AAA.

b) Goals

- Programs and services are positioned to respond to current and future needs
- Resources, needs, and opportunities are aligned
- Local circumstances are accounted for
- Stakeholder relationships are strengthened

2. Responsibilities

a) ICOA Responsibilities

In accordance with section 306 of the OAA, ICOA will plan and publish a state plan not to exceed every 4 years. ICOA will submit the accepted plan to ACL to ensure the state's eligibility to receive OAA funds. ICOA will create tools and education to support planning. The current planning schedule allows for local plans to inform state outreach related to local needs and gaps.

b) AAA Responsibilities

In accordance with section 305 of the OAA and using the approved ICOA planning methodology, AAAs will submit local plans and annual updates on assigned dates. Failure to submit an approved plan constitutes contract violation and, prompt the de-designation process.

B. Daily Office Operations

1. Purpose and Goals

a) Purpose

The AAA must be accessible to the public during normal business hours to facilitate service delivery.

b) Goals

- Be a visible community resource.
- Maintain a library of informative brochures, booklets, and other material about goods and services available in the PSA.
- Ensure database resource information is up to date and accurate.
- Promote use of the AAA office space for in person classes, meetings and support groups.

- Ensure business continuity through disaster planning including the identification of alternative work sites, and cross training.

2. Responsibilities

a) ICOA Responsibilities

ICOA will establish standards and best practices, perform audits and report back on gaps uncovered to facilitate quality operations.

b) AAA Responsibilities

The AAA will be operated as a distinct entity from the parent organization. This should include branding, signage, and staff identification. The AAA should be open to the public during normal business hours. Operating hours should be posted on the physical property and online and include notice of any deviation from normal hours. There should be adequate planning to ensure business continuity despite staff turnover, natural disaster, or weather or utility disruption. Continuation of Operations Planning (COOP) is an expectation included in the ICOA Planning Manual. Each AAAs current COOP plans will be posted on their website at a minimum within their current accepted local plan.

C. Staff Qualifications, On Boarding and Professional Development

1. Purpose and Goals

a) Purpose

To facilitate an adequate number of motivated and skilled staff, necessary to plan, deliver, monitor and improve programs and services.

b) Goals

- Create a word of mouth reputation as a great place to work.
- Promote program and service excellence through retention of qualified and motivated staff.
- Decrease learning curves for new staff and area commissioners through creation of a formal onboarding program.
- Uphold accountability through formal evaluation.

2. Responsibilities

a) ICOA Responsibilities

ICOA will lead the way by fostering a culture of respect, engagement, and professional development for its staff. ICOA will create model policies that promote work life balance. ICOA will create and maintain a state level orientation for new staff and commissioners. ICOA program specialists will participate in the creation of onboarding materials for their programs. ICOA staff can be invited to participate as non-voting members in interviews and staff selection. The state ombudsman has statutory rights to participate in the selection of local ombudsman. ICOA can provide data to support feedback and evaluations.

ICOA reserves the right to set FTE minimum expectations and budgeted resources for programs to ensure adequate attention, planning, and leadership is allotted. If the AAA is unable to meet this requirement, other delivery models will be discussed and implemented. ICOA will periodically review the minimum expectations.

b) AAA Responsibilities

- Demonstrate the skills to create a positive work culture.
- Create a formal onboarding program for all new staff including specialized training for their specific job.
- Budget and provide ongoing opportunities for professional development.
- Perform annual evaluations including actual performance metrics related to assigned programs.
- Conduct exit interviews to uncover opportunities for improvement.
- Participation in regionalization of certain staff roles to increase efficiency and effectiveness.

D. Branding, Outreach, Public Information and National Campaigns

1. Purpose and Goals

a) Purpose

The purpose of branding and outreach is to be a visible resource to the citizens residing in the PSA. The purpose of National campaigns is to periodically highlight important issues in aging. Outreach includes face to face interactions that lead to personalized advice and referrals, while public education reaches the general public and groups of at risk people.

b) Goals

1. Establish a reputation within the PSA of providing relevant, accurate and high-quality information and referral, education, goods and services.
2. Utilize traditional and emerging marketing tools to promote top of the mind awareness of the AAA.
3. Promote preventative information on healthy aging that facilitates successful aging in place.
4. Implement outreach activities that reach those at highest risk for institutionalization.
5. Create community coalitions on important topics using national campaigns as the framework.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools, resources, and model professional outreach and targeted marketing. ICOA can help identify monies which can be used to purchase outreach material, equipment, and associated expenses. ICOA program specialists will provide material, education and support related to their assigned National campaigns.

ICOA staff must submit a Campaign Month Plan to Leadership a month before their campaign which highlights their plans and expenses for that year's campaign.

Approved expenses for campaign month:

- Brochures
- Travel if needed
- Vendor tables
- Swag – may use up to 50% of that year’s campaign funds for swag

b) AAA Responsibilities

Many baseline standards are in the ICOA Planning Manual related to outreach and stakeholder engagement. The AAA should strive for a high level of professionalism and engagement throughout the PSA through participation in health fairs, ADRC partner and community events. Each AAA should identify which campaigns represent their highest community needs and interests, and work with community partners to plan meaningful activities. Best practice would include a formal outreach and marketing plan endorsed by the AAA Advisory Board.

Data related to outreach, public presentations, and public information should be tracked in Get Care using the provided OAAPS nomenclature and definitions.

3. Implementation

As explained in ICOA’s performance-based contract using federal, state, or grant related monies proper attribution must be displayed:

Performance Based Contract Due Credit:

Due Recognition. The Contractor agrees any program, public information materials, or other printed or published materials for programs funded under this Contract shall give due credit to ICOA and, as appropriate, the U.S. Administration for Community Living. The Contractor agrees all materials developed from any funding under this Contract shall be the shared property of the ICOA and the Contractor. ICOA reserves the right to reproduce, publish or otherwise use, and to authorize others to use the materials.

Other examples of attribution expectations:

Public Notice Clause: All notices, informational pamphlets, press releases, research reports, signs and similar public notices prepared and released by the subrecipient or contractor in relation to the Grant Contract must include the statement, (add what you need to)

ACL Statement:

All ACL discretionary grantee products MUST include the following disclaimer on the first page or preface of all documents and webpages produced, all or in part, with ACL funding.

This project was supported, in part by grant number 90XX####, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

E. Volunteer Management

1. Purpose and Goals

a) Purpose

Purpose: The purpose of volunteer programs is twofold. First to promote the efficiency and effectiveness of program dollars through the efforts of volunteers, and secondly to provide meaningful opportunities for people to contribute to their communities.

b) Goals

1. Identify appropriate activities for volunteers within AAA programming and operations.
2. Facilitate safety for all parties through appropriate training and supervision.
3. Promote enhanced mental health and aging for volunteers.
4. Possible coordination with the SCSEP program for any necessary paid staff.

2. Responsibilities

a) ICOA Responsibilities

ICOA programs that rely heavily on volunteer labor will have specific standards for volunteer selections, screening, onboarding, and supervision. ICOA will promote excellence in volunteer relations by providing guidance, tools, and ongoing education.

b) AAA Responsibilities

AAAs will adhere to best practices that promote safety and satisfaction of both client and volunteers. Volunteers should receive frequent formal and informal acknowledgement, and appreciation.

F. AAA Contracting and Procurement

1. Purpose and Goals

a) Purpose

The AAA is responsible to procure goods and services necessary to implement and administer OAA and SSA funding. These guidelines are provided to summarize and clarify the standards, policies, procedures and recommended best practices governing the procurement process including the contractual working relationship between the Area Agency on Aging (AAA) and providers funded under the Area Plan. Recipients of AAA contracts are subject to all applicable State, Federal, and ICOA rules, regulations and policies.

The Federal Office of Management and Budget provides policies and guidance on all federal grant funds under the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200) The guidance has been implemented by the US Department of

Health and Human Services at 45 C.F.R. Part 75. and 45 C.F.R. Part 1321. This guide uses references from both 2 and 45 C.F.R. included all Subparts and Appendices.

The State of Idaho Procurement Act is delineated under Idaho Statute Title 67 Chapter 92. The Idaho Division of Purchasing administrative rules are located under IDAPA 38.05.01.

This portion of the manual offers an overview to ICOA, OAA, and Federal Regulatory requirements. This guide does not seek to replicate all Federal or State Guidance. The AAAs and their umbrella organization review federal guidance requirements as part of their management obligation when accepting Federal funding.

b) Goals

1. All purchases made and contracts entered into by the AAA must fulfill the objectives and goals in approved Area Plan.
2. Procurement processes must meet state and federal rules and regulations.
3. All contracts must be necessary and reasonable for proper and efficient performance and administration of the OAA and SSA.

2. Responsibilities

a) ICOA Responsibilities

ICOA will review AAA implementation of their procurement policies, state, and federal regulations. ICOA will provide interpretations of policy requirements and assistance to ensure compliance. AAA contracts reflect the AAA Area Plans, which encompasses the Idaho State Plan and OAA priorities. Contracts are the result of the AAA planning processes to ensure programs are delivered to the OAA target population, reflect Idaho's aging network priorities, and meet the outcomes and goals of both the State and Area Plans.

b) AAA Responsibilities

Procurement Policy

AAAs are required to develop and utilize procurement procedures, in conjunction with their umbrella organizations, to ensure compliance to Federal and State rules and regulations. The procurement procedures should include:

- The dollar thresholds for types of procurement activities.
- Internal/external authorizations required based on dollar threshold or type of procurement.
- Documentation required at each level to record the procurement transaction to record the history of the procurement.
- Any delineation between types of procurements for goods, service, and capital items.
- A conflict-of-interest statement.
- The procedures/process involved for different types of competitive procurements such as a Request for Proposal, Request for Qualifications, or a Sole Source.

- Processes to avoid the acquisition of unnecessary or duplicative items.

The procurement procedures must reflect applicable state and local regulations and conform to Federal law and standards identified in CFR 45 Part 75. The AAA may procure items that are allowable, reasonable, and allocable to the implementation of OAA/SSA services. Procurement thresholds are provided in [Appendix \(I\)](#). The AAA is responsible, in accordance with good administrative practice and sound business judgment, for the settlement of all contractual and administrative issues arising out of procurements. These issues include, but are not limited to, source evaluation, protests, disputes, and claims.

Code of Conduct:

The AAA must maintain written standards of conduct covering conflicts of interest and governing the actions of its officers, employees, and agents, engaged in the selection, award and administration of contracts. Depending on the AAA structure, this may include staff, Board Members, and/or Advisory Council members. No officers, employees, and agent may participate in the selection, award, or administration of a contract supported by a federal or state funds if they have a real or apparent conflict of interest. A conflict of interest would occur when any of the following has a financial or other interest in or a tangible personal benefit from an organization/agency considered for a contract:

- The officers, employees, and agent;
- Any member of their immediate family;
- The officers, employees, and agent partner;
- An organization which employs or is about to employ any of the parties indicated.

The AAAs staff will neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, the AAA entity may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. Staff involved in the procurement process must be alert to situations that may create a real, or even the appearance of, a conflict of interest.

Cost Analysis

AAAs must perform a cost or price analysis (45 C.F.R. 75) in connection with every competitive procurement action including contract modifications. For Home and Community based services, this may include:

- a comparison of prices paid on other contracts for the same or similar services;
 - Private pay
 - State Medicaid Rates
- a review of trade publications for comparability;
- a comparison of prices quoted by other AAAs;

- and any other comparison available to the grantee.

AAA Contracting Responsibilities:

The four overarching best practices principles in contracting are:

1. Transparency:
 - clearly defined requirements and evaluation criteria, clear communication, and status updates.
2. Fairness:
 - assurances against conflicts of interest from AAA staff or those assisting in the development of bid documents.
3. Competition:
 - procurements don't contain requirements that unnecessarily discriminate, either directly or indirectly, against a current or potential provider. All bids are advertised.
4. Standardization:
 - the use of standardized templates and uniform submission requirements applied equally to all potential bidders.

The AAA should have a documented contracting schedule for program services that encompasses the procurement itself along with contract review and monitoring.

OAA/SSA Specific General Contracting Guidelines:

Multi-Year Contracts

In accordance with IDAPA and the OAA each AAA may award multi-year subcontracts not to exceed four (4) years. Justification for a multi-year subcontract may include, but is not limited to, the following:

- More than one (1) year is necessary to complete the project or service;
- More than one (1) year is necessary to justify substantial cost savings; or
- A multi-year subcontract award is necessary to allow a provider the opportunity to increase and demonstrate capacity to operate a particular service.

Each AAA shall maintain documentation satisfactory to ICOA that justifies the reason(s) a multi-year subcontract was awarded in the procurement history record. Satisfactory justification includes both:

- The AAA utilizes yearly budgets with subcontractors documented by contract amendments.
- The AAA written contract schedule/policy that leverages available staff resources by staggering procurements.

AAAs should consider the Idaho State Planning process and AAA Area Plan process when developing procurement schedules.

Non-Profit Service Providers

AAAs must prioritize subcontracts with private, non-profit agencies that are incorporated as 501(c)(3) organizations to provide OAA/SAA services.

Contracts with for-profit organizations are permitted for Homemaker, Respite, Chore, and Transportation, under the following conditions:

- More providers are required than there are non-profits available.
- The AAA can document only for-profit providers are available for the service within the PSA.

Fixed Rate Awards

The AAA will use a standardized fixed rate per unit award in contracting for Homemaker, Respite, Congregate and Home Delivered Meals. The AAA can set the reimbursement rate based on available budget and the results of the costs analysis. If feasible, the AAA may also utilize this method for Chore and Transportation.

Confidentiality

The AAA is responsible to ensure that any subcontractor authorized to perform AAA's duties under this Agreement complies with all confidentiality provisions regarding clients and client data.

Lobbying:

Lobbying is not permitted with Federal Funding or State OAA/SSA funding.

Debarment and Suspension:

The AAA is required to comply with the requirements of 2 C.F.R. part 180, subpart C, and not enter into any "covered transaction" (as that phrase is defined at 2 C.F.R. §§ 180.220) with any Third-Party Participant that is, or whose principal is, suspended, debarred, or otherwise excluded from participating in covered transactions. To ensure compliance, the AAA will either review the U.S. GSA "System for Award Management – Lists of Parties Excluded from Federal Procurement and Nonprocurement Programs," or ensure that its contracts contain provisions necessary to flow down these suspension and debarment provisions to all lower tier covered transactions. ICOA has developed a Debarment and Suspension form the AAA may utilize to meet the contract provision requirement. The form is located in [Appendix \(D-1\)](#).

Service Provider Match:

Service match should be requested from all non-profit organizations. The AAA can negotiate the required match amounts but should strive to receive 15%. Programs may have additional applicable match requirements.

Subcontractor Records Retention

AAA subcontracts must adhere to the same records retention requirements as the AAAs and outlined in Section (IV-J) . Records retention is a Federal Requirement. The AAA must stipulate in all contracts, the right for the AAA and ICOA to request records pertaining to the contracted services.

Subcontractor Licensure/Insurance/Bonding

All subcontractors must have the appropriate licensure, insurance, and bonding for the type of work the AAA is contracting. These requirements can vary depending on the amount of the contract, type of contract, and local requirements. The AAA should review any umbrella organization contracting requirements. Minimum requirements include liability insurance, workers' compensation, and auto insurance as applicable.

Subcontracts for Services to Individuals

Subcontracts to individuals are not allowable. Sole proprietors may conduct business under their own name but are required to meet the necessary liability insurance and licensure. In compliance with Federal rules, the AAA is required to contract with responsible entities capable of meeting scope of work requirements.

Other AAA Contractors – Non-Service Providers

Other Contractors such as IT vendors, copier leases, rental agreements, janitorial services, etc. are not programmatic service providers. It is expected these types of contractors are for-profit vendors. The AAA is required to adhere to their procurement policies and procedures regarding these contracts. A cost analysis is required. The ICOA has the right to inspect contracts supported by OAA and SSA funding to ensure the AAA is adhering to policies and funds spent are allowable, reasonable, and allocable.

Consumer Choice and Voice in Service Provider:

The AAA is required to issue solicitations with the intent to obtain as many Homemaker and Respite providers as the AAA can maintain and monitor with efficiency. This allows clients to have a choice in provider (see Section IIE). Clients may choose to switch providers.

Data Requirements:

The AAA is required to ensure all subcontractors comply with programmatic data requirements. The subcontractor must be able to provide the required data to the AAA to allow the AAA to meet program requirements.

Contractor's Appeal:

The AAA is required to develop fair and impartial hearing procedures for any contractor denied a contract with the AAA who wishes to appeal. There is no right of appeal for the contractor to the ICOA either from the initial denial of a subcontract or from the final decision of the AAA fair hearing procedure.

Audit Requirements:

All AAA subcontractors who expend more than \$750,000 in federal funds within a year are required to meet the Federal Requirement for a Single Audit. See the [Fiscal section](#) for additional Audit guidance.

Contracting with Small and Minority Firms, Women's Business Enterprises, and Labor Surplus Area Firms

The grantee and subgrantee will take all necessary affirmative steps to ensure that minority firms, women's business enterprises, and labor surplus area firms are used when possible.

- Small Business Firms: Designated by the Small Business Administration.
- Minority Business Firms: 51 percent Minority Owned/Operated.
- Women's Business Enterprises: Small business that is at least 51 percent owned by a woman or women.
- Labor Surplus Area Firms: Firms geographically located in distressed labor surplus areas
- designated by the Secretary of Labor.

Grantees shall ensure the following actions are taken in dealing with the above listed firms:

1. Placement on Bidders lists;
2. Ensuring that solicitations are mailed or emailed;
3. Allocating requirements into smaller amounts, when feasible, to permit maximum participation;
4. Establishing delivery requirements, when feasible, for compatibility with capability of the above-listed firms;
5. Using the services of the Small Business Administration, and
6. When subcontracts are considered, requiring the subcontractor to take these steps (1-5) for the subcontracts.

Notwithstanding the fact that no contracting goals are established, the AAA is expected to provide statistics on contract awards to the ICOA upon request to meet Federal Requirements.

OAA/SSA Specific Program Contracting Guidelines:

Title III B Legal Services Contracts

The AAA should contract with the local Idaho Legal Aid Services office to provide the required Title III B legal services as part of the statewide standardization of OAA legal services. This contract is eligible to

be procured through a sole source following the AAA procurement policy unless the following conditions apply:

- The AAA locates a non-profit legal provider whose rates are comparable.
- The AAA locates a for-profit provider willing to provide the same value for the Idaho Legal Aid services rate. Legal service providers must meet the requirements in 45 C.F.R. 1321.

In the instance where the AAA can locate an additional Legal Services provided, a competitive procurement should be issued to determine the best contractor.

Title III C1 and C2 Meal Provider Contracts

Meal provider contracts are not eligible for sole source procurements and should be bid through a competitive request for proposal in adherence to the AAA procurement policy.

Other Title III B and E Services (including Transportation and/or Chore)

When considering how to bid program services, the AAA must bid same program services together within reason – bid splitting is not allowed. Services are bid as a whole group and are not to be artificially divided to avoid the RFP or competitive bid process unless the AAA can document, with good cause, the need to divide the procurement. When determining the method of procurement, the AAA should take into account the life of the contract, from start to end date. Will the service contract be for a limited duration? Is this an ongoing service the AAA intends to provide? What is the availability of contractors? Can more than only organization apply? What will the life of the contract be and how much total funding is involved?

OAA/SSA Specific Unique Situations Contracting Guidelines:

Emergency Procurement

An emergency condition is a situation that creates a threat to public health, welfare or safety such as floods, epidemics, riots, equipment failures or other similar circumstances. The emergency condition must create an immediate and serious need for goods/services that cannot be met through normal procurement methods. The AAA may submit the Emergency Procurement Request Form, located in [Appendix \(D-2\)](#), to ICOA stating the basis for an emergency purchase and for the selection, if applicable, of a particular supplier/contract.

Gaps In B or E Services

Gaps in service occur under two documented conditions:

1. The AAA has an approved Area Plan that stipulates the need for such service within all or certain geographic locations within the PSA, and
2. The AAA conducts a procurement/solicitation process which results in no qualified bidders.

Under these conditions, the AAA may conduct outreach to locate a vendor, educate them around providing AAA services, and contract with the vendor to fill the gap in services. The AAA must adhere to the standard contract terms and rates when locating the vendor. The AAA must also ensure the contract time frame adheres to the originating procurement time frames/schedule.

Gaps in C services

Gaps in service occur under two documented conditions:

1. The AAA has an approved Area Plan that stipulates the need for such service within all or certain geographic locations within the PSA, and
 2. The AAA conducts a procurement/solicitation process which results in no qualified bidders.
- Or
3. A new Senior Center and/or meal site provider:
 - a. Opens in a rural/frontier community and requests AAA support;
 - b. Or opens in part to AAA efforts.

Under these conditions, the AAA may conduct outreach to locate a vendor, educate them around providing AAA services, and contract with the vendor to fill the gap in services. The AAA must adhere to the standard contract terms and rates when locating the vendor. This may result in a for-profit vendor who provides meals directly via various shipping methods. The AAA must also ensure the contract time frame adheres to the originating procurement time frames/schedule.

Loss of Service Providers

Loss in service providers occurs under State and Federal Title IIIB and IIIE services under the following documented conditions:

1. The AAA conducts a procurement as documented within the AAA schedule and enters into contract with a qualified provider;
2. The service provider actively provides services to AAA clients and subsequently determines they don't have the staffing resources to continue to provide services;
3. The contractor either terminates their contract with the AAA or requests to not receive new clients until staffing issues are resolved;
4. The AAA can document the loss in provider impacts their ability to provide services to eligible clients.

Under these conditions, the AAA may conduct outreach to locate a vendor, educate them around providing AAA services, and contract with the vendor to fill the gap in services. The AAA must adhere to the standard contract terms and rates when locating the vendor. The AAA must also ensure the contract time frame adheres to the originating procurement timeframes/schedule.

Provider Appeals:

AAAs shall develop fair and impartial hearing procedures and must provide the opportunity for a hearing to any individual or entity to which it has denied a subcontract. The AAA provider appeal process should not refer to the ICOA as a final or participating appeal body. There is no right of appeal to the ICOA either from the initial denial of a subcontract or from the final decision of the AAA fair hearing procedure. AAA procedures should clearly describe the appeals process and relevant timeframes in accordance with the governing laws set forth in this technical guidance.

Developing Competitive Procurements

Depending on the organizational structure of each AAA, the umbrella organization or governing body may have more stringent requirements than discussed here. This section seeks to provide a broad overview of AAA competitive procurement responsibilities. The AAA should seek to train staff to have expertise in procurements if not provided by the umbrella organization. The AAA should employ several principles when developing competitive procurements: professional judgment, AAA experience, recommended best practices, lessons learned, and ethics.

All procurement processes must be described in the AAA procurement policy. The procurement policy ensures the process is consistent and transparent. The AAA may include within the policy:

- Responsibilities of AAA procurement staff
- The final authority/ies responsible for final award determination
- Determination on what competitive method will be used
- Appeals process

Types of Competitive procurements:

Sole Source:

Sole source means only a single supplier. Sole source contracts can be issued if the required service is reasonably available from a single supplier. A requirement for a particular proprietary provider does not justify a sole source purchase if there is more than one (1) potential supplier that can provide the required service. The AAA is required to adhere to their umbrella organizations procedures for determining and conducting a sole source procurement.

Request for Proposal (RFP)

A Request for Proposals (RFP) is a competitive solicitation document used to solicit proposals from service providers and seeks to issue contracts to only the most qualified contractors.

Request for Qualifications (RFQ)

The AAA may implement an ongoing Request for Qualifications for service providers if they wish to continually accept applications. The RFQ must contain all information necessary for firms to submit

Qualification Statements including and evaluation process and criteria for award. If the AAA chooses to utilize an RFQ, they are open to accepting all qualified vendors.

Developing an RFP:

An RFP is most successful when the AAA adheres to policies and procedures while having a clearly defined plan and outcome. Below are some key factors to consider when developing an RFP.

1. Advertising the RFP.

At a minimum the RFP must be posted on the AAA website. ICOA encourages the use of best practices to include local newspapers, newsletters, or other aging network distribution method – including social media.

2. Evaluation Criteria

The AAA must develop a clear evaluation methodology to score and award the top applicants. The evaluation criteria must align with Federal Requirements in [45 C.F.R. Part 75.328](#), and [45 C.F.R. Part 75.329](#). The AAA should develop criteria that emphasizes PSA needs and Area Plan goals and outcomes. The AAA can consider past performance.

3. Specifications or Scope of Work.

Provide enough background information to the vendor so they can understand the services, outcomes, target population, goals of the AAA Area Plan and services. The AAA should provide meaningful and realistic program objectives which comply with ICOA standards and policies.

4. Responsible: The Buyer or Purchasing Officer must determine the bidder/proposer is responsible. Some requirements include:

- appropriate financial, equipment, facility and personnel resources and expertise, or the ability to obtain them, necessary to indicate the capability to meet all contractual requirements.
- a satisfactory record of integrity and/or past history.
- be legally qualified to contract and qualified to do business in the state of Idaho.
- must have all licensure, bonding, and insurances required to operate the contract services.

The solicitation may specify any other particular/specific requirements for a responsibility determination.

1. Pre-proposal Bidders Conference:

RFPs should have a pre-proposal conference for vendors. The conference may consist of a general overview of the procurement process as well as the scope of work and RFP requirements. The conference allows AAA staff to provide a question and answer period. As a best practice, the AAA should formalize all questions asked and answers received at the bidders conference into a written document available on the AAA website with the RFP. This allows all potential bidders to receive the same information.

2. Late Bids/Proposals

Any bid or proposal received after the time and date set for closing at the place designated in the solicitation is late. No late bid or proposal should be considered. All late bids and proposals are returned to the submitting vendor. Time of receipt will be determined by the official time stamp or receipt mechanism identified within the RFP.

Issuing Contracts:

The AAA assumes primary responsibility for developing, awarding, monitoring and evaluating contracts issued in connection with its approved plan. 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 SSA Act, and the rules of the ICOA.

General Contract Elements

The following elements can be used as a model for developing contracts. Depending on the service contracted, some elements may not apply. This list is not inclusive, it is recommended each AAA and umbrella organization seek legal advice in development of contract templates.

- a. general provisions:
 - beginning and ending date of contract
 - description of services to be provided, such as number of clients, number of units, cost per service and unit rate
 - legal name of contracting agencies
 - contact service information
 - name and source of funding
- b. Required dates
 - billing and payment
 - rosters and reporting
- c. participant contributions
- d. target population
- e. prohibition of subcontracts/assignments unless prior approval is given
- f. compliance with federal and state laws, rules and regulations
- g. audit requirements
- h. accounting and financial system requirements
- i. transfer of clients only with approval of AAA
- j. eligibility standards for recipients
- k. right of client to appeal
- l. maintenance and retention of records required by federal, state and local laws and regulations
- m. access to fiscal and program records
- n. confidentiality of client records

- o. indemnity and insurance requirement in amounts typically maintained by organizations of the same type
- p. compliance with Title VI of the Civil Rights Act of 1984 - Discrimination
- q. reasons for negotiation of changes to the contract:
 - increased or decreased volume of service
 - changes required by law
 - funds available
- r. provision for contract revision and termination:
 - provider convenience
 - provider's inability to provide services
 - failure to comply with terms of contract
 - effect of termination
 - termination due to lack of federal or state funds
- s. resolution of disputes:
 - procedure for provider appeal
- t. special conditions:
 - licensing and certification
- u. signatures, date of contract execution, and titles of those signing contract

Contract Management, Monitoring, and Administration

The AAA is required to manage contracts/contractors to ensure that both the AAA and the Contractor comply with the requirements of the contract. The AAA also needs to be informed of any developing problems or issues to address them as early as possible. Contract management includes requirement outlined in the AAA solicitation/RFP, evaluation of deliverables, invoice review, payment approval, progress tracking, regular status meetings, dispute resolution and “day to day” management. As a result of the contract management, the AAA can monitor the contractor by documenting performance which may include a review of files and reports.

Every other year each AAA shall conduct, at a minimum, one (1) on-site assessment of each of its providers that receive 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. The reviews shall be on file for ICOA to verify.

AAA should view contract monitoring as an opportunity to determine the contractor’s need for technical guidance and as a valuable source of information concerning the effectiveness of services delivery.

While administering the contract the AAA must have a system to formally document actions taken relating to contract changes including renewals and extensions, and related documents.

Technical Assistance and Training for Providers

Area Agencies on Aging should respond to the technical assistance and training needs of their providers. The types of technical assistance and training provided will vary depending on the services being provided and the results of the monitoring.

Certain technical assistance and training needs are common to all contractors and include the following:

- a. assisting potential providers through a bidders or pre-proposal meeting
- b. informing providers of their compliance with all applicable laws, regulations, requirements and policies
- c. assisting providers in the preparation of required fiscal and program reports
- d. alerting providers to coordination opportunities
- e. providing guidance for the conduct of ongoing programs

G. Fiscal

1. Fiscal – Managing Federal Grants

The Federal Office of Management and Budget provides policies and guidance on all Federal Grant Funds. These Policies are known as the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 C.F.R. Part 200) The guidance has been implemented by the US Department of Health and Human Services at 45 C.F.R. Part 75. and 45 C.F.R. Part 1321. This guide uses references from both 2 and 45 C.F.R. included all Subparts and Appendices.

This portion of the manual offers an overview to ICOA, OAA, and Federal Regulatory requirements. This guide does not seek to replicate all Federal Guidance. The AAAs and their umbrella organization should review all federal guidance requirements as part of their management obligation when accepting Federal funding.

2. Fiscal – OAA/SSA Intrastate Federal Funding Formula Development

a) Purpose and Goals

(1) Purpose

The Idaho Commission on Aging (ICOA) shall review the Intrastate Funding Formula (IFF) for distribution of funds received under the Older Americans Act (OAA) and the Idaho Senior Services Act (SSA) when developing the Idaho Senior Services State Plan.

(2) Goals

- In accordance with the OAA, the ICOA shall retain final decision-making authority in developing and adopting the IFF.
- The ICOA shall comply with all federal and state laws, rules, and regulations in developing the IFF to distribute funds received under OAA and SSA including federal approvals.

- State funds issued through the IFF above the required match are at the discretionary of the ICOA and will be included in the ACL approved State Plan.

b) Responsibilities

(1) ICOA Responsibilities

1. Subject to the discretion of the ICOA Administrator, the ICOA will adhere to the following process to develop and adopt the IFF to distribute funds received under the OAA and SSA:
2. The ICOA will hold stakeholder meetings that include Area Agencies on Aging (AAAs) to facilitate discussions and receive comment regarding the proposed IFF.
3. During the State Plan development process the ICOA will:
 - Publish the proposed IFF for review and comment by posting the information on ICOA’s website.
 - Provide a press release containing the proposed IFF to major newspapers in Idaho for publication.
 - Accept written public comment regarding the proposed IFF.
 - Review and consider all public comments received.
4. Any amendments to the IFF will be at the discretion of the ICOA and may follow the Process above for purposes of review and feedback prior to adoption.

3. Fiscal – OAA/SSA Intrastate Federal Funding Formula Distribution

a) Purpose and Goals

(1) Purpose

Allocating the available OAA/SSA and State Match to Title IIIB, IIIC1, III C2, III D and IIIE funds to Idaho’s 6 AAAs utilizing the Intrastate Funding Formula done during the yearly budget development.

(2) Goals

- Distribute funding to the AAAs in accordance with the IFF.
- Provide the methodology used for distribution.
- Allocate the SUA funding based on ACL Rules/Regulations.
- Distribute funding in accordance with the ICOA State Plan.

b) Responsibilities

(1) ICOA Responsibilities

The current approved Intrastate Funding Formula methodology was adopted April 30, 2013. Census data is received yearly the Idaho Department of Labor Using the 5-Year American Community Survey.

Weighted Factors used:

- 65+ Living in Poverty
- 65+ Living Alone

- 60+ Racial Minority
- 60+ Living in a Rural County
- Age 75+
- Age 85+

Base Factors:

10% of the total available State and Federal Funding divided equally.

To distribute funding to the AAA, the base is first allocated equally. The weighted factors are then applied utilizing population percentages.

State Allocation:

The ICOA retains a percentage of the total allocations for state plan administration. Additionally, funding is reduced from Title IIIB to be allocated as the Title III B Ombudsman funding to support the Long-Term Care Ombudsman program. The amount for each grant after reductions is allocated to the AAAs.

4. Fiscal - Title VII Federal Funding Formula Distribution

a) Purpose and Goals

(1) Purpose

Allocating the available Federal Older Americans Act Title VII funding to Idaho’s 6 AAAs utilizing ACL approve methodology.

(2) Goals

- Distribute funding to the AAAs in accordance with the State Plan Approved Methodology
- Provide the methodology used for distribution
- Allocate the SUA funding based on ACL Rules/Regulations

b) Responsibilities

(1) ICOA Responsibilities

The current approved methodology was adopted April 30, 2013. Data is gathered yearly in partnership with the Idaho Department of Health and Welfare Licensing and Certification Bureau.

Factors:

Licensed long-term care facility bed count by PSA.

State Allocation:

For the Title VII, the state retains a portion of funding at the state level for direct program costs. The remaining amount is then divided and distributed to the AAAs by bed count.

5. **Fiscal – Adult Protective Services Funding Formula and Distribution**

a) Purpose and Goals

(1) **Purpose**

Allocate state Adult Protective Services (APS) funding to AAAs.

(2) **Goals**

- Provide the funding formula.
- Distribute the funding to the AAAs during the budget period – July 1 – June 30.

b) Responsibilities

(1) **ICOA Responsibilities**

The current APS funding formula was adopted in February 2023. The formula is a tiered fixed rate amount designed to assist all AAA with achieving program standards. The three-tier structure is based on the percent of 18+ population as calculated in SFY 2023.

Formula:

Part 1: Each AAA receives a base amount of \$155,000.00. This base consists of \$30,000.00 for operating or administrative costs, and \$125,000.00 to provide 1 APS worker and 1 APS supervisor. The APS worker cost cap is set at \$56,000. The APS cost supervisor cost cap is set at \$69,000.

Part 2: AAAs in Tier One receive the base amount. AAAs in Tier Two and Three receive additional funding as follows:

Tier	Population Category	Amount Allocated	Additional Admin Costs Allocated	Total Funds
Tier One	Less than 10.9%	0	0	0
Tier Two	Between 11% - 30.9%	\$56,000	\$5,000	\$61,000
Tier Three	Between 31% - 60%	\$286,500	\$25,000	\$311,500

Distribution:

AAA	Base Funds	Tier Designation	Tier Funds	Total Funds
AAA I	\$155,000	Tier Two	\$61,000	\$216,000
AAA II	\$155,000	Tier One	\$0	\$155,000
AAA III	\$155,000	Tier Three	\$311,500	\$466,500
AAA IV	\$155,000	Tier Two	\$61,000	\$216,000
AAA V	\$155,000	Tier One	\$0	\$155,000
AAA VI	\$155,000	Tier Two	\$61,000	\$216,000
Grand Total = \$1,424,500				

6. Fiscal – Federal Indirect Costs and the Older Americans Act

a) Purpose and Goals

(1) Purpose

To clarify ICOA’s interpretation, guidance, and use of regulations within 2 CFR Part 200 and/or 45 CFR Part 75 as applied to federal OAA funding.

(2) Goals

To standardize and streamline grant processes necessary for compliance with grant requirements by adopting and implementing Federal Rules and Regulations related to indirect costs. This policy pertains only an Area Agency on Aging (AAA) who requests to charge indirect costs.

Indirect Costs:

Indirect costs are costs of an agency that are not readily assignable to a particular project but are necessary to the operation of the organization and the performance of the project.

Indirect costs may be charged to Federal funding only if:

- A. No Federal program-specific limitation or restriction applies; and
- B. The recipient has a current (unexpired), federally approved indirect cost rate as provided in 2 CFR 200 Subpart E; or if no such rate exists,
- C. The recipient is eligible to use, and elects to use, the de minimis indirect cost rate described in the Part 200 Uniform Requirements, as set out at 2 CFR 200.414(f); or
- D. A rate is negotiated between the ICOA and AAA on OAA direct services.

ICOA Federal Discretionary Grants:

Indirect costs and de minimis are permitted on Federal discretionary awards as outlined above.

OAA Statutory Limitations and Area Plan Administration.

The OAA statutorily limits AAA Area Plan Administration to a 10% maximum. Total indirect costs and Area Plan Administration together cannot exceed 10% of the Title III award.

Indirect Costs and Direct Service Provision:

Direct services provided the AAA are not naturally limited by the 10% statutory maximum. The AAA may elect to apply an indirect cost rate as outlined in Section 3 above or the 10% maximum Area Administration in accordance with 45 CFR Part 75.412 – 75.415. The AAA may not apply both.

OAA Direct Services administered by an AAA:

- Title IIIB Information and Assistance
- Title IIIE Caregiver Information and Assistance
- Title IIIE Older Relatives Information and Assistance
- Outreach –

- Title IIIB Public Information and
- Title IIIB one-to-one Outreach
- Title IIIE Information Services

Not eligible for indirect costs:

- Ombudsman
- Title III D – Disease Prevention and Health Promotions

7. Fiscal – Fiscal Administration

a) Purpose and Goals

(1) Purpose

All accounting for Federal funds distributed to AAAs under Title III, Title VII, other Federal grants, required state/local match, and local program income are subject to the OAA (as amended), the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for the Department of Health and Human Services Title 45 CFR Part 75 available at: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>. State funded programs must adhere to the same accounting standards and ICOA program guidance.

(2) Goals

- Provide standards for accounting systems and records.
- The AAA, in recognition of its own unique combination of staff, facilities and experience, will have the primary responsibility for employing organization and management necessary to assure proper and efficient fiscal administration.

Accounting System:

AAAs are required to maintain an accounting system that meets general GAAP accounting standards. AAAs and/or Umbrella Organizations are required to have qualified accounting personnel available to perform accounting functions.

The AAA system must ensure:

1. Internal controls are adequate to safeguard assets, check the accuracy and reliability of accounting data, promote operational efficiency and ensure adherence to prescribed requirements;
2. Match and program income are recorded;
3. Reports are available on costs incurred directly from accounting records by grant service or function in accordance with generally accepted accounting principles;
4. Compliance with grant and approved budget requirements;
5. All accounting records, supporting documents, statistical records, and all other records pertinent to the grant or contract are to be kept readily available for examination by ICOA.

6. Must refer to supporting source documentation such as purchase orders, receipts, invoices, cancelled checks, etc.
7. Source documentation should be maintained in an organized and easy to access method.
8. Must allow for the identification of the source funding (no commingling of funds), obligations, and expenditures by line item, and for comparison of actual expenditures against projected budgeted costs.
9. Requests for reimbursement align with approved budget and related expenditure based on grant and/or contract.

Fiscal Policy:

AAAs must maintain a fiscal policy and procedures manual that details fiscal requirements in accordance with federal, state, and ICOA rules and procedures. The fiscal manual should be approved by the umbrella or AAA board/advisory council. The policy must include effective internal controls that provides reasonable assurance the AAA is managing the award in compliance with Federal and State statues, regulations, and the terms and conditions of the Federal and State awards. The AAA may choose to review the GAO Green Book as best practice for an internal control system. The Green Book is located at: <https://www.gao.gov/assets/gao-14-704g.pdf>.

8. Fiscal – Allowable Costs

a) Purpose and Goals

(1) Purpose

To assist in determining the allowable costs by AAAs under Federal grants and/or contracts with the ICOA. Allowable costs are delineated in the OAA and 45 CFR, Part 75, Subpart E of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The cost principles apply to the expenditure of federal funds, as well as any state or local funds which are reported as match for federal funds.

<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>.

(2) Goals

- The AAA is responsible for the efficient and effective administration of federal and state aging funds through the application of sound management practices.
- The application of these cost principles don't require significant changes in the internal accounting policies and practices; however, the accounting practices must be consistent with these cost principles.

Factors affecting allowability of costs:

1. Necessary and reasonable for the performance of the award and be allocable thereto.
2. Conform to any limitations or exclusions set forth in the Subpart E, Cost Principles, or in the Federal award as to types or amount of cost items.

3. Consistent with policies and procedures that apply uniformly to both federally-financed and other activities of the agency.
4. Accorded consistent treatment. A cost may not be assigned to a Federal award as direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.
5. Determined in accordance with generally accepted accounting principles (GAAP), except, for state and local governments and Indian tribes only.
6. Not be included as a cost or used to meet cost sharing or matching requirements of any other federally-financed program in either the current or a prior period.
7. Must be adequately documented.

Selected Items of Cost

HHS Part 75.420-75.475 provides principles to be applied in establishing the allowability of certain items of cost. These standards will apply irrespective of whether a particular item of cost is treated as a direct or indirect cost.

Failure to mention a particular item of cost is not intended to imply that it is either allowable or unallowable; rather, determination of allowability in each case should be based on the treatment provided for similar or related items of cost, and based on the principles described HHS Part 75, sections 75.402 through 75.411.

9. Fiscal – AAA OAA Administrative Costs

(1) Purpose

Provide guidance on administrative costs allowed under the OAA Title III, Title VII and as assigned by ACL.

Financial Requirement:

Title III and VII administrative costs shall not exceed 10% of the AAAs State and Federal allocation. Administrative expenses are the costs, both personnel-related and non-personnel-related and both direct and indirect, associated with:

1. The costs of performing general program administrative functions and of providing for the coordination of functions, such as the cost associated with:
 - i accounting, budgeting, and financial and cash management;
 - ii procurement and purchasing;
 - iii property management;
 - iv personnel management;
 - v payroll functions;
 - vi coordinating the resolution of findings arising from audits, reviews, investigations, and incident reports;

- vii audits;
 - viii general legal services;
 - ix developing systems and procedures, including information systems, required for administrative functions;
 - x preparing administrative reports; and
 - xi other activities necessary for the general administration of government funds and associated programs.
2. The costs of performing program oversight and monitoring responsibilities related to administrative functions.
 3. The costs of goods and services required for administrative functions of the project involved, including goods and services such as rental or purchase of equipment, utilities, office supplies, postage, and rental and maintenance of office space.
 4. The travel costs incurred for official business in carrying out administrative activities or overall management.
 5. The costs of information systems related to administrative functions (such as personnel, procurement, purchasing, property management, accounting, and payroll systems), including the purchase, systems development, and operating costs of such systems.
 6. The costs of technical assistance, professional organization membership dues, and evaluating results obtained by the project involved against stated objectives.

Directors, Contracts, and Fiscal Officers are generally viewed as administrative costs. Contracts and Fiscal Officers can allocate time spent directly to program costs for the following tasks:

- Meal Site Roster Data entry and compliance review
- Meal Site Coordinator/Board Member Training
- Meal Site Stakeholder Meetings
- On-location meal site reviews
- Individual Client Service Planning
- Technical Assistance to vendors around Older Americans Act program guidelines.
- Technical Assistance to vendors regarding Idaho Food Code
- Menu approval and managing a dietitian.

In addition, if Directors directly provide classes as a qualified trainer, such as Title III D classes, those costs can be directly charged to the program.

10. Fiscal – Audit Requirements

(1) Purpose

All organizations, including AAAs and their subcontractors, that expend \$750,000 or more in Federal grants/contracts/funding during the organizations fiscal year, must have an audit conducted in

accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for the Department of Health and Human Services Title 45 CFR Part 75 Subpart F available at: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75>.

(2) AAA Responsibilities

Audit Report:

A copy of the required audit report should be sent directly to the ICOA from the independent public accountant. The Audit must be received by ICOA within 30 days after the audit completion. Any audits received later than six (6) months following the period audited, without explanation to the ICOA will be deemed a compliance finding and a corrective action will be implemented. Audit reports should be made available to the public on the AAA website.

Audit Resolution.

The AAA is responsible for follow-up and corrective action on all audit findings. As part of this responsibility, the AAA must prepare a summary schedule of prior audit findings. The AAA must also prepare a corrective action plan for current year audit findings.

(3) ICOA Responsibilities

The ICOA is responsible for issuing a management decision for audit findings that relate to Federal awards it makes to subrecipients. Refer to section 200.521 and 200.332 of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

[https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332#p-200.332\(d\)](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR031321e29ac5bbd/section-200.332#p-200.332(d))

1. The management decision letter must be issued within six months of acceptance of the audit report by the ICOA.
2. If audit findings of a subrecipient are deemed sufficiently serious, ICOA may immediately begin corrective action, or contract termination procedures such as de-designation.

11. Fiscal – Insurance Requirements

(1) Purpose

AAA are required to maintain insurance in the limits set out by the ICOA.

(2) AAA Responsibilities

The AAA must provide certifications of insurance to ICOA yearly. Insurance must be licensed in the State of Idaho or through governmental self-insurance plans. The AAA must maintain Commercial General Liability, Automobile, and Workers Compensation. Professional errors and omissions insurance is required for Ombudsman, Case Management, and Adult Protection Staff.

12. Fiscal – AAA Title III and VII Budget

a) Purpose and Goals

(1) Purpose

The AAAs receive a yearly allocation of state and federal OAA funding based on the IFF distribution methods described in section - [Fiscal – OAA/SSA Intrastate Federal Funding Formula Distribution](#). The allocation aligns with the State Fiscal Year July 1st – June 30th. The AAAs are required to have an approved Area Plan and a signed contract to receive reimbursement.

(2) Goals

- Funds obligated to the AAA by ICOA via the budget workbooks are earned only upon the actual accrual of allowable costs.
- Budgets must adhere to OAA and ICOA required budget parameters.
- AAA budgets must reflect the expected expenditures using projections that include a financial analysis of previous expenditures.

Budget Development:

AAAs are required to submit projected costs for salaries, travel, equipment, supplies, contractual, and other expenses related to the Area Plan on an ICOA provided Budget Workbook.

Salaries:

The AAA must provide the position name, staff name, annual salary, FTE allocated to Area Plan programs, and the established AAA/Umbrella benefit rate. The staff allocations are expected to be supported by a system of internal controls that provides reasonable assurance that expenditures related to staff time are accurate, allowable, and properly allocated. The AAA should ensure they are taking appropriate established measures to accurately charge staff time to the correct expenditure line item. ICOA has the expectation that salary budgeted to program will align to expenditures and program implementation.

The AAA Director's time is a Title III Administrative expense unless directly administering a Title III D program.

AAA Contracts Officers and Fiscal Officers time is considered an Administrative Expense except as delineated in Section 8.

Planning and Coordination under Title III B may be used for the Director's salary within the 2% limitation amount as outlines below.

In accordance with 45CFR75.430, standards for documentation of personnel expenses include:

1. Charges for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- i Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- ii Be incorporated into the AAA official records;
- iii Reasonably reflect the total activity for which the employee is compensated
- iv Encompass both federally assisted and all other activities compensated by the non-Federal entity on an integrated basis, but may include the use of subsidiary records as defined in written policy;
- v Comply with established accounting policies and practices and
- vi Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.

Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards, but may be used for interim accounting purposes, provided that:

- A. The system for establishing the estimates produces reasonable approximations of the activity actually performed;
- B. Significant changes in the corresponding work activity (as defined by written policies) are identified and entered into the records in a timely manner. Short term (such as one or two months) fluctuation between workload categories need not be considered as long as the distribution of salaries and wages is reasonable over the longer term; and
- C. The AAA system of internal controls includes processes to review after-the-fact interim charges made to a Federal awards based on budget estimates. All necessary adjustment must be made such that the final amount charged to the Federal award is accurate, allowable, and properly allocated.

Travel

Travel costs are allowable for expenses for transportation, lodging, subsistence, and related items incurred by employees, board members, and advisory committee members who are in travel status on official business related to the AAA Area Plan programs. Costs can be reimbursed on a basis consistent with the State of Idaho Travel Regulations.

<https://www.sco.idaho.gov/LivePages/state-travel-policy-and-procedures.aspx> .

Foreign travel is not allowable. Travel outside the continental forty-eight (48) United States will be considered as foreign travel.

AAA or umbrella owned/leased vehicle costs must be reimbursed for actual fuel costs. The AAA must have a policy and procedure to monitor and track fuel costs. Employee-owned vehicles must utilize the State of Idaho mileage reimbursement rate.

Equipment:

Equipment means tangible items having a useful life of more than one year and valued under \$5,000 including computer equipment. Laptops, handsets, vehicle maintenance and repairs.

Supplies:

Includes all consumable items such as office paper, pens etc. and all other items of tangible personal property that are not equipment. Including: Postage, shipping, printing, publications, document shredding, business cards, outreach materials.

Area Plan Service Contracts:

Provide the Area Plan program, type of contract, projected units, and standard cost per unit. Contracts for dieticians, translation services may also be listed here.

Other:

Rent, leases, utilities, volunteer recognition, IT services, Janitorial services, cell phones and other costs that do not clearly fit under another category and qualify as an allowable cost.

Other also includes all umbrella organization direct costs to the AAA for certain functions such as HR, Fiscal support, Executive oversight. Umbrella organization costs are applied to Title Administrative expenses. Membership fees and certifications are also listed under this category. General organization memberships or Director Memberships are listed under Title III administrative costs. Job specific memberships may be charged to program costs. Costs related to liability insurance, AAA HR functions, legal fees, and audits are also Other costs charged to Administrative expenses.

Capital Equipment or Large Purchases:

Capital expenditures require prior ICOA written approval. The AAA is required to submit the Large Purchase Form to ICOA with justification for the purchase.

Budget Parameters:

The OAA and ICOA require the following percentages be allocated on the AAA Budget:

Budget Parameter	Requirement	Reference	Implementation
Administrative Costs	Not to exceed 10% of all State and Federal Title III Funding	OAA 304(a)(d)(1)(A)	Requirements Built into AAA Budget

Planning and Coordination Line Item	Not to exceed 2% of all State and Federal Title III Funding May only be utilized after Administrative Costs are fully expended	45 CFR 1321.17 (f)(14) and ICOA Requirement	Workbooks Provided by ICOA
Legal Services	3% Minimum total of Federal Title III B must be spent on Legal Services	306(a)(2)(C) ; 307(a)(2)(C) 307(a)(11)(A-E) and ICOA Requirement	
Contractual Services	50% Minimum total – of All Title III Federal B, C1, C2, E, D Includes the Title III B In Home and Access Services Requirements	306(a)(2)(A) and ICOA Requirement	Forthcoming in AAA Budget Workbook
Ombudsman Maintenance of Effort	Title VII and Title III B State and Federal expenditures must meet base requirements	OAA 306(a)(9)(A-B)	Forthcoming in AAA Budget Workbook

Capital Expenditures and Equipment

Requirements:

AAAs may purchase equipment if the items are necessary to successfully implement the OAA or Discretionary grant programs. Equipment must be an allowable purchase under the grant funding. In accordance with 2 CFR 200.439 capital expenditures for general purpose equipment over \$5,000 per unit are generally unallowable as direct charges unless *prior approval* is received from ICOA. Capital expenditures for special purpose equipment are allowable as direct costs only.

Purchasing:

The AAA must complete the Large Purchase Form and submit to ICOA for approval on every purchase over \$5,000 per unit. Equipment under OAA Title III Funding must have been included in the AAA Title III approved budget. All applicable state and federal procurement rules apply.

Use of Equipment:

AAA must utilize the equipment solely for the authorized program or project purpose as long as it is needed. When the equipment is no longer needed for the original program or project, the AAA must use it for other programs that are currently or previously supported by the ICOA. The AAA must notify the ICOA of a change in purpose via written communication.

Record Maintenance:

To maintain accurate records on property or equipment the records should include the following:

- Description of the property/equipment including make/model
- Manufacturer's serial number or other identification number
- Source of the property including Grant Award number
- Who holds the title
- Acquisition date
- Cost of the property
- Location of the property
- Percentage of Federal, State, and local funds used in the purchase
- Use and condition of the property
- Disposition data, including the date of disposal and sale price.

AAAs must retain records for equipment and property for a period of three years from the date of final disposition.

Inventory and Maintenance

AAAs are required to take a physical inventory of the equipment, and the inventory must be reconciled with the property records at least once every two years. The inventory reconciliation should include verification of the existence, current utilization, and the continued need for each item.

Grantees must create and implement maintenance procedures to keep their equipment/property in good condition. A system should also be in place to prevent loss, damage, and theft.

Any damage, loss or theft should be immediately and thoroughly investigated and documented. Any documentation acquired should be part of the official project records (see 2 CFR 200.313 (d)(3)).

Equipment or real property purchase should have equivalent insurance coverage to those like items owned by the AAA or Parent Organization. (2 CFR 200.310).

AAAs are responsible for replacing or repairing property/equipment that was deliberately or carelessly damaged, lost, stolen, or destroyed.

Replacement of Equipment

Equipment that is no longer effective or serviceable can be replaced, if it is needed for the continuation of the program or project for which it was acquired. The equipment may be replaced either through a trade-in or sale, followed by the purchase of a new replacement. For the replacement, there are a few things grantees should consider:

- The replacement must have the same function and character of the original equipment/property; however, it does not have to be the same grade or quality.

- The replacement's purchase must take place promptly after the sale of the prior equipment/property, to reflect that the sale and the purchase are related.
- Equipment/property can be replaced using trade-in, as long as the value received is in line with its fair market value.

Disposition of Equipment

The AAA must contact the ICOA during the useful life of the equipment/property to reallocate the equipment/property to another AAA conducting allowable programs or projects.

In the event a AAA is de-designated or withdraws their designation, all equipment and property with a useful life and in operational order must be reallocated to another AAA at the discretion of the ICOA and in accordance with the Performance Based Contract transition plan.

