Idaho Commission on Aging (ICOA) Operations Manual

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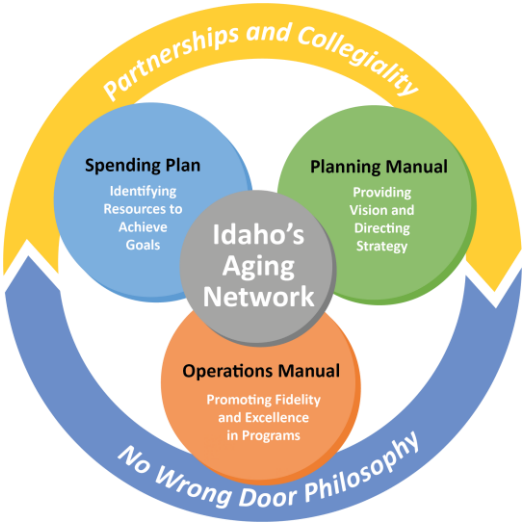
PREFACE

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)"

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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.

AAAs will develop a comprehensive policy and procedure to identify and mitigate any perceived or actual conflicts of interests that may arise during normal AAA operations. All staff should be trained during the on-boarding process and annually thereafter on the AAA or parent organization policy. ICOA will request a copy of the policy and training records during scheduled reviews.

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 disasters, 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, it is 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 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 start date which highlights their plans and expenses for that year's campaign along with any outreach materials that require developmental support from the ICOA Outreach Specialist.

Approved expenses for campaign month:

- Printing brochures for ICOA or AAA. (Must be pre-approved by ICOA Outreach Program Specialist)
- In-state travel if needed
- Vendor tables
- Swag – may use up to 50% of that year's campaign funds for swag if needed for on-site events. Available ICOA swag should be utilized first. (Must be pre-approved by ICOA Outreach Program Specialist)

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:

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 for procuring 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 provide 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) Older Americans Act programs specific requirements are included in 45 CFR 1321.

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 of 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 and listed in the approved AAA Spending 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 with 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. The AAA may procure items that are allowable, reasonable, and allocable to the implementation of OAA/SSA services. 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 in connection with every competitive procurement action including contract modifications. For Home and Community based services, this may include:

- a comparison of prices paid for 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 best overarching 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. The AAA should also utilize this method for Chore and Transportation unless there are specific considerations that make it cost prohibitive within the PSA.

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 state and federal procurement requirements. The AAA should develop criteria the 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 that 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.

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

For Contracts with Faith-Based Organizations go to the CFR 45-87 IIIE Faith-Based Guidelines Adult Day Respite.

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 also been implemented by the US Department of Health and Human Services at 45 C.F.R. Part 1321. This guide uses references from both 2 and 45 C.F.R. including 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) is required to 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 has the final decision-making authority in developing and adopting the IFF.
- The ICOA is required to 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.

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.
   - Accept written public comment regarding the proposed IFF.
   - Review and consider all public comments received.

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

a) Purpose and Goals

(1) Purpose

OAA Title III B, C, E and D grant awards and Idaho Senior Services Act match funds are allocated to each AAA based on a combination of a percentage base amount and a population formula amount.

(2) Goals

The goals of the IFF are to:

- Allocate the OAA Title III B, C, E, and D grant award and state match funds to each designated PSA in Idaho.
- Meet the requirements of the OAA including Sections 305(a)(2)(C) and consider criteria in Sections 305(a)(2)(C)(i) and (ii).
- Consider the geographical distribution of individuals 60 and older in the state.
- Considers individuals 60 and over with the greatest social and economic needs with particular attention to low-income minority older individuals.
- Facilitate achievement of local and state plan

b) Objectives

(1) ICOA Responsibilities

The current approved Intrastate Funding Formula methodology was adopted 10/01/2024. Census data is received yearly the Idaho Department of Labor Using the 5-Year American Community Survey.

Weighted Factors used:

Age At Risk Factors: - 40%

- 60+, 75+, 85+

Economic At-Risk Factors – 30%

- Living in Poverty

Social At-Risk Factors – 30%

- Living Alone
- Living in a Rural County
- Racial Minority / Non-Hispanic

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 Americas Act Title VII funding to 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

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.

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 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 by the AAA are not naturally limited by the 10% statutory maximum. The AAA may elect to apply for an indirect cost rate as outlined in Section 3 above or the 10% maximum Area Administration. 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), and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements. 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 that 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 2 CFR 200 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.

(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 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements.

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.

(2) 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)

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 the 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.

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.

<u>Travel</u>

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/ViewerFiles/StateTravelPolicy/docs/State-Travel-Policies-and-Procedures.pdf .

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	10% of the Federal Allocation. State funds are issued based on OAA Match Requirements, IFF, and available Overmatch.	OAA 304(a)(d)(1)(A)	Requirements Built into AAA Budget Workbooks Provided by ICOA
Planning and Coordination Line Item	Requires pre-authorization and limited to 2% May only be utilized after Administrative Costs are fully expended	45 CFR 1321.17 (f)(14) and ICOA Requirement	
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 and State 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

<u>Capital Expenditures and Equipment</u>

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 of over $10,000 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

Grantees 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 Capital Equipment

Before disposing of Capital Equipment items, the AAA must contact the ICOA to discuss the feasibility of reallocating the equipment/property to another AAA conducting similar programs or projects.

In the event a AAA is de-designated or withdrawals 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 equipment is not reallocated disposition must follow 2 CFR 200.313 and generally states items with a current per unit fair market value of $10,000 or less may be retained, sold or otherwise disposed of with no further obligation.

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 expenditure 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 2 CFR 200. Specific program services may have additional requirements.

Budget Transfers and/or Budget Revisions

The ICOA will accept budget revisions and/or transfers during the budget year on the APS and Title III Budgets. The ICOA will notify the AAAs of:

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

Invoicing

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

1. Title III, VII and Adult Protective Services and State Nutrition Funds: 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:

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 unspent funds to reimburse AAA expenditures utilizing a first-in-first-out method.

AAAs that have 10% or more in funding unspent in either a federal grant award, or APS funds may be required to provide a correction plan.

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
- AAA Reallotment

13. 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.

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.

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. Visit the new Program Review Schedule April 2026 going forward.

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.

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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 handing 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 all 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 oversite 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**

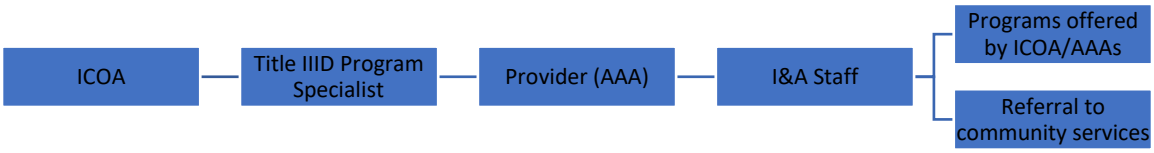
A. Focus Area – Information and Assistance Services

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

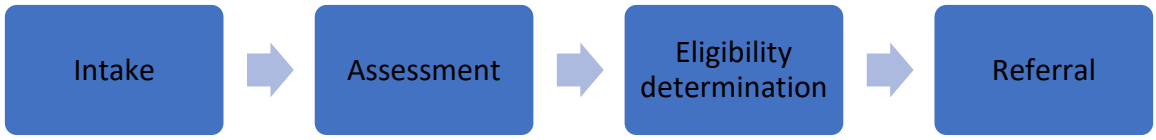
(1) Purpose

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 Inform USA standard policy and procedure guidelines.

(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. Please refer to the ICOA website for access to any materials.
- 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 Inform USA training. The current Inform USA 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.informusa.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 Inform USA 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.informusa.org/webinars
- For additional information on Inform USA certifications and membership, visit: https://www.informusa.org/core-certification

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 Inform USA, 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 2024 - 2028

1. ***Objective*:** To prevent malnutrition and subsequent poor health, increase participation of Idahoans who are at risk or underserved Strategies: • Provide education on creating a welcoming environment for community members during quarterly calls with Senior Center Directors • Provide resources if translation services are needed for outreach materials • Facilitate brainstorming and peer support for Senior Center Directors to identify what works to increase participation Outcome Measure: Management Information System documentation Target: 3% annual increase in high-risk clients as a percentage of all CM clients
2. ***Objective:*** Senior Centers are supported through ongoing engagement and education to promote physical and mental wellness opportunities and healthy aging information utilizing recognized best practices Outcome Measure: Annual survey of Senior Center Directors Target: 75% of Senior Centers surveyed report ICOA support is helpful/very helpful
3. ***Objective:*** Maintain or increase client satisfaction with meals by adjusting for cultural preferences and medical needs using recognized best practices Strategies: • During quarterly calls with senior center directors, provide training on available resources for meal modification • Facilitate brainstorming and peer learning on how to educate community members that meal modification is an available option • Facilitate messaging to the community that members needing modified meals are welcome and dietician services can be utilized for personalized meals • Explore possibilities of incorporating ethnic meals into regularly occurring pre-planned menus Outcome Measure: Bi-annual client satisfaction survey Target: 75% of all respondents are satisfied or very satisfied with meals
4. ***Objective:*** Increase public awareness and understanding of the importance of prevention of malnutrition in older Idahoans Outcome Measure: Documentation of presentations and outcome reports to Commissioners Target: By 09-30-28, will provide 12 educational presentations on prevention of malnutrition

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.

The State eligibility criteria: HB135: In addition to the federal requirements all participants must fill out an attestation form to meet the state requirements seeking public assistance.

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 2 CFR 200.307

c) 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.

e) Grants

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

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.

Misuse of Funds: Meals sites that fail to meet the ICOA operational and fiscal standards maybe be disqualified of non-mandatory reimbursement in the SFY. At its discretion, ICOA may withhold or redistribute State Nutrition or NSIP payments.

(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 database should be maintained as accurately as possible in real time. At a minimum database 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 Supervisor 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 Supervisor 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 50% 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 - Voluntary Contributions (GU.NU.01)

Appendix D - Eligibility Guidance (GU.NU.02)

Appendix E - Donated food program guidance (GU.NU.03.01)

Appendix F - Program Fund Transfer (PO.AD.11)

Appendix G - Home-Delivered Meal Program Compliance (TG.NU.01)

Appendix H - 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 Health Promotion (Title III-D) 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. Basic assessment and evaluation skills. 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.

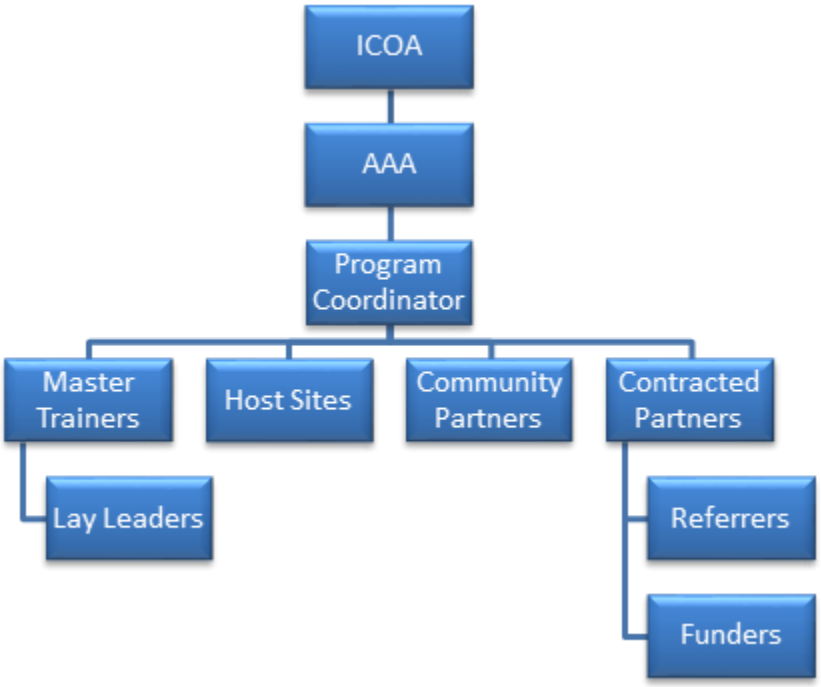
<u>Role: Lay Leaders</u>

- 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 for 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.
- Assess, evaluation and plan for state needs relating to disease prevention, health promotion, and falls prevention.
- Work to achieve ICOA strategic and state plan objectives.
- License and provide access to Vega 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).
- Collect information including at least but not limited to first and last name, e-mail address, home zip code, disability status, and at-risk population factors including rural vs. urban, living alone, English is not native language, and member of a minority group.
- Generate reports that accurately reflect activities of and participation in programs, 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.
- Provide at least one workshop each year delivered virtually or telephonically and at least one delivered in-person.
- Provide at least one workshop in a rural, under-served county in the PSA.
- Record active participation in at least one evidence-based falls or incontinence program.
- Publish educational workshops schedule for 1 year and maintain schedule as workshops are added and/or cancelled
- 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 designated as the Program Coordinator.
- Ensure Program Coordinator fulfills all required fidelity evaluation requirements for each program offered, including documentation of facilitator certifications and workshop delivery observation.
- Support adequate time for staff to accomplish program goals.

- Actively promote program and workshops in local communities.
- Actively seek local partnerships for monetary and in-kind program support.
- Director and program coordinator shall participate in quarterly program collaboratives. Other program staff, contractors, volunteers, and facilitators may participate but program coordinator must pass on all relevant training and information to other program individuals.
- Share outreach, marketing and other materials created with the Idaho program.
- Actively participate in recognized campaigns including but not limited to Falls Prevention Awareness Month.
- Collect and report data necessary to assess and evaluate program including full name, e-mail address, home zip code, and at-risk population information as previously listed.
- Enter and store all workshop data including schedules, hosts, locations, facilitators, and participants using Vega.
- 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 2024 - 2028

- Provide increased opportunities to attend classes/activities/programs that help prevent diseases, prevent falls, 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. The current list of approved programs can be found at https://www.ncoa.org/evidence-based-programs/

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. It is important that providers be able to collect and report on data relating to both workshop starters and completers as defined for each program.

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 or reduce their risks of falling and improve their 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.
    - Pain, fatigue, and frustration
    - Identify and reduce risk factors for falling
- 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. Falls prevention classes might provide simple assessments such as the Timed Up and Go or TUG assessment to be able to monitor improvement. 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.
- Materials for participants, postage for virtual delivery and travel expenses for facilitators are examples of costs that should be taken into consideration when budgeting.
- 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 Vega 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 to plan for specific program costs. Please refer to the ICOA website for access to any materials.

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. Currently, this includes delivering at least one falls prevention or continence program.
- 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 12 months workshops are developed and maintained in Vega and kept current as part of an ongoing process.
- The statewide Title III-D program schedule should be published to all AAA and community partner websites using the Vega website plug-in.
- 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 considerations 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 including the month of Ramadan.
- 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.

<u>Workshop locations</u>

- 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.

<u>Materials</u>

- 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 Vega.
- 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 Vega 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 Vega, 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 Vega, 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.
- Work with partners to disseminate information about vaccinations recommended for older adults including but not limited to flu, pneumonia and COVID.
- Promote traumatic brain injury screenings available during falls risk screening events and various other health fairs.

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 Vega.
- 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 Vega.
- 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 Vega at least six months in advance.
- The Vega public website plug-in automatically displays the schedule on websites. By keeping the schedule updated in Vega, 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.
- Utilize senior center dieticians to refer consumers to programs based on their nutritional surveys. They are also a natural person to promote various program offerings and to identify consumers who may make good program facilitators.
- 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.

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 on the ICOA website.