If the equipment/property is not reallocated, AAAs may dispose of equipment when the original or replacement is no longer needed for the program or project.

Match

Match is the portion of funding not paid for by Federal Funds. The ICOA provides State Funding to meet OAA Title III match requirements. AAAs must expend State funds provided within the budget workbooks within the budget year in which they are allocated to meet State Match Requirements.

- 25% of the total of the administrative expenditures for IIIB, IIIC1, IIIC2 and IIIE services
- 15% of total expenditures for IIIB, IIIC1, and IIIC2 services
- 25% of the total expenditures for Title III E

OAA Match: (OAA Sections 309(b)(1) and 373(g)(2))

The AAAs should ensure sub-contractors also provide local match as discussed in [Contracts Section](#). Match can be cash or in-kind. Match contributions must benefit the program for which they are reported as match. No expenditure may be used as match if it has been or will be counted as match for another award of federal or state funds.

There are two types of match: 1) non-federal cash and 2) non-federal in-kind. Generally, most contributions from sub-contractors will be in-kind matching funds. Volunteered time and use of third-party facilities to hold meetings or conduct project activities may be considered in-kind (third party) match. Cash match includes cash (non-federal) spent for program-related allowable cost. Specific program services may have additional requirements. The AAAs should ensure subcontracts have methods in place to track match.

Program Income

Program income means income earned that is directly generated by an activity supported by federal funding. Program income must be used to support program costs. In accordance with 45 - Part B

Chapter XIII 1321.73, program income is governed by 45 CFR 75.307(e)(3). Specific program services may have additional requirements.

Budget Transfers and/or Budget Revisions

The ICOA will accept budget revisions and/or transfers 3 times a year during the budget year. The ICOA will notify the AAAs on a quarterly basis within the Quarterly Budget Memo of:

- Change in funding levels (increase or decrease)
- ACL Approved funds transfer

The process for budget revisions or transfers will be outlined in the Quarterly Budget Memo. ICOA will provide:

- Revision/Transfer timeline
- Any required form submittals
- Processing/review time frames
- Written approvals

Invoicing

AAA will invoice using the ICOA provided budget workbooks and included invoice tabs.

1. Title III, VII and Adult Protective Services: The AAAs will submit the Invoice, in-kind and program income to ICOA no later than the 25th of each month.
2. Title III: The AAAs will submit match and program income data at the end of each quarter as designated in AAA Budget Workbook.
3. The AAAs will submit other program invoices (Discretionary Grant Programs: e.g. SMP & MIPPA etc.) separately according to the respective contract.

Budget Period Close-Out:

AAA must spend Federal and State funding in accordance with the approved budget. Final month budgets transfers are not permitted. The AAA should strive to spend Federal and State funding proportionally where feasible to ensure expenditures and match funds align.

The AAA budget period follows the SFY July 1 – June 30. The AAA has the budget period to expend the allocation provided through the IFF. It is expected AAAs spend the allocation within the budget period to ensure funds are utilized to support service delivery during the performance period and reduce the risk of reverting unspent funds.

All state funds expire at the end of the budget period. Unspent federal funds remaining at the end of the budget period are allocated back to ICOA to reconcile AAA expenditures and align trustee and benefit costs in accordance with State of Idaho accounting policy and procedures. ICOA also reserves the right to utilize expiring funds to reimburse AAA expenditures utilizing

a first-in-first-out method. Expiring funds are defined as those with a federal grant ending within 4 months after the end of the AAA budget period.

The following measures are outlined in the Operations Manual and allow the AAAs to manage funding within the performance year and ensure funding is expended:

- AAA Budget Transfers
- Fund Transfer Request between AAAs

13. Fiscal – Federal Title III Cost Sharing Payments and Client Contributions

a) Purpose and Goals

(1) Purpose

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 as determined by specific program services according to a variable fee schedule established by the ICOA and updated annually within GetCare. This includes Homemaker and Chore services.

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 AAA for a redetermination of income.

Determining Income.

For this purpose, income is individual income. The AAA may not consider assets, savings, or other property owned by an older individual in determining whether cost sharing is permitted.

Cost Sharing Payment Based on Actual Cost.

Assessed cost sharing payment shall be a percentage of the AAAs actual unit cost.

Cost Sharing Payment Required.

Cost sharing payments are required from clients receiving either Chore or Homemaker Services.

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.

Client Contributions.

All clients from whom a cost sharing payment is not required shall be given the opportunity to make voluntary contributions.

Use of Cost Sharing Payments and Contributions.

AAAs must 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.

Prohibitions:

The AAA cannot require cost share for any services delivered through tribal organizations.

14. Fiscal - Title III and VII Ombudsman Maintenance of Effort

(1) Purpose

The OAA requires a maintenance of effort (MOE) on Ombudsman Title VII and Title III B funding. ACL has designated base funding years, the AAAs and ICOA are required to maintain expenditures at or above the base funding level. ICOA will provide the base funding amount within the AAA budget workbooks to ensure the MOE is met.

AAA Requirements:

1. The AAA should expend all Title VII Ombudsman funds allocated within the budget year in which they are awarded. This ensures the MOE is met.
2. The AAA will assure that each year the allocation of Title III-B (federal or state) funds applied to the Long-Term Care Ombudsman amount will equal or exceed the base year requirement as issued by ACL.

15. FISCAL – AAA Title III Funds Transfer

a) Purpose and Goals

(1) Purpose

To provide a process that allows a transfer of one AAAs Title III IFF Award to another AAA. The transfer process is designed to permit an AAA with excess funding to transfer funds to another AAA that may have potential service delivery shortfalls.

(2) Goal

To ensure funds allotted to Idaho are maximized to the greatest extent and expenditures are made within a timely manner.

(3) AAA Responsibilities

AAAs with a potential service delivery shortfall must notify ICOA and the I4A through appropriate channels within the first 8 months of the budget period. The I4A will work to identify other AAAs with excess funding available and negotiate any available funding to transfer to the underfunded AAA. Awards must be transferred from one AAA to another within the same Title III program.

Below is a template to identify the funds transfer as part of the formal recommendation.

The formal recommendation to ICOA must also contain:

- A statement that acknowledges the excess funds requested to transfer will not be distributed through the IFF.
- Signatures from each Idaho designated AAA agreeing to have the funds transferred and not distributed through the IFF.

- A letter of recommendation/acknowledgement of the funding transfer from the respective Advisory Councils and Parent Organizations from the two AAAs involved in the transfer.

Template:

AAA (name) Transferring funds to another AAA (name)			
OAA Funding	Original Budget	Reduction	Reduced Budget
Title IIIB: Supportive Services			
Title IIIC1: Congregate Meals			
Title IIIC2: Home-Delivered Meals			
Title IIID: Disease Prevention & Health Promotions			
Title IIIE: National Family Caregiver			
Total			

AAA (name) Receiving funds from another AAA (name)			
OAA Funding	Original Budget	Increase	Increased Budget
Title IIIB: Supportive Services			
Title IIIC1: Congregate Meals			
Title IIIC2: Home-Delivered Meals			
Title IIID: Disease Prevention & Health Promotions			
IIIE: National Family Caregiver Support Program			
Total			

H. Oversight and Reviews of AAA Operations

1. Purpose and Goals

a) Purpose

Oversight and reviews are a core fiduciary duty built within the Older America’s Act and the Idaho Senior Services Act. Oversight can be a daily function of ICOA and the AAAs and is built into normal operations. The results of normal oversight activities are reported to many different stakeholders on both a formal and informal ongoing basis. Reviews are less frequent and include deeper and focused activities. The spirit of the review should be collegial with the assumption that we are aligned in the stated goals. Reviewers will conduct themselves with professionalism and objectivity and provide as little disruption to daily operations as possible. ICOA staff who come onsite can be requested to

prepare an educational presentation for staff, advisory boards, and other stakeholders as a part of their visit. Unstructured time to visit with the staff over a meal or coffee break is also encouraged. Results of the reviews are discoverable upon public request.

b) Goals

1. Facilitate confidence in government’s use of citizen tax dollars.
2. Prevent or uncover fraud or misappropriation of funds.
3. Prevent or uncover compliance gaps that could harm program participants.
4. Promote excellence, efficiency and effectiveness of Idaho’s aging network.
5. Prevent miss allowed federal funds and their necessary return.

2. Responsibilities

a) ICOA Responsibilities

ICOA will perform on-site reviews to evaluate compliance with standards in this manual on a rotating basis. Individual program chapters in this manual also specify the frequency and the specific elements of the program’s audits. Deviations from the proposed schedule will be communicated as soon as they are known.

Team One: Even years starting with 2024	Team Two: Odd years starting with 2025
APS/3B Legal Services	C1-2 Nutrition
MIPPA/SMP	3E Caregiver/Dementia
Ombudsmen	3D Chronic Disease Health Promotion
Finance/auditing*	3B Supportive Services: Homemaker, Chore, Transportation, I & A
CSFP Warehouse/Senior Centers	Administration*
Administration*	Contracting*
*2-3 focus areas to be identified 30-60 days prior to on-site review	

Specific to onsite reviews

ICOA will bear the associated travel costs for reviews.

Audit specifics will be communicated 90 days prior to the visit.

ICOA will complete as many elements of the review as possible as a virtual or desk review prior to the onsite visit to minimize disruptions to operations.

An agreed upon agenda will be completed 14 days prior to the visit. The agenda may include:

1. Proposed entrance meeting time, place and participants.
2. All review activities time, place and participants.
3. Proposed exit meeting time, place and participants.

Exit Meeting

The exit meeting will present initial gaps uncovered and the AAA will be allowed to remediate in real time if feasible.

The final report will be sent to the AAA and parent organization within approximately 30 days.

Findings will be separated into:

1. Opportunities for improvement (included in cover letter)
2. Outcome/ Findings (as specified in the data elements in the review toolkit spreadsheet)

All outcome/findings coded “Does not meet remediation necessary” must be addressed with a plan of correction. Each finding may have a separate timeline for remediation and will be specified in the audit finding’s documentation. A Plan of correction will be due within approximately 30 days from receipt of the audit document. The process of closing out findings is iterative, collegial, and problem-solving in nature.

Failure to remediate substantial findings could trigger a contract cure process as specified in the signed Performance Based Agreement.

The AAAs have the duty to review their sub-recipients and contractors. Minimally the AAA must perform an onsite review of each provider who receives 50,000 dollars or greater in combined state and federal funds and adhere to all contractual obligations of fiduciary oversight.

It is recommended that the AAAs adopt the ICOA process elements that are applicable.

b) AAA Responsibilities

The AAA will share the approved agenda and invite their parent organization representative, advisory board chair, and local commissioner to participate.

AAA’s will use the approved toolkit to perform a self-review due to ICOA 30 days prior to the onsite visit. It is allowable to self-remediate to the extent possible prior to the onsite review.

The desk review results will be presented at the entrance meeting, and the AAA will be allowed to remediate to the extent possible in real time any deficiencies found.

The exit meeting will present initial gaps uncovered and the AAA will be allowed to remediate in real time if feasible.

The final report will be sent to the AAA and parent organization within approximately 30 days.

Findings will be separated into:

1. Opportunities for improvement (included in cover letter)
2. Outcome/ Findings (as specified in the data elements in the review toolkit spreadsheet)

All outcome/findings coded “Does not meet remediation necessary” must be addressed with a plan of correction. Each finding may have a separate timeline for remediation and will be specified in the audit finding’s documentation. A Plan of correction will be due within approximately 30 days from receipt of the audit document. The process of closing out findings is iterative, collegial, and problem-solving in nature.

Failure to remediate substantial findings could trigger a contract cure process as specified in the signed Performance Based Agreement.

The AAAs have the duty to review their sub-recipients and contractors. Minimally the AAA must perform an onsite review of each provider who receives 50,000 dollars or greater in combined state and federal funds and adhere to all contractual obligations of fiduciary oversight.

It is recommended that the AAAs adopt the ICOA process elements that are applicable.

I. Data and IT Systems

1. Data Security

a) Purpose and Goals

(1) Purpose

Data security is the responsibility of all agencies and user’s that manage or use IT systems for accessing and recording data. Good security practices are required for the preservation of data integrity, confidentiality, and compliance with contractual Terms of Service agreements with system vendors and developers. Adherence to IT security and data policies should be a condition of employment for all system users and included in contractual agreements when appropriate.

(2) Goals

- Ensure only authorized users have access to data systems.
- Ensure efficient use of data system licenses.
- Ensure system credentials are only used by the individual they were issued to.

b) Responsibilities

(1) ICOA Responsibilities

ICOA will provide user account management for all data systems it administers. ICOA will periodically review user account activity and provide feedback regarding the most appropriate and efficient use of system licenses.

(2) AAA Responsibilities

AAAs must ensure that the processing of sensitive/confidential information does not take place within the view of the public or other unauthorized individuals. Requests for new user accounts should be

submitted to ICOA via email at least one business day prior to the first day system access is desired. Users must protect their system credentials and not share them with anyone, including other authorized users or system administrators. The AAAs should request user accounts only for individuals that have a consistent and ongoing need to access data as part of their job responsibilities. The AAAs must notify ICOA in a timely manner when individual user accounts are no longer needed. Additionally, departing staff members should not leave their system credentials for their successors (staff attrition). The AAA must notify ICOA immediately when a user's access to data presents a security risk or threat, a suspected or verified data security breach has occurred, or the loss/theft of assets used for collecting client information (i.e., computers, mobile devices, cameras, voice recorders).

2. Data Sharing

a) Purpose and Goals

(1) Purpose

Data sharing is necessary for the Aging Network to demonstrate the volume, value, impact, and effectiveness of the services provided and work performed. However, not all data collected by the Aging Network is publicly releasable/sharable. Personally Identifiable Information or PII (i.e., names, contact information, birthdates) should not be shared with any individual or entity to which the AAA does not hold a contractual or statutory relationship. PII may be shared when the involved parties have entered into a formal data sharing agreement to assure the information will remain protected from unauthorized disclosure and be used to serve the public interest. Shared data from the AAA should always be in the form of documents or files. Data sharing via direct access to information systems is at the discretion of the system administrator. Some programs, including Adult Protective Services and Ombudsman have additional data sharing requirements and restrictions, and require ICOA approval prior to instituting any data sharing arrangement.

(2) Goals

- Ensure that Personally Identifiable Information (PII) is always protected.
- Ensure that program data is used for official purposes only.
- Foster confidence in the secure handling of client information.

b) Responsibilities

(1) ICOA Responsibilities

ICOA will perform or facilitate data sharing at the federal and national level as appropriate, including nation survey participation. ICOA will provide data sharing guidance to the AAAs as requested. ICOA will control direct access to the primary Title III, Title VII and Adult Protective Services Management Information System(s). ICOA will maintain copies of data sharing agreements executed by the AAAs.

(2) AAA Responsibilities

The AAAs must ensure that staff are aware of data sharing policies, practices, and limitations. AAAs must maintain formal data sharing agreements for all ongoing, consistent, or frequent data sharing

activities not covered by a contractual or statutory relationship. The sharing of any PII always requires a formal data sharing agreement if not covered by contract or statute. The AAAs shall provide copies of all its formal data sharing agreements to ICOA for review and documentation.

J. Records Retention

1. Purpose and Goals

a) Purpose

The purpose of record retention is to support the appropriateness of financial, HR, and policy actions well after the action is taken.

b) Goals

1. Comply with CFR 45 and all other pertinent federal, state, and organizational law and standards.
2. Strengthen internal controls to protect staff and providers.
3. Promote trust in government through transparency and compliance with public records requests.

2. Responsibilities

a) ICOA Responsibilities

ICOA will establish record retention expectations of the AAA and parent organization. ICOA will routinely request records as part of both in person and desk program and fiscal reviews. Identified gaps will be closed through the Correction plan process.

b) AAA Responsibilities

Each AAA will generate a Standard Operating Procedure (SOP) to ensure compliance with all applicable standards. All staff will be trained and refreshed on SOP. AAAs will cooperate in the spirit of transparency with interested stakeholders as legally appropriate. Records will be maintained for a 7-year period past the end date of the grant.

Satisfactory records of programs and activities related in whole or in part to the funds received from ICOA must meet expectations as described by this manual and further described in the Performance Based Agreement signed by each AAA. Records include:

c) Implementation

1. Financial Records
 - i Assets Received
 - ii Costs, including all costs incurred for the eligible property or services, detailed descriptions of the type of property or services acquired, including, but not limited, to properly executed payrolls, time records, invoices, contracts, vouchers, and other appropriate records, and detailed justifications for those costs.
 - iii Program Income.
2. Other Records Needed for ICOA submitted reports.

3. **Formats.** Formats for records must be satisfactory to ICOA and include, but are not limited to, electronic records, including any emails related to the Award, records on paper, and records created in other formats.
4. **Retention.** The Recipient agrees to retain and will require its Third-Party Participants to retain, complete and readily accessible records. Records pertaining to ICOA funds must be retained from the day the Underlying Agreement was signed through the course of the Award, the accompanying Underlying Agreement, and any Amendments thereto until three years after the Recipient has submitted its last or final expenditure report, and other pending matters are closed.

K. Upholding Rights and Grievance Procedures

1. Purpose and Goals

a) Purpose

The purpose of a grievance procedure is to provide due process to people who believe they may have been harmed. The process should examine if standards and law were interpreted and applied appropriately. The review may also uncover gaps for staff education or program improvement.

b) Goals

1. Promote the reputation of the AAA as a fair and trustworthy organization.
2. Facilitate appropriate oversight related to staff decisions.
3. Fulfill legal and contractual obligations concerning due process.

2. Responsibilities

a) ICOA Responsibilities

ICOA will provide tools related to contracting, procurement, and interpretation of legal obligations.

b) AAA Responsibilities

The AAA will create and adhere to formal grievance procedures as specified by standards, law or good business practices.

If you disagree with this decision, review the [Appeals Process \(PO.AD.01\)](#), and submit a written appeal letter to the AAA Director requesting reconsideration within 30 days of the situation. The AAA Director will review the appeal and all related documentation and make a decision within 10 business days of receiving the letter.

If the dispute remains unresolved, you may file your appeal with the Idaho Commission on Aging (ICOA) within 30 days following the AAA Director's decision. ICOA will establish a complaint file containing all participant case information: the appeals statement, chronological log of events, relevant correspondence, and a record of the resolution attempted. Depending on the nature of the complaint, the ICOA Director will render a final determination.

L. Conflict of Interest and Confidentiality

1. Purpose and Goals

a) Purpose

Purpose: The purpose of conflict-of-interest (COI) policies is to preserve program integrity by eliminating potential self-interest from decision making. Conflicts of interest can be real or perceived.

b) Goals

1. Enhance program credibility
2. Prevent fraud or financial abuses
3. Promote best use of dollars without bias

2. Responsibilities

a) ICOA Responsibilities

ICOA will create tools and processes to uncover and mitigate conflicts of interest. These may be general or program specific.

b) AAA Responsibilities

In addition to complying with all ICOA COI policies, AAAs should have their own internal standards and procedures to mitigate real or perceived COI in their organization.

UNIVERSAL PROGRAM and SERVICE STANDARDS



Federal title and ADRC funds spent to support older Idahoans and their families/caregivers through nutrition, socialization, education, information, support groups and programs that rely on mostly volunteer labor.



V. UNIVERSAL PROGRAM and SERVICE STANDARDS



● Universal Programming

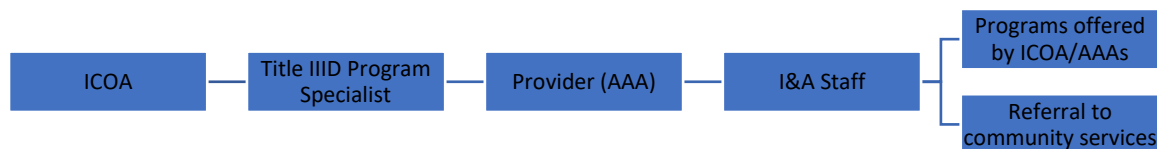
A. Focus Area – Information and Assistance Services

1. Program/Organizational Structure

a) Staffing Resources

- The Area Agency on Aging (AAA) must provide information and assistance (I&A) services sufficient to ensure that all older persons and adults with disabilities within the planning and service area (PSA) have reasonably convenient access to the service.
- Emphasis is placed on linking services available to isolated older individuals, older individuals with greatest economic and social need, older individuals at risk for institutional placement and adults of any age over 18 with a disability, and their caregivers.
- Each AAA will have sufficient staffing to ensure incoming calls can be taken in-person during regular business hours.
- AAAs will ensure there is enough trained staff to cover times for personal leave of regular I&A staff without interruption of services.

b) Org Chart



2. Responsibilities

a) ICOA Responsibilities

- Provides guidance including monthly support call to offer updates and answer questions about the service or related data management, including use of GetCare.
- Monitors I&A activities and reports as identified in the following sections.

b) AAA Responsibilities

- Provide ADRC access to concerned individuals, families, and caregivers.
- Inquiries are received by trained, informed, professional staff.
- The service provides current information on opportunities and services available to eligible individuals within their communities by assessing the problems and capacities of the individuals and linking the individuals to the services and supports that are available.
- Must establish and ensure adequate follow-up procedures.
- Must capture and maintain accurate data related to providers, inquiries, individuals, and referrals.

3. Program Foundations

a) Purpose and Goals

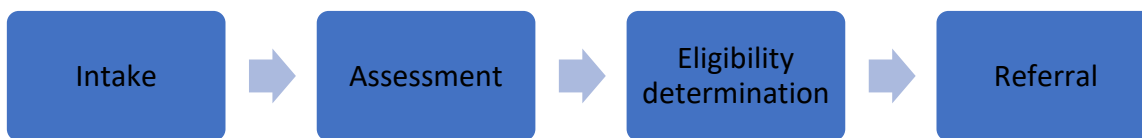
(1) Purpose

A service that provides assistance to individuals, their families, and caregivers about the availability of services and supports within their community through assessment of capacity and need, appropriate referrals, and follow-up communication to ensure services were offered and provides referral to local and state resources via the Aging and Disability Resource Centers (ADRC)/No Wrong Door network.

(2) Goals

- To provide accurate information to individuals, families, caregivers, and communities regarding the availability of education, community events, services and service providers.
- To provide one-on-one assessment and referral to individuals and their support team seeking service information.
- To establish connections with individuals initiated by an agency or organization seeking services and supports for an individual or their caregivers including those with disabilities.

b) Eligibility



- Intake includes the gathering and screening of consumer information.
- Eligibility is determined on intake and assessment, specific program and service eligibility requirements.
- Service Priority:
 - Each AAA shall ensure that all service providers prioritize service delivery to those older individuals and adults with disabilities having the greatest economic and social need, with particular attention to those who are low-income, a minority, living alone, and/or residing in rural areas.
 - Individuals age 60+, caregivers of those age 60+, and grandparents age 55+ raising grandchildren meet eligibility requirements based on age.
 - Adult persons with sensory, mobility, cognitive, developmental or behavioral disabilities including those with Alzheimer's disease or a related dementia with neurological and organic brain dysfunction do not have an age restriction.
 - Eligibility for specific services is determined through assessment scoring based on activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Consult each specific program section of this manual for eligibility requirements.

c) Scope of Service

- I&A service is expected to be available during regular business hours, Monday – Friday. Service is not expected during evening hours, on weekends, or during recognized holidays.
- Service may be provided through in person contact, telephone conversation, and e-mail or regular mail correspondence.
- Communication methods should meet the comfort, technology, and accessibility needs of the individual.
- Alternate formats, such as braille, large print, audio, and translation or interpretation should be considered when possible. American sign language (ASL) interpreters may also be necessary to serve individuals with hearing loss.

Service Activities Must Include:

- Assessment of the unmet needs and capacities of the individual.
- Immediate referral of individuals whose need relates to crisis intervention.
- Provision of assistance to older persons (or their caregiver) to identify their needs and place them in contact with appropriate community resources or service providers.
- Provision of community resource information to support the unmet needs of callers. For example: Assistive Technology Programs.
- Information and referral to assistive technology programs.
- Follow-up activities conducted with consumers and/or agencies to determine whether services have been received and the identified need has been met following the formal referral.
- Appropriate expansion of I&A services in cases of emergencies or disasters.

d) Client Assessment

- Assessment must be supported through the appropriate Eligibility, Consent, and Referral documentation for the identified services.
- Assessment is used to determine a consumer's level of need, type of service needed and potential referrals. It is conducted as part of intake and includes completion of the ICOA approved assessment instrument (Intake Assessment).

4. Implementation

a) Policies and Procedures

An initial I&A contact includes collection of the individual's specific requests, personal, demographic, and functional capacity. This information is acquired through conversation with the individual and intake processes outlined through use of GetCare, including potential use of functional assessments. Based on this information, the I&A specialist may perform a more in-depth functional assessment. This results in referral to eligible registered services, other supportive services and/or referrals to external resources that best meet the individual's needs.

Intake for Adult protective Services (APS) calls follow similar but distinct processes for intake:

- Conducts initial intake, screening and processing of reports alleging maltreatment of a vulnerable adult by both mandated and non-mandated reporters during regular business hours.
- The service provides immediate connection to the APS worker for calls received from any local financial institution, prosecutor, judge, or law enforcement where they request to speak with APS or to make a report to APS. If the transfer is complete, APS will conduct the intake and screening. If the local APS worker is not immediately available to accept the call, I&A will conduct the intake and screening and inform the APS supervisor of the call upon their return.
- Reports may also be submitted by mandated reporters and financial institutions 24 hours/day, 7 days/week via the ICOA online reporting tool. I&A staff will process intake of submitted information and make the appropriate referral to a local APS worker.
- Reporters calling during non-business hours will hear a recorded message that includes the following instructions:
 - If they are in need of emergency assistance, call 911, as APS is not an emergency responder.
 - Leave their name and contact information (clearly stated and with spelling if necessary)
 - They will receive a call back on the next business day in order to document the report and collect necessary intake information.
- I&A will call the reporter back on the next business day to conduct an intake and collect information to support the screening and referral process.
- Referrals made to APS shall include:
 - Alleged victim's vulnerability with detailed description of how vulnerability limits alleged victim from protecting themselves from the circumstances alleged in the report.
 - Allegation of abuse, neglect, and/or exploitation and description of what caused the reporter to suspect the maltreatment.
 - If any APS report, whether via online form or voicemail, is submitted but lacking information needed to appropriately process and screen for referral, I&A will make reasonable efforts to contact the reporter and collect information to support the screening and referral process.
 - If known and applicable, reports shall contain the name and address of the vulnerable adult; the caregiver; the alleged perpetrator; the nature and extent of suspected abuse, neglect, or exploitation; and any other information that will be of assistance in the investigation.

I&A staff document all assessment and referral information in GetCare as directed by the ICOA APS program specialist.

Follow-up occurs depending on the method of referral. It is the responsibility of I&A staff to provide adequate attempts to connect consumers with providers. If connections cannot be made after a minimum of three attempts, it should be properly documented in the consumer's record. Both the

provider and consumer will be sent notification that attempts were made but not successful and if the individual desires services, they should contact I&A at that time.

I&A follows AIRS standard policy and procedure guidelines (Refer to AIRS_Standards_90)

(1) Program and Contingencies

Denial of Service

An applicant will be notified in writing of a denial of service and the right to appeal.

The request for services may be denied for any of the following reasons, or at the discretion of the AAA Director.

- The applicant’s functional or cognitive deficits are not severe enough to require services.
- Family, or other available formal or informal supports are adequate to meet applicant’s current needs.
- The applicant’s needs are of such magnitude that more intensive supports, such as Medicaid HCBS, attendant care, or referral for residential or skilled nursing facility 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 AAA staff, as appropriate.
- The home is hazardous to the health or safety of service workers, in which circumstance APS may be contacted regarding the individual’s situation.
- 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 and efforts and assistance to establish a consumer-directed provider have been unsuccessful.
- All applicants placed on a waiting list shall be notified of this action in writing.

Denial or Termination of Service

- AAAs will develop fair and impartial hearing procedures and provide an opportunity for a hearing for any individual who is denied or terminated from a service.
- Appeals will be heard by ICOA.

(2) Investigation

- The AAA will have a clearly defined process for handling complaints and investigations. Best practices in the policy may include:
 - Any complaints regarding I&A staff or providers will be investigated by the I&A supervisor. Additional trained I&A staff may also be utilized but the supervisor is responsible for ensuring a fair and impartial investigation occurs and that findings are adequately documented.
 - Findings will be provided to the complainant in writing.

- Copies of complaints and related investigations and findings must be retained for two years after the complaint is closed.

(3) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. Internal policies must be in alignment with OAA grievance standards. Best practices include acknowledgement of receipt within two business days and a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network’s reputation.

(4) Quality Assurance

- All I&A interactions and data must follow standards for privacy.
- I&A staff is expected to behave in a professional manner.
- Differences in people and needs determine the length and complexity of an interaction but the goal is to provide services as quickly as possible while ensuring appropriate referrals are made.
- I&A supervisors should observe staff on occasion and note any areas for improvement.
- The ICOA program specialist can make spot-checks on I&A data in GetCare as well as consumer/provider feedback and site checks at any time.

5. Supporting ADRC Goals with I & A Coordination

a) Target Population

- Individuals age 60+
- Family members of persons aged 60+ or with a disability
- Caregivers of individuals who are age 60+ or with a disability

b) Frequency

- Should occur at least quarterly.
- Use a shared calendar to ensure colleagues know when I&A outreach will occur and what to expect.

c) Coordination

- I&A staff should coordinate all marketing and outreach activities through ICOA and the other Idaho AAAs.
- Materials and ideas should be freely shared with colleagues through the Title IIID Idaho Toolkit.
- Use ICOA’s recognized national campaigns to market the I&A service (see section below).

As the front-facing service of the AAA, significant opportunities for coordination & collaboration exist. These include any opportunity to interface with public, private, not-for-profit, advocacy, and government entities ranging from the community to the national level. Specific outreach opportunities include:

- Medicaid, Public Health, Behavioral Health
- 211 Careline
- Rural Health
- State Health Insurance Benefits Advisors (SHIBA)
- Council on Developmental Disability, State Independent Living Council, Centers for independent Living
- Veterans Administration Medical Center
- Idaho native tribes (Coeur d'Alene, Nez Perce, Shoshone Bannock, Shoshone Paiute)
- Idaho Legal Aid
- Health care systems (St. Luke's, Saint Alphonsus, Kootenai) local community and critical access hospitals.
- Idaho Foodbank
- Community not for profits (e.g. Jannus, Metro Community Service, local United Way funded agencies)
- Department of Labor - Workforce Innovation and Opportunity Act Committee
- Alzheimer's Association, American Diabetes Association, National Multiple Sclerosis Society, National federation of the Blind, Idaho Commission for the Blind and Visually Impaired, Idaho Council for the Deaf and Hard of Hearing

d) Methods

Utilize consumer engagement to also promote ADRC partners and AAA services.

Each AAA should have a webpage dedicated to the I&A service, it should be simple and explain who it serves, what it does, how it works, and provide methods of contacting the local I&A service, and their ADRC partners.

A variety of methods need to be used for effective outreach. They include but are not limited to:

Formats:

- Website
- Social media
- E-Mail signatures
- Fliers
- Banners
- Posters
- Rack cards
- Radio spots
- Radio interviews

- TV news mentions
- Community bulletin boards
- Local newspapers, newsletters, bulletins

Points of Distribution:

- Community Focal Points; Senior Centers
- Emergency responders (EMS – fire, ambulance, police)
- Libraries
- Churches
- Service organizations (Lions, Kiwanis, Knights of Columbus, Shriners etc.)
- Local clinics and pharmacies
- Critical access hospitals
- Local Health District office and Center for Independent Living
- Senior living communities or housing projects

e) Reporting

Unit of Service:

- Any individual contact made for information, referral, or assistance constitutes one unit of service.
- Preparation of reports and grant applications are considered administrative activities, not activities directly on behalf of a consumer.
- Reported units can include all referrals and follow-up contacts to potential resources or providers on behalf of that consumer.
- An activity that involves contact with several current or potential consumers or their caregivers is considered a group presentation or service and is not counted as a unit of I&A service.
- Group services might be defined as public education or public information but not an I&A activity.
- A website interaction that results in a request for information from the consumer AND provision of that information, can be counted as a unit of service.
- If an interaction does not result in provision of information to a specific individual, no unit of service should be recorded.
- All program data for the I&A service is collected and reported via GetCare.
- Data entry should be kept current as interactions occur.
- Quarterly reports will be pulled for each AAA by the ICOA program specialist. The program specialist will notify the I&A manager and AAA Director if any concerns or issues are identified.
- All data must be entered and validated on or before October 15th each year.

- Any data for grant or special funding reports from which the AAA received funds must comply with all requests for data using the format indicated by the program specialist and submitted on or before the stated deadline.
- It is the responsibility of the I&A supervisor to compile necessary data related to special funding and submit it using the designated format/method on or before the stated deadline to the ICOA program specialist.

6. Campaigns

The I&A service does not directly participate in ICOA campaigns. Since I&A is the service to which people first contact the AAA when seeking assistance, I&A staff should be aware of campaign opportunities to provide outreach and increase public awareness. It is strongly recommended that I&A staff coordinate efforts with other program staff to leverage these opportunities.

7. Referrals

a) Referral activities may include:

- Providing a list of available service providers from which the client may choose the provider they prefer and making their own contact.
- Making contact with a particular provider on behalf of the client.
- Providing advocacy intervention (negotiating with a service provider on behalf of a client).

b) Community

- As part of the Aging and Disability Resource Center (ADRC) and following a No Wrong Door (NWD) policy, various entities from the community may refer potential consumers or providers to the AAA.
- Referrals to consumers who need assistance should be addressed within two business days.
- Entities that want to become part of the ADRC network should have their title, organization name, type of service provided, e-mail and phone number captured. The person making the contact should be provided with the ICOA program specialist's contact information. The information from the referral should be forwarded to the ICOA program specialist as soon as possible with 2 business days as best practice.

8. Consumer Information

a) Data Requirements

- Data to ensure the ability to communicate with the consumer must be collected and stored for each I&A engagement.
- Demographic data that identifies characteristics used to determine service to under-served/at-risk populations including ethnic/cultural, living alone, speaking English as a second language, veteran status and disability status must be collected for reporting purposes.
- All assessment and referral information must be captured and stored.

- Any communication with providers on behalf of a consumer must be documented.
- All follow-up activity with consumers and providers must be captured.
- Consumer records shall be maintained for three (3) years following service termination.

b) Data Methods

- All I&A data is captured, stored, and managed in GetCare.
- GetCare should reflect complete current information, especially as of the end of the prior month.
- All deadlines provided by ICOA or ACL for data in GetCare must be strictly adhered to.

c) Data Reporting

- Most reports for ICOA and ACL are generated directly from GetCare data, requiring no additional actions by the AAA.
- Some reports must be submitted using the form/method identified for each report.

9. Service Providers

a) I & A On Boarding Training

All individuals must complete I&A training before being allowed to interact with consumers in that capacity. Currently AAAs are allowed to administer their own training. It is recommended AAAs utilize the AIRS training. The current AIRS training guide is available from ICOA on request.

(1) Health Promotion

Person's contacting a AAA for services should be assessed for chronic conditions and falls during the initial intake call. This includes asking if they have:

- Fallen in the last 6 months.
- Live with a chronic condition.
 - If the response is "yes", Verbally provide general program information.
 - Ask if you can provide their information to your health promotions Program Coordinator. If yes, then immediately send their contact info to the Program Coordinator.
 - If consumer identifies their chronic condition, share specific information about relevant workshops including the next two available dates.
 - Immediately send program packet with Title IIID flier/brochure and condition-specific program flier(s) via e-mail or regular mail. Include copy of current calendar or add dates to e-mail message or write on included fliers.

Idaho's available Title IIID workshops include:

- Chronic Disease Self-Management (general including arthritis, cancer, Parkinson's, etc.).
- Chronic Pain Self-Management
- Diabetes Self-Management (type 1 or type 2)

- Mind Over Matter (Continence (bladder and/or bowel)
- Falls Prevention (any falls in the past year and anyone age 60+, especially if also have a chronic condition or disability)

(2) Family Caregivers/Respite

All individuals must complete I&A training before being allowed to interact with consumers in that capacity. Be sure I&A on-boarding includes:

- Review and knowledge of ICOA's Resource Guide Caregivers for People with Dementia found here <http://aging.idaho.gov/wp-content/uploads/2022/03/IA-and-Options-Counseling-Resource-Guide-Caregivers-for-People-with-Dementia-Other-Caregivers-3.10.22.pdf>
 - Idaho's Department of Health and Welfare Medicaid programs
 - Medicare resources (SHIBA)
 - Meal programs
 - Evidenced-based workshops available
 - [Idaho's Advanced Care Directive planning](#)
 - [Idaho Legal Aid Services](#)
- Review and Knowledge of Idaho's Department of Health and Welfare Alzheimer's Disease and Related Dementias website found here: <https://healthandwelfare.idaho.gov/health-wellness/diseases-conditions/alzheimers-disease-and-related-dementias>
- Older Americans Act eligibility

(3) Adult Protective Services

- I&A employees shall complete onboarding training within ninety (90) days of employment.
- I&A employees shall have one (1) year from date of training release to complete any newly released training.
- Training will be noted in employee personnel file. Employee personnel file shall be kept for the length of employment.

(4) Ombudsman

- The Ombudsman Program Manager will provide new I&A employees with onboarding training within the first 30 days of employment. Training will be documented as Community Education in Idaho Get Care (RTZ). Initial training shall be documented in the I&A staff's personnel file.

b) Required Training

I&A services must be provided only by individuals that are currently competent in the required skill sets and, are committed to following regulations, policies, and procedures.

Suggested I&A staff competencies:

- Interviewing techniques

- Listening skills
- Proper use of telephone equipment
- Screening techniques
- Information searches
- Confidentiality policy
- Data recording
- GetCare documentation, case monitoring and records maintenance
- Taxonomy organization
- Resource database use
- Responding to specialized crisis calls including mental health, Adult Protective Services, Long Term Care Ombudsman, Idaho Legal Aid, and Suicide prevention
- Working with non-English speakers
- Webinars on I&A topics can be taken free of charge or for a small fee. View schedule here: <https://learn.airs.org/webinars>

ICOA will request training records as part of their review process.

c) Certifications

- New I & A staff should be closely monitored while progressing through their first 90 days of training. Each AAA should identify mandatory training of new staff prior to beginning to take calls.
- No certifications are currently required.
- It is strongly recommended that I&A staff pursue Alliance of Information and Referral Systems (AIRS) certification, a professional credentialing program for individuals working within the I&R sector of human services. Other available certifications include:
 - Community Resource Specialist (CRS) - practitioners who work directly with clients and provide mediated support including establishing rapport, conducting assessment, providing informed choice of referrals, engaging in follow-up, and providing advocacy or crisis intervention.
 - Community Resource Specialist - Aging/Disabilities (CRS- A/D) - practitioners who work directly with clients and caregivers within the aging and/or disabilities area, performing the same range of skills and tasks as a comprehensive I&R Specialist but also have a special depth of knowledge related to aging and disability.
 - Community Resource Specialist - Database Curator (CRS - DC) - practitioners who maintain databases of resources for the communities they serve and have expertise in gathering, organizing, indexing and dissemination of information about programs/services and the organizations that provide them.

- I&R practitioners are eligible for certification only for the jobs they actually perform and/or directly supervise.
- Webinars can be taken free of charge or for a small fee. - <https://learn.airs.org/webinars>
- For additional information on AIRS certifications and membership, visit: <https://www.airs.org/i4a/pages/index.cfm?pageid=3310>

10. Program Monitoring and ICOA Reviews

a) AAA Program Supervisor/Lead

The ICOA program specialist will monitor the status and activities of each provider through scheduled collaboratives, individual e-mails, or phone calls, and through review of data in GetCare at least quarterly.

- Data related to I&A engagements, providers, and referrals are kept current in GetCare, preferably at the time of the interaction or within 5 business days.
- The ICOA program specialist may, at any time, review the status of an I&A service using GetCare.
- The I&A supervisor must monitor the status of monthly service interactions and referrals. While other AAA staff may assist in this process, it is expected that the supervisor is aware of current program status, challenges, barriers, and issues with consumers or providers.
- The I&A supervisor and AAA Director will meet with the ICOA program specialist in October and April each year to review program statistics, successes, identified gaps, potential opportunities, significant upcoming expenses/investments, and current budget status.
- The I&A supervisor must inform ICOA within three business days of any significant consumer or provider complaints, significant unexpected expenses, or significant program changes.

b) Program Evaluation

- The level of program success is based on the value to the recipient. Value is driven from resolution of the initial need as well as the consumer's experience. Assessment of value is based on the consumer's opinions both positive & negative of their experience. Assessment provides feedback on areas that can be improved.
- Evaluation is used to assess the effectiveness of a program meeting its goals. It is focused on the deliverable or product. It is important to judge on the basis of standards. It determines the extent to which objectives are achieved. Based on the level of quality as per set standard so is comparative in nature, rather than being judged on its own. A program evaluation compares current performance to a set of standards such as AIRS, and to prior performance.
- The I&A service utilizes consumer and provider evaluations to assess service effectiveness. Service evaluations attempt to capture formative assessments that allow for the effectiveness of the service to be captured so processes and delivery can be adjusted as necessary. At least once each year, this formative evaluation is further utilized as part of the program's summative evaluation.

- Inclusion of consumer and provider evaluations are an important element for evaluating the program by comparing outcomes against stated program goals. This allows for adjustment to subsequent service administration and processes. In addition, other factors that determine program success and sustainability such as community engagement, partners, and referrals are utilized to create a comprehensive program evaluation. Each program's stated outcomes as well as ICOA's requirements and general program growth are the basis for evaluation results.

c) Annual Program Review

The purpose of the I&A service is to provide assessment and referral to appropriate programs and services to meet the immediate needs of consumers. The first mark of success is the number of consumer interactions that resulted in connection with services. The number of engagements, number of positive outcomes, number of providers and community partners in an area are all indicators of success.

- Statistics from GetCare and service evaluation scores provide quantifiable data that can easily be compared to goals, budgets, and ICOA expectations.
- Funding allows for administrative costs, training, and program-specific expenses related to the development and provision of service referral. Funding should be carefully budgeted each year and funds expended with a focus on building a sustainable community-based network of providers to support consumer needs. An important part of program evaluation is determining if funds were expended with an appropriate balance of administrative, professional development, and supporting costs showing a positive return on investment.
- ICOA will perform a desk audit for each AAA at least annually. The audit will review service performance based on standards stated in this manual.
- The I&A supervisor and/or AAA Director may or may not be asked to participate in the review.
- Any findings from the review will be communicated to both the I&A supervisor and AAA Director in writing.

d) After Action Review (AAR)

ICOA will use the after-action review as a learning tool after planned events or unusual situations, including threatening or suicidal callers, or highly emotional interactions.

After Action reviews results will be discussed in the monthly meetings. Instruction and use of after action review as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

B. Focus Area – Congregate Meals



1. Program/Organizational Structure

a) Staffing Resources

A minimum of one full-time staff equivalent must be dedicated to the senior nutrition program inclusive of congregate meals, home delivered meals, and NSIP. Responsibilities should include program planning implementation, evaluation, outreach, and quality improvement, and relationship building with all contracted meal sites.

b) Org Chart

Provide an AAA org chart with FTE hours, responsibilities and names of all staff that is included in the nutrition program and report changes to ICOA as they occur.



2. Responsibilities

a) ICOA Responsibilities

The State Unit on Aging serves as the state agency primarily responsible for planning and policy development as well as administration of OAA activities. A core duty of ICOA is planning a network of aging services that facilitates Idahoans to live safe, healthy, and self-directed lives in their communities of choice, for as long as possible. Our number one priority is to provide the best possible service where people of all incomes and ages can obtain information on a full range.

Because services are state administered, each State Unit on Aging has the responsibility and authority (OAA Section 305) to implement the nutritional standards (OAA Section 339) to best meet the needs of the older adults that they serve.

States receive separate allotments of funds based on a statutory funding formula for supportive services and centers, congregate nutrition, home-delivered nutrition and the nutrition services incentive grant program. The OAA allows states some flexibility to transfer funds among Title III programs. Specifically, the OAA authorizes SUAs to transfer up to 40% of funds received between the congregate nutrition and home-delivered nutrition services programs and up to 30% of funds received between these nutrition services programs and the supportive services and centers program.

b) AAA Responsibilities

- Demonstrates commitment to attending scheduled opportunities for communication and education with a minimum of attendance at the monthly nutrition meetings.
- Provide adequate support, coaching and time for staff to accomplish local plan program goals.
- Communicate throughout the organization as appropriate any guidance provided through ICOA nutrition communication, meetings, and trainings.
- Follow all federal and state regulations, laws, codes, policies, and rules including ICOA manual, Idaho Senior Services State Plan, and guidance's.

3. Current State Plan Requirements: October 2020 - 2024

Strategies	Outcomes
<p>a. Strengthen service delivery through formal education. 1. Meal-site Coordinator, 2. Sign in Clerk, 3. Kitchen Staff, 4. Home Delivered Meal drivers, 5. Dietician, and 6 AAA Staff.</p>	<p>1. Develop 3 modules the first year SFY2021 (July 1, 2020 – June 30 -2021) Develop 3 second year SFY2022 (July 1, 2021 – June 30, 2022) In 3rd and 4th year make revision and make available to other State</p> <p>Unit on Aging Nutrition Programs. ACL-Focus Area A6</p>
<p>b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.</p>	<p>1. Increased congregate participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services.</p> <p>ACL-Focus Area A7</p>
<p>c. Collaborate with Health and Welfare’s The Emergency Food Assistance Program (TEFAP) to share resources and provide access to the program through the meal-site focal points.</p>	<p>1. Invite TEFAP personnel to at least 1 AAA quarterly nutrition meeting for collaborative training. ACL- Focus Area A7</p>
<p>d. Develop a standard meal cost calculation template considering different meal site operational needs: fulltime, part-time, volunteer, rural or urban.</p>	<p>1. Provide a standard meal cost calculation template to AAAs to gather information for the development of their local Area Plans due to ICOA June 30, 2021. ACL- Focus Area A2</p> <p>2. Review and update annually as part of AAA Area Plan update due to ICOA year by October 15th. ACL-Focus Area A6</p>
<p>e. Coordinate with Title III E National Family Caregiver Program, Legal Assistance, Ombudsman and APS to inform participants at congregate meal-sites of participant directed and person-centered planning services.</p>	<p>1. At least semi-annually, provide participant-directed and person-centered planning information to the meal-sites in coordinated effort to educate people about available services. ACL-Focus Area C1</p>

<p>f. Collaborate with the Tribes to include meal-sites as a focal point to distribute supportive services, nutrition, health promotion, caregiving and elder justice information.</p>	<ol style="list-style-type: none"> 1. Initially in SFY2021 (July 1, 2020 – June 30, 2021) collaborate with Idaho’s Tribe to identify opportunities to share OAA and State program information through meal-site focal points. <i>ACL-Focus Area A1</i> 2. Annually, distribute performance report to the Tribes, ICOA Commissioners and AAA Advisory Committees in November identifying activities/coordination. <p><i>ACL-Focus Area A1</i></p>
<p>g. Increase capacity through working with the Senior Community Service Employment Program (SCSEP).</p>	<ol style="list-style-type: none"> 1. Facilitate Host Agency participation between SCSEP Director and meal sites. <i>ACL-Focus Area A4</i> 2. Provide guidance on the integration of SCSEP participants into the congregate meal service. <i>ACL-Focus Area A4</i>
<p>h. Collaborate with AAAs to develop a standard nutrition satisfaction survey for the AAAs to use during their Area Plan development.</p>	<ol style="list-style-type: none"> 1. Released in October 2020 and results identified in Area Plans along with any program improvements as a result. <i>ACL-Focus Area A2</i> 2. Follow up survey would be in October 2022 and used to assess service mid-way through Area Plan. <i>ACL-Focus Area A2</i>

4. Program Foundations

a) Purpose and Goals

(1) Goals

- Reduce hunger, food insecurity, and malnutrition.
- Promote socialization of older individuals.
- Promote the health and well-being.
- Delay adverse health conditions.
- Services are not intended to reach every individual in the community. Programs target adults age 60 and older who are in greatest social and economic need, with particular attention to the certain groups.

b) Program History

The Older Americans Act (OAA) was signed into law on July 14, 1965. This act established the Administration on Aging within the Department of Health, Education, and Welfare, and called for the creation of State Units on Aging. This act was considered one of the most important contributions of aging legislation enacted by Congress. At the signing of the Older Americans Act, President Lynden Johnson said, "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and to their aunts. And no longer will this nation refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to the progress of this progressive country."

c) Eligibility

The federal eligibility criteria for participation are based on age – a person must be at least 60 years old to participate in the congregate meal program and Spouses (of any age) of people age 60 or older are also eligible.

In addition, Section 339 of the OAA creates the option for programs to offer meals to the following, if funding allows:

- People who provide volunteer services during meal hours.
- People with disabilities living in senior housing facilities offering congregate nutrition services (congregate dining sites held in senior housing facilities may serve person with disabilities).
- People with disabilities who reside with eligible older adults.

d) Scope of Service

- The congregate nutrition program feeds people most in need with a nutritious meal. The AAA occupies a registered Dietitian that will approve meals prior to serving. The Dietitian ensures that the meal complies with the most recent Dietary Guidelines for Americans, provides a minimum of 33 1/3% of the Dietary Intake per meal and can be adjusted to special dietary needs.
- The contracted Dietitian or the AAA will provide nutrition education monthly. The Dietitian will provide Nutrition counseling if a participant scores higher than 6 on the health nutrition survey, based on the needs and desire of the client to participate.
- Communicate with ICOA on an ongoing basis and promptly concerning unfolding issues such as shortage of funding, complaints, decrease in service etc.
- AAA will give one presentation per year to all tribes in their area about the Nutrition Program.

e) Screening

Screening is the process of identifying persons who may be at risk for a condition or need for a service. The screening tool (Nutrition Health Risk Survey) includes 10 points, and persons scoring a six or higher

meet the screening criteria for high nutritional risk. A person screening at high nutritional risk could be referred to a local food assistance program, provided transportation to attend a congregate meal program, referred to a chronic disease self-management program, and might qualify for a free counseling session with the Dietitian.

f) Client Assessment

An I&A person or hospital professional performs an assessment of an individual and refers the person to an AAA for services. Best practice example: a doctor diagnoses Mr. Smith with diabetes. In addition to medication prescriptions and other clinical referrals (i.e. a dietitian for meal planning), the doctor refers him to a senior center to attend physical activity classes. The senior center (which follows AAA policies and procedures) could ask him more screening questions through their intake form/interview related to health, nutrition and socio-economic risks to assist with referring him to programs that best meet his needs. In this case, a referral to a Diabetes Self-Management Workshop may be appropriate and other referrals such as the State Health Insurance Program, congregate meals program and others could be helpful along with the physical activity programs recommended by the physician.

g) Licenses

AAA should ensure that all contracted Dietitians are licensed and documentation is available for review.

5. Funding

a) Program Budget

Each agency must provide to the Idaho Commission on Aging projections for the total number of consumers to be served in the following fiscal year, and total service units. These projections are to be provided annually during budget development.

b) In-Kind Match

- Service match should be requested from all non-profit organizations. The AAA can negotiate the required match amounts but should strive to receive 15%. 1/3 must come from State sources (OAA Section 304(d)(1)(D)).
- The known or estimated dollar amount of In-Kind Contributions should be reported to ICOA quarterly as indicated in the budget workbook.
- Volunteer time should be considered In-Kind Contributions when being recorded.
- In kind contributions must be from a third-party, verifiable and the record must show how the value of the in-kind contribution was determined.

Example for In-Kind contributions are:

- Volunteer services (a reasonable hourly rate applied to a volunteer's time multiplied by the number of hours he/she works). For example, advisory/grievance council members, kitchen help, servers, receptionist, HDM drivers.

- Donated time of employees from other organizations (salaries or positions must not be supported by Federal funds).
- Unpaid interns or fellows.
- Donated supplies and loaned equipment.
- Donated food from food banks, etc.
- Donated utilities.
- Donated or discounted space.
- Transportation services to and from nutrition sites, medical appointments, shopping trips, etc. provided from non-Federal sources.

Voluntary contributions meet the definition of Program Income 45 CFR 75.307

c) Program Income

Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds.

- Program Income:
 - Fees collected for a workshop or conference
 - Proceeds from sale of goods
 - Cost share
 - Cash
 - Local grants or appropriations
 - Corporate contributions
- All monies from non-eligible participants payments towards a meal are program Income,
- Program Donations: the center has several different donation strings such as coffee donations, Bridge Player donations etc.....the center can utilize this towards their interests.
- Voluntary contributions may not be used as match.

If donations are made to the meal program these monies must be expended towards the meal program first.

Must be reported quarterly from the AAA to ICOA as indicated in the budget workbook.

e) Grants

This program is funded through Title III C 1 of the OAA, as appropriated annually by Congress.

f) Additional Funding

American Rescue Plan Act (ARPA), see guidance [here](#).

6. Implementation

a) Policies and Procedures

- Donated food program guidance (GU.NU.03.01)
- Eligibility Guidance (GU.NU.02)
- Meal Frequency Waiver Form (FO.NU.03)
- Voluntary Contributions (GU.NU.01)

AAA is responsible to develop policies, procedures, guidance, and monitoring of local service providers.

(1) Program and Contingencies

Each AAA has an emergency preparedness plan in place and will make sure that each contracted meal site has one in place as well. The Idaho Commission falls under the Idaho Emergency Support Function 6(ID-ESF) # 6 and is requested to assist in all phases of the emergency management cycle if needed.