Media kits may contain:

- Public service announcements (PSAs) (print, radio, TV)
- Fliers
- Table tens
- 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
- 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:

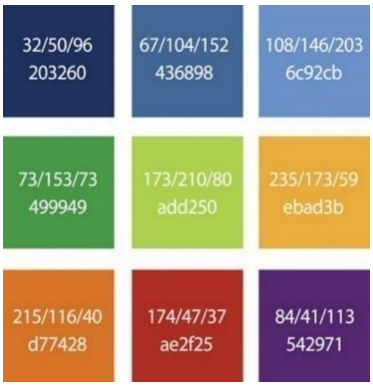
- ICOA main Facebook page: https://www.facebook.com/IdahoCOA
- LinkedIn: http://www.linkedin.com/in/idahoCOA
- YouTube Channel: http://www.youtube.com/@idahoCOA

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.
- 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.
- Outreach materials should use a consistent color palette and iconography. All versions of the ICOA logo and icon can be obtained from the ICOA Outreach and Education Specialist.
- If you don't have a required color palette, please use the ICOA colors. They are available as a Microsoft Office theme, available from the DPHP Program Specialist.



- 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.
- Vega 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 Vega. 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 Vega 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.

<u>Community Healthcare Professionals</u>

- 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 Vega 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 zip code, 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.
- AAAs and 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 page on the ICOA website.
- 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 Vega.
- Referrers will be entered and maintained in Vega.
- Automating capture of referrals from outside sources should be coordinated with assistance from ICOA and Vega technical support.
- Vega 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 Vega 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 Vega by 6/30/2027.
- To set up automating referrals in Vega, coordinate with ICOA and Vega 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 IIID program information is gathered, stored, managed, and reported using Vega and GetCare.
- Each workshop, facilitator, location, and participant has relevant information stored in the Vega 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.
- Vega credentials are never shared with others.
- Violating data policies may result in revocation of access to Vega.
- Users and access to Vega and GetCare are managed by ICOA.

b) Data Methods

- All program data must be stored in Vega 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 Vega.
- 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 Performance 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 Vega.
- All program data for the prior fiscal year is reconciled in Vega 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 Vega 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 Vega 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 Vega reports. The expectation is for a schedule of workshops for the next 12 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.

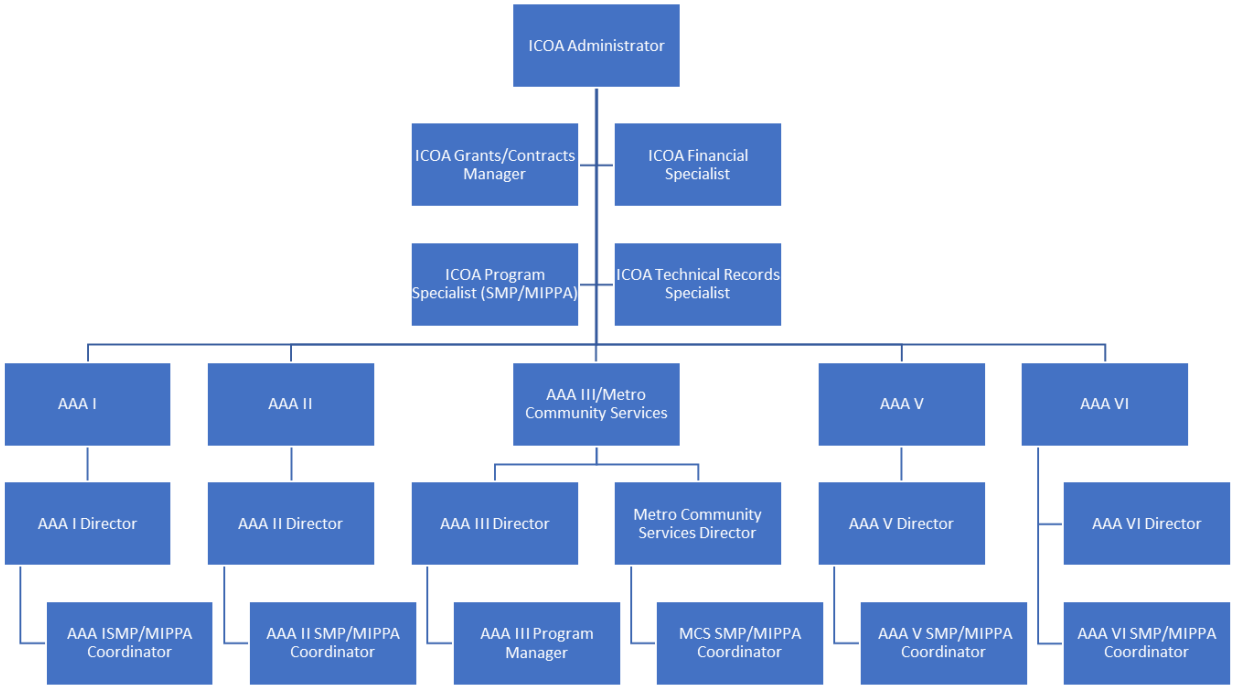
D. Focus Area – Medicare Improvements for Patients and Providers Act (MIPPA)/Senior Medicare Patrol (SMP)

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 (HCFAC) 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, 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 2024 – 2028

ICOA Family Caregiver Support State Plan Objectives 2024 – 2028
Objective: Develop Management Information System infrastructure and internal workflows to support person centered evidence-based assessments to uncover and respond to comprehensive Caregiver needs.
Objective: To increase coordination of caregiver support efforts across the state will participate as member of Idaho Dept of Health and Welfare (IDHW) Lifespan Respite Care Coalition Advisory Board.
Objective: Facilitate the successful implementation of the Idaho Alzheimer's and Related Dementia's (ADRD) State Plan, including initiatives related to brain health And TBI reduction and recognition.
Objective: Align with RAISE Act goal to promote financial and workplace security for family caregivers.
Objective: Establish coordination with the Idaho Dept of Health and Welfare (IDHW) Family and Community Services Grand and Kinship Families "Bridging Systems" initiative.
Objective: In partnership with Idaho Department Health and Welfare, Medicaid, and guidance from Advancing States Cross-State collaboration new strategies for the recruitment, retention or advancement of direct care workers will be developed and implemented.
Objective: Align with RAISE Act goal to increase caregiver self-identification, to facilitate appropriate support.

Objective: Increase family caregiver recognition and support through new strategic partnerships and projects with an emphasis technology to increase access and reduce social isolation or loneliness.
Objective: Increase Dementia Capability across the aging network with an emphasis on competence in working with underserved and at-risk populations.
Objective: Strengthen the direct care workforce in Idaho through evidence-based, research informed, free Dementia Training.

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.

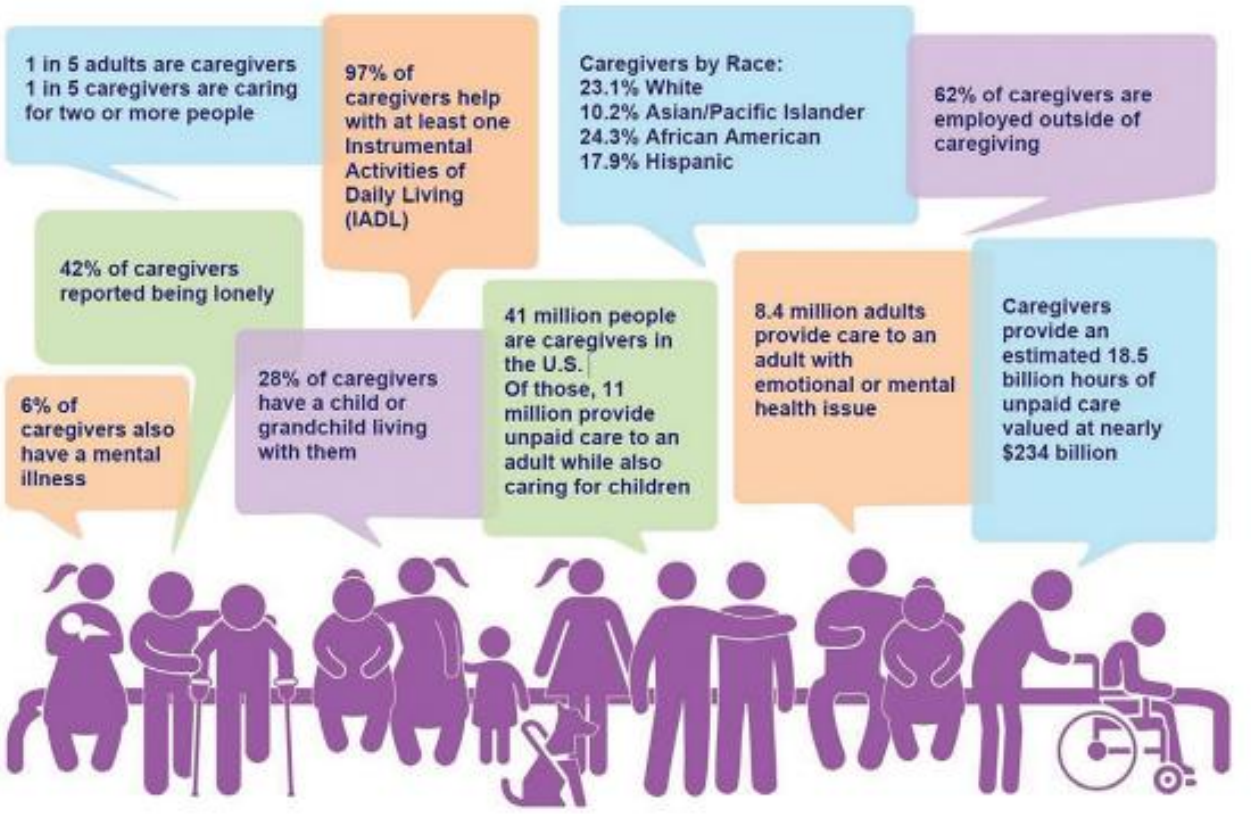
(2) Goals

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 IIIE 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 should be referred to Idaho's Community Care Program; 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 State of Idaho resident
2) is a caregiver sixty (60) years of age or older residing with an eligible care recipient who is under sixty (60) years of age.
3) is a caregiver under sixty (60) years of age residing with an eligible care recipient aged sixty (60) years or older.
4) 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.
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 and/or cognitive impairment who are lacking informal supports.
7) Once eligibility and determination that the caregiver is fully capable of managing consumer-directed respite see Consumer-directed Service Delivery Manual for further guidance.

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 unqualified 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 (Activity) - ICOA recommends using IIIE Information Services only if you are hosting, sponsoring, or participating in a caregiver-centric event or conference. Unlike Information and Assistance, this service is not tailored to the needs of the individual and staff time should not be allocated.

  ACL defines Information Services as "a public and media activity that conveys information to caregivers about available services, which can include an in-person interactive presentation to the public conducted; a booth/exhibit at a fair, conference, or other public event; and a radio, TV, or website event."

  Field Example and Best Practice

  This category is to be utilized to allocate IIIE funds to support efforts around sharing caregiver information and supporting public outreach activities. An example of assigned costs could include printing of brochures, educational materials, registration/table/booth fees, public service announcements (TV, radio, or print), and social media paid campaigns. The IIIE unit reported (activity) should be the specific event that was supported by these funds.

- Information & Assistance (Contact) - 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, particularly older caregivers with the greatest social and economic needs.

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 information caring for someone with a chronic disease. I&A will assess the caregiver needs and provide them with all the resources needed and update MIS system accordingly. 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.

If the caregiver is caring for a person living with dementia, the AAA staff will refer them to Idaho's Community Care Program where person-centered caregiver assessment is conducted and resources are provided like a list of Alzheimer's Association, PTC & SAVVY workshops and Dementia Skills and other caregiver resources on ICOA website and in the community.

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

  Training is reported in hours and is a key service provided to caregivers that will empower them with tools for decision making and problem solving within their care-giving 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 and financial management; providing personal care; and communicating with health care providers and other family members. Training may include the use of evidence-based programs; be conducted in- person or online and be provided in individual or group settings.

- Support groups (Sessions) - A service that is led by a trained individual, moderator or professional, as required by State/Territory policy, to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or on-line.

For the purposes of Title IIIE 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 (Caregiver, reported in hours) is a service designed to support caregivers and assist them in their decision- making and problem-solving. 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 individuals or group sessions. Counseling is a separate function apart from support group activities or training.

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

TYPES OF SERVICES INCLUDED IN SUPPORT GROUP, TRAINING AND COUNSELING CATEGORY

Care-giving training programs; leading evidence-based or evidence-informed 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 (In-Home; Out-of-Home Day; Out-of-Home; Overnight; Other)– A service which offers temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers of an ADL or IADL, cognitively impaired care recipient or older relative caregivers. Respite is reported in hours.
- Consumer-directed Respite: Once caregiver eligibility and determination are made, please consult the Consumer-directed Service Delivery Manual for guidance.
- 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 (4-5-05); 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 RESPITE CATEGORY:

Caregivers may benefit by respite provided to 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-schools programs (for older relative caregivers); caregiver retreats. As a note, older relative caregiver summer camp expenses would go under Respite (Out-of-Home).

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

Supplemental Services (Caregiver): Goods and services provided on a limited basis to complement the care provided by caregivers. (Source: OAA §373(b)(5)).

Supplemental services are intended to help reduce the stress of the caregiver. Supplemental services are reported by Service Domain. Service Domains and examples include:

- Consumable Supplies: incontinence products, cleaning supplies, or other personal hygiene products; purchase of school or sports uniforms/supplies to support older relative caregivers
- Nutrition services (Caregiver home-delivered meals may also be provided in compliance with TG.AD.15).

Supplemental Service Consumable Supplies Limitations:

1) Neither the caregiver or care recipient can be on Medicaid, Aged and Disabled Services, VA support services or any other respite service.
2) $100 per month per caregiver.
3) AAA is required to develop a tracking method to ensure limitations are monitored.
4) Title B Funds are the primary recommended funding source for consumable incontinent supplies. This allows the AAAs to serve the care recipient directly before using Title IIIE Caregiver funding.
5) Funds for consumable supplies are reimbursed after they are provided to qualified OOA clients.

Supplemental Reporting:

GetCare / Collabrios information system will have Supplies – 1 Occurrence in the Supplemental service

detail. Contact ICOA for GetCare / Collabrios training.

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

Idaho's Community Care Program (ICCP): Is a statewide program that offers centralized Case Management, Advocacy, Respite and Education for caregivers caring for an individual with memory concerns, dementia, and Alzheimer's Disease. This program is administered through Southwest Idaho Area Agency on Aging III, and the best practice is to refer caregivers caring for loved ones with memory loss to this program, see www.a3ssa.com for more information.

e) Screening

Screening is the process of identifying caregivers who may be eligible for services and supports described in the Eligibility Section C above. The level of services and supports, Crisis, Targeted or Universal, will be determined by the client assessment over the telephone and/or in-person.

f) Client Assessment

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.

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

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 need
- 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 / Collabrios using the following data elements, Age, Ethnicity, Gender, Urban or Rural, Minority Status, Poverty Status, Race, Relationship, Alzheimer's Disease and Related Dementia (ADRD) Caregiver status.

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 comply with and are 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, and 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 every other year. It is expected AAAs meet or exceed FCSP Program Review toolkit (Appendix B). 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/icoa-planning-process-course/. 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 – Family Caregiver Support Program Review Toolkit – Coming Soon

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, 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 2024 – 2028

1. ***Objective*:** Increase ability to respond to the demand to serve more clients through elimination of dual participation clients receiving both HDM and Medicaid or health insurance meals Outcome Measure: Semi-annual meal roster reports from Medicaid/other payers Target: 75% of identified payers will comply with timely reports.
2. ***Objective:*** Decrease variability across the state in the implementation of the HDM program Outcome Measure: In person or desk review Target: 75% of all items monitored during in person or desk reviews are compliant with ICOA standards.
3. ***Objective:*** AAAs plan and facilitate uninterrupted service of home delivered meals during emergency situations Outcome Measure: Accepted and current local plans Target: By 09-30-28, all local plans address the continuity of operations preparedness plan of meal providers.
4. ***Objective:*** Objective: Maintain or increase client satisfaction with HDM including meal modification for medical or cultural considerations Strategies: • Inform current and future clients of the ability to modify meals • Educate current and future clients on the opportunity for education, counseling, or personalized meal planning from a registered dietician • Provide education to meal providers on best practices for meal modification • Facilitate peer learning a support among meal providers during quarterly calls Outcome Measure: Bi-annual satisfaction survey Target: 75% of all respondents are satisfied or very satisfied with meals.