(2) Investigation

In case of financial irregularities at a meal site, the AAAs must inform ICOA and investigate for compliance right away. In case of a participant fraud, participant will be terminated from service immediately.

(3) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. ((OAA. Section 306. (A)(10) provide procedure for older individuals who are dissatisfied with or denied services)). Best practices include acknowledgement of receipt within two business days a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

(4) Quality Assurance

- AAA will promote and monitor the completion rate of the nutritional health risk survey. Completion goals will be jointly set between AAAs and ICOA program specialist every year.
- AAAs conduct nutrition satisfaction surveys every other year.
- Conduct monthly service utilization reviews to evaluate resource usage and to implement a person-centered planning approach to service delivery.

7. Outreach

a) Target Population

The programs authorized under OAA Title III-C provide congregate meals, which targets the **60+** population with the greatest social and economic need – low-income minorities, rural communities, limited English proficiency, and risk of institutional care.

b) Frequency

- Nutrition education is provided monthly (via flyer, zoom, newsletter, etc.).
- The Dietitian is required to visit and educate each meal site for review minimum yearly.

- All AAAs will conduct minimum one on site review/year and one phone assurance call or two on site visits/year at each meal provider.
- Each AAA will facilitate mandatory in-person/zoom semi-annual meetings for all their meal providers for education purposes.

c) Coordination

- Each AAA ensures that most of their meal sites are focal points. AAAs will provide education and outreach material to the meal sites to distribute material to eligible individuals to link them with appropriate services.
- Each AAA will coordinate with the Idaho Foodbank (IFB) and Health and Welfare (H&W) to attend one AAA facilitated AAA/meal provider meeting /year. The IFB and H&W will present on other nutrition programs for education and cooperation purposes.
- AAAs will coordinate with other local entities for example health care clinics and hospitals.

d) Methods

Outreach can be done in-person, through letters, webinars, virtual meetings, newsletters, brochures etc.

e) Reporting

Each Dietician must submit their outreach and review plan to the AAA for the new state fiscal year by July 1st. It is requested that the AAA will forward a copy to ICOA.

8. Campaigns

a) Title and Month of Year

- Title III C 1 CM, March Nutrition Month
- Malnutrition Awareness Week (one week in September or October)

b) Expectations

ICOA will host a meeting with the AAAs a minimum of 90 days prior to campaign. As soon as the ACL toolkit is published the AAAs will start planning and developing their campaign. Each Area is required to fulfill 6 of the 9 suggested activities:

- a. Press release
- b. Proclamations
- c. Social media
- d. Blog articles
- e. Letters to the editor
- f. Classes and demonstrations
- g. Radio and TV interview shows
- h. Email signature

- i. Vendor presence at meetings or celebrations

9. Consumer Information

a) Data Requirements

Each new participant should fill out the entire client registration form including the nutritional health risk survey. It is highly encouraged that each participant who comes the second time into the meal site should provide the information requested. All meal site check in clerks should have been trained to explain to new participants why it is so important to get accurate information. GetCare nutrition data base should be maintained as accurately as possible in real time. At a minimum data base cleanup must happen annually by October 31st.

b) Data Reporting

Monthly:

- Each AAA must report in GetCare how many meals were served and who received them.
- AAA Nutrition Invoices must be submitted to ICOA by 25th
- Nutrition Education must be reported in the Data Base.
- Nutrition Counseling must be reported in the Data Base.

Yearly:

- AAA must submit an outreach plan for the following SFY showing when AAA will do onsite visits at each meal providers by end of June each SFY.
- FFY end meal count must be reported in GetCare by November 1st.

General:

- AAA must invoice ICOA actual meals served.
- AAAs invoice must match data very closely with the data provided in GetCare.
- Changes in site coordinators: Contractor going out of business, change in site coordinator, address changes, additional waitlist requirements, waitlist, challenges, complaint and compliance issues, termination. AAAs must report to ICOA program specialist ideally as soon as the information is uncovered.

10. Service Providers

a) Required Training

All AAAs must arrange for training a new meal site coordinator within the first 3 months. All other available nutrition trainings need to be conducted with the meal site coordinators and/or their staff in the first 6 months. Trainings can be conducted via zoom or in person. It is mandatory for the service providers to participate in the ICOA provided trainings below.

- Meal Site Coordinator Training

- Dietitian Training
- Check in Clerk Training
- Kitchen Staff Training
- Home Delivered Meal Driver Training

b) Certifications

- The following certifications should be displayed or immediately available:
 - Valid permit to operate a food service.
 - 501©(3) non-profit Status.
 - Food Safety Protection Manager Certification: Beginning July 1, 2018, at least one EMPLOYEE that has supervisory and management responsibility and the authority to direct and control FOOD preparation and service shall be a CERTIFIED FOOD PROTECTION MANAGER who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. (2-102.12 CERTIFIED FOOD PROTECTION MANAGER – IDAPA 16.02.19.210.03 (A)).
 - Health District Inspection.

c) Monitoring

AAAs should utilize tools to monitor meal site performance and outcomes related to serving those most at risk, controlling costs to meet service requirements, adherence to all applicable laws and standards, and data integrity, accuracy, and timeliness.

AAAs should provide regular education and support to meal site staff and Board of Directors to ensure that:

- Meal Providers understand eligibility requirements.
- Meal Providers are committed to serving those most in need.
- Meal Providers understand budgeted parameters and their implications related to service delivery.
- Meal Providers demonstrate accurate and timely invoices.
- Meal Provider informs the AAA of wait list status on an ongoing basis.
- Meal Providers demonstrate on time submission of menus to the Dietitian.
- Monthly, each meal site will report if participant status has changed (LTC, Moved, Deceased etc.).
- All records such as bills, receipts and reports etc. must be kept for minimum seven years and made available to AAAs and /or ICOA at any time.

11. Program Monitoring and ICOA Reviews

a) AAA Program Supervisor/Lead

AAA program supervisor must display adequate time, attention and skills to ensure the program is meeting assigned goals and outcomes. Specific requirements includes:

- Each AAA will have a budget/Data Entry Comparison meeting with ICOA Nutrition Program Specialist twice a year.
- AAA must inform ICOA immediately if they run short in funding.
 - AAA is responsible to promote and motivate meal sites to collect the information.
- All CM participants must be re-registered every three years effective 01/01/2021.
- ICOA requests a copy of the plan be forwarded to the program specialist. By December 2023, and every three years after, each AAA must develop a plan scheduling which meal sites will re-register all their participants in each month that year.

b) Program Evaluation

Program evaluation is based on outcomes reached and how they were reached. It may compare current performance to a set of standards. Standards are set by ACL, ICOA, State of Idaho. Each November the nutrition program specialist will present statistics and data at the commissioners meeting for each PSA evaluation. At any time ICOA might evaluate PSAs at different times and also several times. If expectations are not met, PSAs must improve the situation. If funding is mismanaged/not applied correctly ICOA has the right to terminate AAA contract.

ICOA might consider supporting documentation to evaluate in detail such as:

- Idaho State Plan
- Area Plan
- Data/Statistic reports
- Quality Assurance report
- Post quality assurance report
- Budget planning and spending
- After action review
- Corrective action plan
- Complaints and compliance issues
- Desk review and onsite reviews with AAA Director, Nutrition Staff/Contractor, Meal Provider coordinators and board members

c) Annual Program Review

Target will be to visit 25% of meal sites in each PSA annually, with every meal site visited in a 4-year state plan cycle.

d) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the monthly nutrition meetings. We encourage the AAAs to also use after action reviews with their meal providers as a quality improvement tool.

Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

12. Program Flexibility

During an emergency or disaster that is declared by either the President of the United States, by the Governor of Idaho, by the ICOA Administrator or by an AAA Director, the State of Idaho may allow flexibility for carry-out, shelf stable and grab and go meals only under an emergency situation such as pandemic, fire, snow, extended loss of needed infrastructure and or loss of personnel.

Only C-1 funds can be utilized to reimburse for these meals. The funds expended must not exceed 25 percent of total C-1 funding at the state or AAA level.

Meals should complement the congregate meal program; be given to older adults who have need for such a meal; and/or be given to older adults who have a regular need for such a meal based on an individualized assessment.

Nutrition Appendix

Appendix A - [Definitions and Acronyms](#)

Appendix B - [ICOA Nutrition Forms](#)

Appendix C - [State and Federal Resources \(Nutrition\)](#)

Appendix D - [Meal Frequency Waiver Form \(FO.NU.03\)](#)

Appendix E - [Voluntary Contributions \(GU.NU.01\)](#)

Appendix F - [Eligibility Guidance \(GU.NU.02\)](#)

Appendix G - [Donated food program guidance \(GU.NU.03.01\)](#)

Appendix H - [Program Fund Transfer \(PO.AD.11\)](#)

Appendix I - [Home-Delivered Meal Program Compliance \(TG.NU.01\)](#)

Appendix J - [Prioritization Guide](#)



C. Focus Area – Health Promotion

1. Program/Organizational Structure

a) Staffing Resources

A sustainable program with the capacity to meet needs requires a robust infrastructure composed of staff, contractors and/or volunteers. AAA Directors and Program Coordinators determine resource requirements including staffing. General program positions are described here.

Role: AAA Program Coordinator

- Job Summary: Plans, develops, implements, supervises, schedules, and evaluates program.
- Responsibilities: Identifies community-based need in PSA counties. Selects evidence-based programs (EBPs) that provide relevant health education for area residents. Promotes the program and workshops to residents, businesses, and governmental entities. Identifies number of resources program needs to meet needs, and goals. Schedules workshops. Recruits Master Trainers and Lay Leaders, supervises facilitators, secures workshop sites, ensures maintenance of program fidelity, conducts program evaluation, and manages program budget.
- Staffing Level: Each AAA identifies a single person who holds this position. Each AAA must budget for a minimum of a 0.25 FTE (25% time or 10 hours per week). Role, responsibilities, time allocation, and expectations need to be clearly defined. Best practice in Idaho, the DPHP Program Coordinator could easily be a single, full-time position for a person managing a robust program. This position can be internal, a full time position split with a fellow AAA, or contracted.
- Regional programs where a single person manages multiple AAA programs is encouraged.
- Required Skills: Program development, project management, relationship building
- Preferred Experience: Should have participated in a workshop. May be a Lay Leader or master Trainer but not required.

Role: Master Trainer

- Job Summary: Trains Lay Leaders, monitors program fidelity, and facilitates workshops
- Responsibilities: Trains Lay Leaders. Monitors program fidelity by observing workshop delivery. Facilitates enough workshops to maintain personal certification and mentor Lay Leaders but facilitation is not their primary responsibility. Can participate in community-building efforts including identifying and retaining host locations, lay leaders and participants.
- Staffing Level: The number of Master Trainers depends on the number of Lay Leader trainings held each year. For most programs, at least two master trainers are required to facilitate Lay leader trainings. It is recommended that these trainings be held twice each year. In addition, Master trainers need to be able to evaluate facilitators and program fidelity at least once each year. They must also facilitate at least one workshop each year in order to maintain their certification. Master Trainers can be AAA staff, contracted, or shared from other providers. Since Idaho AAAs

collaborate and coordinate efforts for the DPHP program, if a AAA provides the same program as another, it may be acceptable to count their combined number of Master Trainers as long as there are enough to meet all training and fidelity needs.

- Master Trainer availability must be addressed prior to their acceptance and designation. In order to perform their primary function as Lay Leader trainers, they must be available to hold training sessions. Depending on the program, this may be half-days, full-days, or multiple consecutive days. The scheduling may also differ for in-person and virtual leader trainings. If a particular AAA does not have this capacity, a Master trainer from another AAA or contracting with another entity is an option.
- Master trainers should be compensated for their time invested in providing training and fidelity checks.
- Required Skills: Relevant Master Trainer certification. Written and verbal communication skills. Volunteer management. Facilitation.
- Preferred Experience: Successful facilitation of in-person and virtual sessions. Work with adult learners. Work with community-based resources.
- Minimum Expectations: Obtain and retain relevant Master Trainer certification (usually requires facilitation of one or two workshops within one year of initial training, and facilitation of at least one workshop each year thereafter. Refer to specific program certification requirements.). Hold at least two Lay Leader trainings each year, either for own PSA or in collaboration with other Idaho AAAs. Training can be provided in-person or virtually. Observe required number of workshop deliveries to meet fidelity requirements and provide results including constructive feedback to Program Coordinator.

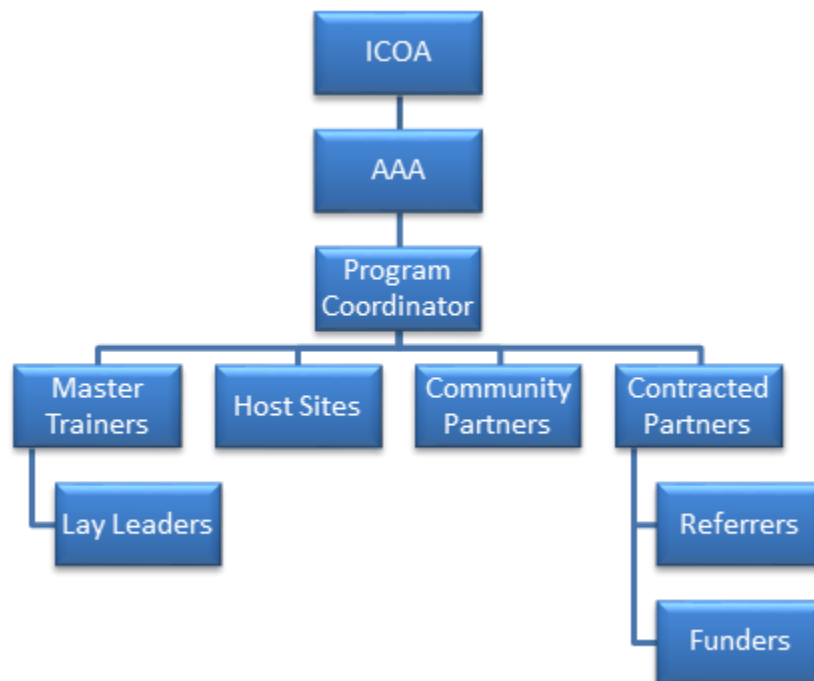
Role: Lay Leaders

- Job Summary: Facilitates education sessions, manages workshop logistics, and provides positive program presence in local communities.
- Responsibilities: Prepares workshop site and facilitation of sessions. Ensures materials are distributed for relevant sessions but is not responsible for ordering or otherwise preparing materials. Ensures participant rosters, evaluations, and materials are prepared before first session and submitted to Program Coordinator within 5 working days of workshop completion. Provides participant support during and after workshops. Identifies and encourages potential Lay Leaders to pursue certification. Provides at least one complete workshop each year to maintain certification.
- NOTE: It is imperative that volunteers not be over-extended. Lay Leaders should be compensated for duties outside those normally done by Lay Leaders, including activities like program marketing and community presentations.
- Staffing Level: Workshops require either one or two facilitators per workshop, depending on the program. It is important to have enough Lay Leaders to comfortably facilitate the number of

workshops scheduled in their area. Lay leaders should be local to the communities in which they facilitate. The readiness of a back-up leader in case of an emergency is recommended. Leader availability and willingness to facilitate workshops should be clearly discussed and documented so leaders are not over-utilized. Conversely, it is important to be sure enough workshops are scheduled to keep them active and interested in the program. Schedulers should communicate closely to ensure lay leader workshop schedule matches their desired level of engagement.

- Lay Leaders are considered volunteers. It is a common and good practice to provide a stipend along with any documented travel-related expenses upon full workshop completion.
- Required Skills: Current Lay Leader certification. Excellent written and verbal communication. Good organizational and time management skills. Professional, personable.
- Preferred Experience: Presentation or facilitation of adult learners. Prior completion of at least one program workshop. Live in the communities served. Reflect the demographics of those living in the local community and participating in workshops.

b) Org Chart



2. Responsibilities

a) ICOA Responsibilities

- Provide program support for Directors and Program Coordinators.
- Facilitate collaboration and coordination between program providers.

- Provide recommendations, best practices, and lessons learned related to adult learning, effective facilitation, project planning, marketing and outreach, scheduling, implementation, and program evaluation.
- Create and implement approved program improvement plan (PIP).
- Work to achieve ICOA strategic and state plan objectives.
- License and provide access to Workshop Wizard as a program data management tool.
- Provide mechanisms to collaborate and disseminate information and resources statewide.
- Actively promote programs.
- Participate in recognized campaigns.
- Participate in national and state stakeholder groups.
- Standardize data collection and management processes.
- Collect and report statewide program data for ICOA, the Idaho legislature, and the Administration for Community Living (ACL).
- Generate reports that accurately reflect activities of, and evaluate program status and effectiveness.
- Communicate openly with AAAs, Program Coordinators, ICOA leadership and ACL.

b) AAA Responsibilities

- Provide at least one ACL approved evidence-based program (EBP) with a focus on topics and programs identified by ICOA as priorities.
- Include realistic, attainable program goals in area plan.
- Provide adequate funding for program requirements in budget.
- Meet or exceed minimum program developer and ICOA workshop requirements.
- Identify single staff member or contractor who is the Program Coordinator.
- Support adequate time for staff to accomplish program goals.
- Actively promote program and workshops in local communities.
- Participate in program collaboratives.
- Share outreach, marketing and other materials created with the Idaho program.
- Participate in recognized campaigns.
- Collect and report data necessary to assess and evaluate program.
- Communicate openly with ICOA about program status, changes, or any decision, situation or issue that may influence the program.
- Work to improve and expand the program in program service area (PSA) and statewide.
- Comply with all federal and state regulations, laws, codes, and rules including those in the ICOA Operations Manual, Idaho Senior Services State Plan, and program developer guides.

3. Current State Plan Requirements: October 2020 - 2024

- Provide increased opportunities to attend classes/activities/programs that help prevent diseases and promote healthy aging.
- Encourage opportunities for remote participation.
- Develop materials focused on rural, minority, and culturally diverse populations for distribution.
- Capitalize on established campaign materials to inform people about available Disease Prevention and Health Promotion services and resources.
- Actively pursue interested host agency as venues and interested Master Trainers/Lay Leaders to teach classes within the AAAs planning and service area.
- Increase ADRC partner knowledge of available evidence-based programs.

4. Program Foundations

a) Purpose and Goals

(1) Purpose

To provide health education opportunities to aging Idahoans and adults with disabilities, their adult family members, and caregivers in order to empower them to reduce the incidence and/or negative outcomes from chronic conditions and promote general health and well-being.

(2) Goals

- Develop and maintain a community-based network that supports a sustainable program through relationships with partners who provide promotional, referral, monetary, staffing and logistical support.
- Provide regularly scheduled educational opportunities for target populations, facilitated by local leaders, that meet fidelity requirements.
- Each AAA delivers workshops in at least five of their senior centers, with at least two in rural counties, and at least one delivered virtually each year.
- Manage program data using a single easy-to-use mechanism, in a central location, with comprehensive, current information and the ability to secure, share, and report.
- Create a trust-worthy coalition between ICOA and program providers that encourages Collaboration and coordinated activities to optimize efforts and provide a robust, seamless statewide program.
- Create effective marketing materials that reach at-risk populations and utilize a variety of delivery mechanisms including social media, websites, print and televised media.

b) Program History

In 1965, President Lynden Johnson signed the Older Americans Act (OAA) into law. It established the Administration on Aging (AOA) within the Department of Health, Education, and Welfare. The OAA called for creation of State Units on Aging (SUAs).

Disease Prevention and Health Promotion (DPHP) programs were authorized in 1987 through Section 361 of the OAA, as amended. It is officially referred to as a Title IIID program. It provides grants to states and territories based on their share of the population aged 60 and older for programs that support healthy lifestyles and promote healthy behaviors. Evidence-based disease prevention and health promotion programs reduce the need for more costly medical interventions.

States that receive OAA Title IIID funds are required to spend those funds on evidence-based programs (EBPs) to improve health and well-being and reduce disease and injury. Since 2003, the aging services network has been steadily moving towards wider implementation of DPHP programs that are based on scientific evidence and demonstrated to improve the health of older adults. The FY 2012 Congressional appropriations law included, for the first time, an evidence-based requirement related to Title III-D funds. In response to the new requirement, a new [ACL Definition](#) of evidence-based was created. ACL authorizes specific EBPs for Title IIID use, and SUAs may have additional state-specific requirements.

c) [Eligibility](#)

The DPHP program is categorized by ICOA as a universal service. It is a primary intervention that assists individuals with chronic conditions, their adult family members and caregivers with skills and knowledge to make positive choices that can prevent or reduce symptoms and long-term complications that also impact their overall health. While some program specifics apply, in general anyone age 60 years or older, or adults over age 18 with a disability, their adult family members and caregivers can participate in DPHP workshops at no charge. Priority is given to serving at-risk and under-served older adults.

d) [Scope of Service](#)

The DPHP program delivers educational opportunities to Idahoans. All activities related to planning, implementing, and evaluating the program elements as described in program documentation and this manual, is within the scope of service.

All programs must identify the program(s) they plan to deliver, train leaders, schedule and hold workshops, and capture all required data related to the workshop and participants. They must also provide all reports as required. Each program requires one or two eligible facilitators who hold workshops with a minimum number of participants. A strong program has a sustainable infrastructure including the Program Coordinator, Master Trainers, Lay Leaders, host sites, and a variety of community partners. The provider is responsible for planning, implementing, managing, and evaluating these resources as they relate to program delivery. The Program Coordinator must also create and manage a workshop schedule that identifies and promotes specific workshops and meets ICOA's minimum requirements. Utilization of community-based resources and senior centers are pivotal to program success.

The nature of EBPs means the delivery methods and activities are prescriptive. All instances of EBPs provided through the DPHP program must comply with those program fidelity standards. It is the

successful delivery of a workshop to participants that complete at least 80% of the sessions that is the standard of successful delivery.

The desired outcome for a participant is that they feel empowered and exhibit positive behavioral changes. Completers of a workshop should have gained knowledge and skills to better self-manage their chronic condition and overall health.

Observable changed behaviors and attitudes might include:

- Establishing their own support network.
- Creating a personalized action plan.
- Learning strategies to deal with pain, fatigue, and frustration.
- Discovering how nutrition can improve health.
- Developing an exercise program that supports personal needs.
- Understanding treatment choices.
- Recognizing how to manage health as a team.

e) Screening

There is no formal screening for the DPHP program. Intake and Assessment (I&A) and the nutrition program should both be utilized as referral sources, however. I&A assessments that reveal chronic health conditions and those whose Nutrition Health Risk Surveys score above 6 as part of congregate meals should both be referred to the Program Coordinator for follow-up.

Eligible individuals as defined can participate in workshops. Self-reporting of chronic conditions is optional. They should be physically able to participate in 2 ½ hour sessions and be willing to work with peers as a group. They should be willing to actively engage in the workshop sessions as well as perform any at-home activities requested.

Most workshops in Idaho are provided in English. Some workshops are available in Spanish. If language will be a consideration, individuals should speak with the workshop facilitator to see if an interpreter (usually a family member) could be used.

All workshop locations must be fully ADA accessible, including restrooms. If participants have hearing or vision impairment, the facilitator should be notified as soon as possible to make arrangements for materials in alternative formats. In some cases, ASL interpreters may be available.

f) Client Assessment

The program promotes self-management. In most cases there is no formal assessment of any type. Participants are asked to consider and identify their own factors that may influence their experience of a specific topic. No medical or physical assessment is ever done by or through the workshop, with the exception of falls prevention workshops, that may utilize a variety of falls risk and strength assessments to gauge progress before during, and after a workshop.

g) Licenses

- All licenses to provide approved programs are the responsibility of the AAA and must comply with all requirements of the program developer.
- The number of programs provided, number of participants, and number of providers delivering the program determine the cost. It varies between programs. Program developers should be contacted to determine actual license cost.
- Selected programs should be included in the area plan. Appropriate licenses and the related costs should be included in the program budget.
- AAAs offering the same programs should coordinate with each other to see if license costs can be optimized.
- ICOA holds and manages the license for Workshop Wizard and the public website plug-in, which covers all users.

5. **Funding**

a) Program Budget

ICOA allocates funds received from ACL including those for the Title IIID programs based on the Interstate Funding Formula (IFF). The AAA includes funding for the DPHP program as part of the area budget. Refer to ICOA policies and guidance relating to creation, submission, approval, and modification of budgets.

There are several factors that influence the cost to deliver Title IIID programs, and there for the budget necessary to support them. The physical locations of delivery including virtual, can greatly impact cost. The number of participants impacts the cost of materials which vary from program to program. On-site workshops may require reimbursement for facilitator travel expenses. Costs including those related to building community supports and marketing workshops can also vary greatly. This variety of factors drive budget requirements and conversely, the budget drives the capacity to deliver the program. Purposeful informed planning is required to ensure program objectives and budgets match. Utilize the ACL program budgeting tool included in the [Title IIID Idaho Toolkit](#) to plan for specific program costs.

The organization must support a program coordinator, whether internal or contracted, as well as Leaders, materials, and outreach. Ensuring enough long-term funding to sustain the program is imperative. While funding from ACL through the OAA has remained relatively consistent, It is best to diversify program funding sources to ensure long-term sustainability and increase community participation. This can be accomplished through local grants and community partners.

b) In-Kind

Services, materials, equipment, or labor received and used to provide workshops is considered an in-kind donation. Physical materials or products are valued at their wholesale cost.

Services provided, including volunteers, also have value as an in-kind donation. Volunteer hours should be calculated using local minimum wage rates, unless the volunteer has specific skills and utilizes them

to perform work that requires those specific skills. Volunteers can be used to market workshops, contact previous participants, prepare workshop materials, and distribute fliers among other activities. Community organizations that can provide things like printing or physical space to hold workshops provide value as well. Materials, services, and hours accepted as in-kind donation should be documented and reported appropriately. It is an important part of community involvement and program sustainability to build support through in-kind donations.

c) Third Party Funding

Healthcare is moving away from fee for service models. This means funding for health education is changing as well. It is helpful to seek funding sources like health insurance companies, healthcare providers, clinics or individual employers who see the benefit of paying to provide self-management support services for their clients/employees. These can be significant and long-term funding streams for the program.

Title IIID funds can be utilized to support a program through another provider. For example, a AAA can fund a new Fit & Fall Proof class either in a new location or at a new day/time to support the program offered by Health & Welfare. Conversely, there may be organizations in the PSA who have available funds but not the infrastructure to provide health education. A AAA could provide those workshops on their behalf with that organization paying for related expenses. These are potential sources of funding and ways of providing programs if capacity is limited.

Please note: AAAs can utilize Title IIID funds to support another organization's delivery of EBPs, as long as funds are used to expand the program. In other words, funds must be used to offer a new session (date/time) or at a new location. Funds cannot be used to simply underwrite part of an existing program.

d) Grants

Grants offer a significant opportunity for funding of programs. These may come from ACL, various federal, and local government sources. ACL usually offers at least one DPHP and one falls prevention grant opportunity each year. These are usually applied for by ICOA, whereas other grants are more appropriate for local applications. In addition, foundations often offer grants for specific purposes, especially those with local interest. Be aware of grant opportunities and apply for those that fit into the program and current goals. Be sure to communicate about any grants being sought or those in which you'd like to participate with your ICOA program specialist.

e) Additional Funding

Innovative funding streams for a program are always welcome. Multiple funding streams increase sustainability as well as engage partners in program success. These opportunities may come in a variety of formats. Always be sure the funding does not interfere with or violate any Title IIID or ICOA rules before accepting.

Many EBPs meet the criteria for U.S. federal funding. The SMRC Diabetes Self-Management Program (DSMP), for example, meets all the American Diabetes Association (ADA) standards. This means many organizations use it as part of their diabetes program, allowing them to be reimbursed a certain value for those with Medicare benefits that complete a workshop. Medicare reimbursement can be used as a revenue stream but requires significant administrative support so may or may not be useful. Consult NCOA for more information on Medicare reimbursement for Title IIID programs, including [Reimbursement for Evidence-based Health Promotion Programs in the Community: Strategies and Approaches](#) (NCOA, 10/2020).

6. Implementation

All DPHP programs should follow guidelines provided by the program developer. The Self-Management Resource Center (SMRC) Implementation Manual is used for all of their programs. Other developers have their own versions of an implementation guide. All requirements for fidelity must be followed. If both developer and ICOA requirements exist, the most stringent requirement applies.

a) Policies and Procedures

(1) Program and Contingencies

Workshop content is not designed to conflict with existing regimens, programs, or treatments. They are designed to increase understanding of chronic conditions and related factors and empower participants to take an active part in their overall health. Facilitators will never present themselves as healthcare or medical professionals. Regardless of education or training, leaders always present themselves only as a Lay Leader for the program. Facilitators will never challenge a participant's healthcare provider's instructions or recommendations. They will always refer a participant to their healthcare provider to answer specific questions about their conditions and/or care.

Minimum Performance Expectations

- Each AAA will hold workshops in at least five senior centers in their PSA each year. At least two must be located in rural counties. At least one workshop, approved to be delivered virtually, must be marketed statewide. .
- Providers accepting Title IIID funds submit to ICOA on or before June 1st each year the approved EBPs they intend to deliver that year.
- Selected EBPs should align with health promotion priorities identified by ICOA.
- Programs are delivered in community settings including community centers, senior centers, recreation centers, churches, libraries, clinics, and hospitals.

Scheduling

- Schedules must be created that result in meeting or exceeding ICOA's minimum performance standards.
- Schedules reflecting at least the next six months workshops are developed and maintained in Workshop Wizard and kept current as part of an ongoing process.

- Capacity to offer workshops on evenings and weekends must be addressed through selection and training of staff, contractors, or volunteers.
- Workshop times are scheduled based on target population needs. Older adults often prefer mid-morning and early afternoons. Working people may prefer the end of the workday, evenings, or weekends. If providing at a specific employment location, sessions during the lunch hour may be preferred.
- Cultural consideration related to scheduling should be respected.
- Scheduling workshops around existing activities may be helpful. For example, a workshop prior to or after a senior center meal means people are already at the location.
- Do not schedule workshops that may interfere with other competing activities.
- If possible, assign a back-up leader in case one of those scheduled is unable to lead.
- Schedule workshops during winter months. People are used to their local weather. In fact, they enjoy the socialization when they may otherwise be limited due to weather.

Avoid scheduling workshops that:

- End after the 2nd week of December or start before the 2nd week of January unless specifically requested by a group or host site.
- Fall on Jewish High Holidays (Jewish holidays always start at sundown) or fall on the First and second nights of Passover.
- Fall on Muslim holidays.
- Have sessions Wednesday-Sunday the week of Thanksgiving.
- Have sessions that fall on the Friday before or Monday after a long holiday weekend.
- Conflict with any local, religious, or cultural observances.
- For longer (6-week) workshops, you can schedule them if only one week must be skipped due to a holiday, as long as you provide the required number of total sessions.

Workshop locations

- Should be familiar and comfortable. Familiar locations receive more registrations. Specific groups may require different venues.
- Must provide privacy during the workshop. Open areas accessible to non-participants are not acceptable.
- Should be considered neutral by local residents.
- Must be fully ADA accessible, including parking, and restrooms.
- Allow reservations to be made with an extra week. This allows for a Session Zero or an additional week if something like winter weather may cause cancellation of a specific session.

Materials

- Ordering or printing materials is the responsibility of the Program Coordinator unless specifically arranged for by a partner.
- Materials should be ordered or prepared so available at least 5 business days before the first workshop session.
- Large-print, braille, audio, or electronic versions of printed materials should be offered for people with visual impairment. Contact the program developer for questions regarding alternate format materials.

Facilitation

- All EBPs in the DPHP program offer self-management skills and empower participants to better manage chronic conditions and their health. Workshops are facilitated through peer-led, community-based health education sessions. Curriculum content is based on social learning theory (Bandura), and designed to elicit self-efficacy, indicated by participants consistently choosing positive behaviors.
- Facilitation allows participants to observe modelling of desired behaviors, after which they imitate them for themselves. It enables a person to identify environmental variables and utilize cognitive skills to choose their actions.
- Facilitators should be selected and approved to teach based on their ability to perform as indicated in the program implementation and fidelity guides.
- Participants with hearing or visual impairment are accommodated using additional presentation methods including facilitators being sure to describe any visual workshop elements like charts.

Fidelity

- Facilitators must comply with program certification requirements.
- Facilitation must comply with program fidelity requirements as indicated in developer fidelity guides.
- Program Coordinators must complete fidelity checks as indicated in the curricula by observing workshop session facilitation themselves (if they are certified to do so) or through a certified master trainer for the specific program being evaluated.

Recordkeeping

- All program-related data including but not limited to contact, referral, participant, facilitator volunteer, program staff, organization, location, workshop, attendance, and survey information is entered, maintained, and stored in Workshop Wizard.

- Complete records of a workshop, participation and completion must be gathered by facilitators and reported to provider within 5 business days of workshop completion.
- Workshop evaluations must be entered into Workshop Wizard within 15 business days of workshop conclusion.

Compensation

- Master Trainers and Lay Leaders are volunteers, unless otherwise identified as AAA or contractor staff.
- Volunteers should be compensated for documented actual travel expenses.
- Additional compensation of volunteers is not required. If provided, the amount and terms are at the discretion of the AAA or contractor. Compensation should be done via a clear policy and in alignment with ACL guidance. The amount should be consistent.
- Compensation should only be paid after a workshop is completed, all required paperwork or data has been provided, and acceptable evaluation scores received.

Assessment and Evaluation

- The ability to assess, evaluate and refine a program is critical to its effectiveness.
- Both quantitative (numerical) and qualitative (descriptive) data are necessary to effectively evaluate the program.
- In addition to demographics, it is important to gather data that identifies what changes participants have made. These include general health status, change in symptoms, increased utilization of their healthcare team, and behavior changes. This is what should be measured, not the specific facts or lists participants heard.
- Evaluations should also address general participant satisfaction with the workshop, facilitator, materials, and location.
- Each participant completes a pre- and/or post-workshop assessment as defined for the specific curricula in Workshop Wizard, unless the program developer requires collection of additional data or use of a specific form. Follow assessment and evaluation requirements for specific programs.
- If an approved EBP requires use of an evaluation that is not available in Workshop Wizard, the Program Coordinator should notify the ICOA program specialist immediately.
- At least annually, providers will evaluate effectiveness of marketing, outreach, participation, and completion, as well as Program Coordinator and partner satisfaction. Analysis that identifies gaps and opportunities along with recommendations for modifications and improvements are submitted to the ICOA program specialist on or before October 1st.
- When a Master Trainer or Lay Leader becomes inactive, the Program Coordinator will perform an exit interview to identify their reasons and what improvements they would recommend in relation to the recruitment, training, support, and retention of Lay Leaders.

Emergency Preparedness

- Each program must have a current written crisis protocol for use with on-site workshops. It defines responsibilities and procedures for emergency situations. Such occurrences are not common in workshops, but they can happen.
- A medical issue with an individual in the workshop might occur.
- Idaho experiences earthquakes although they are usually minor.
- Sessions should be cancelled if there is a significant chance of severe weather including thunderstorms, flooding, or wildfires.
- Although very unlikely, an active shooter situation may occur. This would be more likely when workshops are held in facilities with people other than workshop participants.
- In the course of sharing with each other, instances of domestic violence, child abuse or suicidal thoughts may be revealed.
- How to identify when a situation warrants action and what steps to take must be clearly and concisely described in the emergency protocol.
- Current phone numbers including afterhours numbers are necessary. Phone numbers should be gathered when workshops are initially scheduled for anyone associated with the building or location. These phone numbers are provided to the host site, facilitators, and Program Coordinator.
- The emergency protocol is shared with everyone participating in Master trainer or Lay leader training. It is also included in all facilitator workshop materials.

Community Partners

- It is critical for program sustainability to build a network or coalition of agencies and community-based organizations who promote and support the program at the local level.
- Community partners include any entity whose target audience includes, provides services to, or works on behalf of older adults and adults with disabilities and caregivers. They include those that may come into contact with potential participants, host sites, leaders, civic representatives, referrers, or funding sources.
- Identify and create relationships with those who offer similar but not competing services.
- Work with community partners to hold Session Zero or program presentations, schedule and promote workshops, register participants, provide workshop space, reproduce workshop materials, and/or provide or recommend Lay Leaders and Master Trainers.

Funding Partners

- An important part of a sustainable program structure is to build relationships, buy-in, and support with partners who are willing to put forth resources. This can be in the form of internal promotion, registration services, physical space, staff as leaders or administrative support, or actual funds.

- It is important to document monetary and in-kind contributions.
- Capture long-term commitments to support a program through a Memorandum of Understanding (MOU) or contract, if possible, although documentation of their intention does not need to be complicated.
- When approaching partners, provide them with actual results from Idaho programs rather than the research summaries for programs. They say they want to see the research that proves the programs are effective but the actual, relevant data about how programs impact local communities is more powerful.

(2) Complaints

- Inappropriate behavior by any facilitator or person working in association with the program including verbal or physical violence, aggression, or threats must be reported to the Program Coordinator immediately, regardless of time of day. If necessary, local law enforcement should be called. ICOA should be notified by the next business day.
- The identified standardized evaluations should be collected from participants at the end of every workshop. If a facilitator's average score falls below 3.5/5, for two or more workshops, a Master Trainer should observe their next session and provide feedback on fidelity and facilitation skills to the Program Coordinator. Challenges with fidelity can be addressed through mentoring on specific topics or the leader may be required to participate in a refresher course. Improvement of presentation skills is left to the judgement of the Master trainer and Program Coordinator. Mentoring or training may be required. Program Coordinators may choose to utilize the volunteer in a different capacity if performance as a facilitator remains questionable.
- All actions taken based on performance evaluations or participant complaints must be documented as part of the facilitator's record in Workshop Wizard.
- For complaints relating to a specific facility or location, the facilitator should work with the host organization to remedy any immediate challenges such as heating/cooling, ventilation, ADA accessibility and lighting. Such instances should be also communicated to the Program Coordinator by the next business day. Issues and notes about a facility should be documented as part of the location record in Workshop Wizard.
- Errors, corrections, and suggestions related to the program curriculum either by participants or facilitators should be noted by the facilitator as part of the post-workshop facilitator evaluation. A summary of such notations should be submitted to the program developer twice each year, in April and October. They should also be included as part of the overall program evaluation documentation provided to the ICOA program specialist by October 1st.

(3) Quality Assurance

In order to ensure delivery conforms to the proven effectiveness of evidence-based programs, leaders must adhere to the fidelity requirements of each program. All approved EBPs provide a leader manual.

A fidelity manual is also often available. Leaders should not add, change, or delete topics, material, or activities.

Scripts are not intended to be read verbatim. Leaders should use their own words, especially when necessary to make delivery relevant and culturally appropriate for the specific participants. This is especially important when working with culturally diverse populations. All facilitation should be natural and appropriate for the participants but must adhere to the program's fidelity requirements.

Program Master Trainers perform fidelity checks on workshops at least once per year. For smaller programs, each facilitator should be evaluated. For larger programs, observe any programs or facilitators that have had lower program evaluation scores in order to identify issues. Fidelity checks should be included in the program budget, documented in your program plan, and included in the schedule.

Do not perform fidelity checks during the first session as this is when everyone is getting comfortable with the location, workshop flow and each other. Performing a fidelity check during the 2nd session is best, whether the program uses a 3-week, 6-week, or other duration. Use a fidelity checklist to ensure you observe for all of the required elements and to ensure each review is objective, consistent, and documented. If available, follow the program's fidelity guide. Always provide the facilitator with a copy of the report and any comments made by the evaluator. Records of all fidelity checks should be retained for at least 18 months or as recommended by the program developer.

7. Outreach

a) Target Population

The program relies on multiple elements, each of which benefit from consistent outreach. This includes individuals who are age 60+ and 18+ with a disability, their adult family members, and caregivers. In addition, the program relies on facilitators (Master Trainers and Lay leaders), host sites, and community partners. The importance of healthcare, medical, insurance, other ancillary service integration for both referrals and possible reimbursement is also important. Program recognition at all levels (state, county, town) is central to success. For this reason, an outreach plan must be implemented to ensure the breadth of these stakeholders is adequately informed through a consistent outreach methodology that promotes program viability and sustainability.

b) Frequency

Audience and purpose drive how often outreach should occur. The program as a whole should be promoted regularly. Workshops should be promoted with enough lead time and exposure to ensure maximum enrollment.

- Workshop schedules are entered and maintained via Workshop Wizard at least six months in advance.

- The Workshop Wizard public website plug-in automatically displays the schedule on websites. By keeping the schedule updated in Workshop Wizard, all websites using the plug-in will promote upcoming workshops.
- Program materials like fliers, brochures, table tents, and rack cards can be permanently displayed in locations like senior centers and medical offices but should be refreshed with different versions at least quarterly.
- In-person activities like health fairs or group presentations should be scheduled as often as possible to raise awareness about the program and create visibility in the community. Minimum expectation is participation in at least one health fair each year.
- Ads that run regularly in publications like newspapers or newsletters, especially those that are local, provide multiple exposures to the program and workshops to consumers and are easy to schedule.
- Radio ads and appearances are effective methods to personally advocate for the program. Radio often has a significant local following especially in rural communities. Talking about the benefits of disease prevention and health promotion and self-management easily fits into a variety of radio programs relating to health, fitness, aging, nutrition, physical activity, and community events.
- Television can be an effective outreach mechanism but can also be expensive. Utilize free community bulletin boards, send news alerts about upcoming workshops that can be read as a quick filler between other stories, offer to appear on morning shows or do human interest segments.
- The Idaho DPHP program leverages one primary and several secondary outreach campaigns each year. Each might revolve around a specific day, week, or month. Campaigns as described below must utilize various methods of outreach in order to be effective. Consult the campaign media kit for proposed schedules, ideas, and templates.
- Three ongoing social media drives utilize regular posts throughout the year. They include Mental Health Mondays, Wellness Wednesdays, and Falls Free Fridays . Posts are provided in the Title IIID Idaho Toolkit. Providers should be making all provided posts on their own social media and are encouraged to submit tips, topics, articles, or resources to the ICOA program specialist to be included.

c) Coordination

Idaho AAAs are the primary contracted provider for the Idaho DPHP program. This does not mean all work has to be done alone. It is important to engage collaboratively to improve outreach efficiency and effectiveness. ICOA manages media kits for each offered program. All providers will contribute their materials so it can act as a library for statewide use. Specific media kits are also provided for annual campaigns. All program content including outreach materials are located in the [Title IIID Idaho Toolkit](#).

Media kits may contain:

- Public service announcements (PSAs) (print, radio, TV)
- Fliers
- Table tents
- Letters to potential participants, participants via referral, host sites, Lay Leaders, Master Trainers, community partners, referrers,
- Letters to workshop completers and referral postcard (Ambassador program)
- Newsletter templates, announcements, and articles
- Facebook user group announcements
- Social media posts
- Electronic monitor video ad (for waiting rooms and health fairs)
- E-mail signatures
- ICOA and AAA website and social media links
- Logos, images, banners

All providers should follow and favorite ICOA's social media sites in order to simplify information distribution. These sites include:

- ICOA Twitter: <https://twitter.com/IdahoCOA>
- ICOA main Facebook page: <https://www.facebook.com/IdahoCOA>
- Public DPHP Facebook group: www.facebook.com/groups/healthyagingidaho/
- Private DPHP Facebook group: <https://www.facebook.com/groups/icoahealthpromotion/>
- LinkedIn: <http://www.linkedin.com/in/idahoCOA>
- LinkedIn (company): <http://www.linkedin.com/company/idahoCOA>
- YouTube Channel: <http://www.youtube.com/@idahoCOA>

Providers will utilize ICOA hashtags as provided in posts and the campaign or program media kit to enable categorizing of topics, facilitate searchability, and enable monitoring of effectiveness.

d) Methods

Design and Content

- All materials must retain minimal ICOA branding. This includes the official ICOA logo with the website or "Idaho Commission on Aging" spelled out and the website URL if using text only. ICOA logos can be found in the Title IIID Idaho Toolkit.
- All materials for programs supported by an ACL grant must include the requisite text that includes the grant number. Ask for specific requirements for your grant. The ACL logo should also be included when possible. The logo is available in the Title IIID Idaho Toolkit.

- Outreach materials should use a consistent color palette and iconography. All versions of the ICOA logo and icon are available in the Title IIID Idaho Toolkit.
- If you don't have a required color palette, please use the ICOA colors. They are available as a Microsoft Office theme in the program media kit. They are (CMYK Values):



- All outreach materials must exhibit professionalism in design and messaging.
- Materials should use person-first, simple, and inclusive language.
- All electronic materials must be accessible for the visually and hearing impaired.
 - Alternative text (ALT text) provided for all graphical elements.
 - Graphical elements not relevant to text or meaning marked as Decorative.
 - Audio materials include closed captioning or text-based transcript.
 - Video includes closed captioning and audio description.
- Workshop descriptions clearly described as interactive and NOT a lecture.
- As personal as possible. Use mail merge for personalized e-mail and printed letters. Include images and references to local places and people. If including pictures, use something local or that appears to be local.
- Utilize a variety of mechanisms. Remember to match the method to the target audience and how they choose to consume information.
- Workshop Wizard should be the source for distribution information including mailing addresses, e-mail addresses, phone numbers, and social media accounts.
 - All program-related contact information should be entered into Workshop Wizard. This includes individuals from first contact through completion, Master Trainers, Lay Leaders, host agencies and locations, community partners, referrers, government contacts (city, county, region, state, and federal), and media.
 - New contact information should be added to Workshop Wizard within 5 business days.
- Provider and AAA Contact information for programs can be to a program e-mail address like "Health Promotion@..." But should not be too generic like "info@..." As this makes people feel

they don't know where their message is going or that it is not important. All e-mail and phone calls should go to a named person, if at all possible. By using an e-mail alias like "HealthPromotion", the address will not need to change regardless of who the Program Coordinator is and can also be forwarded when necessary.

- Both e-mail and phone numbers should be provided on all materials.
- Materials should be customized for providers when possible including e-mail, phone number, and logo. They should also be customized for partners who are promoting and/or hosting workshops.

Community Healthcare Professionals

- It is critical to the effectiveness and sustainability of the program to create trusted relationships with healthcare providers in the communities. They can provide referrals and build the structure of the program in local areas. These relationships take time to build but can be facilitated by:
 - Making appointments to speak with facility or clinic managers (not the provider themselves).
 - Provide a written fact sheet about the program, its benefits and what if required to refer patients. Provide a link to relevant abstracts or summaries of the research article about the program.
 - Make a "Session Zero" presentation for a specific provider and their staff or the healthcare community as a whole. Doing so as a "Sunrise Session" or "Brown bag Lunch" and only requiring 30 minutes are most effective.
 - Ask providers who are currently referring to the program to talk to their colleagues about it. Professionals tend to trust their peers.
 - Ask workshop completers to talk to their provider about the benefits of their participation.
 - Make sure workshop information is easy to find so referrers can easily instruct clients on how to find schedules, registration, and contact information.

e) Reporting

- Data required for ICOA, and ACL reports must be entered and validated using Workshop Wizard and GetCare. This may require duplicate data entry but is requisite.
- AAAs will collect data about which outreach methods were used, which materials shared, and the effectiveness of each effort as part of a quarterly outreach report. The information provided should be quantitative in nature so it can be easily evaluated. For example, the total number of e-mails sent, total number of newsletters sent and to how many recipients, total number of fliers in USDA food boxes, total number of Facebook posts, total number of posts that were viewed, total number of posts that elicited an action etc.
- All data must be provided using the specific form/method designated at that time.
- All quantitative (numeric) data must be provided. Using text responses such as "Many" or "A lot" are not appropriate or sufficient.

- If providers find required data is not available, processes must be immediately implemented to capture it. This may include information such as disability status, living alone, and other demographic data.
- Specific after-action reports will be submitted for campaigns.

8. Campaigns

The DPHP program officially recognizes one primary campaign as identified through ICOA leadership each year. As a program focused on primary intervention however, numerous secondary campaigns around health topics impacting older adults leverage national observances to provide opportunities for targeted outreach and public education. Providers must promote and provide information for all ICOA primary and secondary campaigns.

- September - Falls Prevention Awareness Month (Recognized as Falls prevention Awareness Week by NCOA. Idaho's primary annual campaign.)
- February - Heart Health Month/Wear Red Day
- April – Prescription Drug Take-Back Day
- May – Mental Health Month
- September – National Suicide Prevention Awareness Month
- October -- Prescription Drug Take-Back Day
- November – Diabetes Awareness Month
- December – Impaired Driving Month

a) Expectations

- Falls Prevention Awareness Month (FPAM) is the primary campaign promoted by the DPHP program. While NCOA carries out their Falls Prevention Awareness Week campaign during the week in September in which the first day of fall occurs, ICOA promotes falls prevention specifically during September as well as throughout the year, as the critical function of supporting an Idaho falls prevention coalition.
- ICOA provides media kits and outreach suggestions for campaigns.
- ICOA manages communications, media alerts and Statewide outreach including gubernatorial proclamations.
- Providers utilize messaging and materials provided in the media kits to promote the campaign in local areas. Templates are customized to reflect local activities, events, and contact information. Providers also promote campaigns using social media, websites, local media, e-mail, and in-person events.
- Provider platforms link to the ICOA website for lengthy content with longevity including articles and research findings.

- Outreach, activities, events, and community connections are promoted by the providers in counties, towns, and through organizations in their PSA.
- Providers are expected to plan for identified campaigns in advance and actively participate in the promotion and activities related to them.
- Additional information is part of the media kit for each campaign and the program, provided on the DPHP campaigns page on the ICOA website and on the private Facebook group (<https://www.facebook.com/groups/icoahealthpromotion/>)
- To ensure adequate information distribution, each provider must utilize at least six of the nine following options for each campaign:
 - Local press releases
 - Local (county or city) proclamations
 - Social media [posts
 - Blog articles
 - Letters to the editor
 - Assessments and demonstrations
 - Radio and TV interviews
 - Email signatures
 - Vendor presence at meetings or celebrations

9. Referrals

Sufficient program participants cannot be adequately identified without assistance. AAA I&A staff often have first contact with consumers. Physicians, clinics, hospitals, therapists, emergency medical services (EMS), pharmacists, employer health services, and insurance companies have existing relationships with people experiencing chronic conditions and medical issues. Community members may also come into contact with people who can benefit from improved self-care skills. It is imperative for a trustworthy, reliable mechanism for healthcare professionals and community members to refer individuals to workshops. This both increases awareness of programs to communities and individuals as well as identifying participants to Program Coordinators.

- Referrals will be captured and processed using Workshop Wizard.
- Referrers will be entered and maintained in Workshop Wizard.
- Automating capture of referrals from outside sources should be coordinated with assistance from ICOA and Workshop Wizard technical support.
- Workshop Wizard communications are HIPPA compliant.

a) Community

Referral of workshop participants from the community is an integral part of workshop turnout. This can be through a formal or informal process. Currently, referrals can be handled manually but this is time-consuming and often leads to data entry errors. Optimally, healthcare professionals will refer

participants via Workshop Wizard so the information and processes can be automated. A strong referral program requires building a relationship with referrers in the community and configuring the mechanisms for communication.

- If currently handling referrals manually, providers must implement a process to ensure data is captured and processed accurately and in an efficient manner.
- All referrals must be captured and processed through Workshop Wizard by 6/30/2023.
- To set up automating referrals in Workshop Wizard, coordinate with ICOA and Workshop Wizard technical support.
- Request that providers write a physical prescription for workshops. Doing so makes the referral more formal in the consumer's mind, rather than just a suggestion or recommendation. It also allows consumers to know to expect a call from the Program Coordinator, so it is not considered a "cold call".
- Keep methods to contact the program simple and easy to find. Ensuring URLs are simple and easy to remember such as www.YourOrganization.XXX/HealthPromotion is helpful for both those referring individuals and those wanting to participate in workshops.
- Make community presentations to groups like town councils, chambers of commerce, healthcare organizations and conferences to build community awareness and word-of-mouth which simply involves providers and community members talking about the workshops with their colleagues, friends, family, and customers. Word-of-mouth is a free, powerful outreach tool.

Regardless of source or method, all referrals should be followed-up on within two business days.

10. Consumer Information

a) Data Requirements

- All Title IID program information is gathered, stored, managed, and reported using Workshop Wizard and GetCare.
- Each workshop, facilitator, location, and participant has relevant information stored in the Workshop Wizard database which is HIPPA compliant.
- Data may never be downloaded, copied, or shared outside of the system or with those not directly related to program management, coordination, monitoring, or delivery.
- Access must be by authorized users only, using their own system credentials.
- Workshop Wizard credentials are never shared with others.
- Violating data policies may result in revocation of access to Workshop Wizard.
- Users and access to Workshop Wizard and GetCare are managed by ICOA.

b) Data Methods

- All program data must be stored in Workshop Wizard and GetCare.

- The Title IIID program only allows funds to be utilized for delivery of approved EBPs. Although it is a non-registered service for GetCare, demographic and consumer characteristics are an important part of data collection. They should be captured as part of registration and entered into Workshop Wizard.
- GetCare also has a category for Health Promotion: Non- Evidence Based services. This is also a non-registered service. Persons served and expenditures can be reported but cannot utilize Title IIID funds.
- Additional GetCare data definitions can be found in the [State Program Report \(SPR\), Appendix A: Data Element Definitions.](#)
- Providers are responsible for developing and managing their own policies related to data entry as long as all workshop data is input within five business days of the end of the prior month. It is recommended that data entry is completed within five business days of each session in order to simplify any additional data collection or clarification requirements.
- All participants must complete the pre and post-workshop evaluations using the approved online or hard copy evaluation form within 5 days of workshop completion.
- All leaders must complete the facilitator evaluation form no later than five business days after completion of a workshop.
- Hard copy records must be retained for 18 months, whether in paper or scanned format.

c) Data Reporting

- Program data is always current as defined above in Workshop Wizard.
- All program data for the prior fiscal year is reconciled in Workshop Wizard and/or GetCare no later than October 15th each year.
- Program Coordinators are able to provide the following data to ICOA as of the last day of the prior month:
 - Programs provided.
 - Workshops currently scheduled, in-process, and completed this fiscal year.
 - Number of workshop participants and completers from completed workshops.
 - Number of participants and expected completers currently active in in-process workshops.
 - Number of participants currently registered for upcoming scheduled workshops.
 - Scheduled workshops in danger of cancellation (usually 3 or fewer participants within one week of start date).
 - Number of active Master trainers, and lay leaders for each program.
 - Leaders whose certification will expire within the next 90-days (having not facilitated at least one workshop each year).
 - Current and prospective community partners.
 - Current outreach projects.

11. Service Providers

a) Required Training

- The AAA Director, Program Coordinator, and any on-site host agency organizers must have participated in or viewed the basic training video for Workshop Wizard prior to use.
- All persons facilitating workshops must meet program training and certification requirements.
- All current programs require an individual to participate in in-person or virtual training and to facilitate at least one workshop within six months of training in order to be certified as a Lay Leader.
- Additional training and workshop facilitation is required to be a Master Trainer including requisite instruction and workshop facilitation as well as having application approved by SMRC, where applicable.
- Ancillary staff and resources including those promoting, scheduling, and providing host sites do not require any specific training but should be familiar with the program. If possible, they should participate in a workshop.
- Program Coordinators should participate in ongoing professional development, especially related to project management, customer service, relationship building, and volunteer management.

b) Certifications

Program Coordinators should ensure adequate numbers of people in local communities earn and retain Lay Leader or Master Trainer certification. Program-specific Requirements for these certifications are found in the program guides for the specific program. All programs currently require facilitating at least one workshop each year to retain certification.

c) Monitoring

The Program Coordinator is responsible for on-going monitoring of the program within their PSA. This includes the planning, budgeting, scheduling, facilitation, fidelity checks, volunteer and community management, and data collection and reporting as previously described. Any significant changes to the program or schedule should be immediately communicated to the ICOA program specialist.

The ICOA program specialist will monitor the status and activities of each provider through scheduled collaboratives, individual e-mails, or phone calls, and through review of data in Workshop Wizard and GetCare at least quarterly.

12. Program Monitoring and ICOA Reviews

a) AAA Program Supervisor/Lead

- The ICOA program specialist may, at any time, review the status of a provider's program using Workshop Wizard reports. The expectation is for a schedule of workshops for the next 6 months to be entered, all in-process and completed workshop information entered, and all facilitators hosts and sites to be accurate.
- Data for GetCare must comply with the requirements of that policy.

- The Program Coordinator should monitor the status of program expenditures. While other AAA staff may assist in this process, it is expected that the Program Coordinator is aware of current expense and budget status.
- The general cost of both an in-person and virtual workshop in the PSA (including but not limited to costs for scheduling, marketing, holding, and closing) should be known to the Program Coordinator.
- The Program Coordinator and AAA Director will meet with the ICOA program specialist in October and April each year to review number of provided workshops and completers, incurred program expenses, and current budget status.
- The Program Coordinator must inform ICOA program specialist of any significant, unexpected expenses that will be charged against their program budget.

b) Program Evaluation

Success is measured by value to the learner. It focuses on the learning process. It is important in measuring how the learning changes an individual's behavior and provides feedback on areas that can be improved. Assessment is based on observation by the facilitator as well as the participant's opinions about the positive & negative parts of their learning. Assessment is absolute, meaning it is unique to a single participant.

Evaluation is used to assess the effectiveness of a program, meeting its goals. It is focused on the deliverable or product. It is important to judge on the basis of standards. It determines the extent to which objectives are achieved. Based on the level of quality as per set standard so is comparative in nature, rather than being judged on its own.

The Title IIID program utilizes facilitator and participant workshop evaluations to assess participant learning. Workshop and delivery specifics are measured but the participant's positive behavior changes. These changes diminish impacts of chronic conditions and increase engagement in a participant's health is the ultimate measure. Workshop evaluations attempt to capture formative assessments that allow for the effectiveness of the intervention for participants to be captured so delivery can be modified if necessary. At least once each year, this formative evaluation is further utilized as part of the program's summative evaluation.

Inclusion of participant and facilitator evaluations are an important element for evaluating the program by comparing delivery outcomes against the stated program goals as listed in the program developer and NCOA listings. This allows for adjustment to subsequent program administration and delivery. In addition, other factors that determine program success and sustainability such as community engagement, partners, and referrals are utilized to create a comprehensive program evaluation. Each program's stated outcomes as well as ICOA's requirements and general program growth are the basis for evaluation outcomes.

c) Annual Program Review

- The first mark of success is delivery of workshops to participants who found them to be useful. The number of workshops held, the number of participants and completers, their evaluation scores, and analysis of budget utilization including comparison of administrative vs. delivery and cost per workshop provide quantifiable data that can easily be compared to goals, budgets, and ICOA expectations
- Program Coordinators decide scheduling specifics, which program(s) to offer, in which locations, and at what frequency. Scheduling should reflect the needs of specific communities. Need can be determined by formal needs assessments or client evaluations, community input or requests from local healthcare and program partners. The minimum requirement is for a provider to hold workshops in at least five of the area senior centers each year, with at least two being in rural counties, and at least one delivered virtually.
- ICOA will perform a desk audit for each provider at least annually. The audit will review program performance based on standards stated in this manual and/or standards from program developers, funding grantors, NCOA, ACL, and/or the Idaho legislature.
- The Program Coordinator and/or AAA Director may or may not be asked to participate in the review.
- Any findings from the review will be communicated to both the Program Coordinator and AAA Director in writing.

d) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the monthly meetings. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

- Campaigns and events require an after-action review (AAR) in order to understand the effort's strengths, weaknesses, outcomes, and lessons learned.
- Desk audits with findings that require program modifications may require additional follow-up and review.
- AARs provide quantifiable data such as number of outreach messages sent, number of people attending events etc. Providers must capture the required data as activities are occurring in order to ensure availability and accuracy of related data.
- Providers must complete reports in their entirety and return on or before the stated deadline.

D. Focus Area – Medicare Improvements for Patients and Providers Act (MIPPA)/Senior Medicare Patrol (SMP)

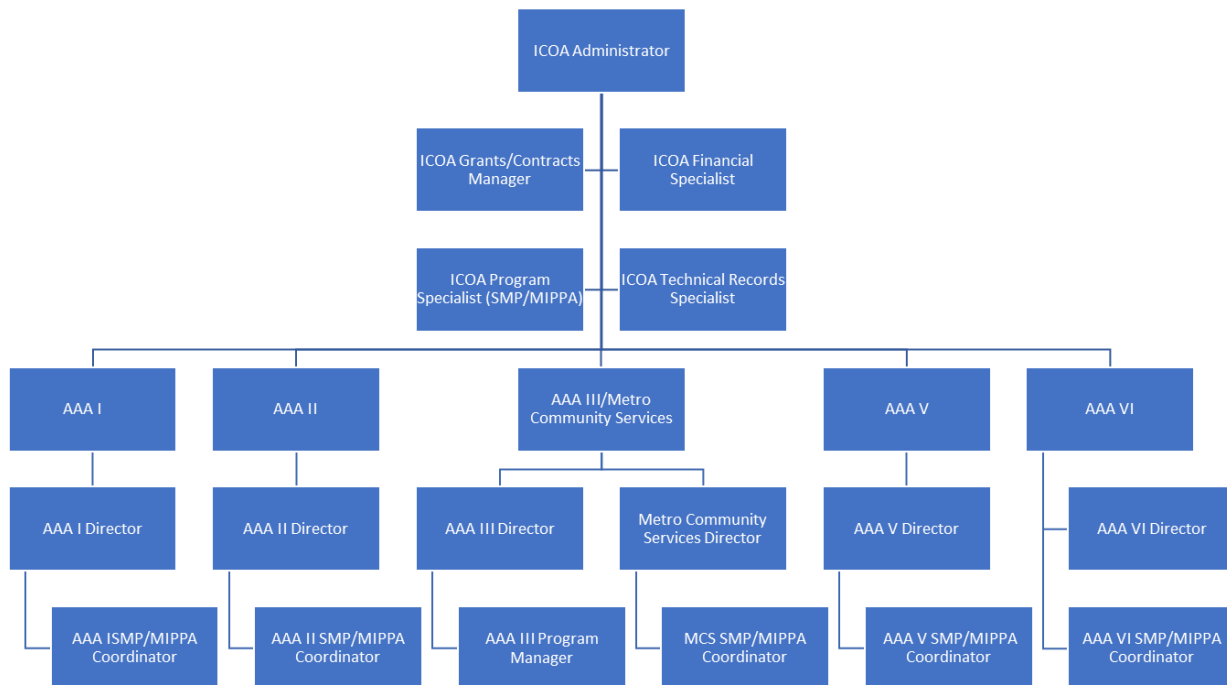


This program is not a core service and AAAs may choose to offer the program or not.

1. Program/Organizational Structure

a) Org Chart

SMP/MIPPA: The following is an organizational flow chart that outlines: a) ICOA staff responsible for oversight of SMP/MIPPA; b) SMP/MIPPA staff located in their corresponding Planning and Service Area (PSA) throughout the state of Idaho:



2. Responsibilities

a) ICOA Responsibilities

SMP:

ICOA will provide leadership, mentoring and monitoring to promote adherence to all standards and expectations in the current contract agreement.

MIPPA:

ICOA will provide leadership, mentoring and monitoring to promote adherence to all standards and expectations in the current contract agreement.

b) AAA Responsibilities

SMP:

- Distribute information about Idaho SMP program at events, meetings, conferences, and in SMP Resource Library
- Conduct 6-month and one year check-in meetings with each new volunteer and annual check-ins with ongoing volunteers
- Participate in the ACL SMP Customer Satisfaction Survey by administering pre and post surveys

MIPPA:

- Contact pharmacies, including pharmacies in rural areas, with each Planning and Service Area (PSA) to orient pharmacies to SHIBA and AAAs as resources for low-income beneficiaries. Ask to display MIPPA brochures at stores and offer display racks
- Contact community health clinics, hospitals, and other providers within rural areas of each Planning and Service Area (PSA) to orient as resources for rural beneficiaries. Ask to display MIPPA brochures and offer display racks.
- Provide pharmacies, community health clinics, hospitals, and other providers with beneficiary information about Medicare disease prevention and wellness promotion during pharmacy contacts statewide
- Contact Tribes who receive funding from ACL to offer coordination of efforts
- Establish one earned media opportunity (i.e., print, radio, or TV) in each PSA

Note: The MIPPA grant consists of three Priority Areas – Priority Area 1 – State Health Insurance Assistance Program; Priority Area 2 – Funding for Area Agencies on Aging; and Priority Area 3- Aging and Disability Resource Centers. SHIBA serves as Idaho’s provider for the federal network of State Health Insurance Assistance Programs (SHIPs); therefore, additional MIPPA grant tasks that fall under Priority Area 1 are the responsibility of SHIBA.

1. Current State Plan Requirements: October 2020 - 2024

The following are requirements in accordance with ICOA’s State Plan that align with SMP and MIPPA goal attainment:

- Develop annual SMP/MIPPA program improvement plan with stakeholder input.
- Develop educational presentations to address trends and issues affecting the aging population.
- Perform annual program evaluation based on environmental scanning, participation on national, state, and local affinity groups and stakeholder led gap analysis including Strengths, Weaknesses, Opportunities and Threats to identify priority issues including.
- Increasing consumer direction and participation in programming.

- Develop aging network campaigns promoting ICOA, AAAs and network ADRC partners to increase public perception.
- Work with ADRC network partners and revise or develop new improvement plan for the new program year. First year is focused on increasing and maintaining volunteers.
- Increase awareness of and opportunities for participation in Medicare and Medicaid fraud prevention.
- Coordinate with Idaho’s Tribes and minority groups to develop culture specific materials to help identify beneficiaries.
- Use social media to provide SMP/MIPPA related content to inform people of benefits and build awareness of Medicare fraud.

2. Program Foundations

a) Purpose and Goals

(1) Purpose



SMP:

The following description has been obtained from the US Department of Health and Human Services, Administration for Community Living website www.acl.gov:

Billions of federal dollars are lost annually due to healthcare fraud, errors, and abuse. The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers, to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. SMPs work to resolve beneficiary complaints of potential healthcare fraud in collaboration with state and federal partners, including the U. S. Department of Health & Human Services Office of the Inspector General, Centers for Medicare & Medicaid Services, state Medicaid fraud control units, and state attorneys general.

SMPs recruit and train retired professionals and other volunteers to recognize and report instances or patterns of healthcare fraud. These activities support ACL’s goals of promoting increased choice and greater independence among older adults and individuals with disabilities. SMP activities also serve to enhance the financial, emotional, physical, and mental well-being of older adults, thereby increasing their capacity to maintain security in retirement and make better financial and healthcare choices.

MIPPA:

The following description has been obtained from the US Department of Health and Human Services, Administration for Community Living website www.acl.gov:

The Medicare Improvement for Patients and Providers Act (MIPPA) program supports states and tribes through grants to provide outreach and assistance to eligible Medicare beneficiaries to apply for benefit programs that help to lower the costs of their Medicare premiums and deductibles. MIPPA grants provide targeted funding to State Health Insurance Assistance Programs (SHIP), Area Agencies

on Aging (AAA), and Aging and Disability Resource Centers (ADRC). Grantees help educate beneficiaries about the Low-Income Subsidy (LIS) program for Medicare Part D, Medicare Savings Programs (MSPs), and Medicare Preventive Services. This initiative includes special efforts to target rural areas and Native American elders.

MIPPA grantees also educate the community about Medicare Preventive Services, which provides exams and screenings such as the “Welcome to Medicare” preventive visit, yearly “Wellness” visits, flu shots, cardiovascular screenings, and more. The Centers for Medicare and Medicaid Services (CMS) recommends beneficiaries speak with their healthcare providers to find out how often certain exams and screenings are needed to stay healthy.

(2) Goals

SMP

Idaho SMP strives to achieve the goals and outcomes identified on the annual Office of the Inspector General (OIG) report, created by the US Department of Health and Human Services, Administration for Community Living. The performance measures and their definitions indicated on the OIG report are as follows:

- Total number of active SMP team members: Individuals who spent any time on the SMP program, including SMP-paid, in-kind paid, and volunteer team members.
- Total number of SMP team member hours: Hours contributed by team members while performing SMP work and receiving training to perform SMP work, including time spent by SMP-paid, in-kind paid, and volunteer team members.
- Number of group outreach and education events: Community outreach events, education activities, and presentations to educate beneficiaries, family members, caregivers, and others about SMP services and detecting health care fraud, errors, and abuse.
- Estimated number of people reached through group outreach and education events: Total estimated number of people reached as a result of SMP group outreach and education activities.
- Number of individual interactions with, or on behalf of, a Medicare beneficiary: Individual interactions between SMP team members and beneficiaries, family members, caregivers, or others for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse.
- Cost avoidance on behalf of Medicare, Medicaid, beneficiaries, or others: Health care expenditures for which the government, a beneficiary, or other entity (e.g., secondary health insurer or a pharmacy) was relieved of responsibility for payment as a result of the SMP program.
- Expected Medicare recoveries attributable to the projects: Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include

participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.

- Additional expected Medicare recoveries attributable to the projects: Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.
- Expected Medicaid recoveries attributable to the project: Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.
- Additional expected Medicaid recoveries attributable to the projects: Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.
- Savings to beneficiaries attributable to the projects: Money recouped to an individual as a result of the SMP project (e.g., copayments, deductibles, or any other out-of-pocket expenses).
- Other savings attributable to the projects (e.g., savings to supplemental insurance): Money recouped to an entity other than Medicare, Medicaid, or a beneficiary (e.g., secondary health insurer) as a result of the SMP program.

MIPPA

In coordination with SHIBA, ICOA strives to achieve annual performance measures for the MIPPA grant, created by the US Department of Health and Human Services, Administration for Community Living. The four (4) performance measures that correspond to MIPPA are as follows:

- 1) Overall MIPPA contacts: Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% FPL in the state.
- 2) Overall persons reached through outreach: Total number of people reached as reported on group outreach and education forms.
- 3) Beneficiaries under 65 years: Total number of beneficiary contact forms for individuals under 65 years.
 - a. Rural beneficiaries: Total number of beneficiary contact forms for individuals living in rural counties.
 - b. Native American beneficiaries: Total number of beneficiary contact forms for Native American individuals.
 - c. ESL beneficiaries: Total number of beneficiary contact forms for individuals that identify English as a Second Language.
- 4) Contacts with applications submitted: Percentage of forms with applications submitted.

b) Program History

SMP

SMPs were authorized in 1997 under Titles II and IV of the Older Americans Act, the Omnibus Consolidated Appropriation Act of 1997 and the Health Insurance Portability and Accountability Act of 1996. SMPs began as demonstration projects in 12 states. Currently, SMP grants are provided to all 50 states, District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. Nationally, the SMP network includes nearly 6,875 Team Members (staff and volunteers) at more than 500 local sites.

SMP Team members are trained to:

- Promote community awareness of healthcare fraud, errors, and abuse;
- Disseminate consumer education materials about Medicare fraud through presentations, health fairs, and other community events;
- Provide counseling, and when needed, serve as consumer advocates to resolve billing disputes/issues; and
- Make appropriate referrals to state and federal partners for suspected cases of Medicare fraud, errors, and abuse for further investigation.

In addition to SMP program services, many grantees also offer State Health Insurance Assistance Program (SHIP) services which provide health insurance counseling, outreach, and training to Medicare beneficiaries, their families, and caregivers.

MIPPA

Since its passage in 2008, MIPPA has helped more than one million low-income Medicare beneficiaries to access programs that make their health care and prescriptions costs more affordable. MIPPA grantees are located in all states, Puerto Rico, Guam, and the District of Columbia.

ACL coordinates outreach between grantees, CMS and the Aging Network to ensure that local service providers and partners have access to materials and resources that will help them to assist Medicare Beneficiaries, their families and caregivers.

c) Scope of Service

Standard SMP volunteer roles are described in the VRPM policy about volunteer role classifications. These standard roles are defined as follows:

Distributing Information

This role involves transporting and disseminating SMP (hard copy) information to sites and events; the role may also include reading or presenting prepared copy or performing scripted activities for outreach. This role does not involve engaging beneficiaries in individual discussions about personal information or situations. Any beneficiary requests for information or assistance that a volunteer receives while serving in this role are deferred to volunteers or staff who are qualified to perform SMP counseling.

Assisting with Administration

This role involves assisting the SMP through administrative work such as copying, filing, data entry, and placing outbound phone calls in support of SMP activities (e.g., to reserve training space, confirm attendance at training, etc.). This role does not permit taking inbound phone calls or fielding questions from the public. Any requests for information or assistance that a volunteer receives while serving in this role are deferred to volunteers or staff who are qualified to perform SMP counseling.

Staffing Exhibits

This role involves staffing information kiosks or exhibits at events. Volunteers who serve in this role are limited to providing general information about the SMP and Medicare/Medicaid fraud and abuse and do not engage in discussions of personal information or situations. Requests for counseling are deferred to qualified SMP counselors.

Making Group Presentations

This role involves giving substantive presentations on SMP topics to audiences and offering an opportunity for interaction with audience members. Group presentations include delivery of more complex information and/or opportunity for Q & A with the audience. Volunteers who serve in this role are limited to providing general information regarding the SMP and Medicare/Medicaid fraud and

abuse and do not engage in discussions of personal information or situations. Requests for counseling are deferred to qualified SMP counselors.

Counseling

The counseling role involves direct discussion with beneficiaries about their individual situations and may include review of personal identifying information that includes Medicare Summary Notices (MSNs), Medicare cards, billing statements, medical records, and other related financial and health documents. When a volunteer who serves in this role determines that a beneficiary's case must be sent to a volunteer or staff person qualified to manage complex interactions and possible referrals for investigation, she or he may receive and confidentially transmit the beneficiary's documents. Counseling discussions may occur either in person or via telephone and may occur in locations other than SMP offices.

Managing Complex Interactions

This role involves engaging in in-depth interactions with individual beneficiaries who are reporting specific instances of suspected Medicare and/or Medicaid fraud, errors, and abuse. This work usually requires a review of beneficiary personal identifying information – Medicare numbers, financial information, medical information, etc. – and may even involve access to sensitive legal information related to their complaint. Volunteers who serve in this role help beneficiaries distinguish between errors and potential fraud or abuse and, as a result of their research, may act on behalf of a beneficiary to correct errors or refer suspected fraud and abuse to the appropriate authorities, possibly resulting in a health care fraud investigation. Volunteers who manage complex interactions follow up with beneficiaries, as needed, to assist them in resolving their issues. Complex interactions discussions occur in a confidential setting, either in person or by telephone.

Other Roles

Other volunteer roles may be created from time to time and as needed in the SMP. Volunteer roles add value to SMP services. When SMP staff are expected to work alongside or supervise SMP volunteers in a newly proposed role, the input of those staff is solicited in the development of the role. SMP staff are encouraged to identify possible new roles for SMP volunteers. The coordinator of volunteers assists staff in developing volunteer assignments and role descriptions. When new roles are created, care is taken to determine the risks connected to the new role and to design appropriate screening, training, and supervisory procedures.

SMP staff additionally provide services in accordance with MIPPA grant objectives that include:

Providing outreach to low-income beneficiaries: Staff contact pharmacies within each Planning and

Service Area (PSA) to orient pharmacists to SHIBA and AAAs as resources for low-income beneficiaries. They also contact senior and limited-income housing in local communities and provide materials about MIPPA-related programs and services.

Providing outreach to rural beneficiaries: Staff contact community health clinics, hospitals, and other providers within rural areas of each Planning and Service Area (PSA) to orient as resources for rural beneficiaries. Additionally, staff contact pharmacies within rural areas of each Planning and Service Area (PSA) to orient pharmacists to SHIBA and AAAs as resources for rural beneficiaries.

Providing outreach to beneficiaries targeted to prevent disease and promote wellness: Staff Provide pharmacies, community health clinics, hospitals, and other providers with beneficiary information about Medicare disease prevention and wellness promotion during pharmacy contacts statewide.

Coordinate with Tribes that receive funding from the MIPPA project: Staff contact Tribes who receive funding from ACL to offer coordination of efforts.

3. Funding

a) Program Budget

SMP

SMPs are funded by the Health Care Fraud and Abuse Control (HCFA) program for its antifraud activities. In 2019 funding for the SMP program totaled approximately \$18 million. Approximately \$15.6 million of the total funding available was distributed to the state SMP projects to help beneficiaries prevent, detect, and report Medicare fraud, errors, and abuse.

4. Campaigns

a) Title and Month of Year

ICOA annually participates in NCOA's "*Boost Your Budget® Week: Find Your Benefits to Age Well*" campaign. *Boost Your Budget® Week* aims to unite aging and disability service providers under a common charge to:

- Educate low-income Medicare beneficiaries and their caregivers about the benefits available to improve their health and economic security, and
- Connect individuals to online (BenefitsCheckUp®) and community resources for benefits screening and application assistance.

Boost Your Budget Week takes place each year during the second full week of April (April 12-16, 2021).

NCOA welcomes the participation of any community or state agency that is working to assist low-income seniors and adults with disabilities to enroll in benefits. ICOA encourages AAAs to engage in campaign promoting activities such as utilizing an ICOA-approved signature line or distributing NCOA-

approved informational material to the public. AAAs are also able to engage in campaign activities listed below, but are not limited to only these activities:

- Share information about benefits as part of a food drive, health fair, or tax assistance event
- Sponsor a “telethon” at your local radio or TV station
- Run ads in local newspapers or on social media
- Invite media, legislators, and the public to tour your facility and learn about the importance of benefits for your community

b) Expectations

ICOA expects AAAs to comply with efforts to promote NCOA’s “Boost Your Budget Week”. Minimum activity expectations for AAAs include:

- Use of an ICOA-approved email signature line that will be utilized during the duration of the campaign. Contractors are able to utilize an email signature line that they create; however, approval from ICOA is required.
- Distribution of campaign informational material (i.e., flyers, postcards, brochures, leaflets, social media posts) via email, direct mail, and/or social media.

Additional activities promoting the campaign are encouraged.

5. Program Monitoring and ICOA Reviews

a) Annual Program Review

(1) Purpose

Oversight and reviews are a core fiduciary duty built within the Older America’s Act and the Idaho Senior Services Act. Oversight can be a daily function of ICOA and the AAAs and is built into normal operations. The results of normal oversight activities are reported to many different stakeholders on both a formal and informal ongoing basis. Reviews are less frequent and include deeper and focused activities. The spirit of the review should be collegial with the assumption that we are aligned in the stated goals. Reviewers will conduct themselves with professionalism and objectivity and provide as little disruption to daily operations as possible. ICOA staff who come onsite can be requested to prepare an educational presentation for staff, advisory boards, and other stakeholders as a part of their visit. Unstructured time to visit with the staff over a meal or coffee break is also encouraged. Results of the reviews are discoverable upon public request.

In accordance with section H of the ICOA Operations Manual (“Oversight and Reviews”), by the Older Americans Act and Idaho Senior Services Act. The SMP program specialist will provide oversight and conduct programmatic reviews in the following manner:

(2) Goals

1. Facilitate confidence in government's use of citizen tax dollars.
2. Prevent or uncover fraud or misappropriation of funds.
3. Prevent or uncover compliance gaps that could harm program participants.
4. Promote excellence, efficiency and effectiveness of Idaho's aging network.
5. Prevent miss allowed federal funds and their necessary return.

(3) ICOA Responsibilities

ICOA will provide a proposed calendar of reviews for the coming year during the first quarter of the corresponding SMP grant year. ICOA SMP program specialist will conduct annual desk reviews in order to ensure compliance, in accordance with the SMP grant, is being met. Unless otherwise agreed upon between ICOA and the subrecipient, programmatic reviews will be conducted remotely. ICOA will provide each subrecipient with a master desk review document of files that will be monitored during the desk review.

Specific to onsite reviews

ICOA will bear the associated travel costs for reviews. Audit specifics will be communicated 30 days prior to the visit.

ICOA will complete as many elements of the review as possible as a virtual or desk review prior to the onsite visit to minimize disruptions to operations. Should an onsite review be necessary, ICOA will communicate meeting purpose, dates, and times with AAA Director and SMP staff.

An agreed upon agenda will be completed at least 14 days prior to the visit. The agenda may include:

1. Proposed entrance meeting time, place and participants.
2. All review activities time, place and participants.
3. Proposed exit meeting time, place and participants.

(4) AAA Responsibilities

The AAA will share the approved agenda and invite their parent organization representative, advisory board chair, and local commissioner to participate.

The desk review results will be presented at the entrance meeting, and the AAA will be allowed to remediate in real time any deficiencies found. If an immediate solution is unfeasible at time of the desk review, all element(s) will need to be addressed in a plan of correction after the review period.

The final report will be sent to the AAA and parent organization within approximately 30 days.

Findings will be separated into:

1. Opportunities for improvement
2. Findings

All findings must be addressed with a plan of correction. Each finding may have a separate timeline for remediation and will be specified in the audit finding's documentation. A plan of correction will be due within approximately 30 days from receipt of the audit document. The process of closing out findings is iterative, collegial, and problem-solving in nature.

Failure to remediate substantial findings could constitute breach of contract.

The AAAs have the duty to review their sub-recipients and contractors. Minimally the AAA must perform an onsite review of each provider who receives 50,000 dollars or greater in combined state and federal funds and adhere to all contractual obligations of fiduciary oversight.

It is recommended that the AAAs adopt the ICOA process elements that are applicable.

b) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the monthly nutrition meetings. We encourage the AAAs to also use after action reviews with their meal providers as a quality improvement tool. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).



E. Focus Area – Loneliness Reduction/Friendly Caller

1. Program/Organizational Structure

a) Staffing Resources

It is expected that the AAAs provide adequate resources to oversee and manage this program to meet all outcomes and standards. Services are provided through staff and volunteers.

2. Responsibilities

a) ICOA Responsibilities

ICOA will hold quarterly meetings, expand the loneliness stakeholder group and develop statewide initiatives that positively impact social isolation and reduces loneliness.

ICOA Program Specialist will provide AAAs with examples of best practices.

3. Program Foundations

a) Purpose and Goals

(1) Purpose

The purpose of the Loneliness Reduction program is to positively impact the physical and mental health of older Idahoans and their caregivers and add to quality of life. Multi-generational opportunities are encouraged.

(2) Goals

- To assure access to critical resources.
- To provide companionship to socially isolated seniors.
- To increase safety and security.
- To delay or prevent admission to an institution.
- To promote happiness in the later stages of life.
- To increase self-esteem through interaction with younger people.

b) Program History

In Idaho this program was launched during the Covid-19 pandemic as an emergency effort to reach out and assure the safety and health of seniors. Based on outcomes and participant evaluation, it has now become an ongoing program across the state.

c) Eligibility

This is an unregistered service. Anyone sixty (60) years of age or older or a caregiver for someone sixty (60) years of age or older, is eligible. Each AAA may have additional eligibility criteria to prioritize this service within budgeted parameters. The use of volunteers is the best option to extend this service to the maximum number of clients.

d) Scope of Service

Loneliness reduction activities vary across the state based on identified local gaps and current resources. Some activities such as Friendly Caller have established state standards and best practices. Although programs vary, all are expected to adhere to the standards established in this section. Additional loneliness reduction plans may be developed according to area plans.

e) Client Assessment

When implementing a Friendly Caller program, assessment must include questions that elicit the current safety status of the client. Best practice questions include:

- Do you have access to food?
- Do you have access to your medications?
- Do you have support (family, neighbors, etc.)?
- Is there anything you need?
- Is there anything making you feel unsafe?
- Do you wish to continue receiving calls?
- Volunteers and staff must be trained on how to respond and refer based on answers to the questions.
- Volunteers and staff should contact the Friendly Caller Coordinator immediately if they feel the participant is in crisis.
- Each AAAs assessment will be provided to ICOA, and possibly shared as best practices.

4. Funding

a) Program Budget

Title IIIB or Title IID funding may be used for friendly caller and loneliness activities. The goal is to reduce isolation and promote independent living within the planning and service area.

b) Match

No expenditure may be used as match if it has been or will be counted for another award of federal or state funds. Match will be reported by AAAs to the ICOA fiscal team on a quarterly basis (IDAPA 15.01.20.066.02).

c) Additional Funding

Currently additional funding is available through the American Rescue Plan Act (ARPA), see guidance on [ICOA website under Resources tab, TG.AD.13.3](#)

Any additional funds must be reported to ICOA on annual fiscal report.

5. Implementation

a) Policies and Procedures

(1) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. Internal policies must be in alignment with OAA grievance standards. Best practices include acknowledgement of receipt within two business days a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

6. Outreach

Effective outreach will partner with public and private organizations, service providers, representatives from business community, hospitals and clinics, providers of veteran's health and the public. Ideas for outreach include Press Releases, Webinars, social media, television promotions, news articles, community events etc. Outreach should be completed minimally on a quarterly basis.

To evaluate the effectiveness of outreach services each AAA shall annually review program data that illustrates the level of success in reaching older adults that have the greatest economic or social need.

7. Campaigns

a) Title and Month of Year

Let's End Loneliness Idaho, February.

b) Expectations

ICOA will host a meeting with the AAAs a minimum of 90 days prior to the campaign. As soon as the ACL toolkit is published the AAAs will start planning and developing their campaign. Each Area is required to fulfill 6 of the 9 suggested activities:

- a. Press release
- b. Proclamations
- c. Social media
- d. Blog articles
- e. Letters to the editor
- f. Classes and demonstrations
- g. Radio and TV interview shows
- h. Email signature
- i. Vendor presence at meetings or celebrations

8. Consumer Information

a) Data Requirements

Information necessary in reporting includes service units (reported per call), number of service providers, program income and program expenditures.

b) Data Methods

Call volume should be documented in GetCare. When providing Loneliness Reduction activities other than Friendly Caller alternative tracking methods should be used and reported to ICOA annually upon request. The ability to showcase all activities to funders and legislators strengthen the aging networks reputation.

c) Data Reporting

The AAAs will enter all Title III-B data by the 25th day of the following month.

9. Service Providers

a) Required Training

All staff and volunteers will complete the [ICOA loneliness training](#) available on the ICOA website. Ideally, training should be completed prior to any interaction with clients. Volunteers and staff are also trained on the resources and programs in their area to facilitate appropriate resource referrals. Volunteers and staff must complete training and sign a confidentiality agreement.

10. Program Monitoring and ICOA Reviews

a) Program Evaluation

Ongoing evaluation will include the volume and quality of loneliness reduction activities. Outcomes of evaluation will be shared at monthly calls.

b) Annual Program Review

Full ICOA compliance reviews will be performed as described in Section H of General Standards (Oversight and Reviews of AAA Operations).

TARGETED PROGRAM and SERVICE STANDARDS



Federal Title funds spent for those at highest risk of institutionalization. Clients may be caregivers and/or Idahoans 60 and older.

High risk clients /caregivers are also eligible for ongoing targeted high-level support.

Moderate risk clients /caregivers may be eligible for HCBS consumer direction service delivery if they are able to self-manage after initial support.



VI. TARGETED PROGRAM and SERVICE STANDARDS



- Targeted Programming

A. Focus Area – Family Caregivers/Respite/Support Group/Kincare

1. Responsibilities

a) ICOA Responsibilities

In accordance with IDAPA 15.01.01 this guidance constitutes the requirements for the National Family Caregiver Program funded under authority of Sections 67-5005 through 5008, Idaho Code, and the Title III, Section E of the Older Americans Act (OAA) as Amended.

b) AAA Responsibilities

- Ensure a highly trained, professional staff, accurate data collection and strive towards continuous program improvement.
- All clients receiving services must be registered in GetCare and units of service, reported in accordance with ACL Title III-E Data Elements and Definitions (Appendix A).

2. Current State Plan Requirements: October 2020 – 2024

<p>Opportunities for Coordination & Collaboration:</p> <ul style="list-style-type: none"> - Idaho Caregiver Alliance, - Medicaid - Council on Developmental Disabilities, - State Independent Living Council 	
<p>Contact: Local AAAs</p>	
Strategies	Outcomes
<p>a. Capitalize on established campaign materials to inform people about caregiver related resources and supports.</p>	<p>1. Annually, prior to the campaign month, utilize campaign materials (November, Family Caregiver Month) and distribute to network partners. Follow six activity areas on ICOA handout and work with AAAs and network partners to participate at state and local levels. <i>ACL-Focus Area A7</i></p>
<p>b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.</p>	<p>1. Increased respite participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. <i>ACL-Focus Area A7</i></p>
<p>c. Craft a business plan that accounts for expenditures related to Information and Assistance caregiver assessment.</p>	<p>1. Formalize plan, identify <u>funding</u> and build into service delivery. <i>ACL-Focus Area A2</i></p>
<p>d. Develop a consumer-directed replication plan. This plan will identify the framework needed for the local AAAs to transition their respite programs to include consumer-direction. The role is to conduct community promotion/education to identify and recruit caregivers and provide training for caregivers to learn how to manage consumer directed respite.</p>	<p>1. Formalize plan and build into service delivery. <i>ACLFocus Area C1</i></p>
<p>e. All caregivers statewide will have opportunities to take caregiver training through "evidence based" classes called Powerful Tools for Caregivers (PTC). Sustainability of PTC relies on host agencies recruitment and training of class leaders due to attrition and continuous development of caregiver recruitment network.</p>	<p>1. Identify providers in all six of the Planning and Services Areas in Idaho. <i>ACL-Focus Area A3</i> 2. Collaborate with local AAAs for implementation and/or identification of other partners available to provide classes. Track each provider, the number of classes, number of participants, outreach efforts, hosts in rural and urban areas, and list of potential and current class leaders. <i>ACL-Focus Area A7</i></p>

Caregiver Case Management

<p>General Eligibility:</p> <ul style="list-style-type: none"> - A family caregiver who is 18 years or older caring for a person 60 years of age or older; or a person with Alzheimer’s disease or other dementia of any age - A parent or relative caregiver <u>age</u> 55 or older who lives with, and is the primary caregiver for, an individual with disabilities age 18 or older - An older relative caregiver (other than a parent) age 55 or older who lives with and is the primary caregiver for a child <u>age</u> 18 or younger 	
<p>Service Description:</p> <ul style="list-style-type: none"> - A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver 	
<p>Opportunities for Coordination & Collaboration:</p> <ul style="list-style-type: none"> - Medicaid - Council on Developmental Disabilities, - State Independent Living Council, - Idaho Legal Aid 	
<p>Contact: Local AAAs</p>	
Strategies	Outcomes
<p>a. Develop a comprehensive caregiver case management program working with community health workers, clinics, social workers providing outreach, support, and services to caregivers with greatest risks and needs.</p>	<ol style="list-style-type: none"> 1. Caregivers have improved and increased person-centered support and consumer-directed services. 2. Older Idahoans live safe, healthy, and self-directed lives in their communities of choice.

3. Program Foundations

a) Purpose and Goals

(1) Purpose

The purpose of the Family Caregiver Support Program (FCSP) is to provide services that can allow caregivers of older adults and older adults as caregivers to continue caring for their loved one in the community of choice for as long as possible.

(2) Goals

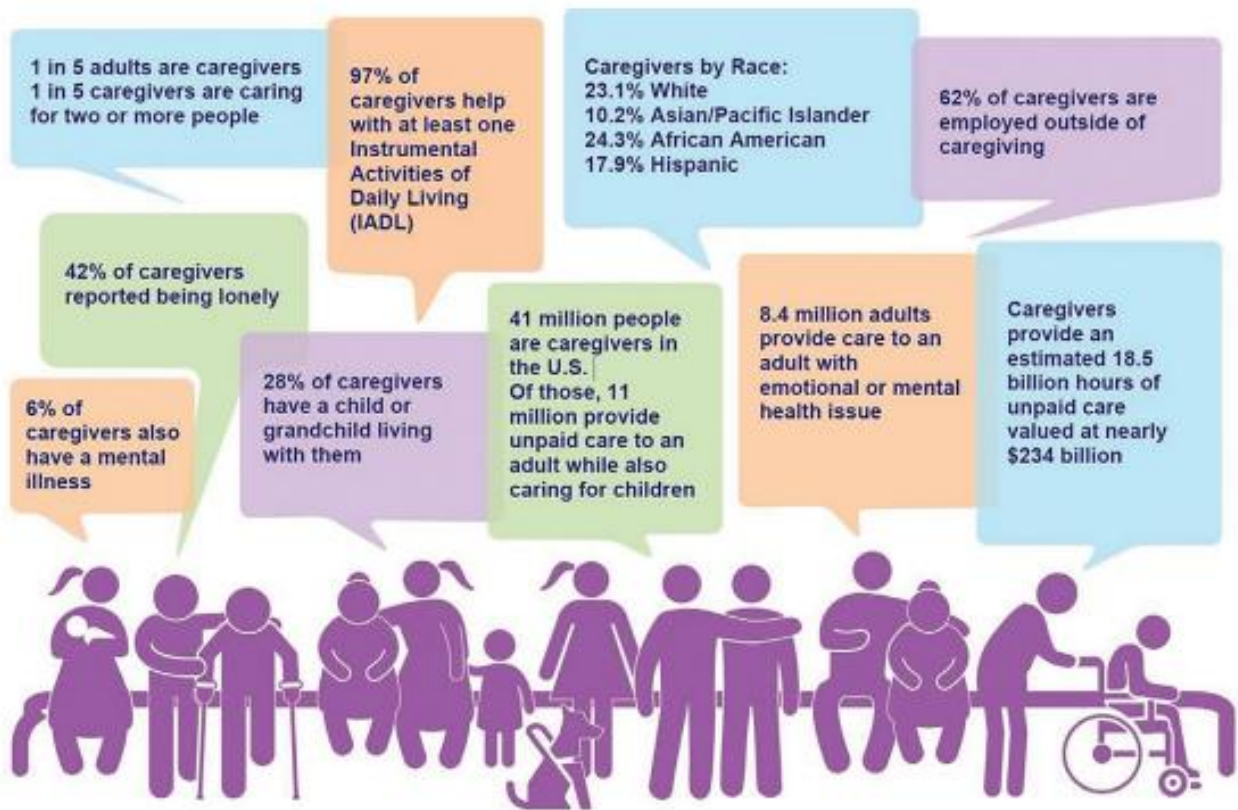
The goals of the FCSP are to facilitate caregiver’s resiliency; promote consumer direction to increase services to marginalized populations; empower and educate caregivers through education and services available to them that can support their own well-being; and connection to a support system that can help reduce their level of stress, social isolation, and caregiver burden.

These goals are achieved through leveraging resources and flexibility at both the regional and local level to provide FCSP services across all five service categories--information services (outreach), access

assistance, counseling and support groups, respite care, and supplemental services--in all 44 counties in Idaho.

b) Program History

The vast majority of older adults with long-term supportive care needs receive care from their families and other informal, unpaid caregivers. Millions of caregivers provide informal, unpaid care to older people and younger adults who need assistance due to a physical, cognitive, or mental impairment. One study found that more than 1 in 5 Americans are caregivers for an adult or child with special needs with over two-thirds providing care to people age 50 and older. The aging of society and scarcity and expense of home care are factors that exacerbate demands on family caregivers and increase the number of families called on to provide care. Because caregiving responsibilities often lead to physical and emotional stress, many people consider the stress of caregiving to be a public health issue of growing concern. In response to these concerns, in 2000 Congress created the National Family Caregiver Support Program (NFCSP) under the Title III E umbrella of programs.



Source: *ADvancing States Profile of Caregivers in America 2020*

c) Eligibility

The **caregiver** is the client of the FCSP. The FCSP was established in 2000 and is available for the following individuals:

- Persons eligible to receive services under the ACT shall be adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older, or to individuals of any age with Alzheimer’s disease and related disorders and residents of the State of Idaho.
- Older relatives:
 - 1) age 55 or older, and
 - 2) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability; “individual with a disability” mean an individual with a disability, as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), who is not less than age 18 and not more than age 59.
- In the case of a caregiver for a child;
 - 1) is the grandparent, step-grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child.
 - 2) 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) has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally
- In the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

RULE: (1) In providing services under this part, for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State shall give priority to caregivers who provide care for older individuals with such disease or disorder; and (2) for grandparents or older individuals who are relative caregivers, the State shall give priority to caregivers who provide care for children with severe disabilities.

Respite - An individual qualifies for Respite if he/she:

- 1) is a caregiver sixty (60) years of age or older residing with an eligible care recipient who is under sixty (60) years of age.
- 2) is a caregiver under sixty (60) years of age residing with an eligible care recipient aged sixty (60) years or older.
- 3) Older relative caregivers who are age 55 or older, related to the individual they provide care for, lives with, provide informal care, and is the primary caregiver for a child or an individual with a disability.
- 4) is a State of Idaho resident.

- 5) the care recipient has physical or cognitive impairments affecting ADL or IADL functioning to the extent twenty-four (24) hour supervision if required.
- 6) Highest priority shall be given to caregivers who have the greatest social and economic need caring for a care recipient with a degree of physical or cognitive impairment who are lacking informal supports.

Service Limitations (ICOA):

- 1) When personal care services are a part of the Supportive Services Plan (SSP), those services shall be provided by trained Respite employees or trained Respite volunteers.
- 2) Services requiring supervision of a registered nurse in accordance with the Nurse Practices Act shall not be performed by respite workers.
- 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) Paid and professional caregivers cannot utilize respite under FCSP. Respite is intended to provide intermittent, occasional, or emergency relief to an informal or family caregiver.

d) Scope of Service

- Information Services (Outreach) - A service for caregivers that provides them with information on resources and services available within their communities. This service is not tailored to the needs of the individual.

Field Example and Best Practice

This category can be thought of as efforts around sharing information and public outreach.

Information includes things like participation in a community health fair, senior fair or job fair, public service announcement, TV, Radio, creating brochures on caregiver services offered, posting information on AAA's Facebook page about an upcoming caregiver event.

- Access Assistance (Information & Assistance) - A service that provides the individuals with current information on opportunities and services available to them within their communities; assesses the problems and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of by establishing adequate follow-up procedures; and services the entire community of older adults.

TYPES OF SERVICES INCLUDED

Caregiver assessment; care planning; caregiver benefits screen; caregiver options counseling and resource consultation.

Field Examples and Best Practice

A caregiver calls inquiring about the support groups and information about caring for someone with dementia. The AAA staff provides a list of Alzheimer's Association, PTC workshops and Dementia Skills and other Caregiver resources on ICOA website.

This category also includes exploring with a caregiver option for sustainable solutions for meeting self-care and needs at home, long-term care or Veteran Affairs caregiver supports.

- Support Groups, Counseling and Training - These services help caregivers better manage their responsibilities and cope with the stress of caregiving.

Training is a key service provided to caregivers that will empower them with tools for decision making and problem solving within their caregiving roles. This training provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line and be provided in individual or group settings.

Support groups is another service. A service led by an individual who meets requirements below to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system.

For the purposes of Title III funding, caregiver support groups would not include "caregiver education groups," peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (ACL Data Elements Definition).

ICOA Requirements for support group leaders include:

- Impeccable community reputation and ethical behavior
- A thorough knowledge of current community resources, services and supports and evidenced-based practices
- Dementia skills and Caregiver Resource training
- Outstanding communication and organizational skills
- Proven experience in public speaking and group facilitation
- Compassion and ability to work others
- Facilitator experience working with groups or mentored into role by an experienced support group leader

Counseling is a service designed to support caregivers and assist them in their decision-making and problem-solving relating to their caregiver roles. Counselors are licensed professional providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and

families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions.

Programming in this counseling category is often developed and supported through leveraging partnerships with other agencies and organizations.

TYPES OF SERVICES INCLUDED IN THIS CATEGORY

Caregiving training programs; leading evidence-based health classes for caregivers; organization and facilitation of support groups; referring caregivers as needed to mental health professionals for counseling; workplace caregiver support.

- Respite Care – A service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers of an ADL or IADL, cognitively impaired care recipient or older relative caregivers.

Consumer-Directed Respite (CDR): Eligible individuals may be offered Title III E CDR as an option to traditional Respite. This model of respite allows caregivers to hire their own caregiver or agency, using \$600 over 6-months or \$1200.00 a year of voucher funding to pay for a care recipient's care. Taxes are the responsibility of the service provider.

Caregiver is not eligible if current in-home respite is being provided through another agency. For example, Medicaid A&D Waiver, Veterans Respite, or Certified Family Homes.

Consumer directed protocol guide and voucher examples can be found here:

<http://aging.idaho.gov/aaa-consumer-directed-lifespan-resources-and-protocol-guide/>. This information and caregiver vouchers will be entered into GetCare for administration, tracking and payment to caregiver.

- ICOA 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:
 - a. Meeting emergency needs; referrals indicating a crisis or potential crisis such as a marked decline in health or functional status, hospital discharge, or Adult Protective Services 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

- b. Restoring or maintaining the physical and mental wellbeing of the caregivers (4-6-05); 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.
- c. Providing socialization for the care recipient.

TYPES OF SERVICES IN THIS CATEGORY:

In-home respite services: Caregiver may benefit by respite provided to care recipient through attendance in a nonresidential program at locations such as senior centers, adult day care centers, certified family homes, assisted living or nursing homes; summer camps, after-school programs (for older relatives as caregivers); caregiver retreats.

- Supplemental Services: Goods and 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 (lift chairs, grab bars, ramps), assistive technologies, emergency response systems, incontinence supplies and legal assistance. Caregiver home-delivered meals may also be provided in compliance with [TG.AD.15](#).

States have the option of using some portion of NFCSP funds (within the 10% statutory cap) to provide respite and supplemental services to grandparents and relative caregivers.

To allow grandparents a break from their daily caregiving responsibilities, funds under respite could be provided to pay expenses such as after school programs, summer/day camps, weekend programs and individual in-home respite. Supplemental funds could be provided to pay for expenses such as school supplies, legal issues associated with custody/adoption and other needs determined at the local level.

TYPES OF SERVICES IN THIS CATEGORY

For the purposes of FCSP, Idaho Assistive Technology (AT) can help caregivers maintain or improve a care recipient's functional capability at home. Assistive technology is defined as any item, piece of equipment or product that is used to increase, maintain, or improve functional capabilities of an individual with a disability.

- Caregiver Case Management/Options Counseling - Caregiver Case Management is a service provided to a caregiver, at the direction of the caregiver, by an individual who is trained or experienced in social work, case management skills, required to assess the needs, and to arrange, coordinate and monitor an optimum package of services to meet the needs of the caregiver.

e) [Screening](#)

Screening is the process of identifying caregivers who may be eligible for services and supports described in the Eligibility Section 2 above. The level of services and supports, Crisis, Targeted or

Universal, will be determined by the client assessment conducted over the telephone and/or in-person.

f) Client Assessment

Client (Caregiver) Assessment - Using the prescribed, caregiver assessment, determine the level of caregiver supports needed then register and enroll caregiver in services needed.

g) Licenses

Licenses-Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex, physical, behavioral, and emotional problems related to their caregiver roles.

- ICOA recommends degreed Social Workers or well-trained staff experienced in Motivational Interviewing to conduct Caregiver Options Counseling/Care Management.

4. Funding

a) Program Budget

ICOA shall review the Intrastate Funding Formula (IFF) for distribution of funds received under the Older Americans Act (OAA) and the Idaho Senior Services Act (SSA). ICOA shall retain final decision-making authority in developing and adopting the IFF. ICOA shall distribute OAA and SSA funds proportionately based on state fiscal year. Each AAA shall submit an annual budget for agency FCSP operations.

b) In-Kind

In-Kind-Contributions shall benefit the program for which they are reported as match (IDAPA 15.01.20.066.02)

c) Match

No expenditure may be used as match if it has been or will be counted for another award of federal or state funds. Match will be reported by AAAs to the ICOA fiscal team on a quarterly basis (IDAPA 15.01.20.066.02).

d) Third Party Funding

Donations must be reported quarterly from the AAA to ICOA fiscal team.

e) Grants

ICOA 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 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.

f) Additional Funding

American Rescue Plan Act (ARPA), see guidance on [ICOA website under Resources tab, TG.AD.13.3](#)

5. Implementation

a) Policies and Procedures

(1) Program and Contingencies

Each AAA has the responsibility to:

- Develop and maintain written policies and procedures for programs and services, for contract management, and for other agency functions and responsibilities. The AAA will assure that written policies and procedures are reviewed regularly and are updated as needed.
- Serve as the regional focal point for aging programs and services.
- Develop and implement an ICOA-approved Area Plan to receive funding.
- Administer programs and services through contractual agreements or, when necessary, directly provide the services, as described, and approved in the AAA Area Plan.
- Make records of services rendered and monies expended in the provision of those services available at the request of the ICOA. Except as otherwise provided herein to the contrary, AAA authority extends to negotiating, securing, and monitoring service provider contracts; allocating resources; establishing service delivery policies; establishing financial management policies and procedures; and rendering administrative decisions in accordance with federal and state statutes, rules, policies, and program guidelines.
- Each AAA will have an emergency preparedness plan in place. ICOA falls in the Idaho Emergency Support Function 6 (ID-ESF) and is required to assist in all phases of the emergency management cycle if needed.

(2) Investigation

All investigations will be handled objectively and timely.

(3) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. Internal policies must be in alignment with OAA grievance standards. Best practices include acknowledgement of receipt within two business days a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

(4) Quality Assurance

This term refers to ensuring that services and products efficiently and reliably satisfy consumer needs. It has a strong emphasis on identifying and providing services most likely to achieve targeted outcomes and consumer satisfaction, and in monitoring whether the services were provided.

- Ensure customer satisfaction surveys are available to consumers and reviewed quarterly.

- Ensure AAA staff are properly trained.
- Ensure service providers meet or exceed standards and on-site assessments are conducted in accordance with IDAPA 15.01.20.055).
- Ensure OAA Title III, Part E, Program Review requirements are met or exceeded. (Appendix B).

6. Outreach

a) Target Population

- Priority to caregivers of 60+ older adults with Alzheimer’s disease or a related disorders with neurological and organic brain dysfunction
- Older relative caregivers aged 55 or older and related to the individual they provide care for
- Lives with, provides informal care and is the primary caregiver for a child or an individual with a disability
- Greatest social and economic need, low-income minorities
- Rural communities
- Limited English proficiency
- Risk of institutional care

b) Frequency

Monthly/Quarterly

c) Coordination

Work with public and private organizations, service providers, representatives from business community, hospitals and clinics, providers of veteran’s health and the public.

d) Methods

Outreach can be done in-person, webinars, meetings, newsletters, health fairs, brochures, news and radio, articles, Facebook, Twitter and more.

e) Reporting

At a minimum to determine the effectiveness of outreach services each AAA shall:

- Annually review program data to determine success in reaching older adults having greatest economic or social need, as prescribed by target population above.
- AAAs will enter all Title III E data and submit invoices, in-kind and program income to ICOA no later than the 25th of each month.