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.

The State eligibility criteria: HB135: In addition to the federal requirements all HDM participants must verbally attest to their lawful presence in the United States on the eligibility and consent form to meet the state requirements seeking public assistance.

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 2 CFR 200.307

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.

f) Grants

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

g) 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.
- Meal Providers are not allowed to directly subcontract with a third party food provider.

(2) Investigation

In case of suspected fraud or unusual financial situations, the AAAs must inform ICOA of their intentions related to investigation or review.

Misuse of Funds: Meals sites that fail to meet the ICOA operational and fiscal standards maybe be disqualified of non-mandatory reimbursement in the SFY. At its discretion, ICOA may withhold or redistribute State Nutrition or NSIP payments.

(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 Supervisor 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 Supervisor 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

To view the Consumer Directed Program Manual visit: https://aging.idaho.gov/wp-content/uploads/2026/04/Consumer-Directed-Program-Manual-FINAL-4.6.26.pdf

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, 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.
- Contactor'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, 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 though 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.

VII. CRISIS PROGRAM and SERVICE STANDARDS

Preface

At the beginning of these policies and procedures, definitions and terms based on federal and state laws, rules, regulations, and the National Ombudsman Reporting System are provided. Therefore, most terms have specific definitions as they relate to the Ombudsman program and are consistent with federal terminology.

The following Long-Term Care Ombudsman Program (LTCOP) Policies and Procedures are issued as part of the Idaho Commission on Aging (ICOA) Operations Manual and govern the operations of the Long-Term Care Ombudsman Program across the state of Idaho. These policies and procedures define the roles, responsibilities, and relationships among the Idaho Commission on Aging, local Ombudsman entities (LOEs), and Area Agencies on Aging (AAAs) in support of the LTCOP mission to advocate for the rights and well-being of residents in long-term care settings.

In accordance with LTCOP Rule and IDAPA 15.01.03, the State Long-Term Care Ombudsman (SLTCO) is responsible for establishing uniform, statewide policies and procedures to ensure consistent implementation of program standards and services. These policies and procedures are presented within the ICOA Operations Manual as separate and distinct sections, allowing for clear reference and application.

The development of new or revised policies and procedures is a collaborative process. The SLTCO sought input from ICOA, AAAs, LOEs, and regional ombudsmen by distributing the draft policies and procedures for review and comment. All questions, recommendations, and comments received were carefully considered. The Office made appropriate revisions based on this feedback and provided written responses to ICOA, AAAs, LOEs, and regional ombudsmen documenting the changes and addressing any concerns.

This approach ensures that the Idaho LTCOP operates with transparency, consistency, and input from stakeholders across the statewide network, in alignment with federal and state regulations and the program's commitment to resident-centered advocacy.

Key Terms and Definitions

Abuse – Any willful mistreatment of residents by facility staff, resident representative/family/friend, other residents, or an outside individual. There are three categories of abuse: physical, sexual, and psychological.[1]

Administration on Aging (AoA) - is the principal agency of the U.S. Department of Health and Human Services designated to carry out the provisions of the Older Americans Act of 1965 (OAA), as amended (42 U.S.C.A. § 3001 et seq.). The OAA promotes the well-being of older individuals by providing services and programs designed to help them live independently in their homes and communities. The Act also

[1] https://ltcombudsman.org/uploads/files/support/NORS_Table_2_Complaint_Code_10-31-2024.pdf

empowers the federal government to distribute funds to the states, territories, and tribes for supportive services for individuals over the age of 60.

Administration for Community Living (ACL) - The Administration for Community Living is an operating division of the U.S. Department of Health and Human Services.

Area Agency on Aging (AAA) – A separate organizational unit within a multipurpose agency that functions only for the purpose of serving as the Area Agency on Aging that plans, develops, and implements services for older persons within a planning and service area.[2]

Assistant Long-Term Care Ombudsman (Assistant Ombudsmen, Volunteer Long-Term Care Ombudsman) - A representative of the Office (i.e., long-term care ombudsman) who performs Long-Term Care Ombudsman Program services without pay.

Assistant Secretary for Aging (ASA) - The Administration on Aging is headed by the Assistant Secretary for Aging.

Auxiliary Aids and Services – Accommodations such as interpreters, items, equipment, or services that assist with effective communication.[3]

Bureau of Facility Standards Licensing and Certification/Idaho Department of Health and Welfare (BFS) – The State Survey Agency (SUA) is responsible for certifying and/or licensing long-term care facilities and conducting inspections and investigations to ensure federal and state compliance.

Case – Each case must have a minimum of one complaint. A case must contain a complainant, complaint code(s), a setting, verification, resolution, and information regarding whether a complaint was referred to another agency. For abuse, neglect, and exploitation codes, a perpetrator code is also required.[4]

Certification – The process of satisfying the training and other Long-Term Care Ombudsman Program requirements to become a representative of the Office.[5]

Complainant – An individual who requests Long-Term Care Ombudsman Program complaint investigation services regarding one or more complaints made by, or on behalf of, residents.[6]

Complaint – An expression of dissatisfaction or concern brought to, or initiated by, the Long-Term Care Ombudsman Program which requires LTCOP investigation and resolution on behalf of one or more residents of a long-term care facility.[7]

Complaint Disposition (Resolution) – Final resolution or outcome of the complaint.[8]

Complaint Verification (Verification) – Confirmation that most or all facts alleged by the complainant are likely to be true.[9]

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[2] IDAPA 15.01.03 & 15.01.20

[3] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[4] CA-04 Table 1: Part A https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

[5] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[6] https://ltcombudsman.org/omb_support/nors

[7] CA-04 Table 1: Part B - Complaint Data Components
https://ltcombudsman.org/uploads/files/support/NORS_Table_2_Complaint_Code_10-31-2024.pdf

[8] CD-07 Table 1: - Complaint Data Components
https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

[9] CD-07 Table 1: - Complaint Data Components
https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

Complaint Visit – A long-term care ombudsman's visit to a facility in response to a complaint during which only complaint-related activities are conducted.
Conflict of Interest – A competing interest, obligation, or duty which compromises, influences, interferes with or gives the appearance of compromising, influencing, or interfering with, the integrity, activities, or conduct of all long-term care ombudsmen, the State Unit on Aging, AAAs, or local Ombudsman entities in faithfully and effectively fulfilling official duties.
Confidentiality – Federal and state laws mandate that the Long-Term Care Ombudsman Program keep all identifying information about a resident and a complainant private, within the Ombudsman Program.[10]
Designation – The authority given to the State Long-Term Care Ombudsman to appoint or select (i.e., designate), and refuse, suspend, or remove designation of local Ombudsman entities and representatives of the Office pursuant to Section 712(a)(5) of the Older Americans Act set forth in §1324.11(e)(6) of the State Long-Term Care Ombudsman Programs Rule.[10]
Discharge – The movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.[11]
Disclose – To make known or public; to expose to view.[12]
Family Council – A group of residents' family members that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; support each other; plan resident and family activities; participate in educational activities; or for any other purpose.[13]
Financial Exploitation (Exploitation) – The illegal or improper use of an individual's funds, property, or assets for another person's profit or advantage.[14]
Formal Grievance – A written complaint made involving determinations, actions, or inactions by a long-term care ombudsman related to the performance of their official duties that is filed as prescribed in Long-Term Care Ombudsman Program Policies and Procedures.
Good Faith – When, during the performance of their official duties as prescribed in the Long-Term Care Ombudsman Programs Rule and applicable ombudsman federal and state laws, a long-term care ombudsman acts within the scope of such official duties. Actions also include seeking and making reasonable efforts to follow the direction of the Office of the Long-Term Care Ombudsman and the regional ombudsman.
Grievant – An individual who files a formal grievance against a long-term care ombudsman or the State Ombudsman.
Gross Neglect (Neglect) – The failure to protect a resident from harm or the failure to meet their needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living, or

[10] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs
[11] https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf
[12] Merriam-Webster https://www.merriam-webster.com/dictionary/disclose
[13] State Operations Manual Appendix PP Guidance to Surveyors DEFINITIONS §483.10(f)(5)-(7)
[14] https://ltcombudsman.org/uploads/files/support/NORS_Table_2_Complaint_Code_10-31-2024.pdf

shelter, which results in a serious risk of compromised health and/or safety, relative to age, health status, and cultural norms.[15]

Guardian – A person appointed by the court to make decisions regarding the person of an adult, including a person appointed pursuant to chapter 5, title 15, Idaho Code.[16]

Highest Practicable Level of Well-Being – The highest possible level of physical, mental, and psychosocial functioning a resident can maintain or achieve.[17]

Health Insurance Portability and Accountability Act of 1996 (HIPAA, Privacy Rule) – A federal law that required the creation of national standards to protect patient health information from being disclosed without the patient's consent or knowledge. HIPAA sets rules and limits on who can use, review, and disclose individuals' health information.[18]

Home and Community Based Services (HCBS) – Services provided to eligible Medicaid beneficiaries in their home or community rather than institutions or isolated settings. These programs serve a variety of targeted groups, such as older adults, people with intellectual or developmental disabilities, physical disabilities, or mental health and substance use disorders.[19]

Idaho Commission on Aging (ICOA) – The State Unit on Aging is responsible for developing and administering programs that provide assistance to older individuals, their family members, and adults with disabilities.

Immediate Family – As pertaining to conflicts of interest, is a member of the household or a relative of the representative of the Office with whom there is a close personal or significant financial relationship.[20] Such relationships could impair the judgment or give the appearance of bias on the part of a representative of the Office.

Information and Assistance – Information provided to an individual or facility staff about issues affecting residents (e.g., residents' rights, care issues, services) and/or sharing information about accessing services without opening a case and working to resolve a complaint.[21]

Informed Consent – Permission from a resident or a resident representative after a full explanation has been given of the facts, options, and possible outcomes of such options in a manner and language in which the resident or resident representative understands.[22]

Local Long-Term Care Ombudsman (LLTCO) – A representative of the Office employed by a local Ombudsman entity.

Local Ombudsman Entity (LOE) – Public agencies or nonprofit organizations, designated by the State Ombudsman, responsible for hosting local or regional Long-Term Care Ombudsman Programs to carry

[15] https://ltcombudsman.org/uploads/files/support/NORS_Table_2_Complaint_Code_10-31-2024.pdf
[16] IC 15-13-102
[17] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs
[18] Centers for Disease Control and Prevention (CDC). Health Insurance Portability and Accountability Act of 1996 (HIPAA). https://www.cdc.gov/phlp/publications/topic/hipaa.html
[19] https://www.medicaid.gov/medicaid/home-community-based-services/index.html
[20] 45 CFR Part 1324 Subpart A §1324.1 Definitions
[21] https://ltcombudsman.org/omb_support/nors
[22] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

out the activities of the Long-Term Care Ombudsman Program.[23] Such entities could be an Area Agency on Aging or another entity that contracts with the Idaho Commission on Aging to perform the duties of the Office of the Long-Term Care Ombudsman.

Local Long-Term Care Ombudsman Program (LLTCOP) – A Long-Term Care Ombudsman Program within a designated local Ombudsman entity, managed by a regional ombudsman, which fulfills the duties set forth by the State Ombudsman, and in accordance with the federal and state requirements, for a specified area within the state.

Long-Term Care Facility – Skilled nursing facilities as defined in IDAPA 16.03.02, Subsection 002.33, *Skilled Nursing Facilities*, and residential assisted living facilities as defined in IDAPA 16.03.22, *Residential Assisted Living Facilities*.[24]

Long-Term Care Ombudsman Program (LTCOP) – As used in Sections 711 and 712 of the Act, means the program through which the functions and duties of the Office are carried out, consisting of the State Long-Term Care Ombudsman, the Office of the State Long-Term Care Ombudsman headed by the SLTCO, and the representatives of the Office.[25]

Long-Term Care Ombudsman Program Policies and Procedures (LTCOP Policies and Procedures) – Requirements governing the operations of the Long-Term Care Ombudsman Program and establishing the relationship and responsibilities of local Ombudsman entities, the Area Agencies on Aging, and ICOA in relation to the Long-Term Care Ombudsman Program.

Long-Term Care Ombudsman Program Records (LTCOP Records) – All files, records, correspondences, documentation, case notes, and communications related to a specific case, complaint, complainant, or resident in any format, including intellectual records (e.g., unwritten, confidential information, long-term care ombudsman knowledge, and testimony, including testimony related to subpoenas).

Long-Term Care Ombudsman Programs Rule (LTCOP Rule) – The Federal Rule that governs the Long-Term Care Ombudsman Program.[26]

National Ombudsman Reporting System (NORS) – The uniform data collection and reporting system required for use by all State Long-Term Care Ombudsman Programs.[27]

Office of the State Long-Term Care Ombudsman (OSLTCO) – As used in Sections 711 and 712 of the Act, means the organizational unit in a State or territory which is headed by a State Long-Term Care Ombudsman.[28]

Official Duties – As used in section 712 of the Act (42 U.S.C. 3058g) with respect to representatives of the Long-Term Care Ombudsman Program, means work pursuant to the Long-Term Care Ombudsman Program authorized by the Act, subpart A of this part, and/or State law and carried out under the auspices and general direction of, or by direct delegation from, the State Long-Term Care Ombudsman.

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[23] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[24] IDAPA 15.01.03-010

[25] 45 CFR Part 1324 Subpart A §1324.1 Definitions

[26] CFR 45 1324 Subpart A

[27] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[28] 45 CFR Part 1324 Subpart A §1324.1 Definitions

Older Americans Act (the Act, OAA) – Federal law enacted in 1965 that provides for comprehensive services for older adults. The OAA created a National Aging Network comprised of federal, state, and local supports and services for individuals aged 60 and older. The OAA established the Long-Term Care Ombudsman Program.[29] This law is reauthorized (revised) by Congress every five years and signed into law by the President.[30]

Ombudsman Code of Ethics – As established by The National Association of State Long-Term Care Ombudsman Programs' (NASOP) Code of Ethics for Long-Term Care Ombudsmen.

Perpetrator – Person(s) who appears to have caused the abuse, neglect, or exploitation.[31]

Personnel Management – Responsibilities of local Ombudsman entities and the ICOA to manage administrative tasks addressing the structure of the entity and the functions of employees and volunteers as members of the local Ombudsman entities. Such tasks include but are not limited to staffing (e.g., hiring, firing), compensation (including benefits), and work hours.

Planning and Service Area – A geographic area of the state that is designated by the ICOA for the purposes of planning, development, delivery, and overall administration of services under an area plan.

Program Management (Programmatic Management) – Responsibilities of the State Long-Term Care Ombudsman to oversee, monitor, and manage the Long-Term Care Ombudsman Program. Includes but is not limited to management and supervision of actions or inactions of long-term care ombudsmen in the course of their duties as noted in the Older Americans Act, LTCOP Rule, and the Long-Term Care Ombudsman Program Policies and Procedures, monitoring local Ombudsman entities for the purpose of carrying out the local Long-Term Care Ombudsman Programs and determining the use of fiscal resources appropriated or available to the Long-Term Care Ombudsman Program.

Referral Agency – The agency or agencies to which a complaint was referred as part of the Long-Term Care Ombudsman Program's plan of action for complaint resolution.[32]

Representatives of the Office of the State Long-Term Care Ombudsman (Representatives of the Office, Long-Term Care Ombudsmen, or LTCO) – As used in Sections 711 and 712 of the Act, means the employees or volunteers designated by the State Long-Term Care Ombudsman to fulfill the duties set forth in §1324.19(a), whether personnel supervision is provided by the State Long-Term Care Ombudsman or his or her designees, or by an agency hosting a local Ombudsman entity designated by the State Long-Term Care Ombudsman pursuant to Section 712(a)(5) of the Act.[33]

Resident – An individual of any age who resides in a long-term care facility.[34]

Resident Council – A group of residents that meets regularly to discuss and offer suggestions about facility policies and procedures affecting residents' care, treatment, and quality of life; support each

[29] https://acl.gov/about-acl/authorizing-statutes/older-americans-act

[30] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[31] https://ltcombudsman.org/uploads/files/support/NORS_Training_Part_II_Principles_2021.pdf

[32] CD-06 Table 1 Part B – Complaint Data Components https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

[33] 45 CFR Part 1324 Subpart A §1324.1 Definitions

[34] SEC. 711. Definitions Older Americans Act https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf

other; plan resident and family activities; participate in educational activities; or for any other purpose.[35]

Resident Directed – The core of the Long-Term Care Ombudsman Program's foundation is to follow the direction of the resident to the fullest extent possible. For example, the Long-Term Care Ombudsman Program does not make decisions for the resident but does support and advocate on behalf of the resident's wishes.[36]

Resident Record – Any medical, social, personal, or financial information maintained by any licensed facility, any state or local agency, pertaining to a resident.