7. Campaigns

a) Title and Month of Year

National Family Caregiver Month - November

Dementia Capability - January

b) Expectations

Each AAA is required to fulfill six of the nine activities below in supporting campaigns:

- a. Press release
- b. Proclamations
- c. Social media
- d. Articles
- e. Letters to the editor and/or caregivers
- f. Classes and demonstrations
- g. Radio and TV interviews
- h. Email signature block theme
- i. Presence at vendor meetings or celebrations

8. Referrals

Referral activities include:

- Providing a list of available service providers from which the client may choose the provider they prefer and making their own contact.
- Making contact with a particular provider on behalf of the client.
- Providing advocacy intervention (negotiating with a service provider on behalf of a client).
- Providing the individuals with current information on opportunities and services available to them within their communities, including information relating to assistive technology
- Assessing the problems and capacities of the individuals
- To the maximum extent practicable, ensures that the individuals receive the services they are in need of
- Serves the entire community of older adults (ACL Data Elements Definitions)

a) Community

AAAs need to be familiar with other resources and supports in public and private organizations and able to refer to other appropriate services.

9. Consumer Information

a) Data Requirements

Consumer demographics are reported for Title III-E registered services, this includes counseling, training, respite (all types), supplemental services and case management.

b) Data Methods

Register and enroll eligible caregivers in GetCare using the following data elements, Age, Ethnicity, Gender, Urban or Rural, Minority Status, Poverty Status, Race, Relationship, ADRD Caregiver.

c) Data Reporting

Title III: The AAAs will enter all Title III-E, data by the 25th following the end of the month.

10. Service Providers

a) Required Training

Ensure service providers are in compliance and credentialed as required by Idaho code and meet the requirements of AAA.

Respite providers:

- Ensure in-home, out-of-home and other respite providers treat each client in a respectful and dignified manner, involve each caregiver in the delivery of services, provide services in a safe manner and abide by any applicable licensure requirements.
- Ensure providers have Privacy Act and Health Insurance Portability and Accountability Act (HIPPA) Training
- Ensure safety and providers know how to identify and report suspected abuse, neglect, and exploitation
- Ensure Professionalism and Ethics training
- Ensure cultural competency that fit with individual's preferences

Counseling:

- Ensure that they are degreed and/or credentialed as required by Idaho code, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles.

b) Certifications

Counselors or peer supporters are service providers that are degreed and/or credentialed as required by Idaho code. Please note training that provides family caregivers with instruction to improve knowledge and performance of specific skills related to their caregiving roles and responsibilities should be evidenced-based.

c) Monitoring

(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.

Monitoring checklist should include key factors that influence service provider risk:

- Untrained staff/recent turnover
- Unresolved corrective actions

- Variances in reporting that are problematic
- All respite providers receive an appropriate level of supervision.
- Does respite provider provide adequate and appropriate insurance coverage
- Has service provider met the Privacy Act and HIPPA training requirements?
- Has consumer been informed of complaint policies?
- Has respite worker been trained in consumer care, professionalism and ethics, communication standards and cultural competency

11. Program Monitoring and ICOA Reviews

a) AAA Program Supervisor/Lead

AAA program supervisor must display adequate time, attention and skills to ensure the program is meeting assigned goals and outcomes. Suggested requirements include but are not limited to:

- Graduation from an accredited college with bachelor's degree in human service or health care field
- Valid driver's license and good driving record
- Must pass a criminal background check
- Three years relevant experience
- Strong communication and organizational skills
- Soft skills a must with understanding of values, roles and demands of workers
- Knowledge and enforcement of safety procedures and boundaries for in-home visits
- Demonstrated outstanding leadership and mentoring skills
- Ability to conduct home visits, authorize service
- Budget management
- Proficiency in use of information technology and spreadsheets and compiling reports
- Insight and creative problem-solving ability
- Advocacy, tenacity and proactiveness

b) Program Evaluation

Program evaluation is based on FCSP Title III E service outcomes. Those outcomes will be measured by demographic data, service delivery, consumer and staff feedback to ensure AAAs are serving caregivers for older adults and older relatives with the greatest social and economic need. The number of positive engagements, positive outcomes, resources, providers and community partners are all indicators of success. Those services include counseling, training, in-home, out-of-home, overnight, and consumer-direction respite, caregiver case management, supplemental services, support groups, information and assistance, information services provided. ICOA might consider supporting documentation to evaluate in detail such as:

- Idaho State Plan
- Area Plan

- Data/Statistic reports
- Quality Assurance report
- Post quality assurance report
- Budget planning and spending
- After action review
- Corrective action plan
- Complaints and compliance issues
- Desk and onsite reviews with AAA Director and staff

c) Annual Program Review

ICOA National Family Caregiver Support Program (FCSP) program reviews will be conducted annually. It is expected AAAs meet or exceed FCSP Assessment tool 01 - 05 requirements. (Appendix C). The purpose is to provide an assessment of FCSP services, identify gaps and areas for improvement. The goals of the program review desk audit include:

- Ensuring programs and services are positioned to respond to current and future needs, and resources.
- Ensuring needs and opportunities are aligned.
- Services are visible and promoted in the community.
- Relations are positive and strong.
- Staff are well-trained, knowledgeable, motivated and professional.

All findings, recommendations, and best practice will be communicated to AAA Director and staff in writing providing a clear summary of concrete and actionable recommendations for improvement.

d) After Action Review

ICOA will use the after-action review (AAR) providing insight and as a learning and quality improvement tool. FCSP Program reviews / desk audits with findings will require additional follow-up. Reports must be completed and returned on or before the stated deadline. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the ICOA website found here <https://aging.idaho.gov/the-icoa-planning-process/>. The ICOA program specialist will provide the template for the AAR.

Family Caregiver/Respite Appendix

Appendix A – [Title III E Caregiver Services Data Elements and Definitions](#)

Appendix B – [National Family Caregiver Support Program Review Worksheet](#)

Appendix C – [Family Caregiver Support Program Standards](#)

Appendix D – [National Family Caregiver Home-Delivered Title III E Supplemental Service Meals Guidance](#)



B. Focus Area – Transportation

2. Program/Organizational Structure

a) Staffing Resources

It is expected that the AAAs provide adequate resources to oversee and manage this program to meet all outcomes and standards. Services are provided through contracted providers, or once established, the consumer directed option.

3. Responsibilities

a) ICOA Responsibilities

ICOA will:

Hold quarterly meetings with an educational component.

Perform Quarterly Monitoring.

Advocate for additional transportation options on a state level.

Complete Environmental scans, passing relevant information to AAA staff.

Review, monitor, evaluate and comment on Federal, State and local plans, budgets, regulations, programs, laws, levies, hearings, policies, and actions which affect or may affect older individuals and recommend any changes in these which the State agency considers to be appropriate.

Provide technical assistance to agencies, organizations, associations, or individuals representing older persons.

a) AAA Responsibilities

Enter into contracts with available service providers such as meal providers.

Coordinate with local regional transportation systems to develop networks.

Monitor contracted service providers to ensure they are fulfilling contracted obligations and following defined guidelines.

Coordinate services with other providers such as meal providers.

Develop and Maintain Budget.

4. Program Foundations

a) Purpose and Goals

(1) Purpose

The Transportation program is 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 independent living. It does not include a direct subsidy for an overall transit system or a general reduced fare program for a public or private transit system.

(2) Goals

Program goals include:

- To facilitate aging in place within individual communities.
- To improve health through access to needed goods and services.
- To increase opportunities for socialization.
- To promote dignity and independence.

b) Eligibility

This is an unregistered service available to anyone sixty (60) years or older who resides in the state of Idaho.

c) Scope of Service

Each AAA shall assure that continuing efforts are made to make transportation services available to older individuals residing within the geographical boundaries of the PSA.

Service is delivered in partnership with local transportation providers. Transportation routes and options to medical services, meal programs, employment locations, adult daycare facilities, shopping, social service agencies should be prioritized.

d) Client Assessment

No assessment is required, as this is an unregistered service.

Voluntary Contributions

Individuals must be given the opportunity to contribute to the cost of service, but no one can be denied service due to inability or unwillingness to contribute. All voluntary contributions shall be used to offset the cost of providing transportation services.

e) Licenses

When contracting the AAA should ensure that providers maintain appropriate records including vehicle operation licenses, as well as proof of insurance. All subcontractors must have the appropriate licensure, insurance, and bonding for the type of work the AAA is contracting. The AAA should review any umbrella organization contracting requirements. The AAA is required to do due diligence in setting standards.

5. Funding

a) Program Budget

The goal is to reduce isolation and to promote independent living within the Planning and Service Area. Operating expenses must be used to provide transportation to people sixty (60) years or older.

A local transportation provider receiving Title III funds for transportation services may only use such funds for the transport of seniors. Such services must be part of the overall comprehensive system of

services in the planning and service area. State and area agencies on aging remain fully responsible for administration and oversight of OAA funds.

In-Kind

Allowable costs are delineated in the OAA, and 45 CFR, Part 75. 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.

b) Match

No expenditure may be used as match if it has been or will be counted for another award of federal or state funds. Match will be reported by AAAs to the ICOA fiscal team on a quarterly basis (IDAPA 15.01.20.066.02).

c) Additional Funding

Currently additional funding is available through the American Rescue Plan Act (ARPA), see guidance on [ICOA website under Resources tab, TG.AD.13.3](#)

Any additional funds must be reported to ICOA on annual fiscal report.

(1) **Complaints**

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. Internal policies must be in alignment with OAA grievance standards. Best practices include acknowledgement of receipt within two business days a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

6. Outreach

Effective outreach will partner with public and private organizations, service providers, representatives from business community, hospitals and clinics, providers of veteran's health and the public. Ideas for outreach include Press Releases, Webinars, social media, television promotions, news articles, community events etc. Outreach should be completed minimally on a quarterly basis.

To evaluate the effectiveness of outreach services each AAA shall annually review program data that illustrates the level of success in reaching older Individuals sixty (60) years of age or older and their caregivers, with no access to their own transportation.

7. Campaigns

a) Title and Month of Year

May in Motion, May. Promoting alternative transportation.

b) Expectations

Although this is not a formal ICOA national campaign, AAAs are encouraged to participate in this event promoting public and alternative transportation. ICOA will provide tools to promote this event that may include press, social media posts, blog articles, examples of letters to the editor and additional information surrounding media relations.

8. Consumer Information

a) Data Requirements

Information necessary in reporting includes service units (per boarding), number of service providers and program expenditures.

b) Data Reporting

The AAAs will enter all Title III-B data by the 25th day of the following month.

9. Program Monitoring and ICOA Reviews

a) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the quarterly transportation meetings. We encourage the AAAs to also use after action reviews as a quality improvement tool. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

C. Focus Area – Home Delivered Meals/NSIP



1. Program/Organizational Structure

a) Staffing Resources

A minimum of one full-time staff must be solely dedicated to the senior nutrition program inclusive of congregate meals, home delivered meals, and NSIP. Responsibilities should include program planning implementation, evaluation, outreach, and quality improvement, and relationship building with all contracted meal sites.

b) Org Chart

II. Provide an AAA org chart with FTE hours, responsibilities and names of all staff that is included in the nutrition program and report changes to ICOA as they occur.



2. Responsibilities

a) ICOA Responsibilities

The State Unit on Aging serves as the state agency primarily responsible for planning and policy development as well as administration of OAA activities. A core duty of the Commission on Aging (ICOA) is planning a network of aging services that facilitates Idahoans to live safe, healthy, and self-directed lives in their communities of choice, for as long as possible.

Since services are state administered, each State Unit on Aging has the responsibility and authority (OAA Section 305) to implement the nutritional standards (OAA Section 339) to best meet the needs of the older adults that they serve.

States receive separate allotments of funds based on a statutory funding formula for supportive services and centers, congregate nutrition, home-delivered nutrition and the nutrition services incentive grant program. The OAA allows states some flexibility to transfer funds among Title III programs. Specifically, the OAA authorizes SUAs to transfer up to 40% of funds received between the congregate nutrition and home-delivered nutrition services programs and up to 30% of funds received between these nutrition services programs and the supportive services and centers program.

b) AAA Responsibilities

- Demonstrates commitment to attending scheduled opportunities for communication and education with a minimum of attendance at the monthly nutrition meetings.
- Provide adequate support, coaching and time for staff to accomplish local plan program goals.
- Communicate throughout the organization as appropriate any guidance provided through ICOA nutrition communication, meetings, and trainings.
- Communicate with ICOA on an ongoing basis and promptly concerning unfolding issues.

- Evaluate current consumer usage (provision of units) by service for registered services and assess whether:
 - Consumers are receiving service units at the appropriate level to meet their needs.
 - Consumers need or want additional services or service units.
 - Consumers need or want fewer service units.
- Follow all federal and state regulations, laws, codes and rules including ICOA manual, Idaho Senior Services State Plan and guidance.

3. Current State Plan Requirements: October 2020 – 2024

Contact: Local AAAs	
Strategies	Outcomes
a. Standardize Home Delivered Meal planning, development and service assessment.	1. Implement semi-annual meetings to set budget projections, identify best practices or gaps and issues. Use this as a planning and development meeting: April/May to prepare for new budget year and July/August to analyze year ending data. <i>ACL-Focus Area A2</i>
b. Develop materials focused on rural, minority, and culturally diverse populations for distribution.	1. Increased Home Delivered Meal participation through direct client interactions and distribution of program materials, especially with rural and minority populations. Distribute program materials at least twice a year to provide a basis for consumers to make informed choices regarding their in-home services. <i>ACL-Focus Area A7</i>
c. Develop nutrition service delivery performance measures to gain synergies through meal delivery.	<ol style="list-style-type: none"> 1. In SFY2021 update Operations Manual to include timely client assessment, service initiation, and build performance tracking/monitoring tool for annual quality management report. <i>ACL-Focus Area A2</i> 2. In SFY2021 develop and implement a practice with home delivered meal providers to check client’s well-being and build performance tracking/monitoring tool for annual quality management report. <i>ACL-Focus Area A2</i> 3. In SFY2021, develop a Home Delivered Meal implementation plan that identifies resource types to be distributed during specific times of the year. Set a schedule and coordinate with health care and social service systems to distribute information. <i>ACL-Focus Area A7</i>

4. Program Foundations

a) Purpose and Goals

(1) Goals

- Reduce hunger, food insecurity, and malnutrition of older individuals.
- Promote socialization of older individuals.
- Promote the health and well-being of older individuals.
- Delay or help mitigate adverse health conditions.

b) Program History

The Older Americans Act (OAA) was signed into law on July 14, 1965. This act established the Administration on Aging within the Department of Health, Education, and Welfare, and called for the creation of State Units on Aging. This act was considered one of the most important contributions of aging legislation enacted by Congress. At the signing of the Older Americans Act, President Lynden Johnson said, "No longer will older Americans be denied the healing miracle of modern medicine. No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and to their aunts. And no longer will this nation refuse the hand of justice to those who have given a lifetime of service and wisdom and labor to the progress of this progressive country."

c) Eligibility

Senior 60 years and older that meet the following criteria are eligible for home delivered meals.

- Homebound
- Frail means that the older individual is determined to be functionally impaired because the individual:
 - (A)(i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - (ii) at the option of the State, is unable to perform at least three such activities without such assistance; or
 - 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.
- Unable to prepare their own meal.
- If a participant receives Medicaid meals then this disqualifies them to receive an OAA meal.

Additional prioritization criteria of eligible participants must be in place in case of low funding and waitlist based on for example:

- Population/demographics: OAA target populations i.e., persons at greatest social and economic need.
- ADLs/IADLs, malnutrition, food security, chronic health conditions, formal or informal support, and access to transportation.

Prioritizing systems must be careful when rating socioeconomic issues as higher priority, because policies and procedures cannot involve means-testing. However, it is permissible to collect income information for the purposes of identifying benefits and resources that may assist the individual. The following are recommended guidelines when targeting services without means-testing:

- Identify the target population based on the OAA.
- Establish priorities within the population(s) that meet the most critical needs and can provide a fair and consistent way to implement the prioritizing process without means-testing.
- A private pay option may be offered when a waiting list is in place.

d) Scope of Service

The home delivered nutrition program serves people most in need of a nutritious meal. The nutritional adequacy of each meal must be certified by a Dietician registered in the state of Idaho. Each AAA must ensure the registered Dietitian has approved meals prior to serving. The Dietitian will certify that the meal provides a minimum of 33 1/3% of the Dietary Intake standards per meal using the most recent Dietary Guidelines for Americans and can be adjusted to special dietary needs.

- The contracted Dietitian or the AAA will provide nutrition education monthly, nutrition counseling if a participant scores 6 or higher on the health nutrition survey, and other nutrition services, as appropriate, based on the needs of meal participant.
- Communicate with ICOA on an ongoing basis and promptly concerning unfolding issues such as shortage of funding, complaints, decrease in service etc.

e) Screening

Each new participant will be screened through the ICOA provided GetCare tool by a qualified I & A staff.

f) Client Assessment

- Applicants for services under this chapter shall be assessed utilizing the ICOA approved GetCare assessment instrument.
- HDM participants must be re-assessed within 12 months of the initial intake.
- If AAA has a waiting list make sure that I&A knows and assess participants based on the additional eligibility requirements, if there are any.
- A new eligible HDM participant should be provided a meal in no more than 5 business days of the completed assessment.

g) Licenses

AAA should ensure that all contracted Dietitians are licensed and documentation is available for review.

5. Funding

d) Program Budget

Each agency must provide to the Idaho Commission on Aging projections for the total number of consumers to be served in the following fiscal year, and total service units. These projections are to be provided annually during budget development.

e) In-Kind Match

- Service match should be requested from all non-profit organizations. The AAA can negotiate the required match amounts but should strive to receive 15%. 1/3 must come from State sources (OAA Section 304(d)(1)(D)).
- The known or estimated dollar amount of In-Kind Contributions should be reported to ICOA quarterly as indicated in the budget workbook.
- Volunteer time should be considered In-Kind Contributions when being recorded.
- In kind contributions must be from a third-party, verifiable and the record must show how the value of the in-kind contribution was determined.

Example for In-Kind contributions are:

- Volunteer services (a reasonable hourly rate applied to a volunteer's time multiplied by the number of hours he/she works). For example, advisory/grievance council members, kitchen help, servers, receptionist, HDM drivers.
- Donated time of employees from other organizations (salaries or positions must not be supported by Federal funds).
- Unpaid interns or fellows.
- Donated supplies and loaned equipment.
- Donated food from food banks, etc.
- Donated utilities.
- Donated or discounted space.
- Transportation services to and from nutrition sites, medical appointments, shopping trips, etc. provided from non-Federal sources.

Voluntary contributions meet the definition of Program Income 45 CFR 75.307

f) Program Income

Program income includes but is not limited to income from fees for services performed, the use or rental or real or personal property acquired under Federal awards, the sale of commodities or items

fabricated under a federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds.

- Program Income:
 - Fees collected for a workshop or conference
 - Proceeds from sale of goods
 - Cost share
 - Cash
 - Local grants or appropriations
 - Corporate contributions
- All monies from non-eligible participants payments towards a meal are program Income,
- Program Donations: the center has several different donation strings such as coffee donations, Bridge Player donations etc.....the center can utilize this towards their interests.
- Voluntary contributions may not be used as match.

If donations are made to the meal program these monies must be expended towards the meal program first.

Must be reported quarterly from the AAA to ICOA as indicated in the budget workbook.

g) Grants

This program is funded through Title III C 1 of the OAA, as appropriated annually by Congress.

h) Additional Funding

American Rescue Plan Act (ARPA), see guidance [here](#).

6. Implementation

a) Policies and Procedures

- Home Delivered Meal Program Compliance (TG.NU.01)
- Donated food program guidance (GU.NU.03.01)
- Eligibility Guidance (GU.NU.02)
- Voluntary Contributions (GU.NU.01)
- Prioritization Guide

AAA is responsible for developing the policies, procedures, guidance, and monitoring of local service providers.

(1) Program and Contingencies

- Each AAA has an emergency preparedness plan in place and will make sure that each contracted meal providers have one in place as well. The Idaho Commission falls under the Idaho Emergency

Support Function 6 (ID-ESF) # 6 and is requested to assist in all phases of the emergency management cycle if needed.

- **Third Party Home Delivered Meal Provider**

If a HDM provider cannot fulfill providing HDM for eligible clients for some reason then the AAA must be informed and the AAA must find a solution such as:

- Contract with Moms Meals, Home Style Direct or other meal providers
- Seek support from the nearest meal provider that may be able to cover those HDM
- Contract with a restaurant nearby to get approved HDM delivered
- Find volunteers to help deliver meals.

(2) Investigation

In case of suspected fraud or unusual financial situations, the AAAs must inform ICOA of their intentions related to investigation or review.

(3) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. ((OAA. Section 306. (A)(10) provide procedure for older individuals who are dissatisfied with or denied services)). Best practices include acknowledgement of receipt within two business days a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

(4) Quality Assurance

Meal sites should be provided with ongoing coaching, support and education.

- AAA staff should participate in ongoing professional development activities.
- Ensure that HDM assessment questions are filled out for accurate information.
- AAAs conduct nutrition satisfaction surveys every other year.
- Meal providers are required to send nutrition education materials to the HDM participants.
- To promote excellence in programing each AAA will facilitate mandatory in-person and/or virtual semi-annual meetings.

13. Outreach

a) Target Population

The programs authorized under OAA Title III-C provide HDM, which target the 60+ population with the greatest social and economic need – low-income minorities, rural communities, limited English proficiency, and risk of institutional care.

b) Frequency

It is preferred that nutrition education is provided monthly (via flyer, zoom, newsletter, e-mail, etc.)

c) Coordination

AAAs will provide education and outreach materials to the meal providers to distribute materials to eligible individuals to link them with appropriate services.

Each AAA will coordinate with the Idaho Foodbank (IFB) and Health and Welfare (H&W) to attend one AAA facilitated AAA/meal provider meeting /year. The IFB and H&W will present on other nutrition programs (food box program) for education and cooperation purposes.

AAAs will coordinate with other local entities for example health care clinics and hospitals.

d) Methods

Outreach can be done in-person, through letters, webinars, virtual meetings, newsletters, brochures etc.

e) Reporting

Each Dietitian must submit their outreach and review plan to the AAA for the new state fiscal year by July 1st. It is requested that the AAA will forward a copy to ICOA.

14. Campaigns

National campaigns provide a scheduled opportunity for the Aging Network to highlight individual programs across the state and in each community. This opportunity is an important priority, and every effort should be made for meaningful outreach and celebration.

a) Title and Month of Year

- Title III C 2, March Nutrition Month
- Malnutrition Awareness Week (one week in September or October)

b) Expectations

ICOA will meet minimum 90 days prior to campaign with the AAAs. As soon as the ACL toolkit is published the AAAs will start planning and developing their campaign. Each Area is required to fulfill 6 of the 9 suggestions that you can see below.

Activities:

- a. Press release
- b. Proclamations
- c. Social media
- d. Blog articles
- e. Letters to the editor
- f. Classes and demonstrations
- g. Radio and TV interview shows
- h. Email signature
- i. Vendor presence at meetings or celebrations

15. Consumer Information

a) Data Requirements

All data requested in the HDM assessment must be filled in for maximum accuracy.

Each AAA staff assessing participants must be trained and made accountable for their decisions towards the eligibility and frequency of meals a participant is assigned.

b) Data Reporting

Monthly:

- Each AAA must report in GetCare how many meals were served and who received them.
- AAA Nutrition Invoices must be submitted to ICOA by 25th
- Nutrition Education must be reported in the Data Base.
- Nutrition Counseling must be reported in the Data Base.
-

Yearly:

- AAA must submit an outreach plan for the following SFY showing when AAA will do onsite visits at each meal providers by end of June each SFY.
- FFY end meal count must be reported in GetCare by November 1st.

General:

- AAA must invoice ICOA actual meals served.
- AAAs invoice must match data very closely with the data provided in GetCare.
- Changes in site coordinators: Contractor going out of business, change in site coordinator, address changes, additional waitlist requirements, waitlist, challenges, complaint and compliance issues, termination. AAAs must report to ICOA program specialist ideally as soon as the information is uncovered.

16. Service Providers

a) Required Training

AAAs must train new meal site coordinators on the meal site coordinator training in the first 3 months. All other available nutrition trainings need to be conducted with the meal site coordinators and/or their staff in the first 6 months. Trainings can be conducted via zoom or in person. It is mandatory for the service providers to participate in the trainings below.

- Meal Site Coordinator Training
- Dietitian Training
- Check in Clerk Training
- Kitchen Staff Training

- Home Delivered Meal Driver Training

b) Certifications

The following certifications should be displayed or immediately available upon request:

- Valid permit to operate a food service.
- 501©(3) non-profit Status.
- Food Safety Protection Manager Certification: Beginning July 1, 2018, at least one EMPLOYEE that has supervisory and management responsibility and the authority to direct and control FOOD preparation and service shall be a CERTIFIED FOOD PROTECTION MANAGER who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM. (2-102.12 CERTIFIED FOOD PROTECTION MANAGER – IDAPA 16.02.19.210.03 (A)).
- Health District Inspection.

c) Monitoring

AAAs should utilize tools to monitor meal site performance and outcomes related to serving those most at risk, controlling costs to meet service requirements, adherence to all applicable laws and standards, and data integrity, accuracy, and timeliness.

AAAs should provide regular education and support to meal site staff and Board of Directors to ensure that:

- Meal Providers understand eligibility requirements.
- Meal Providers are committed to serving those most in need.
- Meal Providers understand budgeted parameters and their implications related to service delivery.
- Meal Providers demonstrate accurate and timely invoices.
- Meal Provider informs the AAA of wait list status on an ongoing basis.
- Meal Providers demonstrate on time submission of menus to the Dietitian.
- Monthly, each meal site will report if participant status has changed (LTC, Moved, Deceased etc.).
- All records such as bills, receipts and reports etc. must be kept for minimum of seven years and made available to AAAs and /or ICOA upon request.

17. Program Monitoring and ICOA Reviews

a) AAA Program Supervisor/Lead

The AAA must monitor the nutrition budget, and proactively inform ICOA of projected budget shortfalls. Budget parameters that should be monitored include current number of clients, meal reimbursement rate, number of meals served per client, and average attrition rate. The AAA will have a budget meeting with ICOA Nutrition Program Specialist in December and May.

- All HDM participants must be re-assessed every 12 months through the GetCare toolkit.

- AAA is responsible to promote and motivate meal sites to collect the information.

b) Program Evaluation

Program evaluation is based on achievement of assigned/planned outcomes, and adherence to expected federal and state standards. At each November Board meeting the nutrition program specialist will present statistics and data representing the evaluation of each AAA. During the program specialist's evaluation process request for documentation might include:

- Data/Statistic reports
- Quality Assurance report
- After action reviews
- Complaints and compliance issues
- Waitlist information
- Request for interviews with AAA Director, Nutrition Staff/Contractor, Meal Provider coordinators and board members.

c) Annual Program Review

Full ICOA compliance reviews will be performed as described in Section H of General Standards (Oversight and Reviews of AAA Operations).

d) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the monthly nutrition meetings. We encourage the AAAs to also use after action reviews with their meal providers as a quality improvement tool. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

18. Program Flexibility

ICOA may allow flexibility for service delivery to be granted during unusual/emergency situations.

D. Nutrition Services Incentive Program

The purpose of this program is to provide incentives to encourage and reward effective performance by States in the efficient delivery of nutritious meals to older individuals.

NSIP is funded by a Congressional appropriation to the ACL. State Units on Aging (SUAs) receive OAA allocations for nutrition services for Title III C1 (congregate), Title III C2 (home-delivered), and NSIP. Of these allocations, NSIP is about 16 percent of total OAA nutrition services funding before transfers among Titles III B and C occur.

NSIP allocations may only be used to purchase domestically produced food such as milk, fruit, vegetables, protein products, etc. that are used in a meal. NSIP allocations may not be used to pay for administration or other nutrition services such as education or counseling. NSIP allocation may not be used to buy bags of groceries for program participants. Bags of groceries do not constitute a meal.

NSIP allocations may not be transferred because they are not a part of Title III B, III C, III D, or III E.

ICOA will only reimburse NSIP to not for profit meal providers. For the profit entities are not eligible to receive NSIP.

NSIP meals are reported on the regular State Program Report (SPR) for the states. The details on how to report are provided at <https://oaaps.acl.gov/Resources/iiiServicesRes>.

SUAs determine how the number of meals are reported at the sub-state level.

The funding formula for NSIP is based on the total number of eligible meals served by a state or territory in proportion to the total number of eligible meals served by all states and territories in the prior federal fiscal year. If a state or territory serves proportionally more meals than other states or territories, that state or territory receives a higher allocation which is in keeping with the incentive purpose of NSIP.

The SUA receives a notice of grant award after the number of meals is reported through the SPR. The SUA determines how to distribute the funding at a substate level.

On behalf of the State agency with a plan approved under this title for a fiscal year ICOA will allot and provide an amount based on eligible meals served the prior fiscal year based on following:

- Each AAA's prior year's home-delivered meals and congregate meals served are totaled.
- All AAAs' meal counts are added to total the number of meals served in the State.
- The total meal count for each AAA is divided by the total meal count for the State to establish each AAA's funding ratio.
- Each AAA's funding ratio is multiplied by the State's NSIP allocation to determine each AAA's NSIP allocation.

If a meal provider did not serve any meals in the prior year, but applied to be a new grantee, it could benefit estimating the meals served which states in the application approved.

All non-profit meal providers receive cash in lieu.

All AAAs must enter all eligible meals for the FFY latest by October 31st in the database and must notify ICOA of any changes that must be done afterwards.

The NSIP money is a pass through. It must be distributed equitably to all meal providers by 30 days after the allotment is received by the AAA from ICOA.

The requirements for NSIP are stated in Section 311 of the OAA. There are no other requirements by any other federal agency.

NSIP allocations are available to states that provide nutrition services in adherence to the requirements of the OAA which include:

- Serving meals to an individual who is eligible to receive services under the OAA;
- Serving meals to an individual who has not been means-tested to receive services;
- Serving meals that meet the requirements of the OAA including meals that meet the Dietary Guidelines for Americans and Dietary Reference Intakes as indicated in OAA Section 339;
- Serving meals to individuals who have been provided the opportunity to contribute to the cost of service; and
- Are served by an eligible agency, i.e. an agency that has a grant or contract with a SUA or Area Agency on Aging.



E. Focus Area – Commodity Supplemental Food Program

To view the most current CSFP manual visit: <https://aging.idaho.gov/stay-at-home/commodity-supplemental-food-program/>



F. Focus Area – Consumer Direction

*Note: Consult the most current material provided through the demonstration project.

G. Focus Area – Homemaker



1. Program/Organizational Structure

a) Staffing Resources

It is expected that the AAAs provide adequate resources to oversee and manage this program to meet all outcomes and standards. Services are provided through contracted providers or, once established, the consumer directed option.

2. Responsibilities

a) ICOA Responsibilities

ICOA will:

Hold quarterly meetings with an educational component.

Represent Idaho's homemaker interests at the state and national level.

Implement Project Improvement Plans.

Perform environmental scans, passing relevant information to AAA staff.

Review, monitor, evaluate and comment on Federal, State and local plans, budgets, regulations, programs, laws, levies, hearings, policies, and actions which affect or may affect older individuals and recommend any changes in these which the State agency considers to be appropriate.

Provide technical assistance to agencies, organizations, associations, or individuals representing older persons.

b) AAA Responsibilities

Contract with responsible, licensed organizations to provide quality services.

Monitor contracted service providers to ensure they are fulfilling contracted obligations and following defined guidelines.

Develop and Maintain Budget.

3. Program Foundations

a) Purpose and Goals

(1) Purpose

The Purpose of the homemaker program is to maintain independence and dignity, prevent institutionalization and remedy harmful living conditions.

Types of Services Performed

Homemaker services include, but are not limited to, the following activities:

- General housekeeping

- Essential errands (grocery shopping, picking up prescriptions)
- Laundry services
- Meal preparation
- Washing dishes
- Making and changing of beds

Exclusions:

Homemakers shall not perform the following services:

- Transportation. Homemakers shall not transport a client.
- Medical Judgments. Homemakers shall not make medical judgments or any determinations regarding the application of advance directives and no passing of medication.
- 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.

(2) Goals

- To secure and maintain in a home environment the independence and dignity of clients who are capable of self-care with appropriate supportive services
- To avoid or delay placement into long-term care institutions.
- To promote the health and safety of the client.
- To assist the client through a crisis situation, if the homemaker service(s) required meet the client's needs and can be provided within the guidelines set forth in these rules.

b) Eligibility

Eligibility for the Homemaker program is determined through the homemaker assessment in GetCare.

Potential clients must be sixty (60) years of age or older with a functional ability score of 14 or higher to be eligible for services. Only one person per household may be enrolled in the homemaker program.

Clients qualify to receive homemaker service if:

1. They have been assessed to have ADL or IADL deficits which inhibit their ability to maintain their homes.
2. There are inadequate formal or informal supports.
3. Homemaker service is needed to improve the client's safety at home or to enhance the client's use of existing facilities in the home.

Once approved, clients shall be prioritized to receive homemaker services based on their needs, as determined through the completion of the ICOA approved GetCare assessment instrument.

Highest priority of service is determined as follows:

- The greatest degree of functional or cognitive impairment. This is determined using the Functional Ability Score on the GetCare assessment.
- Clients lacking other formal and/or informal support.
- Homemaker service is needed to improve the client’s safety at home or to enhance the client’s use of existing facilities in the home.
- If homemaker services are to be provided, the income declaration shall be completed prior to any work being performed. If the client is not eligible for AAA services, appropriate referrals to other community groups should be made.
- Those receiving similar services through Medicaid or other publicly funded sources are not eligible for this service.

4. Funding

a) Program Budget

The AAA will be responsible for budgeting and monitoring Title IIIB funding. The AAA will be responsible for leveraging additional resources to maximize available IIIB funds for this program.

The consumer directed model is the preferred method of service delivery for Homemaker due to the efficient use of the program budget. Please consult with ICOA program specialist on appropriate timeline for launching the consumer direction model in each AAA.

b) Additional Funding

Additional funding is currently available through the American Rescue Plan Act (ARPA), see guidance on [ICOA website under Resources tab, TG.AD.13.3](#)

Any additional funds must be reported to ICOA on annual fiscal report.

Cost Sharing Payments

- Poverty Guidelines. Clients whose income exceeds one hundred percent (150%) 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 the ICOA variable fee schedule.
- Determination. Cost share 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.
- Collection of Cost Sharing Payments. The provider is responsible for collecting the cost share from clients.
- 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 services for which they were collected.

Voluntary Contributions

- If not cost sharing, individuals must be given the opportunity to contribute to the cost of service, but no one can be denied service due to inability or unwillingness to contribute. All voluntary contributions shall be used to offset the cost of providing homemaker services.

5. Implementation

Service Plan

A client shall be contacted by the provider within five (5) days upon receipt of approval for service by the AAA. The provider will designate one point of contact to receive incoming referrals and updated Homemaker services allocations, and to acknowledge and respond (in writing) to correspondence. If the provider fails to return the referral form within the five-day period, the client may select another service provider.

- If the provider is unable to provide service and misses two consecutively scheduled days, the AAA shall be notified within three business days of the second missed day. If unable to provide service on the third consecutively scheduled day, Information and Assistance will be notified in writing within three business days of the third missed day.
- Any change that impacts client service must be discussed jointly by the Provider and a representative of Information and Assistance. Changes include, but are not limited to, staffing difficulties, scheduling problems, conflicts between client and provider personnel.
- The homemaker is required to document each client visit, noting the tasks accomplished, the beginning and ending time of each visit, and any changes in client condition or circumstances.
- The client, or in-home family caregiver of a client with dementia, will verify the service units and timelines of each visit by signing the documentation.
- Assure that all services funded under this part are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources.

Accommodations

- Accommodations for Geographic Inaccessibility. All providers shall make and document efforts to locate and hire a part-time worker to meet the client service need.
- Accommodations for Language. All providers shall make reasonable accommodations to work with persons who speak a language other than English.
- Cultural Accommodations. All providers shall make reasonable accommodations for cultural differences and take them into account when delivering services.
- Accommodations for Disabilities. All providers shall make reasonable accommodations to work with persons who have vision or hearing impairments or other disabilities.

a) Policies and Procedures

(1) Complaints

Serious allegations or complaints should be directed to the AAA Director and internal policies should be followed. Internal policies must be in alignment with OAA grievance standards. Best practices include acknowledgement of receipt within two business days and a written response within seven (7) business days. ICOA should be notified concerning issues that may produce client harm, legal liability, negative publicity, or damage to the Aging Network's reputation.

Denial or Termination of Service. AAAs shall develop fair and impartial hearing procedures and provide an opportunity for a hearing for any individual who is denied or terminated from a service.

6. Outreach

a) Target Population

Effective outreach will partner with public and private organizations, service providers, representatives from the business community, hospitals and clinics, providers of veteran's health and the public. Ideas for outreach include Press Releases, Webinars, social media, television promotions, news articles, community events etc. Outreach should be completed minimally on a quarterly basis.

To evaluate the effectiveness of outreach services each AAA shall annually review program data that illustrates the level of success in reaching older adults that have the greatest economic or social need.

7. Consumer Information

a) Data Requirements

Consumer demographics collected will include age, ethnicity, gender, urban or rural, minority status, poverty status, and race.

A unit of service equals one hour, or fraction thereof in quarter hour increments, in service to the client. Travel to and from the client's home to provide homemaker service is not included in service unit measurement.

Mandatory information includes service units, number of service providers, program income and program expenditures.

b) Data Reporting

The AAAs will enter all Title III-B data by the 25th day of the following month.

Hours

Best practice utilizing agency homemaker service is to provide a minimum of 4 – 6 hours of assistance per month.

If agency providers are unavailable, increased referrals should result in a waiting list, not decreasing hours for previously enrolled consumers.

8. Service Providers

a) Required Training & Supervision

All homemakers shall receive an employee orientation from the provider before performing homemaker services. Orientation shall include the purpose and philosophy of homemaker services, review of homemaking skills, program regulations, policies and procedures, proper conduct in relating to clients, and handling of confidential and emergency situations involving a client. Homemaker supervisors shall be available to homemakers during work hours to discuss changes in client's circumstances, to resolve problems with schedules, or to respond to emergencies.

- In-Service Training: Providers shall annually provide service workers with a minimum of ten (10) hours training, for the purpose of upgrading their skills and knowledge.
- 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 clients' circumstances, to resolve problems with schedules, or to respond to emergencies.

b) Monitoring

Every other year each AAA shall conduct, at 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 ICOA. Such reviews shall be on file for ICOA review.

9. Program Monitoring and ICOA Reviews

a) After Action Review

ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the monthly homemaker meetings. We encourage the AAAs to also use after action reviews as a quality improvement tool. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).



H. Focus Area – Chore

1. Program/Organizational Structure

a) Staffing Resources

It is expected that the AAAs provide adequate resources to oversee and manage the program to meet all outcomes and standards. Services are provided through contracted providers, or once established, the consumer directed option.

2. Responsibilities

a) ICOA Responsibilities

ICOA will:

Hold quarterly meetings with an educational component.

Represent Idaho’s homemaker interests at the state and national level.

Implement Project Improvement Plans.

Perform environmental scans, passing relevant information to AAA staff.

Review, monitor, evaluate and comment on Federal, State and local plans, budgets, regulations, programs, laws, levies, hearings, policies, and actions which affect or may affect older individuals and recommend any changes in these which the State agency considers to be appropriate.

Provide technical assistance to agencies, organizations, associations, or individuals representing older persons.

b) AAA Responsibilities

Contract with responsible, licensed organizations to provide quality chore services.

Monitor contracted service providers to ensure they are fulfilling contracted obligations and following defined guidelines.

Develop and Maintain Budget.

3. Program Foundations

a) Purpose and Goals

(1) Purpose

The purpose of the Chore program is to keep seniors sixty (60) years of age or older safely in their own homes, to prevent or delay admission to an institution and to assist in maintaining dignity, independence, and remedy potentially harmful, unsanitary or unsafe living conditions.

b) Eligibility

Eligibility for the Chore program is determined through the Homemaker assessment in GetCare. Potential clients must be sixty (60) years of age or older and score 14 or higher to be eligible for services.

Service Eligibility

Clients qualify to receive chore service if:

1. They have been assessed to have ADL or IADL deficits which inhibit their ability to manage minor home repairs, seasonal yard tasks or heavy cleaning.
2. There are inadequate formal or informal supports. Formal services provided shall enhance any available informal supports.
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.

Highest priority shall be given to clients:

- The greatest degree of functional or cognitive impairment.
- Clients lacking other formal and/or informal supports.

If the client is not eligible for AAA services, appropriate referrals to other community groups should be made.

Those receiving similar services through Medicaid or other publicly funded sources are not eligible for this service.

c) Scope of Service

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.

Chore service should be delivered to individuals who reside in their own homes or who occupy individual rental units. Tasks may include yard work or sidewalk maintenance in addition to heavy housework. For those individuals who rent housing, repairs or maintenance that are contractually the responsibility of the property owner shall not be provided.

Yearly Cost Reimbursement Limits Per Client

1. Household Maintenance
 - a. pest Control
 - b. trimming of shrubbery
 - c. trimming of trees
 - d. clearing of debris
 - e. fall or tripping hazards
2. Minor household maintenance gutter cleaning
 - a. change lightbulbs

- b. deck or rail repair
 - c. heavy cleaning
 - d. fireplace cleaning
 - e. minor roof leak repairs
 - f. minor plumbing repairs
 - g. minor heating and cooling repairs
3. Minor Construction:
- a. handrails
 - b. construction contractors must have a public works license
 - c. construction contractors must have a performance and payment bond

d) Licenses

Applicable services such as HVAC, Plumbing, Electrical etc. should be performed by a licensed professional, or in line with local regulations. Appropriate permits must be acquired prior to work being initiated. Any applicable inspections are the responsibility of the homeowner.

Contractor Requirements

- The contractor will be required to provide a before and after picture. All pictures must be submitted with the invoice before payment can be issued.
- Contractor must warranty all work for up to 60 days.
- The Contractor is required to have a minimum \$1,000,000 General liability policy.
- The Contractor is required to have Workers Compensation as required by Idaho Law.
- Not be debarred by the Federal Government.
- The Contractor must adhere to all applicable licenses that are required by federal, state, and/or local laws are valid and kept current for any and all personnel that are charged with the performance of any of the duties within the scope of work in this contract.
- The Contractor must furnish all labor, equipment, supplies, tools, and materials required to safely and effectively perform the required tasks.
- The Contractor and all personnel must be qualified and trained in industry-standards techniques and procedure.
- Contractor's personnel must behave in a professional, respectable, and responsibly manner while they are performing chore tasks for the ICOA.
- The ICOA may require that the Contractor remove personnel and replace them with adequately trained responsible individuals.
- Services must be conducted during normal daytime hours. After hours and weekend work require the approval of the client and ICOA.
- Any costs involved with the use of the landfill will be the Contractor's responsibility.

4. Funding

a) Program Budget

AAA will be responsible for budgeting and monitoring Title IIIB funding. AAA will be responsible for leveraging additional resources to maximize available IIIB funds for this program.

The consumer directed model is the preferred method of service delivery for Chore due to the efficient use of the program budget. Please consult with ICOA program specialist on appropriate timeline for launching the consumer direction model in each AAA.

b) Additional Funding

American Rescue Plan Act (ARPA), see guidance on [ICOA website under Resources tab, TG.AD.13.3](#)

Cost Sharing Payments

- Poverty Guidelines. Clients whose income exceeds one hundred percent (150%) 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 the ICOA variable fee schedule.
- Determination. The amount of cost share payment may be waived by AAA 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.
- Collection of Cost Sharing Payments. The provider is responsible for collecting the cost share from clients.

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 services for which they were collected.

Voluntary Contributions

If not cost sharing, individuals must be given the opportunity to contribute to the cost of service, but no one can be denied service due to inability or unwillingness to contribute. All voluntary contributions shall be used to offset the cost of providing the services for which they were collected.

5. Outreach

a) Target Population

Effective outreach will partner with public and private organizations, service providers, representatives from business community, hospitals and clinics, providers of veteran's health and the public. Ideas for outreach include Press Releases, Webinars, social media, television promotions, news articles, community events etc. Outreach should be completed at minimum on a quarterly basis.

To evaluate the effectiveness of outreach services each AAA shall annually review program data that illustrates the level of success in reaching older adults that have the greatest economic or social need.

6. Campaigns

a) Title and Month of Year

Energy Awareness, November.

b) Expectations

All AAAs are encouraged in the month of November to promote weatherization programs to their clients and community. Although this is not a mandatory ICOA campaign, ICOA will provide tools to promote these events that may include press releases, social media posts, blog articles, examples of letters to the editor and additional information surrounding media relations.

7. Consumer Information

a) Data Requirements

Consumer demographics are reported for Title III-B registered services

Register and enroll eligible clients in GetCare using the following data elements, Age, Ethnicity, Gender, Urban or Rural, Minority Status, Poverty Status, Race, Relationship, ADRD Caregiver.

Mandatory information includes service units (reported per hour), number of service providers, program income and program expenditures.

b) Data Reporting

The AAAs will enter all Title III-B data by the 25th day of the following month.

8. Program Monitoring and ICOA Reviews

a) Annual Program Review

Full ICOA compliance reviews will be performed as described in Section H of General Standards (Oversight and Reviews of AAA Operations).

b) After Action Review

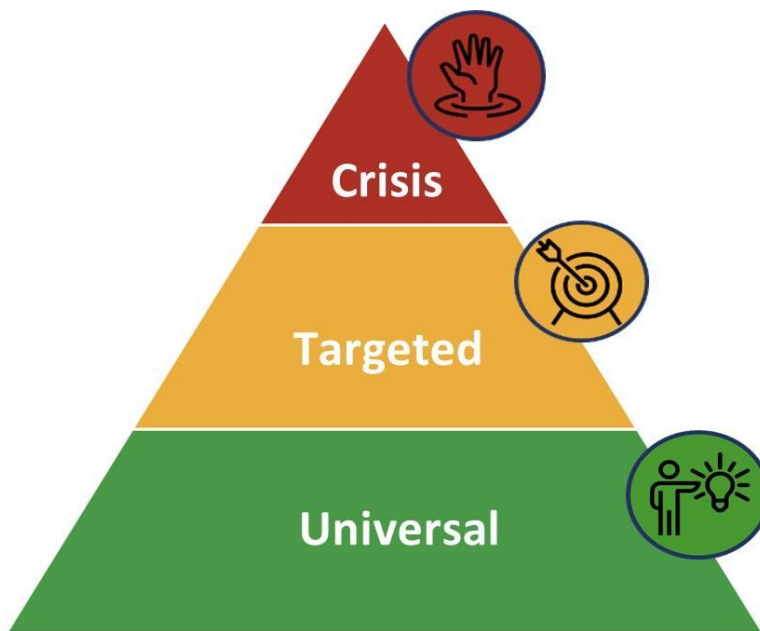
ICOA will use the after-action review as a learning tool after planned events or unusual situations. After Action reviews results will be discussed in the next scheduled meeting. We encourage the AAAs to also use after action reviews as a quality improvement tool. Instruction and use of AAR as a tool is available in ICOA's planning online education course located on the [ICOA website](#).

CRISIS PROGRAM and SERVICE STANDARDS



APS services given high priority and dedicated State funding. Focus is on the APS clients and client/caregiver dyad who are tracked together within the RTZ system. State funds provide maximum flexibility to tailor interventions for unique circumstances. Federal funds may enhance sustainability in the future.

The APS client/caregiver should also be referred into targeted services if they qualify for federally funded OOA programs.



VII. CRISIS PROGRAM and SERVICE STANDARDS



● Crisis Programming

A. Focus Area –Legal Assistance

1. Purpose and Goals

a) Purpose

The Idaho Legal Assistance Program provides important assistance for older persons in accessing long-term care options and other community-based services. Legal services also protect older persons against direct challenges to their independence, choice, and financial security.

b) Goals

To strengthen Idaho’s system of legal assistance for older adults through providing quality and quantity of legal and advocacy assistance.

Target legal assistance services to older individuals with economic or social needs with the intent to have a clear and direct positive impact on the ability of older persons to stay independent in their homes and communities, support elder rights as a gateway to community-based living, with optimized choice and individual autonomy, for as long as possible.

2. Responsibilities

a) ICOA Responsibilities

ICOA provides for the coordination of the furnishing of legal assistance to older individuals within the State and provides advice and technical assistance in the provision of legal assistance to older individuals within the State and supports the furnishing of training and technical assistance for legal assistance for older individuals.

ICOA provides an individual known as the Idaho State Legal Assistance Developer (LAD), and other personnel, sufficient to ensure State leadership in securing and maintaining legal rights of older individuals.

b) AAA Responsibilities

Area Agency on Aging:

- Must fund legal assistance as it is one of the three priority categories of priority service identified for Title IIIB funds.
- Must budget and expend no less than 3% of Title IIIB funds for legal services.
- Will enter contract with Idaho Legal Aid as a sole source to deliver legal assistance. Idaho Legal Aid will be used as a sole source unless another entity is identified as best able to provide the needed services.

- Must give priority service to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.
- Must attempt to involve the private bar in furnishing services on a pro bono and reduced fee basis.

3. Consumer Information

a) Data Requirements

Information of Legal Services will be collected and reported in accordance with Title III State Performance Report requirements.

b) Data Methods

Idaho Legal Aid collects the required information from all legal assistance clients. This information is transferred to ICOA for inclusion in the Title III State Performance Report annually.

c) Data Reporting

ICOA submits reportable information through the Title III State Performance Report annually.



B. Focus Area – Ombudsman

All current Ombudsman standards remain in effect and the Ombudsman section will be available by Fall of 2022. An email notification will be sent when available on the ICOA website.

1. Program/Organizational Structure

Federal and State laws charge the Office of Idaho State Long-Term Care Ombudsman (OISLTCO) with the duty to investigate and resolve complaints and concerns made by or on behalf of residents of long-term care facilities. The OISLTCO shall be headed by an individual known as the State Long Term Care Ombudsman (SLTCO).

The SLTCO, as head of the Office, shall have responsibility for the leadership and program management of the State Long Term Care Ombudsman Program (SLTCOP) in coordination with Idaho Commission on Aging (ICOA), Area Agency on Aging (AAA) and Local Ombudsman who carry out the Ombudsman program.

Idaho's Long-Term Care Ombudsman Program consist of one SLTCO situated within the ICOA, and 6 Ombudsman programs contracted with and located within the (AAA).

AAAs shall employ a minimum number of full time (FT) equivalent local ombudsman as follows: (AAA 1)2FT, (AAA 2)1FT, (AAA 3)5FT, (AAA 4)2FT, (AAA 5)1FT, (AAA 6)1FT & 1PT.

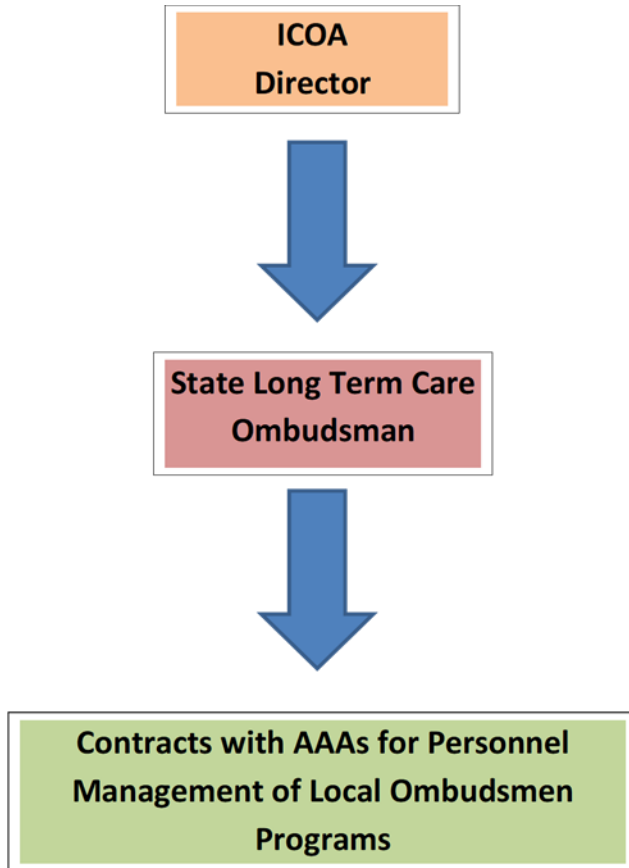
a) Staffing Resources

It is recommended that each AAA Ombudsman Program have at minimum two deep certified ombudsman staffing which consist of a Certified Long Term-Care Ombudsman Program Manager and additional Certified Ombudsmen Staff to provide for uninterrupted access of residents of long-term care facilities. Uninterrupted access means availability Monday through Friday during regular business hours except for federal holidays and weekends. An exception would be to work on weekends or evenings to investigate when a complaint driven investigation visit is necessary due to an open complaint.

If it is not possible for a AAA to have two deep certified ombudsmen staffing, it is required that the AAA establish a Memorandum of Understanding (MOU) with another Idaho AAA to provide the requirements outlined within the ICOA Operations Manual for the ombudsman program. The MOU will need to be activated in writing by the director if the AAA ombudsman program is unable to provide access to ombudsman services for more than 5 consecutive business days to respond to complaints and perform ombudsman responsibilities.

AAA Ombudsman programs are highly encouraged to maintain and operate a volunteer program to assure continued access to long term-care residents and facility visitation.

b) Org Chart



2. Responsibilities

a) ICOA Responsibilities

ICOA will carry out a SLTCOP through the establishment of the OSLTCO in accordance with OAA Sections 711 and 712, 45 CFR 1321.11 and 1324.15, IC 67-5009. ICOA will ensure that the SLTCO Office is located within, or connected to ICOA and shall:

- Expend no less than the amount expended with funds received under OAA Section 307 and Section 712 in fiscal year 2019;
- Hire a full-time State Ombudsman with the necessary background as outlined in 45 CFR 1324.11, to head the Office);
- Ensure that the State Ombudsman shall be a classified State employee subject to Chapter 53, Title 67, Idaho Code.