Resident Representative – An individual chosen by the resident to act on their behalf, or a person authorized by federal or state law (e.g., agent under a Power of Attorney, representative payee, and other fiduciaries) to act on behalf of a resident in order to support the resident in decision-making; access medical, social, or other personal information of the resident; manage financial matters; or receive notifications; legal representative (as used in Section 712 of the Act), or a court-appointed guardian or conservator of a resident.[37]

Residential Assisted Living Facilities (RALF) (Assisted Living) - A facility or residence, however named, licensed in the state of Idaho, operated on either a profit or nonprofit basis for the purpose of providing necessary supervision, personal assistance, meals, and lodging to three (3) or more adults not related to the owner.[38]

Residential Care Community (RCC) – A type of long-term care facility as described in the Older Americans Act (Act) that, regardless of setting, provides at a minimum, room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management.[39] In Idaho, this facility type includes residential assisted living facilities that are licensed, registered, listed, certified, or otherwise regulated by a state.[40]

Retaliation – Subtle or obvious negative actions against a person for speaking out or complaining about wrongdoings.

Routine Access Visit (Routine Visit) – A long-term care ombudsman's visit to a facility to conduct activities that promote regular and timely access to LTCOP and as determined in the procedures in the Long-Term Care Ombudsman Program Policies and Procedures (e.g., visit with multiple residents, share information about LTCOP, observe activities in the facility).[41]

Shadow Visit – A requirement of the certification process, where a trainee accompanies an experienced long-term care ombudsman in facilities to learn LTCOP advocacy tools and skills.

Skilled Nursing Facility or Nursing Facility – Also known as a "nursing home," is a certified facility that provides skilled nursing care for residents who require medical or nursing care rehabilitation or

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[35] State Operations Manual Appendix SOM Guidance to Surveyors DEFINITIONS §483.10(f)(5)-(7)

[36] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[37] LTCOP Final Rule §1324.1 Definitions https://www.govinfo.gov/content/pkg/CFR-2017-title45-vol4/xml/CFR-2017-title45-vol4-part1324.xml

[38] IDAPA 16.03.22

[39] CA-04 02 Residential Care Community Table 1 Part C Case and Complaint Definitions https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

[40] IDAPA 16.03.22

[41] https://ltcombudsman.org/omb_support/nors

provides health-related care and services to individuals who, because of their mental or physical condition, require care and services (above the level of room and board) which can be made available to them only through institutional facilities.[42] For the purposes of these policies and procedures and to be consistent with the National Ombudsman Reporting System (NORS), we use the term "**nursing facility**" for both skilled nursing facilities and nursing facilities.[43]

State Long-Term Care Ombudsman (SLTCO) – As used in Sections 711 and 712 of the Act, means the individual who heads the Office and is responsible personally, or through representatives of the Office, to fulfill the functions, responsibilities, and duties set forth in §1324.13 and §1324.19.[44]

State Long-Term Care Ombudsman Programs Rule (LTCOP Rule) – The Federal Rule that governs the Long-Term Care Ombudsman Program (45 CFR Part 1324).[45]

State Surveyor – An individual who works for the State Survey Agency to conduct in-depth surveys, inspections, and investigations of long-term care facilities.[46]

Systems Advocacy – Work to change a system (e.g., a long-term care facility, a government agency, an organization, a corporation, policies, regulations, and laws) to benefit long-term care residents.[47]

Transfer – The movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility.[48]

Willful Interference – Actions or inactions taken by an individual in an attempt to intentionally prevent, interfere with, or attempt to impede the State Long-Term Care Ombudsman from performing any of the functions or responsibilities set forth in §1324.13 or the SLTCO or a representative of the Office from performing any of the duties set forth in §1324.19.[49]

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[42] This definition is a combination of Requirements for, and assuring Quality of Care in, Skilled Nursing Facilities, Section 1819(a) of the Social Security Act [42 U.S.C. 1395i–3(a)] https://www.ssa.gov/OP_Home/ssact/title18/1819.htm and Requirements for Nursing Facilities, Section 1919(a) of the Social Security Act [42 U.S.C. 1396r(a)] https://www.ssa.gov/OP_Home/ssact/title19/1919.htm

[43] NORS Table 1 https://ltcombudsman.org/uploads/files/support/NORS_Table_1_Case_Level_10-31-2024.pdf

[44] 45 CFR Part 1324 Subpart A §1324.1 Definitions

[45] https://www.ecfr.gov/current/title-45/subtitle-B/chapter-XIII/subchapter-C/part-1324/subpart-A?toc=1

[46] National Long-Term Care Ombudsman Resource Center Glossary of Key Words Initial Certification Training Curriculum for Long-Term Care Ombudsman Programs

[47] https://ltcombudsman.org/uploads/files/support/systems-advocacy-lltco.pdf

[48] https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

[49] 45 CFR Part 1324 Subpart A §1324.1 Definitions Long-Term Care Ombudsman Programs Final Rule

B. Focus Area – Ombudsman

1. Program/Structure of the Idaho Long-Term Care Ombudsman Program

The Idaho Commission on Aging (ICOA) is the State Unit on Aging (SUA) responsible for establishing an Office of the State Long-Term Care Ombudsman (OSLTCO) to operate a statewide Long-Term Care Ombudsman Program in accordance with the Older Americans Act, the Code of Federal Regulations, Section 1324 Subpart A – State Long-Term Care Ombudsman Program (LTCOP Rule), IC 67-5009, and IDAPA 15.01.03 Rules Governing the Ombudsman for the Elderly Program.

OSLTCO is a separately identifiable, distinct entity. It may be located within or connected to ICOA. ICOA may also enter into a contract with a public or nonprofit organization to meet the requirements of a hosting entity to the Office of the State Long-Term Care Ombudsman as a separately identifiable, distinct entity.

The Office of the State Long-Term Care Ombudsman shall be headed by the State Long-Term Care Ombudsman, who is responsible for personally, or through representatives of the Office (long-term care ombudsmen), fulfilling the functions, responsibilities, and duties set forth in §1324.13 and §1324.19 of the LTCOP Rule.

The SLTCO shall ensure residents of long-term care facilities have access to the services of the Long-term Care Ombudsman Program by designating local Ombudsman entities (LOEs) responsible for providing local Long-Term Care Ombudsman Program services in all areas of the state.

Local Ombudsman entities host the local Long-Term Care Ombudsman Programs through a contract with ICOA or a sub-contract through an Area Agency on Aging and must follow all federal and state requirements as a Long-Term Care Ombudsman host agency as well as the Long-Term Care Ombudsman Program Policies and Procedures (LTCOP Policies and Procedures).

Regional ombudsmen provide programmatic supervision and management of long-term care ombudsmen (paid and volunteer) designated by the State Long-Term Care Ombudsman as representatives of the Office to carry out the duties identified in §1324.19 of the LTCOP Rule.

a) Staffing Resources

ICOA shall require the SLTCO to serve on a full-time basis. In providing leadership and management of OSLTCO, the functions, responsibilities, and duties, as set forth in the LTCOP Rule, are to constitute the entirety of the SLTCO's work. ICOA shall not require or request the SLTCO to be responsible for leading, managing, or performing the work of non-ombudsman services or programs except on a time-limited, intermittent basis.

This provision does not limit the authority of LTCOP to provide LTCOP services to populations other than residents of long-term care facilities, so long as the appropriations under the Older Americans Act

are utilized to serve residents of long-term care facilities. (Such populations may include individuals receiving home- and community-based services under a Medicaid Waiver.)

LOEs shall meet LTCOP staffing requirements as determined by the contract and OSLTCO. The LOE shall employ an individual to serve as a full-time regional ombudsman. At a minimum, when funds are available, each LOE shall employ one long-term care ombudsman per 2,000 long-term care beds in the applicable service area. Note: The State Long-Term Care Ombudsman has the authority to consider all requests to amend staffing requirements and make a determination based on the LOE's circumstances.

b) Designation, Certification Training, and Onboarding of Staff Long-Term Care Ombudsmen

The State Ombudsman shall determine designation and refusal, suspension, or removal of designation, of local Ombudsman entities and representatives of the Office pursuant to Section 712(a)(5) of the Act (42 U.S.C. 3058g(a)(5)) and the policies and procedures set forth in § 1324.11(e)(6).

(1) Designation of the Office of the State Long-Term Care Ombudsman Hosting Entity (Hosting Entity)

ICOA may choose to host the Office of the Long-Term Care Ombudsman (OSLTCO) or enter into a contract or other arrangement with any public agency or non-profit organization. In either arrangement, OSLTCO must be established as a separately identifiable, distinct entity known as the Office of the State Long-Term Care Ombudsman.

Prior to designating an entity to host OSLTCO, ICOA shall ensure the potential hosting agency:

- is free from conflicts of interest as described in the Older Americans Act, LTCOP Rule, and the LTCOP Policies and Procedures;
- has the capacity and capability to carry out the responsibilities of the Office of the Long-Term Care Ombudsman; and
- requires the State Long-Term Care Ombudsman to serve on a full-time basis.

ICOA shall not enter into a contract or other arrangement with a hosting entity to carry out the OSLTCO if it:

- 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; or
- has any ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility.

(2) Designation of Local Ombudsman Entities (LOEs)

Public or non-profit private entities are designated as local Ombudsman entities (LOEs) by the State Long-Term Care Ombudsman in coordination with ICOA.

ICOA shall not enter into a contract or other arrangement with a potential LOE to carry out the Long-Term Care Ombudsman Program if it:

- 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; or
- has any ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility.

In order to be eligible for designation, the entity must not have a conflict of interest per Section [1. (b)(5)] of the LTCOP Policies and Procedures, the LTCOP Rule, and the Older Americans Act that cannot be remedied.

To be designated as an LOE, the entity must:

- be a public or non-profit entity;
- have the capability and capacity to carry out the responsibilities of a local Long-Term Care Ombudsman Program (LLTCOP) set forth by the Older Americans Act, the federal LTCOP Rule, and the LTCOP Policies and Procedures;
- have a separately identifiable unit to function as a local Long-Term Care Ombudsman Program, managed by a regional ombudsman;
- meet the staffing requirements in the contract with ICOA and in the LTCOP Policies and Procedures;
- have ombudsmen available to perform all duties of the Office of the State Long-Term Care Ombudsman pursuant to Section 5. of the LTCOP Policies and Procedures and 45 CFR 1324.19;
- not be closed for more than five (5) consecutive business days without the approval of the Office of the State Long-Term Care Ombudsman Program;
- not stand to gain financially through an action or potential action brought on behalf of individuals served by the LTCOP; and
- meet all grant and contractual requirements and all policies and procedures set forth in applicable federal and state laws and the LTCOP Policies and Procedures.

The initial designation or change in designation of an LOE occurs under a proposal process as follows, but not limited to:

- ICOA or the AAA shall publicly advertise letters of intent and notify OSLTCO if the AAA intends to seek designation. The advertisement must be included on the AAA's website and should be provided via email to any current LOEs and any known interested entities.
- OSLTCO shall issue a proposal packet to entities submitting a letter of intent to provide LTCOP services within the applicable service area.
- The proposal packet shall identify the criteria for designation as a local Ombudsman entity in keeping with the LTCOP Policies and Procedures and shall request submission of documents supporting the entity's claim to meet these criteria.

OSLTCO shall require all applying entities to complete the proposal packet that includes the following information:

- goals and objectives of such entity providing LTCOP services;

- a description of how each LTCOP service component in Section [5. a)] of the LTCOP Policies and Procedures;
- a completed organizational conflict of interest form;
- a description of the process in which volunteers will be recruited, trained, supervised, and retained;
- a description of the resources available to assist in the operation of the local Long-Term Care Ombudsman Program.

If the AAA is not seeking designation as the local Ombudsman entity, the AAA shall review the proposal packets and recommend a local Ombudsman entity for designation after at least two (2) AAA staff have reviewed and scored the proposal packets. The AAA shall provide OSLTCO with copies of the completed proposal packets of all responding entities and information supporting its recommendation.

- The State Long-Term Care Ombudsman (SLTCO) shall review and consider all proposal packets submitted to the AAA and the recommendation of the AAA.
- If SLTCO does not concur with the AAA's recommendation, SLTCO and a representative of ICOA will meet with the AAA to discuss the decision and attempt to reach an agreement.
- In the event an agreement cannot be reached, the State Long-Term Care Ombudsman will render a final designation decision.

If the AAA is not currently the LOE, but is seeking designation as the local Ombudsman entity, SLTCO shall consider all proposal packets submitted to determine the entity most appropriate after SLTCO and a representative of ICOA have reviewed and scored the proposal packets, in keeping with the LTCOP Policies and Procedures, to be designated as the local Ombudsman entity for the service area.

- The entity selected shall be designated as the LOE upon recommendation of the State Long-Term Care Ombudsman and approval by ICOA.
- SLTCO shall notify all the applying entities of SLTCO's decision within thirty (30) calendar days. The notification shall include a notice of the right of every entity not chosen to request a reconsideration of SLTCO's determination pursuant to 45 CFR 1321.11(e)(7).
- If no entity expresses interest by submitting a letter of intent, then the AAA shall directly solicit potential LOEs to be considered for designation by SLTCO.
- After direct solicitation, if there is no entity interested in providing LTCOP services, the State Ombudsman may designate the AAA to serve as the LOE temporarily, until another entity is approved for designation.

Once designated, the LOE must maintain compliance with the LTCOP Policies and Procedures, the LTCOP Rule, and the Older Americans Act.

OSLTCO shall conduct an annual review of the LOE's compliance to determine continued designation.

Contracts with LOEs for the provision of LTCOP services must include the following:

- The specified service area;
- requirement that the LOE adhere to all applicable federal and state laws, regulations, and the LTCOP Policies and Procedures; and
- a provision that the duration of the designation continues until the contract ends, SLTCO removes

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- the designation, or the LOE provides a ninety (90) calendar day notice of a voluntary contract termination.

(3) Refusal, Removal, or Suspension of Designation of Local Ombudsman Entities

The State Long-Term Care Ombudsman, in coordination with ICOA, may refuse, remove, or suspend designation of a local Ombudsman entity (LOE) for failure to meet federal and state requirements of LTCOP, including but not limited to:

- failure to meet the criteria for designation;
- failure to disclose, remove, or remedy a conflict of interest;
- violation of LTCOP confidentiality and/or disclosure requirements;
- failure to provide mandated LTCOP duties;
- failure to respond to requests by OSLTCO to resolve issues regarding programmatic concerns and complaints;
- failure to fill a vacant LTCO position within a reasonable time;
- failure to use funds as appropriated for the local Long-Term Care Ombudsman Program;
- failure to meet the Title VII and Title III minimum funding on the LLTCOP per the baseline requirement of 2019;
- failure to comply with the provisions of the contract with ICOA, or AAA, when applicable; or
- failure to comply with the applicable federal and state laws, rules, and regulations, and the LTCOP Policies and Procedures.

A local Ombudsman entity's policies, procedures, and practices, which SLTCO has determined to be in conflict with the laws, policies, or procedures governing LTCOP, shall be sufficient grounds for refusal, removal, or suspension of designation.

When SLTCO does not designate an entity that has applied for consideration as a local Ombudsman entity, the entity may submit a request for reconsideration to the State Ombudsman within ten (10) business days upon notification.

Prior to sending a notification of an intent to remove or suspend the designation of an LOE, the SLTCOP must notify and consult with the Director of ICOA of the SLTCO's intentions and the reasons for such determination.

Prior to recommending the removal or suspension of a local Ombudsman entity's designation, SLTCO shall submit in writing to ICOA, the LOE, and the AAA, when applicable:

- the specific LTCOP Policies and Procedures, federal and state requirements that are not met;
- steps the LOE can take to come into compliance with the requirements of the LTCOP Policies and Procedures, federal and state requirements;
- a time frame in which to become compliant; and

- the possible outcomes of non-compliance (removal or suspension of designation).

The LOE must respond to the SLTCO within ten (10) business days, outlining a plan to reach compliance. After receiving the LOE's plan, the SLTCO will review and, at SLTCO's sole discretion, may amend or terminate the contract between the LOE and OSLTCO within 10 business days.

When the designation of a local Ombudsman entity is removed or suspended, SLTCO shall submit a written notice to ICOA, the AAA, and the local Ombudsman entity that includes:
- the grounds for designation removal or suspension;
- the effective date of the designation removal or suspension; and
- the opportunity for reconsideration of the State Long-Term Care Ombudsman's decision, including the time frame to request reconsideration.

The LOE may submit a written request for reconsideration of the State Long-term Care Ombudsman's decision to remove or suspend designation within ten (10) business days after receiving notification. The written request must include information that supports the request for reconsideration.

SLTCO shall consult with ICOA and respond to the request for reconsideration within ten (10) business days upon receipt of the supporting information from the LOE.

The State Long-Term Care Ombudsman shall make the final determination to remove, suspend, or retain the designation of a local Ombudsman entity.

SLTCO shall ensure continuity of LTCOP duties during the process to remove or suspend the designation.

ICOA shall terminate its contract for the local Long-Term Care Ombudsman Program with the LOE upon notice from SLTCO of the final decision to remove the designation of the LOE.

If a local Ombudsman entity intends to relinquish its designation, it must provide a ninety (90) calendar day notice in advance to the SLTCO and the State Agency. The transition shall occur with the least amount of disruption of LTCOP services.

When SLTCO removes the designation of a local Ombudsman entity, SLTCO shall arrange for the provision of LTCOP duties until a new LOE is designated.

Upon SLTCO instruction, the LOE shall surrender intact to the Office of the State Long-Term Care Ombudsman all LTCOP records, documentation of all LTCOP activities and complaint processing as required, and LTCO name badges of all LTCOs associated with the local Ombudsman entity.

At the total discretion of the SLTCO, the LOE shall surrender intact to the OSLTCO any equipment purchased with state or federal funds designated for LTCOP.

The LOE shall surrender the balance of any advanced state or federal monies to ICOA or the SLTCOP.

The LOE's appeal of the SLTCO's de-designation of its local ombudsman program shall be governed by the Adjudicatory Rules of Practice and Procedures in Claims Relating to Contracts and Grants Funded under Title III, OAA.

(4) Designation of a Long-Term Care Ombudsman

The State Long-Term Care Ombudsman determines the designation of individuals as long-term care ombudsmen, and whether personnel supervision is provided by SLTCO, their designee, or by an LOE. The Director of ICOA determines the designation of the State Long-Term Care Ombudsman.

Once designated, the OSLTCO issues all LTCO name badges indicating credentials as a designated long-term care ombudsman.

In no circumstances shall an individual be designated as a long-term care ombudsman or the State Long-Term Care Ombudsman who:

- has direct involvement in the licensing or certification of a long-term care facility;
- has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility. Divestment within a reasonable period may be considered an adequate remedy to this conflict;
- receives, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility;
- is employed by, or participates in the management of, a long-term care facility or a related organization.

In no circumstances shall an individual be designated as the State Long-Term Care Ombudsman who has been employed by such a facility or organization within one (1) year before the date of employment as the SLTCO.

If a potential staff or volunteer ombudsman has been employed by or participated in the management of a long-term care facility within the previous twelve months, the LOE must inform the SLTCO as soon as possible, but before employment, to ensure any conflict of interest is able to be remedied. The SLTCO makes the final decision regarding designation or refusal of designation.[50]

Staff LTCO must also have one (1) year of experience working with seniors and a bachelor's degree or equivalent (When an applicant does not have a bachelor's degree, SLTCO will determine if requirements for the job position are met).

The regional ombudsman, or, when there is a vacancy in the regional ombudsman position, the LOE shall submit names of persons to be certified as long-term care ombudsmen using the form prescribed

[50] 45 CFR 1324.21(d)(4)(iv)(A)

by OSLTCO. To be eligible for consideration as a long-term care ombudsman (staff or volunteer), an individual must:

- be free of conflicts of interest per Section [1. b) (5)] of the LTCOP policies and procedures, the Older Americans Act, and the LTCOP Rule;
- pass an FBI criminal background check if the individual has been a resident of Idaho less than three (3) years or an Idaho State Police background check if the individual has been a resident of Idaho for over 3 years;
- be employed by or volunteer for an LOE;
- be able to carry out the duties of a long-term care ombudsman;
- demonstrate the ability to take direction from OLTCO; and
- complete the LTCOP certification requirements.

After completion of initial certification training and when the regional ombudsman believes the trainee is competent to complete the duties of the Ombudsman program, the regional ombudsman, or when there is a vacancy in the regional ombudsman position, the LOE, will provide the SLTCO with the Request for Designation form and a copy of the signed Conflict of Interest form for consideration as a representative of the Office.

The SLTCO makes the final designation determination and will notify in writing the regional ombudsman or LOE, where applicable, as soon as practicable of the designation decision.

Where the SLTCO determines not to designate an individual hired to be an LTCO, the SLTCO must immediately inform the LOE and the regional ombudsman and follow the policies and procedures for refusal to designate, with the opportunity to request a reconsideration in this section.

(5) Conflict of Interest

Organizational and Individual Conflicts of Interest

A conflict of interest is a competing interest, obligation, or duty which compromises, influences, interferes with or gives the appearance of compromising, influencing, or interfering with, the integrity, activities, or conduct of all long-term care ombudsmen, ICOA, AAAs, or LOEs in faithfully and effectively fulfilling official duties.

The agencies, organizations, and individuals involved in the establishment of the Office of the State Long-Term Care Ombudsman, local Ombudsman entities (LOEs), local Long-Term Care Ombudsman Programs, hiring or appointing the SLTCO, the delivery of LTCOP services, and advisory board members shall be free from conflicts of interest pursuant to Section 712 (f) of the Older Americans Act and the LTCOP Policies and Procedures. Such entities shall take reasonable steps to avoid internal conflicts of interest.

ICOA and the SLTCO shall consider both the organizational and individual conflicts of interest that may impact the effectiveness and credibility of the work of the Office of the State Long-Term Care Ombudsman. In so doing, both ICOA and the State Ombudsman shall be responsible for identifying

actual and potential conflicts and, where a conflict has been identified, to remove or remedy such conflict.

Organizational conflicts of interest

Organizational conflicts of interest include, but are not limited to, the placement of the Office of the State Long-Term Care Ombudsman, or requiring that any long-term care ombudsman perform conflicting activities, in an organization that:

- is responsible for licensing, surveying, or certifying long-term care facilities;
- is responsible for licensing, surveying, or certifying long-term care services;
- 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 services, including programs carried out under a Medicaid waiver approved under Section 1115 of the Social Security Act (42 U.S.C. 1315) or under subsection (b) or (c) of Section 1915 of the Social Security Act (42 U.S.C. 1396n), or under a Medicaid State plan under Section 1905(a) or subsection (i), (j), or (k) of Section 1915 of the Social Security Act [42 U.S.C. 1396d(a); 42 U.S.C. 1396n(i)-(k)];
- provides long-term care coordination or case management, including for residents of long-term care facilities;
- sets reimbursement rates for long-term care facilities;
- sets reimbursement rates for long-term care services;
- provides adult protective services;
- is responsible for eligibility determinations for the Medicaid program carried out under title XIX of the Social Security Act (42 U.S.C. 1396-1396v);
- 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 admissions;
- makes decisions regarding admission or discharge of individuals to or from long-term care facilities;
- provides guardianship, conservatorship, or other fiduciary or surrogate decision-making services for residents of long-term care facilities; and
- Any other activity or action SLTCO deems a conflict.

The State Long-Term Care Ombudsman makes the final decision on what constitutes an organizational conflict of interest or the appearance of an organizational conflict of interest in a local Ombudsman entity, and whether a conflict is able to be removed or remedied.

The State Long-Term Care Ombudsman shall identify organizational conflicts of interest in LTCOP and describe steps taken to remove or remedy conflicts within the annual report submitted to the Assistant Secretary for Aging through the National Ombudsman Reporting System.

Individual conflicts of interest

- Individual conflicts of interest for the SLTCO, LTCO, any individual involved in appointing, selecting, or terminating the SLTCO, individual commissioners, advisory board members, legal counsel for the LTCOP, 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 or of a provider of a long-term care service;
  - ownership, operational, or investment interest (represented by equity, debt, or other financial relationship) in an existing or proposed long-term care facility or a long-term care service;
  - current employment of an individual by, or participation in the management of, a long-term care facility in the service area or by the owner or operator of any long-term care facility in the service area;
  - employment of an individual by, or participation in the management of, a long-term care facility within the previous twelve (12) months;
  - receipt of, or right to receive, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility;
  - accepting gifts or gratuities of greater than de minimis 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 provide services (except where there is a personal relationship with a resident or resident representative which is separate from the individual's role as an ombudsman);
  - accepting money, gifts, gratuities, or any other form of compensation from anyone other than the Office of the State Long-Term Care Ombudsman, or an entity approved by the SLTCO, for the performance of an act in the regular course of the duties of the ombudsman without SLTCO 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 SLTCO or LTCO provides services;
  - serving as a guardian or in another fiduciary capacity for residents of long-term care facilities in an official capacity (as opposed to serving as a guardian or fiduciary for a family member, in a personal capacity);
  - serving residents of a facility in which an immediate family member resides;
  - having personal relationships with residents, residents' family members, or facility staff that could affect impartiality;
  - serving as a voting member of an ethics committee that makes medical decisions for residents;
  - having management responsibility for, or operating under the supervision of, an individual with management responsibility for adult protective services;
  - holding an active administrator license for an assisted living or long-term care facility.
  - providing services with conflicting responsibilities while serving as a long-term care ombudsman, including, but not limited to:
    - adult protective services;
    - discharge planning;

    - preadmission screening for long-term care;
    - case management for long-term care;
    - a regional ombudsman's supervisor within an AAA or LOE; or
    - legal services;
    - acting as a notary; or
    - acting as a witness to signatures for legal documents.
- participating in activities which:
    - negatively impact the ability of LTCO to serve residents, or
    - are likely to create a perception that the LTCO's primary interest is other than as a resident advocate;
- Any activity or action that the SLTCO deems to be a conflict.

The SLTCO makes the final decision on what constitutes an individual conflict of interest or the appearance of an individual conflict of interest, and whether a conflict is able to be removed or remedied.

Identification and Disclosure of Conflicts of Interest

<u>Organizational conflicts of interest</u>
The Office of the State Long-Term Care Ombudsman shall establish an organizational conflict of interest form to be completed by the entity hosting the OSLTCO, all AAAs, and any agency seeking designation or currently designated as a local Ombudsman entity. OSLTCO hosting entity, AAAs, and LOEs must complete the organizational conflict of interest form on an annual basis, within five (5) business days of becoming aware of a potential conflict of interest, and upon request from the SLTCO.

OSLTCO will determine the annual schedule for requesting and reviewing organizational conflicts of interest.

An entity seeking designation to be the OSLTCO hosting entity or LOE shall submit to the SLTCO and ICOA the completed organizational conflict of interest form prior to designation.

Failure to report a potential conflict of interest or refusal to remove or remedy a conflict of interest is grounds for removal of the LOE's designation.

An organizational entity with a conflict of interest that cannot be remedied or removed shall not be designated as the OSLTCO hosting entity nor an LOE.

The SLTCO shall identify organizational conflicts of interest in the State Long-Term Care Ombudsman Program and describe steps taken to remove or remedy conflicts within the annual report submitted to the Assistant Secretary for Aging through the National Ombudsman Reporting System (NORS) as required by the Administration for Community Living (ACL).

Individual conflicts of interest

The Office of the State Long-Term Care Ombudsman shall establish an individual conflict of interest form - Long-Term Care Ombudsman Program Conflict of Interest Screening Form to be completed by anyone seeking designation or currently designated as a long-term care ombudsman, anyone involved with hiring or terminating employment of the SLTCO or an LTCO, LTCOP's legal counsel, and board members involved with making decisions regarding LTCOP. Individual conflict of interest forms must be completed and submitted to the SLTCO on an annual basis, within five (5) business days of becoming aware of a potential conflict of interest, and upon request from the SLTCO.

ICOA and AAAs shall request potential Advisory Board members to complete the LTCOP individual conflict of interest form to identify any conflicts of interest. Those who have a conflict of interest:

- must disclose the conflict to the Advisory Board and to SLTCO;
- must remove or remedy the conflict of interest as approved by the SLTCO;
- must have no involvement with LTCOP activities concerning the source of the conflict; and
- must abstain from voting on issues related to the operation of LTCOP.

OSLTCO will determine the annual schedule of requesting and reviewing individual conflicts of interest.

ICOA must ensure that no individual, or member of the immediate family of an individual, involved in appointing, hiring, or terminating the SLTCO has or may have a conflict of interest per Section 712 (f) (1) of the Older Americans Act and the LTCOP Policies and Procedures.

- Before appointing an individual to serve as SLTCO, or taking actions related to their termination, the Director of ICOA and any other person involved in appointing or hiring the SLTCO, shall disclose any circumstances that may create a conflict of interest on the part of the individual or the individual's immediate family. If a conflict of interest is identified, the individual will refrain from taking part in the appointment, employment, or termination of the SLTCO. The Director of ICOA shall assign a designee without a conflict of interest to make such determinations.
- The Director of ICOA and any individual involved in appointing, hiring, or terminating the SLTCO, shall complete the Long-Term Care Ombudsman Program Conflict of Interest Screening Form developed by the OSLTCO and submit it to the OSLTCO and the ICOA General Counsel on an annual basis and when a conflict of interest arises. Once such individuals become aware of a potential conflict, notification must occur as soon as possible, but no longer than five (5) business days. Should the individual fail to report a potential conflict or refuse to remove or remedy a conflict, the SLTCO or OSLTCO shall notify the Administration for Community Living (ACL) within five (5) business days.

ICOA shall ensure the SLTCO, or member of their immediate family, is free from a conflict of interest per Section 712 (f)(1) of the Older Americans Act and the LTCOP Policies and Procedures.

- ICOA will require SLTCO applicants to complete the Long-Term Care Ombudsman Conflict of Interest Statement form developed by OSLTCO to identify any actual or potential conflicts of interest. If a conflict of interest is identified, the Director of ICOA will consult with the federal entity that oversees the Ombudsman program to determine whether the conflict is capable of being remedied

or removed. The Director of ICOA has the full authority to make the final determination. Before appointing any individual to the position of SLTCO, the Director of ICOA, or their designee, must verify that any identified conflicts of interest have been removed or remedied.

- If a conflict of interest arises after the SLTCO's appointment, the SLTCO shall disclose all potential conflicts of interest to the Director of ICOA as soon as possible, but no longer than five (5) business days upon learning of the potential conflict. Both parties must agree upon the removal or remedy of the conflict of interest. Should the SLTCO fail to report a potential conflict of interest or refuse to remove or remedy a conflict, ICOA shall notify the National Ombudsman Program Coordinator at Administration for Community Living (ACL) within five (5) business days. Intentionally withholding a conflict of interest or refusal to remove or remedy a conflict of interest is grounds for de-designation as the State Long-Term Care Ombudsman.

ICOA, in coordination with the Attorney General's Office when applicable, shall ensure that the LTCOP's legal counsel, or a member of their immediate family, is free from a conflict of interest per Section 712 (f) (1) of the Older Americans Act and the LTCOP Policies and Procedures.