OSLTCO ensures and maintains consistent quality services to Long Term-Care (LTC) residents by providing the Local Long Term Care Ombudsman Program (LLTCOP) with policy, direction, technical assistance, program and fiscal monitoring, oversight, and ongoing training for LLTCOP Managers.

ICOA is responsible to ensure that residents of Long-Term Care Facilities and Residential Care Facilities in the state have access to ombudsman services to protect the health, safety, welfare and rights of residents. The Long-Term Care Ombudsman:

- Identify, investigate, and resolve complaints that:
 - Are made by, or on behalf of residents;
 - Relate to action, inaction, or decisions, that may adversely affect the health, safety, welfare, or rights of residents (including the welfare and rights of residents with respect to the appointment and activities of guardians, representative payees and other resident representatives) of:
 - Providers, or representatives of providers, of long-term care;
 - Public agencies;
 - Health and social service agencies.

(1) Administration of the Program

ICOA shall administer the Ombudsman Program through contracts with AAAs who will execute Area Plan assurances that it will contract to directly provide a Local Ombudsman program to carry out the duties of the Idaho LTCO program CFR 1324.17 and 1324.19., OAA 711 and 712.:

- The State Ombudsman will provide programmatic direction and oversight to the local ombudsman entities related to Ombudsman program duties and responsibilities, but shall not provide personnel management, but shall participate in the interviewing and selection of local Ombudsman. In situations where personnel and programmatic policies overlap programmatic policies and procedures take precedence.
- The AAA ensures that the local LTCOP meets the goals and objectives outlined in the ICOA Operations Manual (OM) and the AAA Area Plan and that LTC residents within the Program Service Area (PSA) have access to Ombudsman services through quarterly facility visits, complaint visits and investigation, resident council participation and consultation. The AAA assures that conflict of interest and requirements of the OAA, CFR and current Area Plan contracts are maintained.
- The AAA shall comply with all Federal and State regulations, Rules, Policy and procedure referred to in the OM.

(2) Ethics

AAA Ombudsman programs shall adhere to the Ombudsman Code of Ethics (See attachment)

b) AAA Responsibilities

(1) Personnel Management

In accordance with procedures and standards developed by OSLTCO and ICOA, the AAA is responsible for the personnel management of the contracted local LTCOP.

The AAA shall be responsible for the personnel management of ombudsman program staff. Personnel management by AAAs consist of:

- Oversight of compliance with host agency policies that do not restrict an ombudsman from performing official duties to include:
 - Unrestricted program related travel
- Timesheet, attendance, and related
- Determining salary and benefits
- Assigned workspace and equipment
- The function of employment, employee development and compensation, but not the programmatic oversight, of Local Ombudsmen, including employee and volunteer representatives of the Office. The State Ombudsman will be solely responsible for certification and providing programmatic direction to the Local Ombudsman Program and in situations where personnel and programmatic policies overlap, programmatic policies and procedures take precedence.

The AAA shall:

- Monitor annual ombudsman program goals with the ombudsman program manager that are reflective of the annual ombudsman program analysis and needs assessments, AAA Area Plan, the requirements of the State Operations Manual and the State Plan;
- Notify the State Ombudsman immediately of any vacancy or intent to hire paid staff in a Local Ombudsman program;
- Involve the State Ombudsman in each interview to select a paid Local Ombudsman;
- Each AAA shall require the qualifications listed in the Ombudsman job descriptions for Local Ombudsmen (see attachment).
- Screen the potential hire for conflict of interest prior to completing the initial interview by ensuring that they successfully complete a “Conflict of Interest” form located in the appendices. Provide a copy of the COI to the State Ombudsman. The State Ombudsman may at any time, request the Local Ombudsman entity perform a conflict-of-interest screen;
- Assure that individual and organizational Conflicts of Interest are removed or remedied; and
- The AAA must allow the Local Ombudsman, with permission from the State Ombudsman, to work outside normal business hours to carry out duties of the Ombudsman program.
- The AAA shall not have personnel policies or practices which prohibit Local Ombudsmen from performing their duties, or from adhering to the access, confidentiality and disclosure requirement of section 712 of the OAA and policies and procedures of the Office.
- Provide travel funds for Local Ombudsmen to carry out activities related to their duties.

The AAA has a responsibility to ensure:

- That the Ombudsman Program Manager has the fiscal training, access to financials and support to meet the requirement to monitor the ombudsman budget and expenditures for the AAA ombudsman program;
- Adequate staffing to provide uninterrupted access for residents, and resident representatives to advocacy, complaint resolution, consultation, education to staff and community, quarterly facility visitation, complaint visits, and all other required responsibilities. Outlined in the ICOA Operations Manual;
- Adequate legal representation for AAA Ombudsman staff and volunteers against whom suit, or other legal action is brought or threatened to be brought in connection with the performance of the official duties.
 - Provide proof of legal representation for Ombudsman and volunteers to the SLTCO, against whom suites or other legal action is brought or threated as part of the annual desk top review;
- Equipment and services to meet program needs;
 - Computer, printer, secure fax, work cell phones, projector, laptops/tablets, telecommunication platform, hot spot Wi-Fi;
 - Private office/seating for confidential communications,
 - Transportation or gas reimbursement for travel for Ombudsman;
 - Funds to operate a volunteer program;
 - Program outreach materials.

Nothing in this provision shall prohibit the host agency from requiring that the representatives of the Office adhere to the personnel policies and procedures of the agency which are otherwise lawful and does not interfere with the requirements of the functions of the ombudsman program.

When the State Ombudsman observes concerns related to the ombudsmen's performance through program reviews and complaints received by the State Ombudsman, the State Ombudsman will notify the AAA Director regarding what action needs to be taken.

Policies, procedures and practices, including personnel management practices of the host agency, which the Ombudsman determines conflict with the laws or policies governing the Ombudsman program shall be sufficient grounds for the refusal, suspension, or removal of the designation of local Ombudsman entity by the Ombudsman.

The local LTCO is designated by the SLTCO to carry out the functions of the program in the PSA. The local LTCOP provides day-to-day services to protect the health, safety, welfare, and rights of residents of LTC facilities. The local LTCOP is responsible for ensuring that residents of LTC facilities have regular and timely access to Ombudsman services.

Although local LTCOP staff are employed by the AAA , they are designated representatives of OSLTCO and receive programmatic direction and oversight from OSLTCO. The local LTCOP maintains regular communications with OSLTCO and the AAA.

The local LTCOP must notify OSLTCO of cases with potential legal implications or media exposure, issues that may have the potential for statewide impact, and when there is an impending evacuation, facility closure or relocation of LTC facility residents.

(2) Employee Qualifications

- Local Ombudsmen (OAA section 712(a)), 45 CFR 1324.13(b), IC 67-5009, IDAPA 15.01.03)
 - Job Description (See attachment)
 - Demonstrate the ability to carry out the responsibilities of a LTCO;
 - Have a bachelor’s degree or equivalent;
 - Have a minimum of one year’s experience working with the elderly;
 - Have the ability to effectively communicate verbally and in writing;
 - Have knowledge of long-term care issues and resources;
 - Demonstrate the ability to interpret and apply relevant local, state and federal laws, rules, regulations, and guidelines;
 - Demonstrate ability to work independently;
 - Demonstrate skill in interviewing techniques;
 - Demonstrate ability to collect data, conduct interviews and to form conclusions;
 - Pass an FBI criminal background check if has lived in Idaho for less than 3 years, or state background check if lived in Idaho more than 3 years;
 - (45 CFR 1324.21, IDAPA 15.01.03) Shall be free of conflicts of interest;
 - (45 CFR 1324.13(c)) Complete the training requirements outlined in this manual;
 - Complete a minimum of 18 hours of continuing education annually between October 1, and September 30,(45 CFR 1324.13(c));
 - May not serve as an Ombudsman outside his/her assigned area unless permission is granted by the State Ombudsman;
 - After successful completion of all aspects of training, may be certified by the State Ombudsman.

(3) Staffing

Ombudsman Program Manager

Ombudsman Manager shall be responsible for the implementation of the State Operations Manual by the representatives of the office and ensure all requirements set forth in Section 712 OAA, 45 CFR 1324.19 and the ICOA Operations Manual are met.

In Coordination with the AAA and OSLTCO interviews, hires staff and oversees the ombudsman volunteer program.

Manages the AAA ombudsman program's daily activities and ensures that all program requirements are achieved. Should the AAA only have one ombudsman staff in the program, that staff shall act as the Ombudsman Program Manager and;

- Acts as a primary contact to the State Ombudsman.
- Ensures uninterrupted access to services.
- Participates as an active certified ombudsman fulfilling ombudsman program responsibilities.
- Ensure that access to ombudsman services is provided within 5 business days unless it is a priority issue (eviction, abuse, neglect, exploitation or refusing to allow to return to the facility) which would require a 1 business day response during work weekdays.
- Assign's or oversees ombudsman program staff and volunteer visitation assignments and ensures facility coverage for facility visits and complaints when staff and volunteers are unavailable due to vacation, leave, sick days or termination of staff or volunteer.
- Monitor Ombudsman Program staff's documentation in Idaho Get Care (RTZ) quarterly and provide necessary training to Ombudsman Program staff.
- Completes quarterly reviews of the AAA ombudsman program by analyzing data acquired from Idaho Get Care and provides a report to the AAA director for the purpose of AAA monitoring of the Local Ombudsman representatives' attainment of goals and objectives and program requirement.
- Complete annual program analysis in November.
- Participates in budget planning for the ombudsman program and monitors the AAA ombudsman budget at a minimum of quarterly to ensure that ombudsman funds are being used for the purpose of the ombudsman program.
- Ensure all ombudsman case files are complete and in RTZ, the Ombudsman data tracking system by the 10th of the month following the end of the quarter
 - January 10th, April 10th, July 10th, October 10th
- Provide all requested reports and supporting data to the State Ombudsman for the desk top review by October 12th annually.
- Ensure all Ombudsman case files are maintained in RTZ not hard copy/paper files.
- Update MOU between the Ombudsman program and APS in conjunction with renewing the ICOA/AAA contract.
- Review and participate in the development of the AAA Legal Aid Services contract to ensure legal services are available within the AAA area for consultation for ombudsman and consultation/representation for residents of long-term care.
- Ensure all ombudsman staff and volunteers have a private area to perform their confidential work-related responsibilities.

- Ensure staff and volunteers have 18 continuing education Units of Ombudsman program related training to fulfill certification requirements and entered into RTZ data collection program by the end of Sept each FFY.
- Ensure the ombudsman program staff and volunteers is free from conflicts of interest in accordance with CFR 1324.21.
- Use required state forms and Volunteer Training Guide.
- Be accessible to program staff and volunteers.
- Ensure that Access to the ombudsman program is available 5 days a week during regular work hours.
- Will provide new I&A employees with onboarding training within the first 30 days of employment. Training will be documented as Community Education in Idaho Get Care (RTZ). Initial training shall be documented in the I&A staff's personnel file.

Ombudsman Program Staff

Will be responsible for any and all activities directed by the local Ombudsman Program Manager in fulfilling the requirements of the ombudsman program.

- Ombudsman Staff are required to visit residents residing in LTC facilities unless directed otherwise by the State Ombudsman.
- Ombudsman are required to correctly wear appropriate PPE upon entering a facility and complete screening not to include testing.

(4) Documentation

All Ombudsmen complaint and activity documentation is entered and maintained within Idaho Get Care and the AAA shall adhere to the requirements outlined under data management.

(5) Staff Safety

The AAA Ombudsman program will have procedures in place to :

- Know where staff are when they are not working in the office, i.e., making facility visits, giving presentations, participating in resident council at a facility, or traveling long distances to fulfill work related responsibilities.
- Ensure that staff have and use adequate infection control PPE for completing their work responsibilities (Masks, Gowns, hand sanitizer).
- Provide initial and annual Infection Control and Universal Precautions training for the ombudsman and volunteers.
- Provide work cell phones to all staff.
- Ombudsman will participate in non-verbal communication training to be aware when to remove themselves from a situation that has potential to be a danger.

Emergency Plan:

Ombudsmen are not emergency responders, but circumstances can place an ombudsman in an emergent situation. The AAA shall provide emergency preparedness training to all ombudsman and make available to volunteers.

3. State Plan Requirements

ICOA will coordinate goals and objectives of the SLTCO program into the State Plan and will coordinate with other OAA Title VII programs and state elder rights programs including but not limited to: Adult Protection, Disability Rights Idaho, and Idaho Legal Aid Services in order to promote collaboration and reduce duplication of efforts. Where applicable, ICOA will require inclusion of goals and objectives of Local Ombudsman entities into area plans.

ICOA State Long Term Care Ombudsman is responsible for developing a State Plan reflective of State Ombudsman Program analysis to maximize access to long term care residents. AAAs are responsible for developing Area Plans that are reflective of their local ombudsman program analysis and needs with a focus on increasing access of long-term care residents to advocacy. The AAA should consult with the respective Ombudsman Program Manager and local ombudsmen in the development of the AAA Plan objectives related to the implementation of the AAA ombudsman program. Ombudsmen are responsible for knowing the content of the State Plan for Idaho and the AAA Plan, strategies, and outcomes.

4. Program Foundations

b) Purpose and Goals

(2) Purpose

The Long-Term Care Ombudsman Program was established to provide access to advocacy for residents residing in long term care facilities (nursing homes and residential assisted living facilities), that ensures the quality of care received and the quality of life experienced.

The LTCOP is a joint responsibility of the Idaho Commission on aging (ICOA), Office of the State Long-Term Care Ombudsman (SLTCO), the Area Agencies on Aging (AAA), and the Local Ombudsmen (LTCO).

(3) Goals

It is the goals of the Ombudsman programs to:

- Provide services that protect the health, safety, welfare and rights of residents;
- Increase visibility of the ombudsman program to better serve residents in long term care facilities and provide education on resident rights and facilities in the state;
 - Increase the ombudsman volunteer program to better provide access and advocacy;
- Identify, investigate, and resolve complaints made by or on behalf of residents;
- Provide information to residents and their families about long term services and supports;

- Ensure that all residents residing in long term care facilities and residential care facilities have regular and timely access to ombudsman services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents; and
- Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents.

c) Program History

The Ombudsman Program begun in 1972 as a demonstration program of which Idaho participated in the pilot program. Today the Ombudsman program operates in all states, the District of Columbia, Puerto Rico and Guam, under the authorization of Section 712 of the OAA. Idaho Commission on Aging houses the State Long Term Care Ombudsman program. The Ombudsman Program is headed by a full-time State LTC Ombudsman who directs the program statewide. The Ombudsman designates ombudsman staff in the 6 AAAs who are an extension of the State Ombudsman Program and provides access to advocacy for residents residing in long term care facilities throughout the state.

d) Eligibility

Ombudsmen services are targeted towards residents of long-term care facilities (Nursing Homes and Assisted Livings Facilities) to provide resident advocacy. Ombudsman may provide services to populations other than residents of long-term care facilities so long as appropriations under the Act are utilized to serve long-term care facility resident. There is no fee for services and Ombudsman services are available to any long-term care resident.

e) Scope of Service

The LTCOP is a resident driven advocacy program that shall be administered through ICOA. The resident or individual seeking residence in a long term-care facility, regardless of the source of the complaint, is the main focus of services. Ombudsmen will make every reasonable effort to investigate and resolve complaints to the satisfaction of the resident.

ICOA contracts with the AAA to provide personnel management for the local Ombudsman program to fulfil the requirements outlined in 45 CFR 1324.17 and 1324.19., OAA 711, 712

The ombudsman staff:

- Receive and investigate complaints
- Provide education to residents, their representatives, the community and facility staff
- Provide consultations on senior issues and resources
- Make unannounced facility visits
- Act as advocates for long term care residents

f) Screening

Local ombudsmen receive complaints related to residents in long term care facilities and determine if these complaints fall within the scope of an ombudsman to investigate.

Intake of complaints

- Is the complaint related to a long-term care facility?
- Do the complaints fall within the NORS parameters of complaint categories for data collection and is an appropriate complaint for long term care ombudsman investigation?
- Would the complainant be better served through another service provider or agency?
- Is the focus of the complaint on the resident?

Provision of consultation and education

- The ombudsman program provides consultation and education to the community as a whole.

g) Client Assessment

The ombudsman needs to determine if the resident is directing their own care or is there a resident representative making decisions on the residents' behalf. Is there a POA or guardian which is making decisions for the resident and is the representative acting in the best interest of the resident. When there is a question of capacity it is necessary to obtain a copy of the POA or the guardianship prior to acting on behalf of a resident.

All records are subject to Confidentiality and Disclosure requirements.

h) Licenses

Maintenance of licenses fall under AAA personnel responsibility if required by the agency.

5. **Funding**

b) Program Budget

Fiscal Resource Management (OOA section 712(a)), OAA Section 306(a)(9) OAA Sec.307(a)(9), Sec 705(a)(4), OAA Section 304(d)(1)(D) :ICOA must expend on the statewide Ombudsman program no less than was expended in Title III-B and Title VII funds for FFY 2019.

State Agency Expenditures: The Long-Term Care Ombudsman Program shall expend not less than the amount expended by the State agency with funds received under Titles III and VII for Fiscal Year 2019. And all Title VII Chapter 2 funds shall be exclusively expended on the Long-Term Care Ombudsman Program, and that Title VII and Title III expenditures supplemented and did not supplant any Federal, State or local funds expended by the State or unit of general-purpose local government to provide Ombudsman services. Any additional Federal Ombudsman funds will be authorized by the State Ombudsman.

ICOA allocates State and Federal funding for the AAA Ombudsman Program in accordance with the Intrastate Funding Formula for the Title III grant funds and the number of beds is the criteria that determines how the Title VII grant funds will be allotted.

ICOA may not use Ombudsman funding to supplant, replace, or in substitution for any other Federal or State Funding. The State Ombudsman shall determine the use of the fiscal resources appropriated or otherwise available for the operation of the Office and shall approve allocations of Federal and State funds provided to AAA entities, subject to applicable Federal and State laws and policies.

Area Agency Expenditures: AAA's will ensure compliance with Section 306(a)(9) of the OAA, and will expend Title III funds received under Section 304 (d)(1)(D) of the Act and Title VII funds on Ombudsman activities in the amount equal to or greater than that expended in FY 2019 on the Ombudsman Program, as defined in Section 712 of the OAA, during the fiscal year and ensure these expenditures supplement and do not supplant any Federal, State or local funds expended by the AAA to provide Ombudsman services.

Ombudsman Program Minimum Funding reporting by ICOA is based on the FFY 2019, (October-September). AAAs shall ensure that the spending of the AAA Ombudsman Program is based on October-September when determining if they have met the criteria for Minimum Funding for the Ombudsman Program. Preparation by the AAA should be made during budget planning to address this reporting requirement.

All Fiscal reports to the State Ombudsman shall be reported as October 1st through September 30th budget tracking (the ombudsman program year).

The AAA shall submit an annual fiscal report by **November 30th** to the State Ombudsman as outlined in contract detailing expenditures to the ombudsman program for purposes of:

- Monitoring of the AAA expenditures to determine whether funds were used to supplement or supplant other Federal, State and local funds expended on activities described in section 712 of the OAA.
- Access to Local Ombudsman program budgets and expenditures for purposes of monitoring and review. AAA reports to the State Ombudsman shall identify expenditures categories as "Other".

The AAA will participate in training provide to the Directors and Ombudsman Managers by ICOA on the requirements of Ombudsman Program Funding.

The local Ombudsman Program Manager shall participate in budget planning and monitor the AAA Ombudsman budget in relation to the program funding allocation, have access to program expenditures and where appropriate carry out program expenditures.

AAAs shall Review budgets and financial statements with Ombudsman Program Manager and shall:

- Establish a meeting schedule with the AAA fiscal department.

- Require the Ombudsman Program Manager meet with AAA fiscal staff to learn the ombudsman Program budget.
- Meet routinely with fiscal staff, such as monthly or at least quarterly.
- State Ombudsman will meet with local Ombudsman Managers bi-annually (May and December) to conduct routine reviews of their initial budget (May), invoices and fiscal reports. AAA ombudsman Mangers will provide information on the AAA Ombudsman Program budget and expenditures.

c) In-Kind

Volunteer In-Kind services are entered into Idaho Get Care (RTZ) by ombudsman program staff for services provided by volunteers. Volunteer In-Kind hours can be pulled in an RTZ report to capture, training hours, travel, in-service hours, NORS activities and complaint work.

d) Match

ARP Ombudsman State Match

e) Third Party Funding

None

f) Grants

Title III, Title VII

g) Additional Funding

Covid specific grants to include ARP 1 and 2 and Elder Justice Grant.

6. Implementation

b) Policies and Procedures

(CFR 1324.11(e), OAA section 712(a)) The ICOA State Ombudsman shall establish program procedures, in consultation with ICOA and the Area Agencies on Aging (AAA), to carry out the program. The State Ombudsman will adhere to State personnel policies and procedures providing that they do not conflict with Ombudsman functions and responsibilities outlined in the OAA section 712 or 45 CFR 1324.13 and remedy or resolve those that do conflict.

The following policies and procedures for governing the administration, management, funding and implementation of the Idaho Long Term Care Ombudsman Program and is a reference document for Area Agency on Aging’s(AAA)s and LTCO representatives. It is the key tool to ensure consistency, quality standards, and implementation of laws, regulations, and policies and is a “working” document that will be revised, updated regularly by the Office of the State Long Term Care Ombudsman. Local program entities and Local Ombudsmen are required to inform staff and volunteers of the purpose and general content of this manual.

The following policies and procedures govern the actions of the Office of the State Long-Term Care Ombudsman (SLTCO), Local Ombudsmen designated by the Office (LTCO), Area Agencies on Aging (Local Ombudsman entity/AAA), and the Idaho Commission on Aging (State Unit on Aging/ICOA).

The LTCOP is a resident-driven advocacy program. The resident of a long-term care facility, regardless of the source of the complaint, is the main focus. Ombudsman services are targeted to advocate for any long-term care consumer. The Long-Term Care Ombudsman will make every reasonable effort to investigate and resolve complaints to the satisfaction of the resident in a timely manner.

(1) Abuse Allegations Witnessed By Ombudsman (45 CFR 1324.19(b))

If the Ombudsman personally witnesses suspected abuse, gross neglect, or exploitation of a resident:

- Informed consent will be sought from the resident to disclose resident-identifying information to appropriate agencies and the resident's directions followed.
 - Where the resident is unable to communicate informed consent, and has no representative available to provide informed consent, the Local Ombudsman shall open a case with the Local Ombudsman representative as the complainant, follow the program's complaint resolution procedures, and shall refer the matter and disclose identifying information of the resident to the management of the facility in which the resident resides and/or to the appropriate agency or agencies for substantiation of abuse, gross neglect or exploitation in the following circumstances:
 - The Ombudsman has no evidence indicating that the resident would not wish a referral to be made
 - The Ombudsman has reasonable cause to believe that disclosure would be in the best interest of the resident
 - The Ombudsman obtains the approval of the State Ombudsman
 - The State Ombudsman shall communicate approval or disapproval as soon as possible but within 24 hours and
 - The approval shall be documented in the case file.

In addition, Local Ombudsmen, with approval of the State Ombudsman, may report the suspected abuse, gross neglect, or exploitation to other appropriate agencies for regulatory oversight; protective services; access to administrative, legal, or other remedies and/or law enforcement action:

- If State Ombudsman approval cannot be obtained, the representative may proceed but promptly notify the State Ombudsman of any disclosure activities.

The primary role of the Ombudsman is to seek resolution to the resident's satisfaction, not to verify the suspected abuse or neglect. Due to the serious nature of these complaints and in order to comply with laws which govern the LTCO program, specific guidelines are provided with respect to handling and reporting suspected abuse, neglect and exploitation. These guidelines include exemption of the representatives of the Office from mandatory reporting requirements.

Abuse, Neglect, Exploitation, referrals from I&A

The ombudsman will monitor notifications on RTZ and respond by making contact with the resident, or resident representative to inquire if they need advocacy from the ombudsman program.

(2) Access To Facilities, Residents, And Information (OAA section 712(b), 45 CFR 1324.11(e), IC 67-5009, IDAPA 15.01.03)

Ombudsman program representatives shall have access to long-term care facilities and residents during regular business hours for visits and at any time access may be required by the circumstances to be investigated. They will:

- Notify the person in charge upon entering the facility, If administration is not available the ombudsman may inform other staff that the ombudsman is in the building. If there is no staff present, the ombudsman may continue to make the visit and notify staff when one is available.
- Seek out residents who consent to communicate privately.

Resident identifying information will not be divulged unless proper steps taken.

- During a visit or investigation of any complaint or administrative act of any long-term care facility or state or county department or agency providing services to long-term care residents, Ombudsmen shall without restriction undertake, but not be limited to any of the following actions:
 - Make inquiries and obtain information
 - Hold private hearings
 - Communicate privately and without restriction with any resident who consents
 - Visit common areas that are accessible to residents and private rooms if permission is granted by the resident;
 - Inspect resident records under conditions set forth in OAA section 712(b)
 - Have statutory authority to visit facilities and residents in facilities unescorted by facility personnel. (IDAPA 15.01.03)

In order to investigate a complaint, Ombudsmen shall have access to all residents and/or resident representatives and their medical, social and other records, regardless of format, at all times, and will seek resident or resident representative permission in writing, verbally or through any other means of communication. The permission and method of that permission will be clearly documented in the case file.

Ombudsmen shall have access to long-term care facilities, administrative records, policies, and documents, to which residents or the public has access.

Ombudsmen may request and shall have access to copies of resident records above. If the facility refuses to provide copies, the Local Ombudsman will leave the facility and notify the State Ombudsman. The State Ombudsman will:

- Make an attempt to contact the facility administrator

- Contact the facility corporation (if applicable)
- If necessary, pursue legal action
- If the Local Ombudsman is denied access to resident records by his/her personal representative but has reason to believe that the representative is not acting in the best interest of the resident, the Local Ombudsman will seek evidence to indicate such and contact the State Ombudsman for assistance.

Under the Health Insurance Portability And Accountability Act (HIPAA) (45 CFR1321.11(e)) The LTCO program is identified as a health oversight agency for purposes of the rules of the Health Insurance Portability and Accountability Act (HIPAA) so will not be precluded from release of facility information to the program.

If the facility denies access based on HIPAA regulation, the Local Ombudsman will:

- Refer to regulation 45 CFR 1324(e)
- Share memo AoA IM HIPAA – Info Memo 0203; (Att. 1)
- If the facility still refuses to release information, the Local Ombudsman will vacate the premises and contact the State Ombudsman for assistance. The State Ombudsman may:
 - Contact the facility’s corporate administration.
 - Notify the licensing agency when appropriate.
 - Consult with ICOA administration and pursue legal action.

APS notifications in RTZ:

- When a call is received by I&A related to a facility the Ombudsmen shall receive notification in RTZ that a call has been received by I&A and access is provided to the local ombudsmen to review the intake documentation. These calls may be screened out by I&A or forwarded to APS, but the ombudsman always receives notice of them. The ombudsman should open and review the intake information and make a determination what the ombudsman should do in response to the call.
 - Possible responses are dependent on the factors of the call and situation but may include:
 - Visiting the facility to lay eyes on the resident to ensure they are safe.
 - Visit with the resident to inquire if they have any concerns.
 - To inquire if they have any complaints that the ombudsman can advocate to resolve.
 - If the resident is unable to communicate concerns or consent, request a copy of their face sheet and contact the resident representative and take their direction if they are acting in the best interest of the resident.
 - Notify the State Ombudsman of a situation of substituted judgement.
 - Provide the requested or necessary advocacy.

(3) Community Education/Facility Training (OAA Section 712(a))

Each full-time, Local Ombudsman will provide a minimum of 6 presentations per year in the following areas:

- In-service education to long term care facility staff regarding resident rights.

- Education to the public on long-term care and aging issues.

(4) Coverage Of Another Local Ombudsman Program

Local Ombudsman may have access to the Local Ombudsman records of the other program to the extent necessary to provide temporary coverage. AAA's who anticipate a gap in ombudsman services and are not able to provide access to residents in long term care facilities will establish an MOU with another AAA in Idaho to ensure continued services if there will be a laps of Ombudsman Program access for more than 5 workdays. The AAA Director will notify the State Ombudsman that there will be a gap in access and the date coverage will begin and what AAA will be providing the service. The AAA needing the service will provide a copy of the MOU to the State Ombudsman. The MOU will reflect the requirements outlined in 45 CFR 1324.19, ICOA Operations Manual.

(5) Complaint Investigation_(OAA 712 (a), 45 CFR 1324.19(B), IC 67-5009, IDAPA 15.01.03)

Processing complaints made by or on behalf of residents of long-term care facilities is the Long-Term Care Ombudsman program's highest priority service.

The Ombudsman shall:

- Identify, investigate and resolve complaints made by or on behalf of long-term care residents, and regardless of the source of the complaint, shall serve the resident.
- Investigate a complaint, including but not limited to a complaint related to abuse, neglect, or exploitation, for the purposes of resolving the complaint to the resident's satisfaction.

When Abuse, Neglect and Exploitation complaints are received by the ombudsman program the complaint will be resolved to the satisfaction of the resident not to substantiate a case.

- An Ombudsman will identify, investigate and resolve a complaint impacting one, several, or all residents of a facility.
- Whenever questions arise regarding appropriate LTCO practice in handling complaints, or when technical assistance is needed, Local Ombudsmen will contact the State Ombudsman for assistance.
- An Ombudsman generated complaint shall be made when he/she has personal knowledge of an action, inaction, or decision that may adversely affect the health, safety, welfare or rights of long-term care residents.
- The Ombudsman investigates a complaint in order to verify the accuracy and truth of the complaint. When an Ombudsman receives information regarding a complaint, he/she shall determine:
 - The type of complaint using the National Ombudsman Reporting System (NORS) complaint categories as provided in the Ombudsman reporting system.
 - What outcome the complainant or resident of the long-term care facility is seeking.
 - What attempts have already been made to resolve the complaint.
 - Whether the complaint is appropriate for LTCO activity.
 - Source of complaint made to the Ombudsman program.

Prioritization of Resident Complaints (45 CFR 1324.11(a)), IDAPA 15.01.03)

In order to assure prompt response to complaints by the Office and Ombudsman representatives, the program will:

- Consider the severity of the risk to the resident;
- Consider the imminence of the threat of harm to the residents; and
- Consider the opportunity of mitigating harm to the resident through provision of Ombudsman program services.

Complaint Response Priorities of the LTCO program are as follows:

(45 CFR 1324.11) CFR 1324.19(b)

- Investigations shall be initiated within 5 business days unless identified as a priority which requires immediate response (no more than 1 business day of receipt). The following constitutes priority complaints:
 - Abuse, neglect, exploitation, abandonment or imminence of threat or harm to a resident
 - Time sensitive complaints.
 - Actual or threatened emergency involuntary discharge or transfer (evictions, failure to allow the resident to return back to the facility from the hospital).
 - Use of restraints
- The Ombudsman may indicate to the complainant when he/she may expect investigative efforts to begin.
- The LTCOP is not required to verify a complaint in order to seek a resolution on behalf of the resident of a long-term care facility. Resident perception is a sufficient basis upon which a LTCO can seek resolution.
- The Ombudsman shall be provided privacy by the facility or agency during all aspects of the investigative process. (IDAPA15.01.03)
- The LTCO program is not an emergency response system. Emergency situations should be referred to local law enforcement by calling 911.

By definition, a complaint will usually require the Ombudsman to generate a case. If a resident's concern necessitates any interactions with another entity (e.g., administrator, director of nursing, social services, social services designee), by the Ombudsman or accompanied by the Ombudsman, a case should be opened.

Complaint processing procedures should follow the general process below:

- **Intake and Investigation**
 - Receive complaint
 - Make a face to face complaint visit with the resident
 - Obtain consent from resident(s) to begin investigation, to discuss details with individuals involved in the complaint, and/or to access resident records as necessary
 - Gather information
 - Verify problem
- **Analysis and Planning**

- Analyze the situation
- Consider solutions
- Identify obstacles
- **Resolution and Follow-up**
 - Choose approach
 - Support and maximize resident participation in the process as per
 - Act
 - Evaluate outcomes
 - Notify the resident or resident's representative verbally or in writing, of the outcome of the investigation. Document the case in the Idaho reporting system for later data collection and reporting to the State and to the Administration for Community Living.

Complaint Intake And Response (45 CFR 1324.19(b))

The Ombudsman shall maximize the participation of the resident in all complaint work and shall discuss the complaint with the resident in order to:

- Determine the resident's perception of the complaint
- Determine the resident's wishes with respect to resolution of the complaint;
- Advise the resident of his/her rights
- The Ombudsman shall seek the following information during the investigation and document in RTZ:
 - What has occurred or is occurring
 - What, where and when the problems occurred
 - Who was involved or present
 - What else happened
 - Effect of the occurrence
 - If the complaint is a reoccurring issue or one which has been identified by other residents; and
 - What has the facility done to address the problem.

Complaint Verification and Plan of Action (45 CFR 1324.19(b)), IDAPA 15.01.03)

To verify a complaint the Ombudsman will:

- Research relevant laws, rules, regulations, policies
- Personally observe and analyze evidence (meals, call lights or staffing)
- Interview complainant, residents, staff, administration, family members and other pertinent individuals as appropriate
- Identify relevant agencies and interview
- Examine relevant records (resident files, facility policy and procedures, investigative documentation or incident reports)

The Ombudsman will not examine a resident's body for evidence.

After verifying the complaint, the Ombudsman shall determine a plan of action that must be agreed upon by the resident or resident representative if possible.

Where immediate action must be taken to protect resident rights, with the consent of the State Ombudsman, the Local Ombudsman may take necessary immediate action if it is not possible to first consult with the resident. If the State Ombudsman is unavailable to give consent the Local Ombudsman may proceed and notify the State Ombudsman as soon as possible. AAA ombudsmen shall notify their Ombudsman Program Managers prior to actions taken.

The Ombudsman shall inform the resident of the action taken as soon as practicable and seek to follow up with the resident's wishes during the remainder of the complaint process.

Source Of Complaint :(45 CFR 1324.19(b))

- Complaints may be filed with the LTCO program by residents, families and friends of residents, long-term care facility staff, and any other person.
- Complaints may be made anonymously to the program. Anonymous complaints must remain anonymous. The LTCO may explain to the complainant, that in some circumstances, anonymity could limit the ability of the LTCO to investigate and resolve the complaint.
 - Anonymous complainants should be entered into RTZ as anonymous and not have complainants' identifiable information documented.
- Complaints can be filed by the LTCO with appropriate consent.
- When multiple complainants refuse to allow their identity to be released related to the same complaint a (group) general complaint can be made to the facility administration by the ombudsman when it will not identify a resident i.e., food is cold, call lights are not being answered.

(6) Consent/Confidentiality (OAA section 712(d)), 45 CFR 1324.19(b)), IDAPA 15.01.03)

The LTCO shall personally discuss the complaint and plan of action with the resident, including who may need information, for what purpose and what will be disclosed. The LTCO will obtain verbal or written consent to proceed.

- Such consent must be documented by the Ombudsman. The Idaho "Ombudsman Release of Information/Consent Form" must be completed and attached to the resident case file, or
- The Idaho "Ombudsman Release of Information/Consent Form" must be completed and attached to the resident case file, or
- If the consent for release is in verbal form:
 - The date and method of obtaining the verbal approval shall be documented in the case file.
 - If the request for verbal consent cannot be given by the resident and it is determined that the resident's legal representative is not acting in the resident's best interest, the Local Ombudsman shall contact the State Ombudsman for approval to access the records. Such attempts will be documented in the resident's file.
 - When resident consent is refused or withdrawn, the Ombudsman shall cease action and record the refusal or withdrawal of consent. If a new case is opened permission will need to be obtained to advocate.

If the resident is unable to provide consent:

- The Ombudsman shall advocate for the wishes of a resident of a long-term care facility to the extent that the resident can provide direction, even if the resident has limited decision-making capacity.

- Where a resident lacks capacity to provide consent to an Ombudsman to work on a complaint directly involving the resident, the Ombudsman shall:
 - Seek advice from the resident’s representative, guardian, spouse or family member.
 - If the Ombudsman determines that the resident’s representative is not acting in the best interest, he/she shall seek evidence to indicate what the resident would have desired and work toward that end.
 - The Ombudsman shall use substituted judgement to determine if the resident wishes to have all his/her health, safety, welfare, and rights protected.
 - It is highly recommended that the Ombudsman discuss the complaint with the resident or observe the resident where discussion is not possible, even if there is a legal representative or guardian in place.

(7) Conflict of Interest, Identifying

(OAA Section 712(f)) ICOA and the State Ombudsman shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the Office. In so doing, both ICOA and the State Ombudsman shall be responsible to identify actual and potential conflicts and, where a conflict has been identified, to remove or remedy such conflict.

A conflict of interest exists in the LTCO program when interests intrude upon, interfere with, or threaten to negate the ability of the Ombudsman to advocate without compromise on behalf of long-term care facility residents. The Ombudsman shall have no conflict of interest which would interfere with performing the function of the position.

Policies, procedures, or practices which the SLTCO determines to be in conflict with the laws, policies, or procedures governing the LTCO program shall be sufficient grounds for refusal, suspension or removal of designation of the representative of the Office and /or the Local Ombudsman entity. (IDAPA 15.01.03)

Organizational Conflicts

Organizational conflicts include, but are not limited to, placement of the Office, or requiring that the State or Local Ombudsman perform conflicting activities, in an organization that:

- Is responsible for licensing, surveying, or certifying long term care facilities
- Is an association (or an affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities
- Has any ownership or investment interest (represented by equity, debt, or other financial relationship) in, or receives grants or donations from, a long-term care facility
- Has governing board members with any ownership, investment or employment interest in long-term care facilities
- Provides long-term care to residents of long-term care facilities, including the provision of personnel for long-term care facilities or the operation of programs which control access to or services for long term care facilities
- Provides long-term care coordination or case management for residents of long-term care facilities
- Sets reimbursement rates for long-term care facilities

- Provides adult protective services
- Is responsible for eligibility determinations regarding Medicaid or other public benefits for residents of long-term care facilities
- Conducts preadmission screening for long-term care facility placements
- Makes decisions regarding admission or discharge of individuals to or from long-term care facilities; or
- Provides guardianship, conservatorship or other fiduciary or surrogate decision-making services for residents of long-term care facilities.
- Any other activity the State Ombudsman deems a conflict.

Individual Ombudsman Conflicts (OAA Section 712, 45 CFR 1324.11, IDAPA 15.01.03)

Individual conflicts of interest for a State or Local Ombudsman, and members of their immediate family include, but are not limited to:

- Direct involvement in the licensing or certification of a long-term care facility.
- Ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility.
- Employment of a staff within 1 year of separation, or participation in the management within 1 year of separation of an assisted living or long-term care facility or by the owner or operator (administration) of any long-term care facility.
- Receipt of, or right to receive, directly or indirectly, remuneration (in cash or in kind, 401K) under a compensation arrangement with an owner or operator of a long-term care facility. Separation begins when the individual no longer has any financial ties to the corporation/business.
- Holds an active administrator license for an assisted living or long term care facility.
- Accepting gifts or gratuities of significant value from a long-term care facility or its management, a resident or a resident representative of a long-term care facility in which the Ombudsman or representative of the Office provides services (except where there is a personal relationship with a resident or resident representative which is separate from the individual's role as Ombudsman or representative of the Office.
- An Ombudsman should adequately compensate a facility for food provided by the facility with the exception of sample portions of food tested as part of an investigative process.
- Accepting money or any other consideration from anyone other than the Local Ombudsmen Office, or an entity approved by the State Ombudsman, for the performance of an act in the regular course of the duties of the Ombudsman without State Ombudsman approval.
- Serving as guardian, conservator or in another fiduciary or surrogate decision-making capacity for a resident of a long-term care facility in which the Ombudsman provides services.
- Serving residents of a facility in which an immediate family member resides.
- Provision of services with conflicting responsibilities while serving as a LTCO, such as Adult Protective Services; discharge planning; pre-admission screening or case management for long-term care residents.
- Participating in activities which:
 - Negatively impact on the ability of the LTCO to serve residents, or

- Are likely to create a perception that the LTCO's primary interest is other than as a resident advocate.

Conflict of Interest Standards (OAA 712(f), 45CFR 1324.21, IDAPA 15.01.03)

Each AAA shall implement policies and procedures to prohibit the employment or appointment of a Local Ombudsman representative with a conflict that cannot be adequately removed or remedied.

- To ensure compliance with conflict of interest standards:
 - All LTCO representatives or entities (AAAs) will immediately notify the State Ombudsman of any potential or actual conflict of interest.
 - All potential Ombudsman job applicants will be screened for potential conflict of interest by completing the SLTCO approved "Conflict of Interest Screening Form" and efforts made to avoid hiring or appointing an individual if they have been employed by or participated in the management of a long-term care facility within the previous twelve months if a care staff or an administrator or operator of a facility and/or:
 - Where such an individual is appointed or employed, the AAA will contact the State Ombudsman immediately and steps taken to remedy the conflict.
 - Local Ombudsman and Ombudsman volunteers requesting certification will complete the "Conflict of Interest" Screening Form" upon hiring and then annually.
 - The Local Ombudsmen will verify on an annual basis or as needed, that all Ombudsman are conflict free.
 - The State Ombudsman shall identify and describe steps taken to remove or remedy conflicts within the annual report submitted to the Assistant Secretary through the National Ombudsman Reporting System (NORS).
 - AAA's have the final decision of whom they will hire as employees of the AAA.
 - The SLTCO will have full determination of whom to certify as an ombudsman or volunteer to represent the Idaho State Ombudsman Program.

Conflict of Interest Remedies (OAA 712(f), 45CFR 1324.21(b) and (d), IDAPA 15.03.01)

When a potential or actual organizational conflict of interest is identified within the LTCO program, all agents of the AAA have a duty to notify the State Ombudsman.

- The State Ombudsmen shall immediately notify the ICOA Administrator of an identified or potential conflict and they will together determine whether appropriate actions may be taken to sufficiently remedy the conflict.
 - A conflict can be sufficiently remedied only:
 - Where the existence of the conflict does not and cannot interfere with any duties of the LTCO program; and
 - Where the conflict is not likely to alter the perception of the LTCO program as an independent advocate for residents of long-term care facilities.
- A written remedial plan shall be developed within ten (10) business days of identification of the conflict and submitted to the ICOA Administrator and the State Ombudsman.
- The remedial plan must identify the actual conflict and provide assurances, which shall mitigate the negative impact of the conflict on the LTCO program. Examples of such assurances could include:

- The program will investigate complaints in an unbiased manner and independently determine actions to be taken in their resolution.
- No agency employee or governing board member with a conflict of interest will be involved with or influence any decision to hire or terminate the employment of a representative of the Office.
- The agency's policies and procedures adequately set forth procedures to remedy conflicts of interest and ensure that Ombudsman representatives can fulfill their duties without interference.
- A written agreement exists between the AAA program and another AAA program which provides services with conflicting responsibilities. Such an agreement must adequately set forth the roles, responsibilities, and appropriate working relationships of the respective programs and will be reviewed by the Office at the annual onsite review of the AAA entity. (IDAPA 15.01.03).
- An MOU is established with another AAA within the state to provide services that resolve the conflict of interest within the AAA Ombudsman Program.
- The MOU between two or more AAA's is fulfilled by the contracted parties to meet the requirements of the CFR and the ICOA Operations Manual for the ombudsman program.

The State Ombudsman, in consultation with the ICOA administrator, will notify the party of the decision within 30 days.

- The remedial plan must be mutually agreed upon and signed by the agency in which the conflict exists, and the State Ombudsman.
- If either party cannot agree on the plan, the conflict has not been sufficiently remedied.
- If the conflict cannot be removed or effectively remedied, the State Ombudsman may be required to use the authority of the Office to refuse certification, de-designate or suspend designation of the entity as a participant in the Program. (45CFR 1324.19(b))
- Where individual conflicts of interest have been identified, the following steps shall be taken to ensure the conflict can be sufficiently remedied:
 - Where the individual is an applicant for a position as a Local Ombudsman, a plan shall be developed before the individual is hired for the position;
 - Where the individual is an applicant for certification as a volunteer Ombudsman, a plan shall be developed before the individual is certified;
 - Where the individual is a LTCO staff or volunteer, the State Ombudsman shall be notified and will inform the ICOA Administrator. The staff or volunteer will submit a written remediation plan to the State Ombudsmen within ten (10) business days of identification of the conflict. No action shall be taken by the individual on behalf of the LTCO program until the plan is reviewed by the State Ombudsman and the respective AAA.
 - The remedial plan must:
 - Identify the actual conflict.
 - Provide assurances which shall mitigate the negative impact of the conflict on the LTCO program such as:

- Prohibiting the representative with the conflict of interest from serving residents in the facility where the conflict exists, making arrangements for another representative to serve those residents.
- Be mutually agreed upon and signed by the AAA Local Ombudsman entity, the Local Ombudsman or applicant with the conflict of interest, and the State Ombudsman.
- If either party cannot agree on the plan, the conflict has not been sufficiently remedied.
- If the conflict cannot be removed or effectively remedied, the State Ombudsman may use the authority of the Office to refuse certification, de-designate or suspend designation of the Ombudsman representative as a participant in the Program.
- The State Ombudsman will notify the party of the determination within 30 days.

Ombudsman/AP Conflict Remedy (OAA 712(f), 45CFR 1324.21(d), IC 47- 5003, IC 67-5009, IDAPA 15.01.02 and IDAPA 15.01.03)

ICOA coordinates both the Long-Term Care Ombudsman program and the Adult Protection program for Idaho.

- No Ombudsman representative will also provide adult protection services.
- Idaho's Ombudsman entities (AAAs) are statutorily required to directly provide both adult protection and Ombudsman services. In order to remedy a conflict of interest between the two programs:
 - Ombudsman entities (AAAs) that have organizational structure to accommodate the separation of supervision of the two programs shall do so.
 - (IDAPA 15.01.03) Each AAA shall maintain a written agreement establishing protocols to provide appropriate firewalls between the programs including but not limited to the following:
 - All disclosure of Ombudsman information to Adult Protection shall follow State procedures for disclosure and appropriate release of information.
 - All Ombudsman referrals to the Adult Protection program will follow the outlined policies and procedures to include proper release of information.
 - (45CFR 1324.19(b) Any Ombudsman involvement in adult protection situations shall investigate for the purposes of resolving the complaint to the resident's satisfaction and protecting the health, welfare, and rights of the resident.
- AAA written agreements/MOUs between the Ombudsman and adult protection program will be reviewed on an annual basis by the State Ombudsman.
- The ombudsman program is unique within the AAA and is required to have a release of information prior to releasing information outside of the ombudsman program, even when programs fall within the AAA.

Commissioner or Advisory Council Conflict Remedy (45CFR 1324.21)

ICOA and AAAs shall screen potential commissioners and Advisory Council members to identify any conflicts of interest. Those who have a conflict of interest:

- Must disclose the conflict to the advisory board/Commission and to the State Ombudsman.
- May have no involvement with the Ombudsman program activities concerning the source of the conflict.

- Must abstain from voting on issues related to the operation of the Program. Failure to Identify or Remedy a Conflict of Interest shall be sufficient grounds for the de-designation or suspension of the entity as a participant of the program or de- designation of a representative of the program.

Idaho Commission on Aging (ICOA) Responsibility (45CFR 1324.21)

ICOA will take reasonable steps to avoid internal conflicts of interest and:

- Ensure that the State Ombudsman completes the Conflict of Interest Declaration form on an annual basis.
- Ensure that the State Ombudsman and Adult Protection Coordinator will not be supervised by the same supervisor.
- Ensure that no individual, or member of the immediate family of an individual, involved in the designating, appointing, otherwise selecting or terminating the State Ombudsman is subject to a conflict of interest.
- Ensure that ICOA Commissioners are screened for presence of a conflict of interest and if identified will not participate in any actions involving the LTCO program.
- Verify that each AAA contract contains assurances that conflict of interest policies and procedures will be followed.
- Verify that no AAA has a conflict of interest through the desk top annual review process.
- Ensure that any disclosed conflict of interest is remedied following the policies and procedures set forth and that such will be reported annually to the Assistant Secretary through the National Ombudsman Reporting System.
- (45CFR 1324.21) Shall not enter into a contract or other arrangement with an agency or organization which is responsible for licensing or certifying long-term care facilities in the state or is an association (or affiliate of such an association) of long-term care facilities.
- Shall not operate the Local Ombudsmen Office directly if it:
 - Is responsible for licensing, surveying, or certifying long-term care facilities
 - Is an association (or affiliate of such an association) of long-term care facilities, or of any other residential facilities for older individuals or individuals with disabilities; or
 - Has ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility.

Legal Service representation of the Office of the Long Term Care Ombudsman Program

The Ombudsman program’s legal representative shall be available for consultation and representation as needed by the state ombudsman and not have a conflict of interest by providing representation to a Long Term Care facility in opposition of the ombudsman program.

(8) Designation Criteria (OAA section 712(a), 45 CFR 1324.11(e), IC 67-5009, IDAPA 15.01.03)

The State Ombudsman shall determine designation, and refusal, suspension, or removal of designation, of Local Ombudsman entities and Local Ombudsmen pursuant to OAA section 712(a).

Designation Criteria For Ombudsman Program Entities (AAA) (45 CFR 1324.11(e), IDAPA 15.01.03)

- Idaho Administrative Rule 15.01.03.031 designates each of Idaho's six Area Agencies on Aging as the Local Ombudsman entity and they will:
- Not be responsible for licensing or certifying long-term care facility services.
- Not be an association, or an affiliate of an association, of providers of long-term care facilities for residents.
- Not have a financial interest in a long-term care facility.
- Demonstrate to the satisfaction and with the permission of the State Ombudsmen or his/her representative, capability to carry out the responsibilities of the Office.
- Ensure that AAA procedures for Local Ombudsmen shall be consistent with the program.
- Meet all requirements of 45 CFR 1324.
- Provide Ombudsman services directly and without limitations on program related travel.
- Not interfere with the initial or ongoing training of ombudsman program trainees and program staff.
- Not otherwise be prohibited from meeting the duties of the AAA.
- The execution date of the AAA contract with ICOA to provide LTCO program services shall constitute the effective date of the designation.
- The State Ombudsmen will review and approve plans or contracts governing the entity LTCO operations, including AAA area plans, in coordination with ICOA and will monitor program performance through desktop reviews and onsite visits.

Designation Criteria For Local Ombudsman Representatives (LTCO) (OAA section 712(a), 45CFR 1324.11(c), 45 CFR 1324.19, IC 67-5009, IDAPA 15.01.03)

The Office may designate Local Ombudsmen who will be located in each of the Idaho AAA and shall fulfill duties of the Local Ombudsman Representatives per regulatory requirements. The AAA shall notify the State Ombudsman of the need and intent to interview and hire any Local Ombudsman. The State Ombudsman will participate and provide recommendations during the hiring process of an Ombudsman, but the AAA shall make the final decision to hire a potential Ombudsman program representative.

The State Ombudsman can refuse to certify a AAA trainee at any time during the training process. AAA's cannot use ombudsman funding to pay for a staff that the state ombudsman determines is unsuitable to represent the Office.

To be designated as a Local Ombudsman, an individual must:

- Be free of conflict of interest to include having no less than 1 year separation from employment of an assisted living or nursing home facility.
- Be employed by or volunteer for a designated AAA Local Ombudsman entity.
- Meet the qualifications for the Local Ombudsman position to include 1 year experience working with seniors and a bachelor's degree or equivalent (When an applicant does not have a

bachelor's degree the State Ombudsman will determine if requirements for the job position is met).

- Demonstrate the ability to take direction from the office.
- Satisfactorily complete certification training requirements.
- Be awarded his or her designation certificate signed by the State Ombudsman.
- Satisfactorily fulfill Local Ombudsman responsibilities.
- Meet re-certification requirements annually.

Training and Refusal of certification by the State Ombudsman of a potential Ombudsman Program Manager

- The AAA has the final determination in hiring of AAA staff for consideration as potential ombudsman program representatives and will provide a quiet area where the trainee can read the 10 NORC training modules and complete the questions at the end of each chapter and NORS 4 part training curriculum during the first week of employment within the AAA.
- The AAA director will ensure that the state directed training is not interfered with by AAA requirements of the potential ombudsman representative in training.
- The State Ombudsman will virtually meet with the trainee/Potential Ombudsman Program Manager the first day of employment at the AAA or as soon thereafter to review what is expected to be completed by the trainee within the first week. The State Ombudsman will provide chapter reviews of all 10 modules through virtual meetings between the trainee and the State Ombudsman to determine the trainees understanding of the requirements of the ombudsman program by certified representatives. Reviews will be scheduled as the trainee completes the required materials. This part of the curriculum is expected to be completed the first week of employment.
- The second week of employment by the trainee/Potential Ombudsman Program Manager will be in Boise at the ICOA office to complete:
 - Two days of training that will focus on regulations, the data entry system
 - One day on-site facility training and observation by the state ombudsman of interactions of the trainee with residents, staff and the trainee's willingness to take direction from the state ombudsman
- It will be the determination of the state ombudsman to provide certification to the trainee upon completion of the two week training or any time during the training the state ombudsman may determine to discontinue training and refuse certification of the trainee
- Should the state ombudsman choose to refuse certification of the trainee, the state ombudsman will notify the ICOA director and provide documentation as to why the decision was made to not certify the trainee

- At this time the AAA director will be notified in writing that the state ombudsman refuses to certify the trainee.
- Upon receipt of the written notice by the director from the state ombudsman of the refusal to certify the trainee, the AAA will post the position for hire or consider other applicants
- There is no appeal process for refusal to certify a potential ombudsman program representative.