Should LTCOP's legal counsel become subject to a conflict of interest, the attorney must inform SLTCO, the Director of ICOA, and the State Agency General Counsel of the conflict using the individual conflict of interest screening form. The SLTCO, Director of ICOA, and the State Agency General Counsel will coordinate with LTCOP's legal counsel to remove or remedy the conflict, if possible, or to develop an alternative plan for the provision of legal counsel.

ICOA is responsible for taking reasonable steps to avoid internal conflicts of interest and for ensuring the SLTCO is not supervised by the same individual responsible for supervising the Adult Protection Coordinator.

ICOA is responsible for ensuring each AAA contract contains assurances that conflict of interest policies and procedures will be followed.

Review and Removal or Remedy of Conflicts of Interest

When an organization (LOE or AAA) or individual identifies a conflict of interest on the corresponding form developed by OSLTCO, there is an opportunity on the form to include a proposed remedy or plan to remove the conflict of interest. Once the conflict of interest form is submitted to the SLTCO, the SLTCO will review the circumstances of the potential conflict. The SLTCO shall determine:

- whether a conflict of interest exists; and
- whether the conflict could be remedied by appropriate action by the individual or agency involved.

The SLTCO shall determine whether actions may be taken to remedy an identified individual or organizational conflict. A conflict can be satisfactorily remedied only when the continued existence of the conflict does not compromise or interfere with the ability of the LTCO to carry out their duties and is not likely to diminish the perception of the Long-Term Care Ombudsman Program as an independent advocate for residents.

The SLTCO will either approve of the proposed remedy or removal in writing or will contact the individual or organization within five (5) business days to discuss an agreed upon plan. The agreed upon remedy or removal of the conflict of interest must be noted on the conflict of interest form as approved by the SLTCO. The OSLTCO will submit electronic copies to all involved parties.

ICOA and the SLTCO shall identify and take steps to remove or remedy conflicts of interest between the Office of the State Long-Term Care Ombudsman and ICOA or other hosting entity carrying out the State Long-Term Care Ombudsman Program.

ICOA may not enter into a contract or other arrangement with another entity to carry out the State Long-Term Care Ombudsman Program and may not operate the Office of the State Long-Term Care Ombudsman directly if it has an unremedied conflict of interest listed in the Older Americans Act and the LTCOP Policies and Procedures.

Where an agency or organization carrying out the State Long-Term Care Ombudsman Program develops a conflict and is unable to remove or remedy a conflict, ICOA shall either operate the State Long-Term Care Ombudsman Program directly or by contract or other arrangement with another public agency or nonprofit private organization.

Failure to Identify, Report, Remove, or Remedy a Conflict of Interest

Failure of an LOE to disclose a conflict to OSLTCO or inability to remove or remedy a conflict shall constitute grounds for refusal, suspension, or removal of the designation of the local Ombudsman entity by the SLTCO.

Failure of an LTCO to disclose a conflict to the Office of the State Long-Term Care Ombudsman or inability to remove or remedy a conflict shall constitute grounds for refusal, suspension, or removal of designation of the LTCO by the SLTCO.

Final decisions regarding sanctions to identify or remedy conflict of interest situations by long-term care ombudsmen and LOEs are determined by the SLTCO, cannot be appealed, and are final.

Failure of the SLTCO to report a potential conflict of interest or refusal to remove or remedy a conflict is grounds for removal of the designation.

(6) Certification Training

Initial certification training must be in compliance with the Administration for Community Living (ACL) requirements.

The Director of ICOA is responsible for ensuring the SLTCO completes certification training as prescribed by ACL and OSLTCO.

The SLTCO is responsible for ensuring all regional ombudsmen complete certification training as prescribed by ACL and OSLTCO.

Regional ombudsmen are responsible for ensuring all potential LTCO complete certification training as prescribed by ACL and OSLTCO. The regional ombudsman must inform the SLTCO as soon as possible if individuals do not complete initial certification training.

Training materials and forms can be found on the LTCOP's website.
Any person seeking designation as a long-term care ombudsman must complete the OSLTCO-approved initial certification training as follows:

- a minimum of 36 hours of training that covers the LTCOP's role, responsibility and authority per state and federal laws and regulations, the resident and the resident experience, an overview of long-term care settings, access to residents, facilities, and records, disclosure, the role of LTCO, complaint investigation, common resources and agencies, documentation, and communication; and
- at least sixteen (16) hours of shadowing from an experienced, designated ombudsman.

While conducting shadowing visits in a facility, the individual in training must wear an identification badge issued by the LLTCOP indicating "ombudsman in training" and must be supervised by the experienced ombudsman at all times. Individuals not designated as a long-term care ombudsman by the SLTCO shall not independently visit long-term care facilities as a representative of the Office.

(7) Onboarding Long-Term Care Ombudsmen

It is the responsibility of the regional ombudsman to onboard an LTCO, ensuring all certification requirements are met and all questions or concerns are addressed. If, at any time, the regional ombudsman has concerns about the potential LTCO's ability or willingness to become a designated LTCO, the regional ombudsman must inform the SLTCO as soon as practicable.

Regional ombudsmen must ensure all staff ombudsmen complete the National Ombudsman Reporting System Training (NORS) four-part training[51] and dementia skills training[52] as soon as practicable after becoming designated.

Where the SLTCO determines not to designate an individual hired to be an LTCO, the SLTCO must immediately inform the LOE and the regional ombudsman and follow the policies and procedures for refusal to designate, with the opportunity to request a reconsideration in this section.

Regional ombudsmen hired by an LOE will receive additional guidance and training from the SLTCO during the first several weeks of employment, but no later than three (3) months. Such guidance and training may be virtual or in person, at the discretion of the SLTCO. Additional training (other than initial certification training) includes, but is not limited to:

- federal and state regulations;
- the OSLTCO-approved database system; and
- on-site facility training (i.e., shadow visits);

[51] https://ltcombudsman.org/omb_support/nors/nors-training
[52] https://aging.idaho.gov/stay-educated/

(8) Maintaining Designation

To maintain designation, all long-term care ombudsmen are required to:

- attend all monthly training calls, unless prior approval from the SLTCO has been received;
- complete eighteen (18) hours of OSLTCO-approved continuing education each state fiscal year. All hours must be entered into the OSLTCO-approved database system. Acceptable training methods include:
    - continuing education offered by SLTCO or the local Long-Term Care Ombudsman Program;
    - in-person or remote classroom formats (e.g., live webinars);
    - in-facility training (e.g., shadowing an experienced ombudsman in a facility); web-based and self-learning techniques, including but not limited to, training offered by other entities (e.g., the National Ombudsman Resource Center or the National Center for Law and Elder Abuse); and
    - meet all requirements for designation as prescribed in the LTCOP Policies and Procedures.

SLTCO determines continued designation of an individual as a representative of the Office on an annual basis, considering whether the LTCO:

- has performed all LTCOP duties as prescribed in federal and state requirements, as well as LTCOP Policies and Procedures;
- is recommended by the regional ombudsman;
- has completed federal and state training requirements;
- has identified, removed, or remedied all conflicts of interest as specified in the LTCOP Rule and in LTCOP Policies and Procedures; and
- abides by the Ombudsman Code of Ethics.

Only individuals who are designated by SLTCO are eligible to perform the duties of the OSLTCO. Individuals in the process of becoming designated may perform duties under the direct supervision of an experienced LTCO for the purposes of meeting designation requirements.

All individuals who have access to residents, files, records, and LTCOP records subject to disclosure requirements shall undergo certification training to be designated as representatives of the Office.

LTCO is authorized to provide services only in their respective area. LTCO may visit facilities outside of their area only with the consent of SLTCO or the regional ombudsman in the relevant area.

An assistant ombudsman (i.e., volunteer long-term care ombudsman) must notify the regional ombudsman as soon as practicable when seeking an absence from LTCOP for more than thirty (30) days.

Regional ombudsmen are required to notify OSLTCO of the absence of any staff LTCO for more than five (5) business days.

OSLTCO may require LTCO to complete certification training at any time.

Failure to meet designation requirements may result in:

- suspension of duties; or
- de-designation.

(9) Suspension and De-Designation of a Long-Term Care Ombudsman

The SLTCO has the authority to suspend the duties of a long-term care ombudsman and to de-designate an individual as a long-term care ombudsman. The SLTCO may consider remedial actions which could be taken to avoid de-designation. Such remedial actions, if any, are completely within the discretion of the SLTCO.

The SLTCO shall consider the requests for suspension and de-designation by the regional ombudsman for staff and assistant ombudsmen, the LOE for the regional ombudsman, or the Office of the State Long-Term Care Ombudsman staff for any LTCO. Requests shall be made to the SLTCO in writing.

Prior to the suspension of duties or the de-designation of an LTCO staff member, the SLTCO should make all attempts to consult with the LTCO's programmatic and personnel supervisor within the LOE to discuss or consider remedial actions that could be taken to avoid de-designation.

The SLTCO may suspend or de-designate the LTCO with or without a request from another entity, including, but not limited to, any of the following reasons:

- failure of the LTCO to meet and/or maintain the criteria for designation;
- failure to meet training requirements, including failure of an assistant ombudsman to attend monthly meetings;
- existence of a conflict of interest that has not been remedied;
- intentional failure of the LTCO to disclose all conflicts of interest;
- a change in circumstances that creates a conflict in accordance with Section [1. b) (5)] of the LTCOP Policies and Procedures;
- violation of confidentiality requirements of the LTCOP Policies and Procedures;
- disclosure of LTCOP records without the consent of OSLTCO;
- failure to report a known breach of confidentiality to OSLTCO;
- failure to perform the duties of a representative of the Office (i.e., a long-term care ombudsman) as determined in the federal LTCOP Rule and the LTCOP Policies and Procedures;
- failure, refusal, or inability to submit required documentation;
- falsifying LTCOP records or providing false information;
- failure, refusal, or inability to follow the direction of a resident, of the regional ombudsman, OSLTCO, or the SLTCO;
- discontinuation of involvement with the Long-Term Care Ombudsman Program, including, but not limited to:
    - a change in employment, including a change in responsibilities or duties that are incompatible or in conflict with LTCO duties;
    - termination of employment by the LOE;

    - an assistant ombudsman's consecutive absence of three (3) or more months without notifying the regional ombudsman or the SLTCO of such absence; or
    - cessation of the local Ombudsman entity's contract for the provision of LTCOP services;
- failure to act in accordance with federal and state laws and regulations pertaining to LTCOP, and the LTCOP Policies and Procedures;
- performing a function not recognized or sanctioned by the OSLTCO;
- failure to disclose criminal charges or convictions to OSLTCO; or
- presence of a disqualifying conviction pursuant to state law and as determined by SLTCO.

The SLTCO makes the final determination regarding the suspension of an LTCO. Suspension shall be made in writing to the LTCOP, regional ombudsman, and LOE, and must include the reason for suspension;

- required actions to be taken by the LTCO to lift the suspension;
- parameters of the suspension (what actions/duties are suspended and what actions/duties are not suspended);
- effective date of suspension;
- time frame to review the progress of the LTCO;
- name of individual responsible for reviewing the progress of the LTCO;
- directions to request a reconsideration; and
- contact information of the SLTCO.

The SLTCO makes the final determination regarding the de-designation of an LTCO. De-designation shall be made in writing to the LTCO, regional ombudsman, and LOE, and must include:

- the reason for de-designation;
- effective date of de-designation;
- directions to return LTCO name badge, documentation, LTCOP equipment, etc.;
- directions to request a reconsideration; and
- contact information of the SLTCO.

An individual may submit a request for reconsideration of the SLTCO's decision to refuse, suspend, or remove de-designation.

To request a reconsideration of the decision, the individual must, within ten (10) business days after receiving the notification to refuse, suspend, or remove designation, submit a written request for reconsideration and additional information supporting the request to the SLTCO.

The SLTCO will respond to the request for reconsideration within ten (10) business days upon receipt of the supporting information from the individual.

The SLTCO shall make the final determination to suspend, remove, or retain the designation of an individual. This decision cannot be appealed.

Once de-designated, the former long-term care ombudsman must return their LTCO name badge intact to the regional ombudsman and must remove any email signatures that indicate their status as a certified ombudsman. The regional ombudsman shall send the LTCO name badge to OSLTCO and shall immediately remove the individual's access to the OSLTCO-approved electronic database system. OSLTCO shall also remove the individual from any listing of designated long-term care ombudsmen.

The regional ombudsman or OSLTCO shall make a reasonable effort to notify the facilities known to be visited by the former LTCO that the individual is no longer a designated ombudsman and will not be visiting the facility.

The SLTCO shall notify the regional ombudsman and the LOE of the SLTCO's final decision to suspend or de-designate an individual in their respective region.
If the refusal to designate an individual as an LTCO, absence, suspension, or de-designation of an LTCO results in the inability to provide LTCOP services in the relevant service area, the LOE and OSLTCO shall arrange for the provision of LTCOP services until an LTCO is designated. The Office:

- may inquire with another LLTCOP to assist with temporary coverage; and/or
- utilize an LTCO within the SLTCO to provide temporary coverage; and
- shall not utilize non-designated individuals to conduct LTCOP duties.

(10) Concerns, Complaints, and Formal Grievances Against a Long-Term Care Ombudsman Related to the Performance of Duties

Concerns and complaints against an LTCO related to the performance of official duties as outlined in the Older Americans Act, LTCOP Rule, and the LTCOP Policies and Procedures are considered informal unless such concerns or complaints are made in writing using the formal grievance procedure in this section.

Informal complaints or concerns against a long-term care ombudsman

- Informal concerns and complaints against a long-term care ombudsman shall be forwarded to the LTCO's direct LTCOP supervisor (regional ombudsman or State Ombudsman), regardless of the entity receiving the complaint or concern (e.g., ICOA, a Local Ombudsman Entity, AAA, etc.).
- Informal concerns and complaints received by ICOA, an LOE, a LLTCOP, AAA, or OSLTCO about the SLTCO shall be forwarded to the SLTCO.
- Informal concerns and complaints may be resolved by the LTCO or the LTCO's direct LTCOP supervisor (i.e., the regional ombudsman or the State Ombudsman, not the LOE supervisor) by:
  - clarifying the situation;
  - determining the root of the problem;
  - educating the complainant about the authority of the Long-Term Care Ombudsman Program;
  - educating the complainant about the official duties of the OSLTCO; or
  - offering to refer the complainant to the LTCO's direct supervisor within the LTCOP.
  - If the complainant is not satisfied with any attempt to resolve the informal concern or complaint or it cannot be resolved without an investigation, the complainant shall be referred to OSLTCO.

- If, after further discussion with the complainant, a concern or complaint remains, OSLTCO must ask the complainant if they wish to file a formal grievance against the applicable long-term care ombudsman.

Formal grievances against a long-term care ombudsman

- An individual filing a formal grievance is the grievant.
- Formal grievances made involving determinations, actions, or inactions by a long-term care ombudsman related to the performance of their official duties shall be filed as prescribed in this section, within thirty (30) calendar days of the date of the determination, action, or inaction. If the formal grievance is received after the 30-calendar day requirement, SLTCO will determine whether the formal grievance should be considered for investigation.
- Any formal grievance related to the performance of a long-term care ombudsman's official duties must be immediately submitted to the SLTCO, regardless of the entity receiving the complaint or concern (e.g., ICOA, LOE, AAA, LLTCOP, etc.).
- OSLTCO must inform the LOE of receipt of a formal grievance against a staff or assistant ombudsman and explain the nature of the grievance within five (5) calendar days of receipt of such grievance. OSLTCO must follow all confidentiality and disclosure requirements per Section [7. b)] of the LTCOP Policies and Procedures.
- All formal grievances shall be made in writing. If a grievant is unable to submit the formal grievance in writing, the SLTCO or their designee shall assist with documenting the formal grievance. All formal grievances must contain the following information:
    - the contact information of the grievant (name, phone number, email, or mailing address);
    - the nature of the grievance;
    - name of the person or LLTCOP the grievance is being filed against;
    - date and time of the LTCO's determination, action or inaction;
    - location of the LTCO's determination, action or inaction;
    - description of the allegation;
    - specific facts supporting the allegation;
    - any documentation or other evidence related to the allegation;
    - names of others involved or witnesses; and
    - the grievant's desired resolution of the grievance.

Formal grievances shall be investigated by the SLTCO or their designee under the direction of the SLTCO.

- The individual designated to review and investigate the formal grievance shall attempt to contact the grievant by telephone, email, or letter within five (5) business days to acknowledge the receipt of the formal grievance, explain the grievance process, and clarify or obtain further information. Information provided to the grievant shall include the contact information of the Office of the State Long-Term Care Ombudsman, along with instructions for sending the matter to the next level (i.e., reconsideration), in the event the grievant is not satisfied with the outcome of the investigation.
- Investigations should include:
    - an interview with the grievant;

- an interview with the LTCO in question;
- identification of potential witnesses for interview;
- review of LTCOP resident case file(s), if applicable;
- review of documentation and information pertaining to the grievance, including but not limited to:
  - emails;
  - the grievant's submitted evidence;
  - the resident's advance directives, when applicable; and
  - applicable policies and procedures, federal and state laws.

- The goal of the investigation is to determine whether the LTCO acted within the scope of the duties of the OSLTCO and followed LTCOP Policies and Procedures.
- Designees investigating the grievance must adhere to all LTCOP confidentiality and disclosure policies and procedures. The identity of the grievant and witnesses interviewed during the grievance investigation are to remain confidential and cannot be disclosed to anyone other than the individuals in the Office of the State Long-Term Care Ombudsman without approval of the State Ombudsman.
- All efforts will be made to complete the investigation within thirty (30) calendar days of receipt of the formal grievance. If it appears the investigation cannot be completed within thirty (30) calendar days, the SLTCO or designee will notify the grievant and the OSLTCO in writing with an expected date of completion.
- The SLTCO may modify or suspend the duties of the LTCO until the investigation is completed and/or there is a resolution of the formal grievance. The SLTCO must notify the LOE of the time frame of the modification or suspension.
- The designee shall submit a confidential, internal, investigative report to the OSLTCO within five (5) business days of the completed investigation. The report shall include:
  - a summary of findings from the grievance investigation;
  - a list of individuals interviewed and their role or title;
  - a summary of the documents and information reviewed; and
  - the designee's recommendation for remedial actions to resolve the grievance, if any (e.g., training, continuing education, suspension, or de-designation).
- Once the SLTCO reviews the investigative report, the SLTCO will provide a written response addressed to the grievant and may, at the SLTCO's discretion, send a copy to the LTCO in question and the LOE. The response from the SLTCO shall include, at minimum:
  - the determination of the SLTCO;
  - a general summary of the investigation without disclosing confidential information;
  - the grievant's right provide additional evidence and to request a reconsideration by the SLTCO within ten (10) calendar days; and
  - the contact information for the SLTCO.
- A grievant who is dissatisfied with the determination of the investigation may file a written request for reconsideration with the SLTCO within ten (10) calendar days of the decision along with additional evidence, if available. The SLTCO shall respond to the written request for reconsideration

within five (5) business days of the receipt of the request or when practicable. The response will be the final decision, and it cannot be appealed.

- When the SLTCO determines to suspend or de-designate a long-term care ombudsman due to the findings of a grievance, the OSLTCO shall submit in writing to the LTCO, and at the discretion of the SLTCO, may send the respective regional ombudsman and LOE, adhering to the disclosure and confidentiality requirements of the LTCOP Policies and Procedures the following:
  - a summary of findings from the grievance investigation;
  - the SLTCO's decision from the investigation;
  - the time frame of suspension or date of de-designation; and
  - the LTCO's right to request a reconsideration of the suspension or de-designation per Section [1. b) (8)].
- Once the final decision has been made by the SLTCO, all documents pertaining to the grievance must be sent electronically to the OSLTCO for storage and retention. Such documents are the property of the OSLTCO and shall not be stored electronically or otherwise within the LLTCOP.

Formal Grievance against the State Long-Term Care Ombudsman

Formal grievances related to authorized final determinations of the State Long-Term Care Ombudsman including but not limited to § 1324.11 (e)(7)(i), shall be directed to the SLTCO for response and clarification of the SLTCO's authority to make final determinations.

Formal grievances made involving determinations, actions, or inactions by the State Long-Term Care Ombudsman related to the performance of their official duties shall be filed as prescribed in this section, within thirty (30) calendar days of the date of the determination, action, or inaction. If the formal grievance is received after the 30-calendar day requirement, the Director of ICOA will determine whether the formal grievance should be considered for investigation.

Formal grievances not related to authorized final determinations of the State Long-Term Care Ombudsman, including but not limited to § 1324.11 (e)(7)(i), shall be directed to the Director of ICOA or their designee within five (5) business days of receipt of the formal grievance.

The Director of ICOA or their designee must inform the SLTCO of receipt of a formal grievance and explain the nature of the grievance within five (5) calendar days of receipt of such grievance. All confidentiality and disclosure requirements per Section [1. b) (9)] of the LTCOP Policies and Procedures apply.

All formal grievances against the SLTCO shall be made in writing to the Director of ICOA. If a grievant is unable to submit the formal grievance in writing, the Director of ICOA or their designee shall assist with documenting the formal grievance. All formal grievances must contain the following information:

- the contact information of the grievant (name, phone number, email or mailing address);
- the nature of the grievance;
- name of the SLTCO;
- date and time of the SLTCO's determination, action or inaction;

- location of the SLTCO's determination, action or inaction;
- description of the allegation;
- specific facts supporting the allegation;
- any documentation or other evidence related to the allegation;
- names of others involved or witnesses; and
- the grievant's desired resolution of the grievance.

The Director of ICOA or their designee shall attempt to contact the grievant by telephone, email, or letter within five (5) business days to acknowledge the receipt of the formal grievance, explain the grievance process, and clarify or obtain further information. Information provided to the grievant shall include the contact information of the Director of ICOA, along with instructions for request for reconsideration, in the event the grievant is not satisfied with the outcome of the investigation.

Investigations may include:
- an interview with the grievant;
- an interview with the SLTCO;
- identification of potential witnesses for interview;
- review of redacted documentation and information pertaining to the grievance, including but not limited to:
    - emails;
    - the grievant's submitted evidence;
    - applicable policies and procedures, federal and state laws.

The goal of the investigation is to determine whether the SLTCO acted within the scope of the duties of the OSLTCO and followed LTCOP Policies and Procedures.

The Director of ICOA and their designee must adhere to all LTCOP confidentiality and disclosure policies and procedures. The identity of the grievant and witnesses interviewed during the grievance investigation are to remain confidential and cannot be disclosed to anyone.

Should the Director of ICOA or their designee request confidential resident or complainant information from the SLTCO for the purposes of a grievance investigation, disclosure is at the discretion of the SLTCO and may include redacted documents.

All efforts will be made to complete the investigation within thirty (30) business days of receipt of the grievance. If it appears the investigation cannot be completed within thirty (30) business days, The Director of ICOA or their designee will notify the complainant in writing with an expected date of completion.

The Director of ICOA may suspend or modify the State Long-Term Care Ombudsman's functions and responsibilities, within applicable State employment practices, until the investigation is completed and/or there is resolution of the formal grievance.

The Director of ICOA or their designee shall seek consultation with the National Ombudsman Program Coordinator at Administration for Community Living (ACL) prior to making any determinations regarding suspension or removal of designation.

When the Director of ICOA determines to suspend or de-designate the SLTCO due to the findings of a grievance, the Director of ICOA shall submit in writing to the SLTCO the following:

- a summary of findings from the grievance investigation;
- the Director of ICOA's decision from the investigation;
- the time frame of suspension or date of de-designation; and
- the SLTCO's right to request a reconsideration of the suspension or de-designation within ten (10) calendar days.

The Director of ICOA, or their designee will provide the grievant with a written response to their formal grievance within thirty (30) business days of the completion of the investigation. To the extent possible, the response will follow any applicable confidentiality and disclosure policies and procedures in the LTCOP Policies and Procedures.

Where the SLTCO is dissatisfied with the determination of the investigation, SLTCO may file a written request for reconsideration with the Director of ICOA within ten (10) calendar days of the decision along with additional evidence, if available. The Director of ICOA shall respond to the written request for reconsideration within five (5) business days of the receipt of the request or when practicable.

The SLTCO shall receive a copy of the Director of ICOA's final decision.

2. Responsibilities

a) ICOA Responsibilities

Idaho Commission on Aging (State Unit on Aging)

The Idaho Commission on Aging (ICOA) is responsible for establishing the Idaho Long-Term Care Ombudsman Program (LTCOP), headed by the State Long-Term Care Ombudsman (SLTCO), who is responsible to carry out all functions and responsibilities in accordance with federal and state laws, either personally or through representatives of the Office (long-term care ombudsmen).

ICOA establishes the Office of the Long-Term Care Ombudsman (OSLTCO) and determines where the OSLTCO is located (i.e., the hosting entity). OSLTCO may be located within or connected to ICOA. Or ICOA may enter into a contract or other arrangement with any public agency or nonprofit organization. In either location, ICOA shall establish a separately identifiable, distinct entity as the Office of the State Long-Term Care Ombudsman. OSLTCO is currently established within ICOA as a separately identifiable, distinct entity.

When considering the employment or appointment of an individual as the State Long-Term Care Ombudsman ICOA shall:

- take reasonable steps to avoid employing or appointing an individual who has or may have an unremedied conflict of interest or who has a member of the immediate family with an unremedied conflict of interest; and
- take reasonable steps to avoid assigning an individual to perform duties which would constitute an unremedied conflict of interest.
- ensure that the State Long-Term Care Ombudsman meets minimum qualifications as determined by federal and state rules and regulations which shall include, but not be limited to demonstrated expertise in:
    - long-term services and supports or other direct services for older individuals or individuals with disabilities;
    - consumer-oriented public policy advocacy;
    - leadership and program management skills; and
    - negotiation and problem resolution skills.

In no circumstance shall ICOA appoint or employ an individual as the State Long-Term Care Ombudsman, who:

- has direct involvement in the licensing or certification of a long-term care facility;
- has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility. Divestment within a reasonable period may be considered an adequate remedy to this conflict;
- receives, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; or
- is employed by, or participates in the management of, a long-term care facility or a related organization; or
- has been employed by such a facility or organization within one (1) year before the date of employment as the SLTCO.

Once a State Long-Term Care Ombudsman is appointed, ICOA must notify the National Ombudsman Program Coordinator at Administration for Community Living (ACL) of such appointment.

ICOA shall ensure the SLTCO completes (or, when the individual is a current designated ombudsman, has completed) the required certification training to become a designated ombudsman as soon as practicable, but no later than six (6) months of the start of employment. The certification training may be conducted by an experienced ombudsman in Idaho or if in-state training is not possible, then by another State Long-Term Care Ombudsman Program. Other required LTCOP-related initial training that must be completed as soon as practicable, but no later than six (6) months of the start of employment includes:

- National Ombudsman Reporting System (NORS) documentation training found at the National Ombudsman Resource Center's (NORC) website, and
- Scheduled meetings with a NORC-assigned State Ombudsman Mentor.

ICOA shall ensure the SLTCO complies with the relevant provisions of the Older Americans Act, the LTCOP Rule and state laws, rules, and regulations, including on-going continuing education as required by ACL through:

- fiscal monitoring;
- reviews of non-confidential information; and
- assessments of LTCOP's functions, responsibilities, and official duties through non-confidential aggregate data reports generated and provided by OSLTCO.
  Responsibilities related to the management and allocation of funds for the LTCOP including (i.e., maintenance of effort):[53]
    - ICOA shall expend on LTCOP no less than was expended in Title III-B and Title VII funds for FFY 2019. All Title VII Chapter 2 funds shall be exclusively expended on LTCOP.
    - ICOA must provide the SLTCO with verifiable expenditure information for the annual certification of minimum expenditures and for completion of annual reports;
    - ICOA shall not supplant any Federal, State or local funds expended by the State or unit of general-purpose local government to provide LTCOP services. Any additional federal or state LTCOP funds will be authorized by the State Ombudsman, and;
    - The provisions in 6.a of this manual.

ICOA shall not have policies or practices which prohibit the SLTCO from performing the functions and responsibilities of the State Long-Term Care Ombudsman.

ICOA shall ensure that any review of files, records, or other information maintained by the Long-Term Care Ombudsman Program (LTCOP) is consistent with the disclosure limitations set forth in §§ 1324.11(e)(3) and 1324.13(e) of LTCOP Rule.

ICOA and the SLTCO are responsible for identifying, remedying, and/or removing actual or perceived individual and organizational conflicts of interest between OSLTCO and ICOA that may impact the effectiveness and credibility of the work of OSLTCO.
ICOA shall:

- take reasonable steps to avoid internal conflicts of interest;
- establish a process for review and identification of internal conflicts;
- take steps to remove or remedy conflicts;
- ensure that no individual, or member of the immediate family of an individual who is involved in designating, appointing, otherwise selecting or terminating the State Long-Term Care Ombudsman is subject to a conflict of interest; and
- ensure the SLTCO has disclosed applicable conflicts and described steps taken to remove or remedy conflicts within the annual report submitted to the Assistant Secretary for Aging through the National Ombudsman Reporting System.

[53] 45 CFR 1321.9(c)(2)(vi)

Prior to entering into a contract or other arrangement with an agency seeking to become the hosting entity of the Office of the State Long-Term Care Ombudsman, ICOA and the SLTCO, if currently appointed, shall be responsible to identify actual and potential conflicts and, where a conflict is identified, to remove or remedy such conflict. If the conflict cannot be remedied or removed as required by LTCOP Rule and the LTCOP Policies and Procedures, ICOA shall not enter into a contract or other arrangement with the agency seeking to become the hosting entity of OSLTCO.

ICOA shall ensure that it has mechanisms to prohibit and investigate allegations of willful interference, retaliation and reprisals by:

- any entity, including a long-term care facility or any individual who files a complaint with LTCOP or otherwise cooperates with a long-term care ombudsman (LTCO) in fulfillment of their functions, responsibilities, or official duties; or
- any entity, including a long-term care facility, or any individual against the SLTCO or a LTCO in fulfillment of their functions, responsibilities, or official duties.

ICOA shall provide for appropriate sanctions with respect to interference, retaliation, and reprisals.

ICOA shall ensure legal counsel for the Long-Term Care Ombudsman Program is adequate, available, has competencies relevant to the legal needs of LTCOP and of residents, and is without conflict of interest.

ICOA shall integrate the goals and objectives of OSLTCO into the State Plan on Aging and coordinate the goals and objectives of OSLTCO with those of other programs established under Title VII of the Older Americans Act and other State elder rights, disability rights, and elder justice programs, including, but not limited to, legal assistance programs provided under Section 306(a)(2)(C) of the Older Americans Act, to promote collaborative efforts and diminish duplicative efforts.

ICOA shall follow and implement accordingly all required assurances in the State Plan on Aging.

ICOA shall provide elder rights leadership. In so doing, it shall require the coordination of Long-Term Care Ombudsman Program services with the activities of other programs authorized by Title VII of the Older Americans Act, as well as other state and local entities with responsibilities relevant to the health, safety, well-being or rights of older adults, including residents of long-term care facilities.