De-Designation Of Ombudsman Program Entity (AAA) (45CFR 1324.11(e), IDAPA 15.01.03)

- The State Ombudsmen may de-designate a AAA entity as a provider agency for one or more of the following reasons:
- Failure to continue to meet the criteria for designation.
- Failure to make unannounced routine visits, receive and investigate complaints and provide access to the ombudsman program among other program requirements.
- Failure to respond to requests by the office of the State Ombudsman to resolve issues brought to the AAA director regarding programmatic concerns and complaints.
- Existence of a conflict of interest with the LTCO program that is not remedied, as outlined in this manual.
- Failure to ensure AAA potential ombudsman program hires have a 1 year separation from employment of a nursing home or assisted living facility.
- Failure to disclose any conflict of interest.
- Violation of LTCO program confidentiality requirements as outlined.
- Failure to provide adequate LTCO services including travel funds to carry out activities related to Ombudsman activities (IDAPA 15.01.03).
- Failure to fill a vacant Ombudsman position.
- Failure to use funds designated for the LTCO program for LTCO services or as directed by the State Ombudsmen as outlined.
- Failure to meet the Title VII and Title III Minimum Funding on the AAA Ombudsman Program Per the baseline requirement of 2019.
- Failure to adhere to the terms of the contract for the provision of Ombudsman services.
- Failure to adhere to applicable federal and state laws and regulations.

ICOA process for de-designation of a AAA Ombudsman entity is as follows:

- The State Ombudsmen will immediately consult with the ICOA Director regarding the need to de-designate the AAA Ombudsman program.
- The State Ombudsmen, in coordination with ICOA, shall send notice of the intent to de-designate to the AAA director and shall include the reason for de-designation.

- The AAA director shall respond in writing to the notice within 10 business days, outlining a plan to reach compliance.
- After receipt of the notice, the State Ombudsmen will review and at his/her sole discretion, may amend or terminate the contract between the AAA Ombudsman program and the Office within 10 business days (45 CFR 1324.11(e)).
- Provide notice of due process.
- If de-designation proceeds, the State Ombudsmen shall arrange for the provision of Ombudsman services until a new provider is designated (IDAPA 15.01.03).
- The AAA shall, at the total discretion of the State Ombudsman, surrender any equipment and supplies purchased with state or federal funds designated for LTCO services.
- The AAA shall surrender the balance of any advanced state or federal monies to ICOA or the State Ombudsman.

De-Designation Of Local Ombudsmen (LTCO) (45 CFR 1324.11(e), IDAPA 15.01.03)

The State Ombudsman designates individuals to be given the title and responsibilities of a Local Ombudsman representative of the Office and may refuse to designate, suspend or de-designate for the following reasons:

- Failure of the individual to meet /or maintain the criteria for designation
- Existence of a conflict of interest that cannot be resolved
- Intentional failure of the individual to disclose any conflict of interest
- Performing a function not recognized or sanctioned by the LTCO Program
- Violation of the confidentiality requirements
- Failure to serve as a fulltime Ombudsman representative and failure to fulfill LTCO responsibilities as outlined in section 712 OAA
- Falsifying records
- Failure to follow the direction of the State Ombudsman, and/or the Local Ombudsman Program Manager, regarding LTCO procedures and practices
- A change in employment duties which is incompatible with LTCO duties
- Maintaining an active facility administrators license

Separation from the LTCO Program including, but not limited to:

- Termination of employment by the AAA.
- Non-fulfillment of job responsibilities.
- Termination or non-renewal of provider agency's contract for provision of LTCO services.
- Failure to act in accordance with applicable federal and state laws and regulations.

The process to de-certify a Local Ombudsman is:

- Prior to de-designation, the State Ombudsmen shall consult with ICOA and the relevant AAA to consider remedial actions that could be taken to avoid de-designation.
- Discuss with ICOA and the AAA the impact of the action which led to consideration of de-designation.
- If no remedy can be found, the State Ombudsman shall make the final decision and provide written notice of the intent to de-designate to the Local Ombudsman to be de-designated, ICOA and the AAA. Such notice shall:
 - Specify the reasons for the intended de-designation;
 - Include the date the de-designation becomes effective;
 - Provide notice of due process.

The State Ombudsman may suspend the Local Ombudsman, pending the outcome of the investigation.

If the refusal to designate, suspension of designation, or de-designation, results in the absence of Ombudsman services in the relevant service area, the AAA shall maintain an MOU with another AAA in Idaho to assist in fulfilling the AAA responsibilities to the ombudsman program. The state ombudsman shall monitor services provided and ensure there is access to the ombudsman program. The AAA will post and fill the position immediately.

(9) Disclosure Of Resident Or Complainant files/Information (OAA Section 712(d), 45 CFR 1324.11(e), IDAPA 15.01.03)

All representatives of the Ombudsman program are excluded from Idaho abuse reporting requirements, including when such reporting would disclose identifying information of a complainant or resident without appropriate consent or court order except as allowed in CFR 1324.19(b) concerning residents that lack capacity to consent.

The State Ombudsman shall have sole authority to make or delegate determinations for disclosure of resident or complainant information and shall follow guidance below.

Disclosure of resident or complainant identifying information will only be released when:

- The resident or resident representative consents through verbal, written or alternative means which is clearly documented in the case file.
- Required by court order.
- If a resident is unable to communicate informed consent, the Ombudsman may accept communication of informed consent from the resident representative unless there is reasonable cause to believe the resident representative is not acting in the best interest of the resident.
- If a resident is unable to communicate informed consent and has no resident representative, resident identifying information may be disclosed/referrals made, in the following situations:

- The Ombudsman has reasonable cause to believe there may be an adverse effect to the health, safety, welfare, or rights of the resident.
- The Ombudsman has no evidence to indicate the resident would not agree.
- The Ombudsman has reasonable cause to believe that it is in the best interest of the resident to release information or make a referral.
- The Local Ombudsman obtains the approval of the State Ombudsman.
- The action is documented in the case file.

Policies regarding disclosure apply regardless of the source of the request for information or the source of funding for the services of the Ombudsman program.

Disclosure Of Ombudsman Files (OAA section 712(d), 45 CFR 1321.11(e), IDAPA 15.01.03)

The State Ombudsman or designee:

- Will adhere to the National “Ombudsman Code of Ethics”.

The State Ombudsman will:

- Be the custodian of, and have access to, all Ombudsman files, records, and other information of the program regardless of format, including information maintained by representatives of the Office and AAA entities.
- Will review the request for disclosure and case documentation and discuss with the Local Ombudsman to determine whether release of all or part of the records would be consistent with the wishes or interest of the relevant resident.
- Shall determine whether any part of the records should be redacted.

The Local Ombudsman will:

- Immediately contact the State Ombudsman Upon request or inquiry for information and will not provide any information of any kind without further instruction from the Office.
 - Will require individuals requesting release of Ombudsman information to submit a written request outlining:
 - The need for information
 - Relationship to the resident
 - How information will be used
 - With whom information will be shared.
 - Any additional information the State Ombudsman deems necessary.
 - Will provide the State Ombudsman a copy of the subpoena or written request for information.

GUIDE FOR RELEASE OF OMBUDSMAN RECORDS

The request for LTCO records is made by....	THEN the LTCO or designee shall....
A resident or resident representative (POA or Guardian). <u>Ombudsman needs copy of verification of relationship.</u>	<p><u>Contact the SLTCO for approval;</u></p> <ul style="list-style-type: none"> • Provide the case numbers of records requested to the SLTCO for review and details of the request; • With approval, release records generated by the LTCO which are directly relevant to that resident provided that the identity of other residents or complainants is redacted;
A complainant if not the resident	<ul style="list-style-type: none"> • The request will be submitted in writing per (OM) • <u>The Local Ombudsman will notify the SLTCO;</u> • Provide the case numbers of records requested to the SLTCO for review; • With the approval for the release of records by the resident or representative, relevant records may be released; • The SLTCO and Local Ombudsman will determine that the release is not in conflict with the wishes or interests of the relevant resident; and • The identity of other residents or complainants will be redacted.
Another agency or program	<p><u>Records will be released only if:</u></p> <ul style="list-style-type: none"> • The request will be submitted in writing per (OM) • <u>Contact the SLTCO for approval;</u> • Provide the case numbers of records requested to the SLTCO for review; • The resident or the resident representative communicates informed consent to the disclosure and the consent is given in writing or through the use of auxiliary aids and services; • The resident or resident representative communicates informed consent orally, visually, or through the use of auxiliary aids and services and such consent is documented contemporaneously by a representative of the Office in accordance with such procedures; • The identities of residents or complainants who have not provided consent (outlined above) for the release of their names are not revealed or; • The disclosure is required by court order. • 3rd party records will not be released without a court order.

The request for LTCO records is made by...	THEN the LTCO or designee shall....
	<p>NOTE: Where federal requirements conflict with Idaho State law, the federal requirement takes precedence.</p>
A judge	<p><u>Contact the SLTCO for approval;</u></p> <ul style="list-style-type: none"> • <u>Provide a copy of the Court order to SLTCO;</u> • <u>Provide the case numbers of records requested to the SLTCO for review;</u> • Release any records directly; responsive to a court order; and • Provide an explanation to the court regarding the importance of not revealing the identity of residents and complainants and/or requesting the court to seal the LTCO records where the SLTCO determines that the release of records would be inconsistent with the wishes or interests of the resident.
Any other party	<p><u>Contact the SLTCO for approval and release the records only if:</u></p> <ul style="list-style-type: none"> • The request is made in writing (OM) • The resident or the resident representative communicates informed consent to the disclosure and the consent is given in writing or through the use of auxiliary aids and services; • The resident or resident representative communicates informed consent orally, visually, or through the use of auxiliary aids and services and such consent is documented contemporaneously by a representative of the Office in accordance with such procedures; • (IF the resident is unable to provide consent, the resident’s legal representative may provide consent),and • The identities of residents or complainants who have not provided consent outlined above (for the release of their names) are not revealed. • The disclosure is required by court order. • <u>Provide the SLTCO the case numbers of records being requested for review.</u>

The Local Ombudsman will not:

- Discuss resident's identifiable information within the AAA or outside of the Ombudsman program without a release of information documented in writing or contemporaneously within the data collection system.

Photos

Ombudsmen may take photos with permission and a signed photo release by the resident or resident representative. Ombudsmen may post photos with the state photo release signed by appropriate individuals to include:

- residents
- staff
- family
- ombudsmen

If the resident wants to remain anonymous be certain there is nothing in a photograph that would identify them as the resident, to include items in their room. Be sensitive to the need to protect the resident's choice of anonymity. Don't take pictures of a resident's wounds or body that does not maintain their dignity.

Photos can be shared with licensing with the written permission of the resident or resident representative. Releases are required to be placed in the ombudsman data system.

Recordings

In Idaho, it is a criminal offense to use any device to record communications, whether they are wire, oral or electronic, without the consent of at least one person taking part in the communication. This means that in Idaho, you are legally allowed to record a conversation if you are a contributor, or with prior consent from one of the involved parties. Idaho Code Ann. § 18-6702.

An ombudsman should always have the permission of the resident or resident representative if considering recording a meeting or conversation which you are a contributor in and if it involves residents' identifiable information.

The recording should not be shared without redacting any and all identifiable resident, resident representative, complainant or family information without their written permission.

(10) Elder Rights Leadership_(OOA section 712(g), 45 CFR 1324.15(h), IDAPA 15.01.03)

ICOA shall provide elder rights leadership and shall require coordination of Ombudsman program services with activities of other programs authorized by Title VII of the Act as well as other programs

with responsibilities relevant to the health, safety and well-being or rights of older adults, including residents of long-term care facilities.

- Each AAA shall ensure that Adult Protections Services (APS) staff and the Local Ombudsmen maintain a written agreement establishing cooperative protocols. The MOU shall reflect the regulatory requirement of both APS and the LTCOP.
- Local Ombudsmen shall honor and carry out state level agreements between the Office and other agencies of government (IDAPA 15.01.03).

(11) **Emergency Preparedness and Continuity of Operations**

The SLTCO prepares the LTCO to function as fully as possible during an emergency and remain capable of fulfilling program responsibilities under state and federal law. And direct that:

- The SLTCO will review the AAA continuity of operations plan to be used during and after an emergency or disaster including the ability to maintain communication during a disaster in conjunction with review of AAA contracts.
- Ombudsman Program Managers are to review and keep supplies of PPE in stock to meet the needs of their AAA Ombudsman Program.
- The State Ombudsman will be notified of the location of the ombudsmen and actions they intend to take prior to responding in an emergency if it requires leaving the office. The State Ombudsman will provide guidance to the AAA Ombudsman Program Manager and the AAA ombudsman will take direction from the Ombudsman Program Manager.
- During an emergency ombudsmen will reach out to facilities in the AAA area that are affected by the emergent situation to offer to advocate for the health, safety, welfare and rights of resident who are affected. But Ombudsmen are not first responders. And it may not be appropriate to enter a facility in certain emergent situations. The ombudsman may need to depend on phone access.
- The Ombudsman Program Manager should have a list of all facilities in the AAA area with contact information to be used in emergent situations.
- The Ombudsman should inquire and assist to help find placement for residents in coordination with the State Ombudsman, the Department of Health and Welfare Bureau of Facility Standards and Residential Assisted Living Licensure.
- Participate on the Emergency preparedness Coalition meetings in the AAA area and be informed what emergency preparations have been put in place and the effects and benefits to residents of long term care facilities in the AAA area.
- Ombudsmen have authority to access facility Emergency Plans in the AAA area. They can request that the facility send an electronic copy to the ombudsman program.

(12) **Facility Initiated Discharges Submitted By Skilled Nursing Facilities In Idaho Get Care**

Data is entered by Skilled Long-Term Care Facilities in regard to facility initiated discharges through ICOA website, aging.idaho.gov.

The Ombudsmen:

- Receive notification of facility initiated discharges from long term care facilities in Idaho Get Care (RTZ) on the dashboard.
- Upon receiving the notification of facility initiated discharges the ombudsman is responsible to open and review the notices to determine if any action is needed by the local ombudsman to provide advocacy for residents being discharged from their assigned facilities.
- When reviewed and after making a determination of action needed by the ombudsman, the ombudsman will mark the notification as completed.
- The ombudsmen may receive requests of verification that facilities have entered facility initiated discharges notification into the ombudsman data collection system as required by CMS from the Bureau of Facility Standards.

(13) Hiring Of Ombudsman Staff

Designation Criteria for local Ombudsman representatives (LTCO) (OAA section 712(a), 45CFR 1324.11(c), 45 CFR 1324.19, IC 67-5009, IDAPA 15.01.03, ICOA OM)

The AAA shall notify the State Ombudsman of the need and intent to interview and hire any Local Ombudsman. The State Ombudsman will participate in the interviewing process and provide recommendations to the director of the AAA during the hiring process of an Ombudsman, but the AAA shall make the final decision to hire. AAA directors shall notify their Human Resource Department that hiring does not ensure that a AAA staff will become a certified ombudsman. Certification is determined by the state ombudsman and is upon their sole discretion.

Prior To Hiring Ombudsman Staff:

- Notify the State Ombudsman when notice has been provided to the AAA that a staff is terminating, retiring or there is intent to hire an additional Ombudsman.
- Advertise job position.
- Provide State Ombudsman job application, resume and completed and signed Conflict of Interest form of all qualified applicants.
- Provide a list of interview questions for the position of local Ombudsman to the State Ombudsman.
- Include State Ombudsman in interviews of applicants for the position of local Ombudsman.
- Provide the State Ombudsman adequate notice of interview dates and time to be able to participate in the interview.
- Provide 15-30 minutes for questioning by State Ombudsman.
- Conflicts of interest shall be resolved prior to hire.
- AAA Shall make the final decision to hire.

Upon determining to hire a select staff to fill the position of local Ombudsman the AAA will notify the State Ombudsman of start date and the desire to schedule new Ombudsman training. New hire training should begin early within the first week of hire.

(14) Interference, Retaliation and Reprisals (OAA section 712(j), 45 CFR 1324.15(i), IC 67- 5009)

- ICOA shall ensure that long-term care facilities are prohibited from interference, reprisals or retaliation against a resident, employee, or other person filing a complaint with, or furnishing information to, the Office, and willful interference with representatives of the Office is unlawful. (IC 67-5009) “Interference” includes any inappropriate or improper influence from any individual or entity, regardless of the source, which will in any way compromise, decrease or negatively impact:
 - The objectivity of the investigation or outcome of complaints.
 - The role of the representative of the Office as advocate for the rights and interests of the resident.
 - The ability of the representatives of the Office to resolve issues related to the rights, quality of care and quality of life of residents of long-term care facilities; or
 - The statutory responsibility of the representatives of the Office to provide information (as the Office of the SLTCO determines necessary) to public and private agencies, legislators and other persons regarding problems and concerns of residents and recommendations related to residents’ problems and concerns.

No person shall discriminate or retaliate in any manner against any resident, or relative or guardian/legal representative of a resident, any employee of a long-term care facility, or any other person due to filing a complaint with, providing information to, or otherwise cooperating in good faith with a LTCO.

Any person who has knowledge of such interference or retaliation may report such information to the State Ombudsman.

- The State Ombudsman shall review the information provided, and conduct further investigation, if necessary, to confirm the occurrence of the interference or retaliation.
- If the State Ombudsman, based on the review, determines that enforcement action is warranted, he/she shall pursue the following course of action:
 - Facility Staff or Agents:
 - The State Ombudsman will submit a written report of such interference or retaliation to the Idaho Health & Welfare, Bureau of Long-Term Care.
 - The Bureau may investigate the report from the State Ombudsman in accordance with its procedures for complaint investigation.
 - If the Bureau complaint investigation confirms the occurrence of such interference or retaliation, the Bureau has the authority to impose sanctions in accordance with its procedures for the imposition of penalties.
 - The State Ombudsman will request the ombudsman program legal representation take action against retaliation towards ombudsmen program representatives.

- When Other Than a Long-Term Care Facility :
 - The State Ombudsman shall report such interference or retaliation to the Idaho Commission on Aging Administrator;
 - Such interference by an individual who is an official or employee of the ICOA, AAA Local Ombudsman entity, or any representative of the AAA, shall be deemed to be in violation of the Older American Act section 705(a) and 712(j); and
 - The ICOA Administrator will assist the State Ombudsman in determining and implementing appropriate sanctions’

(15) Legal Counsel/ Liability_ (OOA section 712(i), 45 CFR 1324.15(j), IC 67-5009)

An Ombudsman is immune from liability in the good faith performance of his or her official duties and shall not incur any civil or criminal liability.

“Official duties” are those duties of the State Ombudsman or representative of the Office as set forth in applicable federal and state law and these policies and procedures. They shall include, but not be limited to, making a statement or communication relevant to receiving a complaint or conducting investigative activity.

Evidence of performing duties in “good faith” includes, but is not limited to:

- Making every reasonable effort to follow procedures set forth in applicable laws and these policies and procedures;
- Seeking and making reasonable efforts to follow direction from the State Ombudsman or supervising Ombudsman;
- Performing duties within the scope of authority related to training and designation in the role.
- Clear and concise documentation of actions taken by the ombudsman representative as outlined in this manual.

ICOA shall ensure that legal counsel is adequate, relevant and available without conflict of interest, to the LTCO program for consultation and representation in the performance of:

- Complaint resolution and systems advocacy to protect the welfare, and rights of residents;
- Assisting residents in seeking administrative, legal, and other appropriate remedies.
- Legal representation, arranged by or with the approval of the Ombudsman, is provided to the Ombudsman or 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.

Legal counsel will be provided as follows:

ICOA SLTCO will seek legal representation from the Idaho Attorney General’s Office:

- The SLTCO will notify the ICOA Director of the need to request legal services from the Idaho Attorney General’s Office.
- The Attorney General’s Office does not represent or provide legal advice to the AAA entity or Local Ombudsman representative (non-state entities).
- The ICOA appointed Legal Services Developer may consult with, but shall not represent the State Ombudsman, AAA, or Local Ombudsman program.
- Legal representation of the Ombudsman program by an Ombudsman or representative of the Office who is a licensed attorney shall not by itself constitute adequate legal counsel.
- Communications between the Ombudsman and legal counsel are subject to attorney-client privilege.

Local Ombudsman will seek legal representation by:

- Notifying the State Ombudsman of any legal action or potential legal action.
- Obtaining independent legal counsel provided by the AAA as outlined in contract. (Local Ombudsman may request the assistance of the State Ombudsman).

Local Ombudsmen requiring legal advice/consultation will contact:

- The State Ombudsman, who shall assure the provision of advice and consultation; or
- Idaho Legal Aid Services in their relevant service area to:
 - Provide consultation and resident representation as needed in order for the Ombudsman program to protect the health, safety, welfare, and rights of residents.

The local Ombudsman and representatives of the Office assist residents in seeking administrative, legal, and other appropriate remedies. In so doing, the local Ombudsman shall coordinate with Idaho Legal Aid Services, Disability Rights Idaho, Intermountain Fair Housing and victim assistance services to promote the availability of legal counsel to residents. And:

- The State Ombudsman shall obtain prior approval from ICOA for Office expenditures for legal representation.
- Communications between the Ombudsman and legal counsel are subject to attorney-client privilege.

Legal Counsel for Residents of LTC and older Idahoan’s

AAAs contract with Idaho Legal Aid services to provide Legal counsel for “advice and consultation needed to protect the health, safety, welfare, and rights of residents.”

In addition, legal counsel is required to be available to “assist the Ombudsman and representatives of the Office in the performance of the official duties of the Ombudsman and representatives.” (OAA Section 712(g)(1)(A); 45 CFR 1324.15(j)(1)(i)).

Examples could include, but are not limited to:

- Representation of the Ombudsman program in response to court orders regarding disclosure of Ombudsman program information.
- Legal advice regarding complaint resolution for complex cases, including those that involving legal issues.
- Advice regarding, and/or drafting responses on behalf of the Ombudsman program in response to, formal requests for disclosure of program information (e.g., depositions, subpoenas, public records requests).

(16) Media

Any media work conducted by local ombudsmen must first be approved by the State Office.

(17) MOU's

AAAs shall establish an MOU with another Idaho AAA when they are unable to employ two deep staffing to ensure the requirements outlined within 712 of the OAA , 1324 CFR and the ICOA Operations Manual for the ombudsman program are met.

(18) Nursing Home Closure

The Ombudsman shall make a visit to the facility when they are made aware the facility is closing and will no longer be licensed as a skilled nursing facility or an assisted living facility. The local ombudsman should attempt to visit with all of the residents to inquire if they have concerns and to provide advocacy and assistance to address future placement. And to:

- Notify the State Ombudsman of the closure and keep the Ombudsman informed of status of the closure.
- Provide the facility with information on transfer trauma and its effects on residents.
- Reduce the risk of transfer trauma to the resident by being a support and advocate for the residents' rights during the transition.
- Ensure appropriate assistance is provided by the facility to find placement for residents reflective of their preferences.
- Request a list with all resident's names and room numbers.
- Request a face sheet for all residents at the facility.
- Begin your focus on those who have no representative or family support.
- Notify Intermountain Fair Housing Council of the closure, with the number of residents residing in the facility so they will have a heads up should they be requested to advocate for a resident.

- Provide information to residents and their representatives for Intermountain Fair Housing, Legal Aid and Disability Rights Idaho for legal assistance.

(19) Referrals to Another Agency

A referral and providing a resource are not the same thing.

- A referral is when the ombudsman reaches out to the agency they are referring the person to and provides the agency with information that an individual will be contacting them and that you are referring them to the agency. Preferably working with the agency on the resident's behalf to resolve the complaint.
- Providing a resource is when the ombudsman provides information to a person.

When the ombudsman chooses referral at the bottom of the case in RTZ they should only mark a referral if they have made contact with the agency to notify of the referral.

(20) Routine Facility Visits (OAA 712(a), 45CFR 1324.19(a), IDAPA 15.01.03)

Local Ombudsmen will provide a minimum of quarterly unannounced visits to each assigned nursing home and assisted living facility and will:

- Present himself/herself professionally and keep professional boundaries with staff and residents.
- Submit to facility screening but does not include testing.
- Be prepared to wear PPE.
- Be dressed in business casual but comfortable attire.
- Request a list of residents and room numbers from administration or office staff if administration is not available.
- Speak to residents and staff with dignity and respect and be aware of your communications both verbal and nonverbal.
- Notify the administration if available, upon entering the facility but, if administration is not available the ombudsman will notify a staff that the ombudsman is in the building. The ombudsman is not required to wait for staff to appear if none is available the ombudsman will continue with the visit.
- Observe the condition of residents during routine visits.
- Provide information regarding services offered by the LTCO program during routine visits by offering brochures or other information describing the program and how to contact an Ombudsman.
- Assure that the facility posts the LTCO program poster, brochures and relevant information in the facility so information about the ombudsman program is readily visible to all residents, family, and staff.

- Explain the purpose of the LTCO program and visit the residents of the facility, particularly any residents who have been admitted since the LTCO's last routine visit.
- Offer to assist in strengthening the Resident Council or in developing a Family Council.
- Ensure resident access to an Ombudsman.
- Provide education to residents, family and staff on the ombudsman program.
- Offer to provide presentations to staff on Residents' Rights and Dementia Skills Training and other relevant senior topics.
- Take the "Facility Visit form" into the facility with you and complete the State Ombudsman approved form, to record your visit, so you can refer to it during survey inquiries. Scan the Facility Visit form into the Ombudsman data system.

A visit for the purpose of investigating a complaint may be made simultaneously with a routine visit to maximize efficient use of time and resources. Complaint visits shall be entered into RTZ as a separate visit from the routine visit and attached as an activity to the complaint, but travel time and routine visit time will not be calculated in the complaint visit.

Routine Visitation During Infections/Covid

Ombudsmen should use informed decision making prior to meeting in-person with residents who are INFECTIOUS/COVID active or are suspected to have COVID-19/INFECTIOUS. It is recommended that upon entering the facility that the ombudsman speak with administration or administrative staff to become informed about the current activity of COVID/INFECTIOUS within the facility. It is important to be aware of areas where COVID/INFECTIOUS positive residents may be cohorted.

During a COVID/INFECTIOUS outbreak ombudsman need only enter one facility a day when a county has a 10% or higher positivity rate. If a facility has active COVID/INFECTIOUS within the facility it should be the last facility visited in a day. This is to prevent the spread from one facility to another. It is not possible to know whether a facility has asymptomatic staff or residents whom ombudsman can encounter.

When a county has a 10% or higher positivity rate of infectious outbreak the ombudsman should contact the local Health Department for guidance/precautions prior to entering a facility.

It is recommended that ombudsmen be fully vaccinated to protect the residents from transfer of infection within the facilities they visit.

During a COVID/INFECTIOUS or other transmittable disease outbreaks Ombudsmen may visit multiple residents within a facility while using precaution described as follows:

- Follow guidance of Regional Public Health Department.
- Wearing appropriate PPE, correctly for infection type.

- Follow CDC guidelines for infection control precautions for properly removing your PPE. Follow the manufacturer's instructions for disinfecting of face-shields, goggles and storage.
- Washing hands and hand sanitizing before entering a resident's room and in between residents' rooms.
- 6-foot social distancing or what is appropriate per CDC.
- Don't sit in a residents' room, on chair or bed.
- Don't touch things in residents' rooms or lean on anything in the resident's room.
- Call staff to assist residents when the need arises.
- Limit the time that you spend in each resident's room.
- Where appropriate, observe the condition of the room from the doorway rather than entering if the resident is resting.
- Ombudsman may participate in Resident Council meetings or assist in the development of Family Councils.
- Can obtain resident verbal permission, to include photos if it is documented in chronologically order within the case notes in RTZ.

(21) State Level Coordination (OAA section 712(h), 45 CFR 1324.13(h))

The State Ombudsman shall provide leadership and statewide coordination between the Ombudsman program and other entities with responsibility relevant to the health, safety, well-being and rights of residents of long-term care facilities including but not limited to:

- Area Agency on Aging programs
- Aging and Disability Resource Centers
- Adult Protective Services programs
- Protection and Advocacy systems as designated by the State, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15001 et seq.)
- Facility and long-term care provider licensure and certification programs
- The State Medicaid Fraud Control Unit, as defined in section 1903(q) of the Social Security Act (42 U.S.C. 1396 b(q))
- Victims' assistance programs
- State and local law enforcement agencies
- The State Legal Assistance Developer and legal assistance programs, including those provided under OAA section 306(a)

The Ombudsman shall carry out such other activities as the Assistant Secretary determines to be appropriate.

(22) Systems Advocacy

(45 CFR 1324.11(e)) The State Ombudsman and representatives will analyze, comment on, and monitor the development and implementation of Federal, State, and local laws. In carrying out the specified duties of the program, no representative of the Ombudsman Program shall be prohibited by Idaho lobbying laws and shall consult with ICOA on any determination of the Office related to recommended changes in laws, regulations, policies, or systems advocacy work. However, such a policy shall not require a right to review or pre-approve positions or communications of the Office and may not necessarily represent determinations or positions of ICOA. All Local Ombudsmen must first discuss and receive written notice of approval from the State Ombudsman before conducting systems advocacy efforts outside of facility system issues in relation to complaint investigation.

(23) Volunteer Ombudsman

(45 CFR 1324.13(c)), Each local LTCO program may choose to develop a volunteer program. They shall be responsible to recruit, train and oversee volunteers to be designated as representatives of the Office.

Trainees are required to:

- Take direction from the ombudsman program manager and designees.
- Be actively involved in the training program.
- Be supervised at all times when shadowing in facilities.
- To wear a name tag identifying who they are and the program they represent.
- Not enter facilities unsupervised until certified.

The 36 hour training can be conducted in a variety of methods to meet the needs within the parameters of independent learning/homework, in classroom, virtually, and shadowing of volunteers.

AAA Ombudsman Program Managers will provide supervision and monitoring of all certified Ombudsman volunteers who will:

- Work under the direct supervision of the Local Ombudsman Program Manager/Volunteer Ombudsman Program Coordinator.
- Be qualified to perform Ombudsman responsibilities including provision of program components.
- Provide appropriate documentation and reporting as directed by the Local Ombudsman.
- Perform responsibilities in accordance with all applicable federal and state laws, rules, regulations, policies and procedures.
- **Maintain personnel records of all volunteers to include:**
 - Application
 - Program Agreement
 - Driver's License
 - Proof of Insurance

- Job Description
- Background Check
- Conflict of Interest
- Confidentiality Form
- Abuse, Neglect, and Exploitation Statement
- Photo Release
- Code of Ethics
- Interview Questions
- Acceptance Letter
- Denial Letter
- Post Certification Assistant Ombudsman Survey
- Certified Assistant Ombudsman Training Evaluation
- Certified Ombudsman Review
- Initial Training Log
- 18 CEU Training Certificate
- In-Kind Hours Certificate
- Initial Training Certificate
- Complaints/Grievances Documentation
- Disciplinary Actions
- Decertification
- Voluntary Decertification Letter
- Survey Upon Separation
- Facility Feedback Form
- Forms available in the [Idaho State Volunteer guide](#)

Assess and provide needed on-going training in coordination with the Local Ombudsmen.

Ensure that a minimum of 18 hours of continuing education (CEU) pertinent to long-term care is made available and:

- Each volunteer completes the required 18 hours of long-term care related continuing education per FFY year and obtains certificates of completion as a prerequisite to continuing as an Assistant Ombudsman.
- Training for each volunteer is documented in the Ombudsman reporting system. New CEU hours begin on October 1st of each year for new and continuing ombudsman.

Ensure that no volunteer has a conflict of interest as defined in 45 CFR 1324.21 by completing the annual “Conflict of Interest Screening Form” and entering the information in the Ombudsman reporting system.

Ensure that volunteers will notify the State or Local Ombudsman supervisor before any action is taken on behalf of the Ombudsman program. Volunteers will reapply to the SLTCO if inactive for more than six months.

The Ombudsman Manager or the designee will evaluate Assistant Ombudsmen (volunteers) annually by:

- Completing the Annual Recertification of Assistant Ombudsman Volunteers, enter a copy into the Ombudsman data system for each volunteer and present certification during an In-Service to Assistant Ombudsman Volunteers.

AAAs are authorized to reimburse volunteers for Mileage for facility visits, training, In-service attendance and any activities related to the activities of the Ombudsman program. **Incidental costs related to trainings and meetings including awards and certificates are authorized spending for the ombudsman program.**

For training and certification requirements and list of program materials refer to “**Required Training**” in this manual.

(24) Complaints

Grievance Procedure For Complaints Against An Ombudsman (45CFR 1324.11(e))

An Individual or group having concerns or complaints against the Idaho State Long Term Care Ombudsman Program may lodge a grievance to request a review.

Grievances against a Local Ombudsmen (LTCO) Complaints about local volunteer or staff Ombudsmen shall be handled in the following manner:

1. All complaints will be submitted in writing.
2. If a complaint is received by the local entity supervisor or AAA Director, they will immediately notify the State Ombudsman.
3. If the issue is determined by the State Ombudsman to be a personnel issue, the AAA will assume responsibility for the investigation and keep the State Ombudsman apprised.
4. If a complaint is received by the State Ombudsman notification will be provided to the AAA Director and the Ombudsman Program Manager that a complaint was received, and an investigation will proceed.
5. If a situation involves a resident, their right to confidentiality will always be maintained throughout the investigation unless resident/representative permission is given.
6. The State Ombudsman or Local Ombudsman Program Manager will, at the discretion of the State Ombudsman, investigate the programmatic complaint of local ombudsmen and volunteers.
 - If the Ombudsman Program Manager is directed to investigate the complaint he/she will submit the documentation of the investigation to the SLTCO.

7. The nature of complaint, specifics of the investigation, and the outcome shall be documented.
8. A written response will be sent to the complainant upon completion of the investigation.
9. The response shall include name and contact information of the ICOA Administrator should the complainant choose to make a final appeal.
10. Final appeal will follow steps 1, 2, 4, 7

Grievances against the State Long-Term Care Ombudsman (SLTCO)

Complaints against the State Long-Term Care Ombudsman may include acts or omissions of the Office or challenges to de-designation, suspension or refusal of designations as a representative of the Office or host agency. Complaints shall be handled in the following manner:

If the complainant is challenging de-designation, or suspension of designation, a request for stay of the decision may be requested at the time of submission of the grievance.

All complaints will be submitted in writing to the ICOA Administrator.

If the complaint contains confidential resident information, the disclosure process shall be followed.

A written response will be sent to the complainant upon the completion of the investigation.

Grievance Procedure For Appeal Of De-Designation/De-Certification (45CFR 1324.11(e))

An appeal of de-designation of a AAA local entity or Local Ombudsman may be filed with the Administrator of ICOA by:

- Submitting the reason for the appeal in writing within 10 business days of the State Ombudsman final decision for de-designation. The following must be addressed in the letter:
 - The stated reason for filing the grievance;
 - How corrections have been made to come into compliance;
 - How said corrections qualify the AAA or Local Ombudsman for re-designation or remedy of conflict;
 - The ICOA Administrator will review and make recommendation to the State Ombudsman;
 - The State Ombudsman shall make the final determination to designate or to refuse, suspend, or remove designations of a Local Ombudsman entity or representative of the Office.
 - The State Ombudsman shall make the final determination to accept the remedy for a conflict of interest.

(25) Investigation

The State Ombudsman will investigate all complaints against local ombudsman reported to the AAA or ICOA by:

- Provide notice to the Director that a complaint has been received by ICOA

- Notify the ICOA Director that an ombudsman complaint has been received
- Notify the Ombudsman Program Manager that a complaint has been received
- Requesting the complaint be submitted in writing with the details of the complaint
- Requesting signed and dated letters from the ombudsman related to what accrued
- Request any witness letters signed and dated
- Interview the witnesses and other pertinent individuals
- Interview the staff that the complaint was made against
- Document steps of the investigation to include, emails, phone communications and in-person interviews
- Analysis the details gleaned from the investigation
- Document details the are verified
- Make a determination of the severity of the incident
- Determine the course to take
- Write a letter in response to the complaint
- Provide the response letter to the ICOA Administrator for review
- Mail the response letter to the complainant

(26) Quality Assurance

The State Ombudsman will meet with all new Ombudsman Program Managers one time a month and review case and activity documentation and provide training for the first year of employment as the Ombudsman Program Manager.

The State Ombudsman will complete annual desktop reviews of the 6 AAA Ombudsman programs annually and provide feedback for improvement and acknowledgement of accomplishment. The State Ombudsman will make on-site visits to the AAAs to do a program review every two years. On-site program reviews will consist of a volunteer program review, in-service with the volunteers, facility walk throughs with the local ombudsmen and providing needed training.

AAA Ombudsman Program Managers will complete a quarterly program review to include staff documentation in RTZ, case and activity review and submit quarterly reports to the AAA Directors to provide AAA monitoring of the ombudsman program activities. Each Ombudsman Program Manager will quarterly review staff documentation to ensure the ombudsmen are fulfilling the requirements of the ombudsman program and will provide needed training to program staff. During quarterly reviews the Ombudsman Program Manager shall analysis data to determine where the program is in regard to meeting program goals and requirements and adjust activities to realign with expectations and program goals.

7. Outreach

b) Target Population

The Ombudsman Program serve individuals residing in nursing homes and assisted livings and those individuals' seeking information regarding Long Term Care Services and facilities. Ombudsmen participate in community activities i.e., health fairs, community fairs and share brochures and education as they represent the Long-Term Care Ombudsman Program and provide information on Long Term Care.

c) Frequency

A minimum of 6 Presentations/Trainings to staff and/or community education trainings to agencies within the community annually by each AAA ombudsman.

d) Reporting

Ombudsman staff and volunteers Outreach and community education activities are documented and tracked in Idaho Get Care (RTZ).

8. Campaigns

a) Title and Month of Year

Resident's Right's Month, October

In recognition of long term-care Residents' Rights the ombudsman program initiates outreach and encourages participation of residents, staff, family and the community as a whole to remember and recognize residents and their rights to good quality care and good quality of life.

b) Expectations

Each AAA will develop a campaign plan for their region and track events and activities promoted.

The Ombudsman Program Manager will ensure activities of the ombudsman program are documented in Idaho Get Care (RTZ) and shall report activities in writing to the State Ombudsman by November 30th of each year.

Local Ombudsman shall participate in Residents' Rights' Month by:

- Providing information to facilities within the region pertaining to activities provided on the "National Consumer Voice" website that are Theme specific for the current Residents' Rights year.
- Invite local Mayors to read the proclamation and share on media sources.
- Submit letters to the Editor at local papers inviting participation by the community in the celebration of Residents' Rights month for residents in long term care facilities.
- Present to Resident Councils on resident rights.
- Provide staff presentations on resident rights.

9. Referrals

I&A Referrals

The OAA requires the Ombudsman to “ensure that the residents have regular, timely, private and unimpeded access to the services provided through the Office.” Therefore, the AAA shall provide barrier-free access to the ombudsman program and implement procedures to prohibit inappropriate disclosure of resident-identifying or complainant-identifying information outside of the LTC Ombudsman program.

AAA shall ensure that I & A intake staff:

- are trained so staff can appropriately make referrals to the LTC Ombudsman program, and to provide staff with a clear understanding of when to forward the caller to the ombudsman program when the caller’s inquiry for information is related to long term-care facilities. I&A staff shall take every precaution to avoid disclosure of resident or complainant-identifying information when individuals served are seeking access to the LTC Ombudsman program.

AAA shall provide a process to refer individuals to the LTC Ombudsman program without collection of information when they identify the caller wants help from an ombudsman or request an ombudsman by name. Intake processes should allow for an easy referral to the LTC Ombudsman program, ensuring confidentiality of information provided by the individual and including an option for individuals to directly reach (or leave a confidential message with) the LTC Ombudsman program. Provide the local Ombudsman’s direct phone number to the caller.

In order to provide confidentiality, will not require the caller to disclose resident or complainant-identifying information. Nothing in this provision shall prohibit the AAA from requiring that the Local Ombudsmen adhere to the personnel policies and procedures of the agency which are otherwise lawful. Adult protection calls will be referred to the appropriate entity unless caller specifically asks for an ombudsman:

- Inform the ombudsman program by sending notification on Idaho Get Care (RTZ) of all calls received into the AAA of Abuse, Neglect, Exploitation or reports of injury even if the call has been screened out by I&A if the call refers to a resident or situation in a Nursing Home or Assisted Living Facility.

Ombudsman Referrals

The Ombudsman shall make a referral to another agency when the resident gives permission or if unable to give permission and when:

- The responsible party may give permission;
- The Ombudsman may use substituted judgement where the responsible party is not acting in the best interest of the residents; and one or more of the following applies:
 - Another agency has statutory responsibility to support or assist the resident;
 - The action to be taken in the complaint is outside of the LTCO’s scope of authority;

- The Ombudsman needs additional assistance in order to achieve resolution of the complaint;
- If it is determined that additional expertise may benefit the resident.

The Local Ombudsman will contact the State Ombudsman for approval to proceed with substituted judgement and will document such in the resident case file.

An Ombudsman may encourage residents or complainants to directly contact the appropriate regulatory agency to file a complaint and may also offer information and assistance to residents or complainants in making such contact. If they are unable to do so, the Local Ombudsman or representatives may refer the matter and disclose resident-identifying information to the appropriate agency for regulatory oversight; protective services; access to administrative, legal or other remedies; and/or law enforcement action in the following circumstances:

- The resident is unable to communicate informed consent; AND
- The resident has no resident representative; AND
- The Ombudsman has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare, or rights of the resident.

The Ombudsman has no evidence indicating that the resident would not wish a referral to be made;

The Ombudsman has reasonable cause to believe that it is in the best interest of the resident to make a referral; and

The Local Ombudsman obtains the approval of the State Ombudsman.

Adult Protection Referrals

Referrals to APS can only be made by the Local Ombudsmen with the permission of the resident, resident representative or by the direction of the SLTCO.

10. Consumer Information

a) Data Requirements

The State Long-Term Care Ombudsman program is required by the Older Americans Act to advocate for residents of nursing homes and assisted living facilities and report their work to the Administration for Community Living (ACL) Administration on Aging (AoA), to be summarized in National Ombudsman Resource Center (NORS) at the end of the FFY. The State Ombudsman Program is required to provide aggregate data for cases, complaints and activities completed by the ombudsman program staff and volunteers. The State Ombudsman submits State Ombudsman Program data into the Older Americans Act Performance System (OAAPS).

b) Data Methods

The local Ombudsman program is responsible for regular and timely reporting as required by federal law. The AAA Ombudsmen shall enter complete and accurate data on activities and complaints documented into Idaho Get Care (RTZ) data management system.

The only way to prove the work the LTCOP does is through documentation. Information is documented both informally and formally, such as via pen and paper, and finally formally in RTZ. Informal documentation is used to immediately record observations, interviews and record reviews related to LTCOP complaints and activities. All identifiable information is required to be maintained securely when making visits in facilities or transporting documentation to ensure confidentiality.

The information is then entered into RTZ by the 10th of the month following the end of the quarter as a formal record of all the LTCOP actions and is maintained by the Office of the State Long Term Care Ombudsman.

Documentation should be factual, objective and be in chronological order in the event the record is subpoenaed to court.

All case files are to be maintained in RTZ not in hard copy files and any hard copy documents should be shredded upon entering into RTZ.

Documentation that should be entered into RTZ:

- Facility Routine Visit forms
- Release of information
- Mail, email or fax communications
- Pictures taken with permission of resident or resident representative
- Third party information requested with permission and used to verify complaints
- State Ombudsman letters of direction related to release of case files
- Request for release of records
- Any other pertinent information related to the case
- Volunteer maintenance documents
- Training for representative of the office
- Information and assistance
- Training for facility staff
- State Survey participation
- Attendance and work on Committees
- Resident Council and Family Council participation and
- Community education

ICOA and AAA directors may have access to Ombudsman aggregate data records which reflect activities of the program but may not view the identifiable information of any resident or complainant.

All communications seeking information from individuals, or staff should be documented as an activity.

The State Ombudsman will analyze program data from RTZ for the SFY Ombudsman Report and for the FFY Ombudsman Report.

c) Data Reporting

The OSLTCO collects and manages statewide program data through the National Ombudsman Reporting System (NORS). NORS data includes information about cases, complaints, and activities performed by the LTCOP and is submitted to the Administration for Community Living(ACL). NORS data is also used for program planning and resource development.

The Ombudsman Program Manager will provide a quarterly report to the AAA Director that will provide data on the status of cases and activities accomplished by the AAA Ombudsman Program by the 10th of the month following the close of the quarter.

Data reporting—SFY

The State Ombudsman, in the first week of September of each year, shall independently develop and provide final approval of a report to ICOA, of activities of the Ombudsman program during the prior state fiscal year to be compiled in the ICOA Annual Report (IC 67-5009).

It shall also include but not be limited to:

- Analysis of Ombudsman program data
- Evaluation of the problems experienced by, and the complaints made by or on behalf of, residents
- Policy, regulatory, and/or legislative recommendations for improving quality of the care and life of the residents
- Barriers or problems to resolving resident complaints
 - Analysis of the success of the program
 - Barriers that prevent the optimal operation of the program.

The report shall be distributed on or before December 31st of each year to the Idaho:

- Governor
- State Legislature
- Speaker of the House
- President of the Senate
- Department of Health and Welfare Bureau of Licensing and Certification
- President of the Idaho Hospital Association
- President of the Idaho Health Care Association
- General public via the ICOA website

Data Reporting FFY-

On or before January 31st of each year, the SLTCO will independently develop and provide an annual final report of activities for the previous federal fiscal year submitted into OAAPS.

The report shall:

- Describe the activities carried out by the Office in the year for which the report is prepared.
- Contain analysis of Ombudsman program data.

- Describe evaluation of the problems experienced by, and the complaints made by or on behalf of, residents.
- Contain policy, regulatory, and/or legislative recommendations for improving quality of the care and life of the residents; protecting the health, safety, welfare, and rights of the residents; and resolving resident complaints and identified problems or barriers.
- Contain analysis of the success of the Ombudsman program, including success in providing services to residents of, assisted living, board and care facilities and other similar adult care facilities.
- Describe barriers that prevent the optimal operation of the Ombudsman program.

The SLTCO shall make such report available to the public and submit it 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. The report shall be distributed to the:

- Assistant Secretary of Aging via the Administration for Community Living’s data tracking system (OAAPS) on or before January 31st of each year.

11. Service Providers

a) Required Training

Training For Ombudsman And Representatives (OAA 712(h), 45 CFR 1324.13(c) and 1324.15(k)) ICOA shall provide opportunities for training for the State Ombudsman and Local Ombudsman representatives in order to maintain expertise to serve as effective advocates for residents and may utilize OAA Title III and Title VII funds appropriated for direct services.

Initial training for local Ombudsman Managers will be provided by the State Ombudsman.

Initial training of local ombudsmen and volunteers will be provided by the local Ombudsman Program Manager or Ombudsman Volunteer Coordinator. After successful completion of the training and when the Ombudsman Program Manager feels the trainee is competent to complete the duties of the ombudsman program, the Ombudsman Program Manager will provide the State Ombudsman the trainees “Training Log” and a copy of the signed Conflict of Interest form, then at the discretion of the Office, the State Ombudsman may certify the trainee as a local ombudsman representative.

Ombudsman and volunteers can become certified once they have successfully completed a minimum of 36 hours of initial training that is: up to 7 hours of independent study/homework, at least 10 hours of shadowing in facilities, and 16-20 hours of classroom training.

Training will be provided in the following areas:

- The History and Role of the LTCO Program
- The Aging Process
- Resident’s Rights

- The Problem-Solving Process – Investigations
- The Problem-Solving Process – Resolution
- Long-Term Care: Facilities, Regulations, and Finances
- Long-Term Care Residents
- Communication
- National Ombudsman Reporting System

Training Material

- Idaho State Long-Term Care Ombudsman Training Guide
- National Ombudsman Resource Center (NORC) training Modules 1-10 including quizzes
- Residential Assisted Living Regulations training (IDAPA 16.03.22)
- ICOA Operations Manual for Ombudsman Program
- Shadowing and training in LTC facilities
 - All Trainees will have identifiable program badges
 - Will be supervised at all times while in the facility
 - Will not visit facilities unsupervised while in training
- In place of NORS training, volunteers need to complete training on:
 - [NORS Complaint Codes List](#)
 - [NORS Table 1 Case Level](#)
 - [NORS Table 2 Complaint Codes](#)
 - [NORS FAQs](#)
 - [NORS codes and definitions](#)

Volunteers can investigate complaints but will not be inputting complaint data in the RTZ without completing the 4 part National Ombudsman Reporting System (NORS) training on the NORC website.

Ombudsman staff trainees will complete the NORS online training course including quizzes.

- Part 1: Basic principals
- Part 2: Complaint coding basic principals
- Part 3: Verification, disposition, referral, and closing cases
- Part 4: Ombudsman program activities basic principals

Local Ombudsman Programs are required to use the [Idaho State Long Term Care Volunteer Ombudsman Program Training Guide](#) and forms for training and volunteer management.

- Volunteer Ombudsmen will be supervised by the Local Ombudsman Program Manager or a designee.

All Ombudsman representatives will adhere to state and federal Ombudsman regulations, statutes, rules and policies and will:

- Accept assignment by the State Ombudsman or his designee.
- Pass an FBI criminal background check if resident of Idaho less than 3 years and Idaho State Police background check if resident of Idaho for over 3 years.
- If a certified Ombudsman moves out of the Ombudsman region in which they were certified, or leaves the program, the certification will be void.
- New application may be made to the State Ombudsman and at his/her discretion, consideration given for volunteer reinstatement.

No one will perform duties of the Office unless they have:

- Successfully completed the training program
- Been certified by the State Ombudsman

It is the goal of the State Ombudsman to hire a temporary state level volunteer recruiter and trainer with ARP funds to bolster up the local volunteer programs by providing recruitment and training for local programs volunteer trainees.

Dementia Skills Training

Dementia skills training must be completed by Ombudsman Managers and Ombudsman within the first three (3) months of employment. This training should be a component of the ombudsman volunteer In-services trainings.

- Dementia skills training is housed on the ICOA website and is accessed from a public URL: <https://aging.idaho.gov/stay-educated/>.
- Training completion must be documented in employee personnel file. Employee personnel file shall be kept for the duration of employment.

Continuing Education

Continuing education by the staff and volunteer is required to maintain certification.

Ombudsmen are required to attend monthly training calls.

Ombudsman Managers are required to attend managers training calls.

b) Certifications

Certification of ombudsmen is the responsibility of the State Ombudsman.

Tracking certification requirements is the responsibility of the Ombudsman Managers or designee.

Annual recertification will be based on:

- To remain certified to act as a LTCO each staff and volunteer are required to complete 18 CE hours annually between October 1st and September 30th
- The training categories should fall within Long-Term Care Issues
 - Certificates of completion are required
- A positive program evaluation
- Attendance in AAA ombudsman program in-service meetings
- Active participation as an ombudsman for the prior 6 months

12. Program Monitoring and ICOA Reviews

a) Service Providers

AAA Directors and Ombudsman Program Managers shall keep the ICOA State Long Term Care Ombudsman informed of any issues related to the local ombudsman program.

b) Program Evaluation

Program evaluations will be conducted through review of program data.

c) Staff Evaluation

Ombudsman managers will evaluate staff and volunteers annually to determine they meet the certification requirements. (Ombudsman managers can delegate volunteers' annual evaluations to an Ombudsman program staff)

Program staff evaluations will be shared with the AAA Directors as part of the annual program report to the Directors.

The ombudsman managers will not provide AAA program cross training that involves facility visits, contact with complainants, residents, resident records, facility staff or other members of the community.

Staff and Volunteer evaluation forms are in the Idaho State Long Term Care Volunteer Ombudsman Program Guide.

d) Annual Program Review

The State Ombudsman will complete an annual desktop AAA program review of each AAA program in October/November of each year. The ICOA State Ombudsman will make on-site visits to the AAA Ombudsman Program every two year.

e) Corrective Action Plan

If the AAA falls out of compliance with the ICOA contract and fails to meet the requirements outlined in the OAA, 1324 CFR and the requirements outlined in the Operations Manual, ICOA will develop a corrective Action plan according to the procedures documented in the Operations Manual.

f) Termination of Contract

Termination of the AAA contract will be in accordance with procedures outlined in the ICOA Operations Manual. De-designation of a AAA entity can be a cause of termination of the AAA ombudsman program within a region for failure to provide the services outlined in the Operations Manual.

Ombudsman Appendix

Appendix A - [Code of Ethics For Long Term Care Ombudsman](#)

Appendix B - [Conflict of Interest Form - Ombudsman](#)

Appendix C - [Definitions and Acronyms – Ombudsman program](#)

Appendix D - [Federal and State Regulatory Resources – Ombudsman program](#)

Appendix E - [HIPAA Long Term Care Ombudsman](#)

Appendix F – [Idaho State Long-Term Care Ombudsman Training Guide](#)

Appendix G - [Local Ombudsman Sample Job Description](#)

Appendix H – [Release of Ombudsman Records Guide](#)

C. Focus Area – Adult Protective Services

Underlined term definitions are provided in the glossary at the end of the section.



1. Program/Organizational Structure

a) Staffing Resources¹

The Idaho Commission on Aging (ICOA) will provide sufficient staffing to support contract administration responsibilities, training, and technical assistance to the Adult Protective Services (APS) Providers.

b) Org Chart



2. Responsibilities

a) ICOA Responsibilities²

The ICOA is charged by statute to provide APS services to ensure:

- The vulnerable adult population in Idaho is protected from vulnerable adult maltreatment.
- Protective services will be provided that are the least restrictive to personal freedom and ensure the maximum independence of individuals served.
- In protecting the vulnerable adult population, APS may also provide assistance to caregivers experiencing difficulties in maintaining or supporting a vulnerable adult.

¹ IC 67-5011

² IC 67-5011

- Provider Guidance is developed, modified, and updated by the ICOA with input from appropriate stakeholder groups and approved by the Administrator. Guidance may be modified to adhere to state or federal law or regulations. Guidance may include manuals, training, standardized forms, and assessment tools or other documentation, as necessary.

(1) Administration of the Program

The ICOA may administer the APS program through contracts with Area Agencies on Aging (AAAs). AAAs shall be bound by both federal and state contract requirements and responsible for everything in the operations manual.

The administrator of the ICOA shall have the authority to adopt, promulgate, and enforce rules as they deem necessary in carrying out the provision of policies and procedures and the Idaho Code.

(2) Ethical Foundation of APS Practice

ICOA and APS Providers follow and support the Idaho APS Code of Ethics. Principles include supporting an adult's right to self-determination, pursuing the least restrictive alternative, and engaging in a person-centered approach.

Ethics training is required on an annual basis.

Licensed professionals are also obligated to adhere to their specific ethical and scope of practice guidelines.

(3) Participation in Research

Participation in research by Idaho APS to improve the program and the field may include:

- Support of collaborative research
- Support of evaluation of APS programs, initiatives, policy, and practice
- Conducting analyses of APS program client outcomes
- Participation in national APS data collection efforts
- Dissemination of findings from research to other APS programs, policymakers, other researchers, aging services, and others as appropriate.

Idaho APS participates in the National Adult Maltreatment Reporting System (NAMRS) at the most comprehensive level.

b) AAA Responsibilities

(1) Direct Provision of Service³

AAAs will administer APS as a direct service or may sub-contract the service to another APS Provider at the sole discretion of the ICOA Administrator.

Each Provider must administer APS pursuant to contracts delineating the duties and obligations of the APS program.

(2) Staffing⁴

Each Provider shall provide sufficient staffing to respond to the APS complaints within the required timeframes.

Sufficient staffing is defined as the number of qualified personnel to perform the duties required to meet the performance criteria established for the APS Program. Sufficient staffing must not be less than the full time staff description indicated for the APS Tier Structure.

(3) Employee Qualifications

- Adult Protective Services Supervisor
 - Supervisor shall be responsible for overseeing the provision of adult protective services. The Supervisor's duties include the direct supervision of APS employees, case assignments, monitoring of caseloads and documentation, provision of community education and training, and the maintenance of cooperative relationships with other agencies, organizations or groups serving vulnerable "at risk" populations. The APS Supervisor may also be responsible for carrying a caseload with relevant duties as an APS Worker. The supervisor shall be a social worker licensed to practice in Idaho with preference for those experienced in APS.
 - If it is deemed necessary to hire a new APS staff who does not meet the licensure requirement a waiver must be sought from the ICOA Director. Included in the waiver request must be a timeline for expected licensure or a description of the hiring efforts to date and a plan to uncover and mitigate any knowledge or skills gap. If granted the waiver applies to the specific staff member and not the position. ICOA waiver approvals must be maintained in the employee personnel file for the duration of employment.

³ 15.01.02

⁴ 39-5301 A

- Adult Protective Services Worker
 - The worker shall be responsible for providing adult protective services. The worker’s duties include the investigation of reports, assessment of client risk, and development of plans for protective actions, supportive services and/or law enforcement referrals and referrals to other entities as appropriate, and provision of community education and training. The employee shall be any one (1) of the following:
 - A social worker licensed to practice in Idaho; or
 - 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
 - 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) Program Reporting and Records

All APS Providers shall comply with the ICOA’s requirements for reporting and investigative documentation and shall utilize standardized forms provided by the ICOA.

All APS Providers shall use the ICOA approved APS data management system.

(5) Case Review-Supervisory Process

APS Supervisors should make themselves available as consultants to their staff at any point during an APS investigation or APS prevention service.

(6) Worker Safety and Well-Being

- Each APS Provider shall have a system in place that addresses the following:
 - Knowing where their workers are when conducting investigations and other work activities in the field.
 - Access to resources to protect workers from biological hazards that may be encountered during home visits (e.g., gowns, masks).
 - Access to resources to protect workers from safety hazards, including access to information related to criminal and civil legal proceedings, the ability to request law enforcement accompaniment for home visits, and worker safety training.
 - Provision of work/agency cell phones to all workers.
 - Means to keep worker personal information confidential, including availability of a business card that has only the name of the agency.

- Cautioning workers not to park where their vehicle can be seen from the location they are visiting.
- Worker safety consideration must also include the following:
 - Workers should never be required to respond to a situation that would put the worker at risk without adequate safety supports available.
 - Workers should have available access to supportive, professional counseling for job-related trauma and stress.
 - Workers may enlist the assistance of a peace officer to ensure the safety of the vulnerable adult as well as the worker when deemed necessary for worker safety.
 - APS employees and workers are encouraged to check available online resources, such as iCourt Portal, Mycourts.idaho.gov or contact local law enforcement to identify any domestic violence issues prior to going out on investigations.
 - Responding During Community Emergencies
- Each APS Provider is required to provide emergency preparedness training to APS employees. The training must address emergency response plans and continuity of operations.

3. State Plan Requirements

- a) Consult with APS

ICOA is responsible for developing a State Plan on Aging. In turn, AAAs are responsible for developing Area Plans. The AAA should consult with the respective APS Program Supervisor and local APS employees in the development of the AAA Plan objectives related to the implementation of the APS program. APS employees are responsible for knowing the content of the State Plan for Idaho and the AAA Plan, strategies, and outcomes.

4. Program Foundations

- a) Purpose and Goals

(1) Purpose

It is the intent of the Adult Protective Service Program to place the fewest possible restrictions on the exercise of personal freedom and religious beliefs consistent with a vulnerable adult's need for services and to empower vulnerable adults to protect themselves.

(2) Goals

The goals of the APS program are to:

- Investigate allegations of vulnerable adult maltreatment.
- Make appropriate referrals to law enforcement.

- Arrange for the provision of necessary services.
- Honor vulnerable adults' freedom of choice and right to self-determination, to the greatest extent possible.

When assisting a vulnerable adult:

- Actions shall be tempered by the requirements of due process and must place the fewest possible restrictions on personal freedom.
- Make effective use of multidisciplinary services available through any and all public agencies, community-based organizations, and informal resources.

b) Eligibility

(1) Vulnerability Determination⁵

Upon investigating a report, each APS Provider shall determine whether an alleged victim is vulnerable as defined as:

- A person eighteen (18) years of age or older who is unable to protect themselves from maltreatment due to physical or mental impairment that affects their judgment or behavior to the extent that they lack sufficient understanding or capacity to make or communicate or implement decisions regarding their person and the identified allegation.

c) Scope of Service⁶

Adult protective services for vulnerable adults shall be administered through the ICOA.

Adult protective 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 maltreatment. 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."

d) Client Assessment

(1) Assessment of Alleged Victim

An alleged victim's vulnerability and associated risk factors shall be determined through ICOA approved standardized assessment instruments.

⁵ 39-5302

⁶ IC 67-5011

- Mental vulnerability may be determined through administration of the Saint Louis University Mental Status (SLUMS) examination and may also include professional medical opinion.
- Physical vulnerability may be determined through direct observation, professional medical opinion, and information collected from collateral contacts.

The APS Worker shall conduct initial interviews and assessments of an alleged victim.

(2) Investigative Determinations

The APS Worker shall make one (1) of two (2) investigative determinations upon completion of an APS investigation:

- **Substantiated.** A report of maltreatment of a vulnerable adult by another individual is deemed substantiated when:
 - Based upon limited investigation and review, the APS Worker perceives the report to be credible.
 - A substantiated report shall be referred immediately to law enforcement for further investigation and action.
 - Additionally, the name and collected facts of the alleged perpetrator of any substantiated investigation of maltreatment shall be inputted (or entered) into the state APS data management system. A statewide report will be forwarded to the Department – Criminal History unit based on Idaho Code, for further actions as necessary.
 - In substantiated cases of self-neglect, the APS Worker shall initiate appropriate referrals for supportive services with the consent of the vulnerable adult or his legal representative.
- **Unsubstantiated.**
 - The APS Worker shall close the investigation if a report of maltreatment is unsubstantiated.
 - If a report is unsubstantiated, but the APS Worker determines that the vulnerable adult has unmet service needs, the APS Worker shall initiate appropriate referrals for supportive services with consent of the vulnerable adult or his legal representative.

(3) Protective Action Plan

Upon substantiating a report of vulnerable adult maltreatment, the APS Worker shall develop and implement a Protective Action Plan (PAP).

The Protective Action Plan shall be documented in the ICOA approved APS data management system.

(4) Caregiver Neglect

In investigating a report of caregiver neglect, the APS Worker shall consider 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.

(5) Confidentiality

All APS investigation records relating to a vulnerable adult and held by an APS Provider are confidential and shall only be divulged as permitted pursuant to Idaho Code Sections 39-50307 and 39-50308 and Federal Law, whichever is more restrictive.

- Providers of APS investigation services on behalf of ICOA shall adopt an equivalent policy with regard to the disclosure of APS investigation records to persons or entities outside ICOA or the AAA.
- APS Records Confidentiality and Disclosure pertains to all records gathered, received, or developed by ICOA or the Provider in providing APS services and identifies which persons or entities may receive APS investigation records from ICOA or the Provider.
- Access to Records⁷ - Any person, department, agency, or commission authorized to carry out the duties enumerated in Idaho Code, shall have access to all relevant records, which shall be subject to disclosure to Chapter 1, Title 74, Idaho Code and Section 39-5310, Idaho Code. Other persons and entities shall be granted such access only with the written consent of the vulnerable adult or his legal representative, or pursuant to the other proper judicial process or federal law.
- In accordance with all applicable state and federal laws, ICOA's disclosure of APS investigation records are governed as follows:
 - Confidentiality of APS investigation records: All APS investigation records are confidential and may not be disclosed, except as provided in this policy.
 - Exempt from public disclosure: APS investigation records are exempt from public disclosure under the Idaho Public Records Act. See Idaho Code Section 74- 105(11).
 - Disclosure of APS investigation records: APS investigation records are confidential and shall only be disclosed as follows:
 - If all parties to a complaint or report consent in writing to the release of such information (notably, all parties include the complainant, the vulnerable adult(s), alleged offenders, and any identifiable witnesses).
 - To a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman office, or protection and advocacy system.
 - Pursuant to a court order for the release of records for a specified person or entity. The APS Provider shall notify ICOA of any subpoenas or other legal action requesting records.
 - When APS provides records, a cover sheet must be used to inform the recipient of APS confidentiality.
- Exceptions: At the discretion of the Idaho APS State Manager, ICOA or the AAA may provide copies of personal documents to the person or entity having submitted such records to ICOA or AAA.

⁷ 39-5307, 15.01.02(22)(1)

APS Providers may participate in multi-disciplinary teams. Teams involved in case review and information sharing must have confidentiality policies in alignment with APS standards.

e) Licenses

APS Providers are responsible for ensuring employee licenses are maintained if they are a requirement for employment.

The verification of current license shall be maintained in the employee personnel file.

5. Funding

a) Program Budget

ICOA allocates state and federal funding for Adult Protective Services in accordance with the program budget. Allocations to AAAs shall be budgeted in accordance with the performance-based contract.

b) Grants

Subject to the availability of appropriations ACL offers grants for demonstration programs and APS program enhancement. Funding to state and local programs shall supplement and not supplant other federal, state, and local funding for APS (42 U.S.C. 1397m-1). All funding usage shall comply with the contractual terms and statement of work.

6. Implementation

a) Policies and Procedures

The Older Americans Act §721(b)(3)) ensures the coordination of services provided by area agencies on aging with services provided under the State adult protective services program, State and local law enforcement agencies, and courts of competent jurisdiction.

(1) Reporters of Abuse, Neglect, and Exploitation⁸

- Duty to Report Cases of Vulnerable Adult Maltreatment
 - Licensed medical professionals, emergency services personnel, facility employees, skilled nursing facility employees, employees of an entity responsible for providing care to vulnerable adults, medical examiners, social workers, law enforcement.

⁸ 39-5304, 15.01.02(31)

- Report to Law Enforcement⁹
 - If at any time an APS Provider has reasonable belief that maltreatment has caused serious injury or imposition on the rights of a vulnerable adult, the provider shall notify law enforcement within twenty-four (24) hours of obtaining the information on which the reasonable belief is based.
- Non-Mandated Reporters of Vulnerable Adult Maltreatment
 - Any person, including any officer or employee of a financial institution, who has reasonable cause to believe that a vulnerable adult is being maltreated may report such information to ICOA or APS Providers.
 - Ombudsmen recognized by the Commission are exempt from reporting maltreatment that is discovered in the course of their duties.
 - Training will be made available by APS Providers to financial institutions in identifying and reporting instances of vulnerable adult maltreatment.
- Department Authority Over Certain Facilities
 - Skilled nursing facilities and employees of such facilities shall make reports required under this chapter to the department. If an employee at a state-licensed or state-certified residential facility fails to report maltreatment resulting in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult as provided under this section, then the department shall have the authority over the facility to:
 - Revoke its license or contract with the state to provide services;
 - Deny payment;
 - Assess and collect a civil monetary penalty with interest from the facility owner or facility administrator;
 - Appoint temporary management;
 - Close the facility or transfer residents to another certified facility;
 - Direct a plan of correction;
 - Ban admission of persons with certain diagnoses or requiring specialized care;
 - Ban all admissions;
 - Assign monitors; or
 - Reduce the licensed bed capacity.
- Any person who makes a report pursuant to this chapter, testifies in an administrative or a judicial proceeding arising from such a report, or is authorized to provide supportive 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 being provided in good faith, except that such immunity shall not extend to:
 - Perjury;
 - Reports made in bad faith or with malicious purpose¹⁰; or
 - In the provision of services, gross negligence under the existing circumstances.
- 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

⁹ 39-5310(3)

¹⁰ 39-5309, 15.01.02(22)(1)

sustained or statutory damages in the amount of five hundred dollars (\$500), whichever is greater, as well as for attorney's fees and costs. If a court finds that a defendant acted with malice or oppression, then the court may award treble actual damages or treble statutory damages, whichever is greater.

- Civil and criminal immunity is provided when reports are made in good faith. Penalties will be imposed when reporting is made in bad faith, with malice, or knowing report to be false¹¹.

(2) Mechanism for Reporting

- Receiving Reports of Maltreatment
 - I&A conducts initial intake, screening and processing of reports alleging maltreatment of a vulnerable adult by both mandated and non-mandated reporters during regular business hours.
 - I&A will complete the processing of reports that are submitted through the online reporting tool.
 - I&A will provide an immediate connection to the APS Worker for calls received from any local financial institution, prosecutor, judge, or law enforcement entity in which they request to speak with APS or to make a report to APS. If the call transfer is completed, APS will conduct the intake and screening. If the local APS Worker is not immediately available to accept the call, I&A will conduct the intake and screening and inform the APS Supervisor of the call upon their return.
 - Reports may also be submitted by mandated reporters and financial institutions 24 hours/day, 7 days/week via the ICOA online reporting tool.
 - Reports received during non-business hours will hear a recorded message that includes the following instructions:
 1. If the reporter is in need of emergency assistance, call 911, as APS is not an emergency responder.
 2. The reporter should leave their name and contact information (clearly stated and with spelling if necessary).
 3. The reporter will receive a call back on the next business day in order to document the report and collect necessary intake information.
- Referrals made to APS shall include:
 - Alleged victim's vulnerability with detailed description of how vulnerability limits alleged victim from protecting themselves from the circumstances alleged in the report.
 - Allegation of abuse, neglect, and/or exploitation and description of what caused the reporter to suspect the maltreatment.
 - To the maximum extent practicable, I&A will ensure sufficient information is collected to appropriately support the screening and referral process.

¹¹ 39-5304

- If known and applicable, reports shall contain the name and address of the vulnerable adult; the caregiver; the alleged perpetrator; the nature and extent of suspected maltreatment; and any other information that will be of assistance in the investigation.

(3) Reviewing, Prioritizing, and Assigning Screened-in Reports

- APS Worker reviews allegation and screens report to determine if the referral will be accepted or screened out.
- APS Worker shall conduct a review of the allegation(s) of the received report to determine if:
 - Report is required by law
 - An emergency exists
 - Report concerns resident to resident contact
 - Alleged victim is vulnerable according to statute
- APS Worker shall determine there is a need for investigation if the report:
 - Alleges the maltreatment of a vulnerable adult; or
 - Alleges resident-to-resident contact and the report involves:
 - Sexual abuse, death, or serious physical injury jeopardizing life, health, or safety of vulnerable adult; or
 - Repeated physical or verbal altercations are an ongoing pattern that facility employees are unable to remedy.
- APS shall make a report referral to the identified agency below if:
 - APS determines that a report involves a nursing facility and was required to be reported to the DHW, APS Worker shall make immediate referral to DHW.
 - APS determines there is reasonable cause to believe abuse or sexual abuse has resulted in death or jeopardy of life, health, or safety of a vulnerable adult, APS Worker shall make immediate referral to law enforcement.
- Report referrals not accepted by APS are closed but may be referred to information and assistance, case management, ombudsman, law enforcement, prevention services or other appropriate entity.

(4) Program Intake

- The timing of the initiation of APS investigations shall be determined based on factors provided in the APS report. Such factors may include but are not limited to the potential for immediate danger or harm to an individual, the current location of the alleged vulnerable adult, and the nature of the allegations. Report to the APS Provider within 24 hours of acquiring the information forming the basis of reasonable cause to believe a vulnerable adult is being or has been maltreated.
- The commission or APS Provider may determine that an interview with the vulnerable adult is not necessary to the investigation or not possible. If it is determined that an interview is necessary, APS makes all reasonable efforts to conduct a face-to-face visit with the alleged

victim. Exceptions to making a face-to-face visit should be approved by supervisor and documented.

- Exceptions to face-to-face visits may include vulnerable adult's correct address is unknown, vulnerable adult refuses to cooperate, vulnerable adult is indefinitely inaccessible, vulnerable adult has moved out of state, or weather conditions.
- If APS is unable to conduct a face-to-face visit and a visit is determined to be needed APS should contact law enforcement to request assistance and feedback which can be included in documentation.

(5) Determining if Maltreatment has Occurred

- Investigation must include:
 - Determination of vulnerability and associated risk factors.
 - Determination of the nature, extent, and cause of vulnerable adult maltreatment.
 - Examination of evidence.
 - Consultation with people thought to have knowledge of the circumstances.
 - Identification, if possible, of the person alleged to be responsible for maltreatment of the vulnerable adult.

(6) APS Practice

- Best practice is for APS to conduct an initial home visit unannounced and unscheduled. APS Worker should explore following issues when deciding whether or not to notify alleged victim of initial visit.
 - Preservation of individual rights
 - Preservation of evidence
 - Maximum engagement potential with client
 - Alleged victim safety
 - Worker safety
 - Cognitive status of client
- If an in-person visit to a vulnerable adult's home is not possible, alternatives may be at the local AAA, by phone, or other means.
- Use of Multi-Disciplinary Teams to support initial assessment decision-making when needed.
- All types of maltreatment alleged are investigated.
- Additional maltreatment discovered is noted and investigated.
- Other vulnerable adults affected or that appear to be victims are identified and reported to APS.
- Client has the right to not participate in investigation, however investigation may continue.
- Law enforcement is notified if there is cause to believe the maltreatment constitutes a crime.
- Immediate attention is given to clients in crisis, in imminent risk, or in an emergency situation.
- APS Workers should have a clear understanding of case finding definitions.

- Acceptance of APS services is voluntary (except when there is lack of capacity or the person cannot consent).
- The APS worker has been trained and is competent at investigating circumstances in reports.
- Client must consent to services and can withdraw consent at any time.
- APS Worker can refer alleged victim that does not meet vulnerability definition to Information and Assistance, Case Management, Ombudsman, law enforcement, prevention service, or other appropriate entity.

(7) Completion of Investigation and Findings

- Upon completion of an APS investigation, the APS Worker/APS Provider shall prepare a final report of the investigation.
- APS Worker shall use the Idaho APS Standards for Consistency in Investigative Determinations to inform findings for consistency.
- If during the investigation maltreatment has caused injury or serious imposition on the rights of the vulnerable adult the APS Provider shall immediately notify law enforcement which shall initiate an investigation and determine if criminal proceedings should be initiated against a caregiver or other persons.
- If the vulnerable adult maltreatment is substantiated, the final report will be made to law enforcement pursuant to section 39-5310 Idaho Code. All records pertaining to APS investigations are held confidential in accordance with section 39-5307, Idaho Code, and federal law.
- If substantiated to have occurred in a state certified or licensed facility, a copy of the findings shall be sent to the licensing or certification agency.

(8) Completing the Investigation Timeline

- Investigation time is measured by the date and time a screened-in report is accepted by APS.
- The investigation should be completed within 30 days of acceptance.
- APS Supervisor shall review investigations open longer than sixty (60) days and provide guidance to APS Worker in completing the investigation.
- Consultation with the APS Supervisor should take place with any case that remains open longer than ninety (90) days and bimonthly consultation follow-up until the case is closed.
- APS investigation or prevention should not exceed 90 days without supervisor approval and monitoring.

(9) Investigation Determinations

- Determination of substantiated or unsubstantiated is based on limited investigation and review and evaluation of evidentiary issues and credible information.
- Credible means information that reasonably supports or refutes allegations.
- When the report is substantiated.

- Based upon limited investigation and review, APS Worker determines the report to be credible.
 - Forward to law enforcement for further investigation and action.
 - Input all known information of alleged perpetrator into the ICOA approved APS data management system. This information will be forwarded as a statewide report to the ID DHW-Criminal History Unit for further action.
 - APS Worker initiates appropriate referrals for supportive services with consent of vulnerable adult or legal representative.
 - APS Worker shall develop and implement a Protective Action Plan.
- When the report is unsubstantiated.
 - Based upon limited investigation and review, APS Worker determines the report to be unsubstantiated.
 - APS Worker closes the investigation.
 - If the adult is determined to have unmet service needs, APS Worker initiates appropriate referrals with the consent of adult or legal representative.

(10) Inspections – Right of Entry¹²

- Upon receiving information that a vulnerable adult is alleged to be maltreated, the APS Worker shall cause such investigation to be made in line with the requirements below, as is appropriate.
 - In an emergency any APS worker shall enlist the assistance of a peace officer to ensure the safety of the vulnerable adult, and they shall receive the peace officer’s assistance.
 - Assistance in an emergency may include entry on private or public property where a vulnerable adult is allegedly subject to maltreatment, and the removal and transportation of the vulnerable adult to a medical facility, care-providing facility, or other appropriate and safe environment.
 - In a nonemergency, any peace officer may cooperate with an APS Worker in ensuring the safety of a vulnerable adult who has been maltreated, including a vulnerable adult living in a condition of self-neglect. Assistance shall only be provided with the consent of the vulnerable adult or her or his legal representative.
 - Any duly authorized APS Worker 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 maltreatment. Duly authorized means authorized as a peace officer and as an APS worker.
 - 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 conduct warrantless administrative searches of private property except with consent, or in an emergency.
 - If consent to entry is not given, the APS Provider with the assistance of the county prosecutor may obtain, and any magistrate or district judge is authorized to issue a search

¹² 39-5305

warrant upon showing that probable cause exists to believe a vulnerable adult is subject to maltreatment. Upon request of an APS Worker, a peace officer shall serve the search warrant.

(11) Services¹³

- If there is substantiated maltreatment of a vulnerable adult, the APS Provider has the responsibility to assist the adult in obtaining available services.
- When the APS Worker develops a plan of supportive services for the vulnerable adult, it 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.
- The APS Worker shall use the Idaho Elder Law Risk Detector application when determining potential legal issues and to make referrals for legal assistance services through Idaho Legal Aid. The application will produce a Risk Assessment Report and electronic referral to Idaho Legal Aid.
- 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. Consent, refusal to give consent, or withdrawal of consent shall be documented.
- The APS Worker initiates a review of each case at reasonable intervals over a reasonable period of time as deemed necessary by the individual case to determine whether continuation or modification of services is needed.
- The decision to continue services should be made with appropriate personnel from state agencies, departments, service providers, and others. The decision shall comply with the consent provisions of the statute.
- In caregiver neglect, the APS Worker takes into account pressures associated with caregiving and makes every effort to assist the primary caregiver in accessing program services to reduce risk to the vulnerable adult.
- In cases where family members are having difficulties providing 24-hour care for a functionally impaired relative, APS Worker shall make appropriate referrals to available community services.
- If determined necessary to reduce risk to a vulnerable adult, in substantiated cases and as part of a Protective Action Plan, the worker refers case to case management to develop and implement supportive services plan with the adult or legal representatives' consent.
- A Protective Action Plan will be completed upon substantiation. The worker develops an individual plan addressing services available to reduce or eliminate the risk of harm to a vulnerable adult. The worker summarizes investigative findings, necessary interventions, and outcomes.
- If a report is unsubstantiated, the APS Provider may assist the vulnerable adult or the caregiver with prevention services¹⁴.

(12) Involuntary Service Implementation

¹³ 39-5306, 15.01.02(22)

¹⁴ 39-5306(4)

- All other options must be exhausted with results documented in the case record before considering/seeking guardianship.
 - The SLUMS assessment tool may be used to support a determination of capacity. When a client is in an extreme situation that puts their safety in danger and it appears that they lack capacity to understand the consequences of their present circumstances, the APS Worker contacts the appropriate authority who has authority to take action against the will of the person if necessary.

(13) Case Closure

- The APS Worker shall close a case under the following circumstances:
 - The APS Worker shall close a substantiated case upon a determination that an initiated Protective Action Plan, supportive service plan, or law enforcement involvement has successfully reduced the risk to the vulnerable adult.
 - The APS Worker shall close a substantiated case when the vulnerable adult refuses or withdraws consent to receive services.
 - The APS Worker shall close a substantiated case once it is determined that all measures available to reduce risk have been implemented.
 - A case shall be closed if another program or agency has agreed to assume responsibility for monitoring and reviewing implementation of a supportive service plan that is part of a Protective Action Plan.
 - A case shall be closed if the APS Worker determines that an allegation has been made in bad faith or for a malicious purpose.
- Case record documentation shall include:
 - APS interventions and services delivered
 - Intervention and service outcomes
 - Assessment of intervention and service efficacy
 - Reason(s) for closing case
 - If resources needed to reduce risk were not available
- Documentation Review
 - An APS Worker should conduct a review of their case before closure to ensure documentation requirements have been met.
 - Pertinent facts: all facts throughout the case are professionally documented and relevant.
 - Release of Information (ROI) and/or Acceptance of Service: Whenever possible, the APS Worker should obtain a signed ROI. The ROI should be uploaded to the case file.
 - Case notes should be concise and provide clear documentation spanning from the time APS accepts the referral to the time of case closure or until a case is removed from suspense.

(14) 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:
 - Cases referred by the APS Worker to law enforcement for criminal investigation and prosecution as determined necessary by the law enforcement agency.
 - Cases referred by the APS Worker for guardianship/conservatorship proceedings.
- The APS Worker shall, within ninety (90) days from the date the case was placed into suspense, check to ensure formal action is complete. Remove the case from suspense when formal action is complete.
- Formal action is complete when:
 - Notice is received by APS Worker from law enforcement or the courts indicating that formal action is complete; or
 - The suspense case becomes inactive
 - Inactive: meaning any two (2) consecutive months in which:
 - There is no request of APS for information or collaboration regarding the case; or
 - APS is unable to verify that a criminal investigation, a prosecution, or a guardianship/conservatorship proceeding has been initiated.

(15) Interagency Cooperation¹⁵

- APS Providers may request the assistance of employees and resources of all appropriate state departments, agencies and commissions and local health departments, and may utilize any other public or private agencies, groups or individuals who are appropriate and who may be available. Interagency assistance includes the involvement, when appropriate, of law enforcement personnel, DHW personnel, medical personnel, and any other person or entity deemed necessary due to their specialized training in providing services to vulnerable adults. Interagency assistance may also include access to client information necessary to provide services.
- APS Providers may share client information on an as needed basis to initiate interagency provision of services to a vulnerable adult.
- The DHW shall provide to the APS Provider any report received involving allegations of maltreatment from a nursing facility defined in section 39-1301(b), Idaho Code¹², or from an employee of such facility.
- The APS Provider shall provide the DHW with any report received involving allegations of maltreatment occurring in a nursing facility as defined in section 39-1301(b), Idaho Code²².
- The APS Provider and DHW shall use interagency staffing when necessary and share client and facility information necessary to support investigative services and/or other services to vulnerable adults.
- APS employees should work collaboratively with other states' APS programs in resolving any APS issue or to assist in a criminal investigation.
- APS builds relationships and works collaboratively with tribes and tribal APS systems.

¹⁵ 39-5308

- APS will make effective use of multidisciplinary services available through all public agencies, community-based organizations, and informal resources.
- Interagency assistance may include the participation in formal multi-disciplinary teams.

(16) Effect of Actions Taken Pursuant to the Natural Death Act¹⁶

- 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 Code¹⁴, shall not be construed to maltreatment, so long as it is consistent with the withholding or withdrawal of artificial life-sustaining procedures from a qualified patient.

(17) Protecting Program Integrity

- The Idaho APS State Manager shall provide to the DHW Criminal History Unit on at least a quarterly basis a report of all alleged perpetrators documented in substantiated cases of maltreatment. Upon request, ICOA and APS Providers shall provide all available supportive information to enable the DHW to conduct criminal background checks and other required investigations.
- APS Providers shall not 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 APS investigation.
- Conflict of Interest
 - APS program employees and their immediate families shall not hold a financial interest in agencies, organizations and entities providing care for vulnerable adults.
 - APS program employees shall comply with ICOA determined conflict of interest disclosure policies and procedures. Conflict of interest review shall be conducted annually.
 - APS program employees shall inform the APS Provider of potential conflicts of interest due to past employment.
 - APS program employees shall inform their supervisor and recuse themselves if an investigation involves a past employer, previous coworker, family member, friend, or any other situation that may be perceived as a conflict of interest.
 - The Supervisor and employee together shall determine if there is a conflict of interest. An APS Worker shall not be assigned an investigation where it is determined there is a conflict of interest. Where a conflict is so great that it cannot be overcome within the agency, the APS Provider will request the assistance of another APS Provider to conduct the investigation.
- Adhere to the APS Code of Ethics
 - All Idaho APS administration, APS Providers, and APS program employees will sign the Code of Ethics upon employment. The Code of Ethics shall be reviewed and signed annually. Record shall be maintained in the employee's personnel file.

b) Complaints Against APS

¹⁶ 39-5311

Complaints are handled through a chain of command starting with the APS Supervisor, to the AAA Director, to the Idaho APS State Manager, and to the ICOA Administrator. Complaints that are resolved at the AAA level are not typically reported to ICOA.

The Idaho APS State Manager shall be informed of the complaint and related documentation if there is legal action that may take place against the AAA.

Complaints regarding an APS Worker are referred to the relevant APS Supervisor. If necessary, the complaint is escalated to the AAA Director. If necessary, the complaint is then escalated to the Idaho APS State Manager.

Complaints regarding an APS Supervisor are referred to the AAA Director. If necessary, the complaint is escalated to the Idaho APS State Manager for assistance. ICOA APS State Manager is notified of all complaints against an APS Supervisor.

Complaints regarding the Idaho APS State Manager are referred to the ICOA Administrator.

c) Quality Assurance

The APS Provider shall establish quality assurance measures in alignment with the ICOA annual review.

APS Supervisor or APS designated Lead shall conduct case closure review of approximately 5% of all unsubstantiated cases of APS workers.

APS Supervisor or designated APS Lead must conduct a review of 100% of substantiated cases and sign off on them before they are released outside the agency. For example, all cases shared with law enforcement, or the Idaho Department of Health and Welfare (DHW) must be reviewed prior to leaving the agency.

d) APS Preventative Services – Focused Care Coordination

(1) Purpose of Focused Care Coordination

- Focused Care Coordination (FCC) is a formal process of short-term care coordination for vulnerable adults.
- Develops goals that are client-centered and supports self-determination to the greatest degree possible.
- Provides clients and their care network with hands on assistance to identify, access and ensure follow through of services.
- Enables the APS care coordinator to develop a comprehensive safety plan that is tailored to the abilities and needs of the client.

- Provides a focused intervention for complex APS cases, with clients who lack supports, by allowing follow up to investigations and progress tracking.

(2) Staffing for FCC

All APS employees should be trained to conduct FCC services. Employees should frequently review manuals, follow treatment protocol, and seek supervisory support as needed.

(3) FCC Eligibility

- Individuals must meet two of the following eligibility criteria to receive FCC services, one of which must be the designated age:
 - 70 years of age or older
 - Loss of housing in the last 3 months. Examples of loss of housing include but are not limited to living in a shelter, vehicle, “couch surfing,” or living on the streets.
 - Loss of essential support members within the last 3 months who provided life sustaining activities or tasks. Examples of loss of essential support member include but are not limited to essential support member’s death, essential support member moves, or essential support member is unable to continue providing care.
 - Released from the hospital within the last 2 weeks and is lacking the ability to follow through on general care.
 - Reasonable belief the individual presents a danger to themselves and/or others. Examples include but are not limited to the risk of a client with dementia driving while disoriented, risk of a client with dementia causing a fire while cooking, and a client who is bed bound refusing in-home help.

(4) FCC Screening & Referral Process for I&A

- Screening Questions:
 - APS employees should work with I&A employees to provide guidance regarding additional questions to ask during an intake to appropriately screen and refer for APS Prevention Services (FCC). Questions may be developed internally and asked in addition to the standard APS Intake questions to effectively determine at risk criteria.
 - Housing-
 - How long have they lived at that location?
 - Is that location an apartment, house, shelter?
 - Is that their home or are they living with someone?
 - Key support-
 - Do they have someone that is helping support them?
 - Do they have family or friends that visit consistently and provide in home support (e.g., run errands, do housekeeping, pay bills)?
 - Are there changes with the people who are involved in their life?

- Hospital discharge-
 - Have they been hospitalized recently?
 - When were they hospitalized?
 - Do you believe they will be able to follow up with appointments, medications, services (e.g., home health)?
 - Safety-
 - Do they display behavior that causes concerns for their safety?
 - Do they display behavior that causes concern for the safety of those around them?
- I&A Screening First Look:
 - I&A receives reports and conducts screening. If criteria are met, refer to APS for Investigation Services. If I&A determines criteria are not met for APS Investigation referral, proceed to Second Look.
- I&A Screening Second Look:
 - I&A conducts a Second Look. If at risk criteria are met refer to APS for Prevention Services (FCC only). If at risk criteria are not met, proceed with a report screen out.

(5) FCC Screening Process for Adult Protective Services

- Screening Questions:
 - Each AAA shall determine the process and internal procedure for referring to APS Prevention Services.
 - Housing-
 - How long have they lived at that location?
 - Is that an apartment, house, shelter?
 - Is that their home or are they living with someone?
 - Key support-
 - Do they have someone that is helping support them?
 - Do they have family or friends actively involved?
 - Have there been any changes with who is involved in their life?
 - Hospital discharge-
 - Have they been hospitalized recently? Or when were they hospitalized?
 - Are they able to follow up with appointments, medications, services (home health)?
 - Safety-
 - Do they display behavior that causes concern for their safety?
 - Do they display behavior that causes concern for the safety of those around them?
- APS First Look, Investigation with FCC:
 - APS receives a screened referral for Investigative Services. Conduct an allegation review. If the criteria are met accept the referral and initiate an investigation. If I&A determines criteria are not met for APS investigation, proceed to APS Second Look.

- Initiating FCC during an Open Investigation:
 - FCC may be initiated at any point during an investigation, per agency procedure, if the APS investigator determines the victim may benefit from care coordination. When there is an open investigation, age does not impact eligibility if the investigator initiates the referral.
 - Initiating FCC at Closure of an APS Investigation:
 - FCC may be initiated, per agency procedure, upon closure of an investigation when the victim is found vulnerable, may benefit from care coordination, resides in a community dwelling, and does not have another person acting as a case manager.
 - Next Steps:
 - The Focus Care Coordinator will attempt to have contact with the client at least three times while conducting care coordination services. Ideally at least one unannounced contact will be made.
 - If the client is willing to accept FCC services, the Focus Care Coordinator will begin working through the 'phases of FCC.'
 - Focus Care Coordinator will close the case if a client declines to receive care coordination services.
- APS Second Look, Prevention Services (FCC Only):
 - APS conducts a Second Look. If the referral is not accepted for APS Investigation but at-risk criteria are met, APS may accept the referral and initiate APS Prevention Services (FCC only). If at risk criteria are not met APS will proceed with a screen out.
 - FCC Referral Next Steps:
 - Focus Care Coordinator will initiate contact with the client by phone.
 - If the client is willing to accept FCC services, the Focus Care Coordinator will begin working through the 'phases of FCC.'
 - Focus Care Coordinator will close the service/case if the FCC service is declined.

(6) FCC Phases: Transition, Tryout, and Transfer of Care

FCC consists of three phases- transition, tryout, and transfer of care. As a case progresses through service phases, the client and their supporters take on a greater role of responsibility while the Care Coordinator reduces active involvement and continues to monitor.

A ninety (90) day guideline is the duration for Idaho APS FCC service. Flexibility to the guideline is allowed. APS Cases that require FCC service for a duration longer than 90 days must be reviewed with a supervisor and approved for an extension or considered for long-term accompaniment service referral.

- Transition Phase: Provide specialized support; develop & implement a transition plan.
 - Initial home visit by Care Coordinator for investigation and FCC service.
 - Initial phone call by Care Coordinator to client for prevention service – FCC only.
 - Identify and select goals with client.
 - Conduct Clutter Image Rating (CIR) assessment.

- Develop a safety plan as needed.
- Identify formal/informal supports, strengths, and needs of the vulnerable adult.
- Obtain consent, as needed.
- Provide referrals, as needed.
- Meet with caregivers and existing supports, as needed.
- Connect family caregiver(s) to education and supports.
- Develop a networking list and/or task list as needed
- Tryout Phase: Facilitate and monitor the vulnerable adult's problem-solving skills.
 - Care Coordinator observes operation of support network.
 - Track progress toward goals.
 - Modify network list and task list, as necessary.
- Transfer of Care Phase: Conclude FCC with support network safely in place.
 - Ensure supports can function independently.
 - Review and update Safety Plan, as necessary.
 - Hold a meeting with client and supports to mark final transfer of care.
 - Ensure the client has tools to manage long-term goals.

(7) FCC Case Closure Determinations

- Care Coordinator is unable to make contact after three attempts. Ideally one attempt should be an unannounced visit.
- Client moves into a supported environment or out of the service area
- Potential client declines FCC service
- FCC services are complete
- Client death

7. Outreach

a) Target Population

(1) Community Outreach and Engagement

- APS employees are required to conduct community outreach as a task associated with prevention.
- When there is a population of older adults who are American Indians in the PSA, the APS Provider must conduct outreach activities to identify and inform older adults of availability of assistance. APS Provider must coordinate outreach and engagement activities with tribes as invited and appropriate.

b) Reporting

APS community outreach/education and training must be documented in ICOA approved APS data management system.

8. Campaign

a) Idaho Elder Abuse Awareness Campaign – June

Annually, APS Providers statewide shall collaborate with the Idaho APS State Manager in planning and participating in the Idaho “Elder Abuse Awareness Month.” This statewide outreach project takes place in June every year and coincides with the National World Elder Abuse Awareness Day which is June 15th.

b) Expectation

Each AAA-APS shall develop a campaign for their Planning and Service Area and track events or activities promoted.

Tracking shall be reported to the Idaho APS State Manager by July 31 of each year.

9. Training

a) APS Workers On Board Training

- APS Workers shall complete onboard training within ninety (90) days of employment.
- APS Workers shall have one (1) year from the date of training release to complete any newly released training.
- Training will be noted in the employee personnel file. Employee personnel files shall be kept for the length of employment.

b) Community

- Providers are required to conduct a minimum of 15 APS training, education and outreach opportunities provided to the community annually.

10. Consumer Information

a) Data Methods

- Providers shall use the ICOA approved APS data management system for documentation of all client files.
- Providers and workers shall refer to the ICOA approved APS data management system user manual and remain aware of any updates.

11. Service Providers

a) Required Training

- Code of Ethics
 - APS Workers shall annually review and acknowledge their understanding of the ICOA APS Code of Ethics.
- APS Services Foundational Training
 - Foundational training must be completed by APS Supervisors and APS Workers within the first sixty (60) days of employment. Training is accessed via the ICOA website.
 - Training progress and completion must be documented in the employee personnel file. The employee personnel file shall be kept for the duration of employment.
 - Training supplemental toolbox is provided both in print and electronic forms.
 - Training Modules include:
 - APS Overview
 - Navigation of Idaho Code
 - Values and Ethics
 - Cultural Humility
 - Interviewing Skills
 - Understanding Defense Mechanisms
 - Intake Process
 - Initial Investigation
 - Safety Overview
 - Controlling Stress
 - Preventing Burnout
 - Promoting Hardiness
 - Time Management
- Dementia Skills Training
 - Dementia skills training must be completed by APS Supervisors and APS Workers within the first twelve (12) months of employment.
 - This training is housed on the ICOA website and is accessed from a public URL: <https://aging.idaho.gov/stay-educated/>.
 - Training progress and completion must be documented in the employee personnel file. The employee personnel file shall be kept for the duration of employment.
 - Training Modules include:
 - Practicing the Up the Pyramid Approach
 - Providing Safe and Comfortable Care
 - Preparing for Communication
 - Promoting Communication
 - Promoting Connection
 - Positive Redirection
 - Planning for Safety and Success
 - Providing Comfort During ADLs
 - Personalizing Care

- Protecting Caregivers
 - Preventing Abuse
- Supervisor Initial and Ongoing Training:
 - APS Supervisors training must be completed within the first sixty (60) days of employment. Training is accessed via the ICOA website.
 - Training progress and completion must be documented in the employee personnel file. The employee personnel file shall be kept for the duration of employment.
 - Training Modules include:
 - Fundamentals of APS Supervision
 - Understanding oneself as supervisor
 - Foundations of effective supervision
 - Supervisor as Trainer
 - MIA: Supervisory Tools for Enhancing Proficiency
- Ongoing training
 - APS Providers must provide and promote continuing training as available.

12. Program Monitoring and ICOA Reviews

a) Service Providers

APS Providers shall keep ICOA informed about issues at the local level throughout the program year.

b) Program Evaluation

Program evaluation is conducted by ICOA and shall be completed through program data.

c) Program Reviews

Idaho APS State Manager conducts on-site program reviews of APS programs upon prior notice and at reasonable intervals. Idaho APS State Manager uses identified review evaluation forms.

d) Corrective Action Plan

If ICOA finds the APS Provider has failed to comply with federal or state laws, regulations, or other ICOA documents, the ICOA will develop and document a Corrective Action Plan in accordance with the contract in place.

e) Termination of Contract

Termination of contract is completed in accordance with contract agreement.

13. Glossary of Terms¹⁷ (Underlined in Manual)

- Administrator: Means the administrator of the Idaho Commission on Aging appointed pursuant to section 67-5004, Idaho Code.
- Adult: Means a person aged eighteen (18) years or older.
- Adult Protective Services or APS: means the legal and bureaucratic systems and protections safeguarding vulnerable adults through investigation of APS reports alleging maltreatment and arrangements for the provision of emergency, supportive, or prevention services necessary to reduce or eliminate risk of harm.
- Adult Protective Services (APS) investigations (investigation): Investigations conducted by ICOA, or APS Provider, in response to allegations of abuse, neglect, self-neglect, or exploitation involving a vulnerable adult. See Idaho Code Section 39-5301A.
- Adult Protective Services (APS) investigation records (records): All records received, gathered, or developed by ICOA, or a AAA on behalf of ICOA, during an APS investigation. Such records include, but are not limited to:
 - Notes of interviews with clients or collateral contacts;
 - Medical records or diagnosis;
 - Records created by an agency or entity authorized to carry out duties under the Adult Abuse, Neglect and Exploitation Act (Title 39, Chapter 53, Idaho Code);
 - All records received gathered, or developed during an APS investigation, regardless of medium (e.g., photographs, videos, audio recordings); and
 - All records received by ICOA from a local AAA conducting an APS investigation on behalf of ICOA, pertaining to an APS investigation, regardless of medium (e.g., photographs, videos, audio recordings).
- Adult Protective Services Report: Means an allegation of maltreatment of a vulnerable adult made to adult protective services.
- Caregiver: Refers to a formal caregiver or informal caregiver.
- Commission: The Idaho Commission on Aging, established pursuant to chapter 50, title 67, Idaho Code.
- Court order: A lawful order issued, and signed, by the presiding judge in a court of competent jurisdiction.
- Department: Means the Idaho Department of Health and Welfare.
- Emergency: 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.
- Exploitation: An action that 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.
- Facility: Means a health or treatment facility as defined in statute or by the department, including:
 - Certified family homes, as defined in section 39-3502, Idaho Code;

¹⁷ 39-5302, 15.01.02(10)

- Developmental disabilities facilities, as defined in section 39-4604, Idaho Code;
- Home health agencies, as defined in section 39-2402, Idaho Code;
- Hospitals, as defined in section 39-1301, Idaho Code;
- Intermediate care facilities for people with intellectual disabilities, as defined in section 39-1301, Idaho Code;
- Residential care or assisted living facilities, as defined in section 39-3302, Idaho Code; and
- Residential habilitation agencies.
- Financial exploitation: Means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of a vulnerable adult by any person or entity or for profit or advantage other than for the vulnerable adult's profit or advantage. The term financial exploitation includes but is not limited to:
 - The use of deception, intimidation, or undue influence by a person or an entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or an entity other than the vulnerable adult;
 - The breach of a fiduciary duty, including but not limited to the misuse of a power of attorney, trust, or guardianship appointment that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, belongings, or trust funds of the vulnerable adult for the benefit of a person or an entity other than the vulnerable adult; or
 - Obtaining or using a vulnerable adult's property, income, belongings, resources, or trust funds without lawful authority by a person or an entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his property, income, belongings, resources, or trust funds.
- Formal Caregiver: Means a person or an entity that accepts compensation to perform a service or services for a vulnerable adult. Compensation may be provided by an employer, the vulnerable adult, or someone acting in the interests of the vulnerable adult.
- Human trafficking: Means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion, the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
- Infirmities of aging: Means physical or mental deterioration associated with advanced age or organic brain damage, or other physical, mental, or emotional dysfunction, such that the ability of an older adult to provide adequately for the adult's own care or protection is impaired.
- Informal Caregiver: Means a person who provides support for a vulnerable adult without expectation or compensation, goods, or services.
- Investigation: Means the evaluation of allegations conducted by a provider or the commission through interviews, observations, and examination of information.
- Law enforcement agency: A local, state, or federal governmental unit of one (1) or more persons employed full-time or part-time for the purpose of preventing and detecting crime and enforcing state or federal laws or local ordinances, employees of which unit are authorized by law to make arrests for crimes while acting within the scope of their authority.

- Legal Representative: Means a guardian, a conservator, an attorney, or an individual with power of attorney who has the legal obligation to act for the benefit of another.
- Licensing or certification agency: A state or federal governmental unit of one (1) or more persons employed full-time or part-time for the purpose of issuing licenses or certifications in accordance with state or federal law. Such agencies include, but are not limited to, the Idaho Department of Health & Welfare Division of Licensing & Certification, the Idaho Department of Health & Welfare Bureau of Facility Standards, and the Idaho Department of Health & Welfare Criminal History Unit.
- Licensed Medical Professional: Means an individual practicing in a medical or medical-related field who is licensed, certified, or otherwise credentialed by the state of Idaho.
- Maltreatment: The physical, emotional, and sexual abuse; financial exploitation; neglect; and/or self-neglect of an adult (18 years or older) who is vulnerable to such acts.
- Neglect: Failure of a caregiver to provide food, clothing, shelter, or medical care, the absence of which impairs or threatens sustainable life or health of a vulnerable adult.
- Older adult: Means a person aged sixty-five (65) years or older.
- Ombudsman Office: The office of ombudsman for the elderly created within ICOA, pursuant to Idaho Code Section 67-5009, or any similar office maintained and operated in other states.
- Physical abuse: Means the infliction of physical pain, injury, or unjust chemical or physical restraint on a vulnerable adult's condition or death where:
 - The vulnerable adult's condition or death is not justifiably explained;
 - The history given concerning such condition or death is at variance with the degree or type of the condition or death; or
 - Circumstances indicate that such condition or death may not be the product of an accidental occurrence.
- Prevention services: Means interventions designed to reduce the risk of maltreatment, including but not limited to case management, the provision of goods or services, or caregiver support.
- Provider: Means an Area Agency on Aging or a person or an entity capable of providing APS, including duly authorized agents and employees.
- Protection and Advocacy System: Federally mandated systems in each state and territory to provide protection of the rights of persons with disabilities through legally based advocacy, self-advocacy assistance, negotiation, litigation and other remedies, Federally mandated P&A systems include Protection and Advocacy for Individuals with Developmental Disabilities (PADD), Protection and Advocacy for Assistive Technology (PAAT), Protection and Advocacy for Voting Accessibility (PAVA), and Protection and Advocacy for Individuals with Traumatic Brain Injury (PATBI). Disability Rights Idaho serves as Idaho's P&A agency.
- Protective Action Plan (PAP): Means a person-centered 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.
- Psychological abuse: Means the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts or through unjust confinement or a vulnerable adult.
- Public protective service agency: A local, state, or federal governmental unit of one (1) or more persons employed full-time or part-time for the purpose of providing, or facilitating the provision of, protective services for vulnerable persons that may be subject to abuse, neglect, self-neglect, or

exploitation. Such agencies include, but are not limited to, the ICOA's Adult Protective Services program, Long Term Care Ombudsman Program, the Board of Community Guardians, the Idaho Department of Health & Welfare Child Protection Services, the U.S. Attorney's Office, and the U.S. Social Security Administration.

- Self-neglect: Means failure of a vulnerable adult to provide for himself or refusal to accept support needed to obtain food, clothing, shelter, or medical care reasonably necessary to sustain life and health of the vulnerable adult.
- Sexual abuse: Means touching, fondling, intercourse, or any other sexual activity with a vulnerable adult when the vulnerable adult is unable to understand, unwilling to consent, threatened, or physically forced.
- Skilled nursing facility: Shall have the same meaning as "nursing facility" provided in section 39-1301, Idaho Code.
- Supportive services: Means influence exercised over a vulnerable adult with the intent to:
 - Inhibit the vulnerable adult's freedom of choice;
 - Deprive the vulnerable adult of freedom of choice; or
 - Substitute the influencer's choice or desire over that of the vulnerable adult.
- Vulnerable adult: means an adult who is unable to protect himself from maltreatment because of:
 - A mental, physical, or developmental disability;
 - A degenerative brain disease
 - An inability to communicate or implement decision regarding his person; or
 - Other infirmities of aging in an older adult.
- Vulnerable adult maltreatment or maltreatment: Means the intentional or negligent infliction of pain or injury on a vulnerable adult, including financial exploitation, human trafficking, neglect, physical abuse, psychological abuse, or sexual abuse.

Nothing in this chapter shall be construed to mean a person is abused, neglected, or exploited for the sole reason he is relying upon treatment by spiritual means through prayer alone in accordance with the tenants and practices of a recognized church or religious denomination; nor shall the provisions of this chapter be construed to require any medical care or treatment in contravention of the stated or implied objection of such a person.

APS Appendix

Appendix A – [Confidential Records \(PO.AD.08\)](#)

Appendix B – [Client Release of Information \(FO.AD.03\)](#)

VIII. Reporting Dates and Standards – Attachments from State Plan

- A. State Plan Federal Assurances and Activities**
- B. State Plan Federal Information Requirements**
- C. Intrastate Funding Formula (IFF)**

IX. List of Appendices

Appendix A: [State and Federal Resources](#)

Appendix B: **Definitions – coming soon**

Appendix C: [Acronyms](#)

Appendix D: **ICOA Forms**

D-1: [Debarment Certification Form](#)

D-2: [Emergency Procurement Request Form](#)

Appendix E: [AAA Responsibilities](#)

Appendix F: [Civil Rights Guidance](#)

Appendix G: [Governance Policy](#)

Appendix H: **Older Americans Act Performance System (OAAPS)**

H-1: [OAAPS Title III-B Data Elements and Definitions](#)

H-2: [OAAPS Title III-C NSIP Data Elements and Definitions](#)

H-3: [OAAPS Title III-D Health Promotion Data Elements and Definitions](#)

H-4: [OAAPS Title III-E Caregiver Services Data Elements and Definitions](#)

Appendix I: [State of Idaho Procurement Thresholds Chart \(as of March 2022\)](#)

Appendix J: **Program Outcomes & Key Dates – coming soon**

Appendix K: [Version Tracking](#)