As a hosting entity to OSLTCO, ICOA shall:

- require the SLTCO to serve on a full-time basis to provide leadership and management of OSLTCO, the functions, responsibilities, and duties set forth in the LTCOP Rule. ICOA shall not require or request the SLTCO to be responsible for leading, managing or performing the work of non-LTCOP services or programs;
- with input from the SLTCO, provide sufficient staff in the Office of the State Long-Term Care Ombudsman to effectively carry out federal and state functions and responsibilities of the OSLTCO;

- have policies in place to prohibit the employment of a SLTCO or LTCO with a conflict of interest that cannot be removed or remedied;
- provide personnel management for OSLTCO;
- provide adequate administrative support for OSLTCO that includes, but is not limited to, suitable and confidential space for OSLTCO staff, locked file cabinets, supplies, equipment, general support services, and staff support;
- not have personnel policies or practices which prohibit the SLTCO or OSLTCO employees from performing the functions and responsibilities or duties of the OSLTCO or from Section 712 of the Older Americans Act;
- appoint an acting State Long-Term Care Ombudsman when the SLTCO position is vacant or the SLTCO is on leave for more than three (3) weeks if the SLTCO did not or was unable to assign a designee. Such appointment must be a current designated long-term care ombudsman;
- notify the National Ombudsman Program Coordinator at Administration for Community Living (ACL) of any State Long-Term Care Ombudsman position vacancy and the appointment of an acting SLTCO;
- provide general fiscal oversight of OSLTCO, to the extent that it coordinates with the SLTCO's authority to use fiscal resources appropriated or otherwise available for the operation of OSLTCO to develop an annual budget for the management of OSLTCO. The budget shall include all federal and state funding allocated to OSLTCO for the purposes of meeting federal and state requirements pertaining to the functions, responsibilities and duties of the LTCOP, the SLTCO's annual goals, statewide training and continuing education, outreach, travel, systems advocacy, local Long-Term Care Ombudsman Program monitoring, training, and equipment;
- ensure federal funds allocated and expended to OSLTCO are within the bounds of the Older Americans Act, and assist the SLTCO to ensure state funds allocated and expended are within the limits of state laws;
- submit a monthly budget report to the SLTCO containing allocated funds, available funds, and monthly expenditures pertaining to OSLTCO; and
- propose any significant change to OSLTCO budget and coordinate such changes with the SLTCO.

The SLTCO shall be included in the hiring decisions of all OSLTCO staff.
ICOA shall require OSLTCO to:

- develop and provide final approval of the annual report as required by the Older Americans Act and Idaho Statutes 67-5009;
- complete the Older Americans Act Performance System report (OAAPS report) as required by ACL;
- analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents in Idaho, and recommend any changes in such laws, regulations, and policies as OSLTCO determines to be appropriate;
- provide such information as OSLTCO determines to be necessary to public and private agencies, legislators, the media, and other persons, regarding the problems and concerns of individuals residing in long-term care facilities; and recommendations related to such problems and concerns;

- establish procedures for the training of the representatives of the Office; and
- coordinate LTCOP services with entities with responsibilities relevant to the health, safety, welfare, and rights of residents of long-term care facilities, as set forth in § 1324.13(h) of LTCOP Rule.

b) Idaho State Long-Term Care Ombudsman (SLTCO) Functions and Responsibilities

The SLTCO, as head of OSLTCO and unified statewide Long-Term Care Ombudsman Program, shall have responsibility and authority for the leadership and management of the OSLTCO in coordination with ICOA, and LOEs carrying out LLTCOPs.

The SLTCO shall establish and recommend policies, procedures, and standards for administration of LTCOP.

The SLTCO shall personally or through long-term care ombudsmen:

- identify, investigate, and resolve complaints that:
    - are made by or on behalf of residents in Idaho; and
    - relate to an action, inaction, or decision 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 resident representatives) of long-term care providers or their representatives, public agencies, or health and social service agencies;
- provide services to protect the health, safety, welfare, and rights of residents;
- inform residents about means of obtaining services provided by LTCOP;
- ensure that residents have regular and timely access to the services provided through LTCOP and that residents and complainants receive timely responses from LTCO to requests for information and complaints;
- represent the interests of residents before governmental agencies, ensure that individual residents have access to, and pursue (as SLTCO determines as necessary and consistent with resident interests) administrative, legal, and other remedies to protect the health, safety, welfare, and rights of residents;
- provide administrative and technical assistance to LTCO and LLTCOPs;
- analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions, that pertain to the health, safety, welfare, and rights of the residents, with respect to the adequacy of long-term care facilities and services in Idaho by:
    - recommending any changes in such laws, regulations, policies, and actions as OSLTCO determines to be appropriate;
    - facilitating public comment on the laws, regulations, policies, and actions;
    - providing leadership to statewide systems advocacy efforts OSLTCO on behalf of long-term care facility residents, including coordination of systems advocacy efforts carried out by LTCO; and
    - providing information to public and private agencies, legislators, the media, and other persons, regarding the problems and concerns of residents and recommendations

related to the problems and concerns. Such determinations and positions shall be those of OSLTCO and shall not necessarily represent the determinations or positions of ICOA or a local Ombudsman entity;

- coordinate with and promote the development of citizen organizations consistent with the interests of residents; and
- promote, provide technical support for the development of, and provide ongoing support as requested by Resident Councils and Family Councils to protect the well-being and rights of residents.

The SLTCO shall require all long-term care ombudsmen to fulfill the duties set forth in the Older Americans Act and LTCOP Rule, applicable state regulations, and in accordance with LTCOP Policies and Procedures.

The SLTCO shall develop a certification training program and continuing education for LTCO based on and consistent with standards established by the Administration for Community Living (ACL).

The SLTCO prohibits anyone from carrying out the duties of OSLTCO unless the individual:

- completes the required Idaho Long-Term Care Ombudsman Certification Training; and
- is designated by SLTCO as a long-term care ombudsman for the State of Idaho.

The SLTCO has sole authority to determine designation of an ombudsman and in coordination with ICOA and the Area Agencies on Aging, designation of a local Ombudsman entity.

Policies, procedures, or practices which SLTCO determines to be in conflict with the laws, policies, or procedures governing LTCOP shall be sufficient grounds for refusal, suspension, or removal of designation of a representative of the Office and a local Ombudsman entity.
The SLTCO shall investigate allegations of misconduct by representatives of the Office in the performance of LTCOP duties and, as applicable, coordinate such investigations with ICOA and/or the LOE. After such investigation, SLTCO has the final determination to suspend or remove designation of a long-term care ombudsman.

The SLTCO shall manage the files, records, and other information of LTCOP, whether in physical, electronic, or other formats, including information maintained by representatives of the Office pertaining to the cases and activities of LTCOP. Such files, records, and other information are the property of the Office of the Long-Term Care Ombudsman.

In making determinations regarding the disclosure of files, records, and other information maintained by LTCOP, SLTCO shall have the sole authority to make or delegate determinations concerning the disclosure of the files, records, and other information maintained by LTCOP.

The SLTCO shall coordinate with ICOA in the review and approval of plans or contracts governing local Ombudsman entities operations pertaining to the local Long-Term Care Ombudsman Programs (LLTCOPs).

The SLTCO has full authority to determine the use of the fiscal resources appropriated or otherwise available for the operation of OSLTCO. Where local Ombudsman entities are designated, SLTCO shall approve the allocations of federal and state funds provided to such entities, subject to applicable federal and state laws and policies.

The SLTCO determines that LTCOP budgets and expenditures of OSLTCO and LOEs are consistent with laws, policies and procedures governing LTCOP.

The SLTCO shall coordinate with ICOA to determine a formula used to allocate federal and state funds provided to LOEs for the operation of the local Long-Term Care Ombudsman Programs (LLTCOPs). The SLTCO shall make the final determination with regard to allocations of LTCOP discretionary funds.

The SLTCO shall determine that LTCOP budgets and expenditures of both the OSLTCO and LOEs are consistent with laws, policies, and procedures governing LTCOP.

The SLTCO shall coordinate with ICOA to develop an annual budget for the management of OSLTCO. The budget shall include all federal and state funding allocated to OSLTCO for the purposes of meeting federal and state requirements pertaining to the functions, responsibilities, and duties of the LTCOP, SLTCO annual goals, statewide training and continuing education, outreach, travel, and equipment.

In carrying out systems advocacy efforts of OSLTCO on behalf of long-term care facility residents and pursuant to the receipt of grant funds under the Older Americans Act, the provision of information, recommendations of changes of laws to legislators, and recommendations of changes of regulations and policies to government agencies by any Long-Term Care Ombudsman do not constitute lobbying activities as defined by 45 CFR part 93.

The SLTCO shall independently determine and establish positions of the Office of the State Long-Term Care Ombudsman. In doing so, SLTCO provides leadership to statewide systems advocacy efforts of the OSLTCO on behalf of long-term care facility residents. This includes the coordination of systems advocacy efforts carried out by LTCO.

- The SLTCO may consult with ICOA about determinations of OSLTCO related to recommended changes in laws, regulations, and policies.
- ICOA shall not require a right to review or preapprove positions or communications of OSLTCO.

The SLTCO shall lead state-level coordination to benefit residents, and support LOE coordination between LTCOP and entities listed in § 1324.13(h) of the LTCOP Rule. Such coordinated efforts may include, but are not limited to:

- memorandums of understanding;
- joint or cross training opportunities;

- participation in advisory groups;
- participation in issue-focused workgroups; and
- referral protocols.

The SLTCO shall ensure a memorandum of understanding (MOU) with respect to the Legal Assistance programs under Section 306(a)(2)(C) of the Older Americans Act is in place to clarify and formalize the working relationship between the two entities. At minimum, the MOU shall include:

- referral protocols that include processes and strategies to be used when LTCOP and a legal assistance program are both providing program services to the same resident;
- confidentiality;
- joint or cross training; and
- consultation process with the legal assistance provider.

The SLTCO shall ensure a memorandum of understanding (MOU) with respect to the Bureau of Facility Standards Licensing and Certification/Idaho Department of Health and Welfare (BFS) is in place to clarify and formalize the working relationship between the two entities. At minimum, the MOU shall include:

- referral protocols;
- confidentiality and information sharing including procedures for LTCOP accessing copies of licensing and certification records maintained by the state with respect to long-term care facilities;
- participation in and notification of surveys; and
- joint or cross training.

The SLTCO shall approve of and ensure each LLTCOP has a current memorandum of understanding (MOU) with the local Adult Protective Services (APS) entity. At minimum, each MOU shall include:

- referral protocols;
- confidentiality and information sharing;
- joint investigations; and
- joint or cross training.

The SLTCO shall carry out activities as the Assistant Secretary for Aging determines to be appropriate and are consistent with the functions of the State Long-Term Care Ombudsman Program as authorized by the Older Americans Act.

The SLTCO shall assign a long-term care ombudsman as their designee to make decisions when the SLTCO is unavailable for two (2) or more consecutive business days. Such decision-making authority shall be specified in writing. The SLTCOP shall provide this information to the Director of ICOA and the long-term care ombudsman's LOE supervisor, where applicable.

The SLTCO shall provide written notification as soon as practicable to the Director of ICOA when planning to be on leave for more than three (3) weeks.

(1) Office of the State Long-Term Care Ombudsman (OSLTCO) Responsibilities

The Office of the State Long-Term Care Ombudsman is a separately identifiable, distinct entity from ICOA.

OSLTCO shall:

- work to resolve complaints made by or on behalf of residents;
- advocate for broad policy, regulatory, and/or legislative changes to improve the quality of care and quality of life for residents;
- develop and implement certification training and provide continuing education opportunities for LTCO;
- maintain LTCOP records and LTCOP's electronic reporting system;
- provide information and assistance to the general public, residents, legislators, community organizations, and other agencies regarding long-term care issues and state and federal licensing, certification, and regulation;
- provide technical assistance to LOEs and LLTCOPs;
- provide LTCOP data and analysis as necessary;
- develop and prepare an annual report as described in the Older Americans Act and LTCOP Rule;
- monitor and evaluate the statewide and LLTCOPs, which may include, but is not limited to:
    - reviewing a sample of individual case files for complaint processing review;
    - reviewing the accuracy of LTCOP activities;
    - fiscal monitoring, including review of budget, expenditure, and audit reports;
    - reviewing conflict of interest forms and remedies;
    - observing LTCO on facility visits;
    - interviewing assistant ombudsmen and LTCOP staff;
    - reviewing assistant ombudsmen management policies; and
    - meetings with LOEs.

(2) AAA Responsibilities

An AAA may be designated by the SLTCO in coordination with ICOA as a local Ombudsman entity, or an AAA may contract with a third party to house the LLTCOP. When the AAA is also the LOE, the AAA must also adhere to Section [2. a) (4)] of the LTCOP Policies and Procedures.

Any AAA contract or grant provision that requires LLTCOP service delivery components or data collection policies and procedures, practices, or protocols different from those presented in the LTCOP Policies and Procedures must be approved in writing by SLTCO.

The AAA shall regularly monitor the LOE and the LLTCOP by reviewing:

- budget, expenditures, and audit reports;
- LLTCOP coordination with other agencies;
- non-confidential reports provided by OSLTCO or LLTCOP reflecting LTCOP activities and aggregate data;

- conflict of interest forms and remedies; and
- policies and procedures of the LOE related to LLTCOP.

The AAA shall contact OSLTCO if concerns arise with the performance of LLTCOP or with the LOE.

The AAA shall ensure that Older Americans Act Title VII LTCOP funds are used exclusively for LTCOP services and direct advocacy activities.

The AAA must have no unremedied conflicts of interest.

When appropriate, the AAA shall include the regional ombudsman in discussions, meetings, conferences, reports, and other AAA functions and operations, such as boards and advisory councils related to long-term care, to provide a voice for residents.

AAAs shall support LOEs and LLTCOPs, to the extent possible, by:
- determining whether to assign an AAA staff liaison to attend Program-sponsored trainings and meetings pertaining to the LLTCOP as invited by the regional ombudsman or OSLTCO;
- assisting in the development of resources for the operation of LLTCOP, including financial and human resources;
- providing opportunities for collaboration of LLTCOP and other aging and social services organizations to promote the health, safety, welfare, and rights of residents;
- making appropriate referrals to LLTCOP;
- promoting awareness of LTCOP to consumers and the general public within the service area;
- recognizing the responsibilities of the regional ombudsmen to promote systems and issue advocacy on behalf of residents; and
- providing technical assistance related to the contract or grant.

AAAs shall submit the required financial and programmatic reports to ICOA and to OSLTCO in accordance with the established departmental instructions.

All fiscal reports to the SLTCO shall be reported as October 1st through September 30th.

AAAs shall submit an annual fiscal report by November 30th to the SLTCO as outlined in the contract detailing expenditures to LLTCOP for purposes of:
- monitoring of the 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; and
- accessing LLTCOP budgets and expenditures for purposes of monitoring and review.

The AAA will participate in training provided to the Directors and regional ombudsmen by ICOA on the requirements of LTCOP Funding.

The AAA shall cooperate with OSLTCO to implement a transition plan to minimize disruption in LTCOP duties to residents when the contract or grant for LLTCO services is terminated or not renewed.

(3) Local Ombudsman Entity (LOE) Responsibilities

LOEs are designated by SLTCO to house LLTCOPs and ensure the provision of LTCOP services in the service area designated by a contract with ICOA or the AAA.

LOEs must follow federal and state requirements, LTCOP contract requirements as an LOE, and the LTCOP Policies and Procedures.

LOEs shall be the sole provider of designated LTCOP services in the service area identified in the contract with ICOA or the AAA.

LOEs shall provide adequate and appropriate administrative support for the LLTCOP that includes, but is not limited to, suitable and confidential space for LTCOP staff, i.e., open area offices, such as cubicles, do not lend themselves to the confidentiality required by the program, locked file cabinets, supplies, equipment, general support services, and staff support.

LOEs shall have an IT (i.e., information technology) security policy that addresses access, retention, and security. Such policies must be compliant with federal and state regulations pertaining to LTCOP records and must ensure secure email transmissions.
LOEs have the responsibility to ensure adequate legal representation for LTCO against whom legal action is brought or threatened to be brought in connection with the performance of official duties.

LOEs must have a referral process for LTCOP intake approved by the SLTCO.

- Intake processes should allow for an easy referral to LTCOP, ensuring confidentiality of information provided by the individual and including an option for individuals to directly reach (or leave a confidential message with) LTCOP.
- The LOE must train intake staff to appropriately refer individuals to LTCOP, including but not limited to training on LTCOP confidentiality requirements.

LOEs shall not have personnel policies or practices that prohibit LTCO from performing the duties or from adhering to the access, confidentiality, and disclosure requirements of the Older Americans Act, LTCOP Rule, and applicable state regulations. LOEs must consult with SLTCO prior to issuing new policies that might impact LLTCOP to determine whether there is a conflict that needs to be resolved.

LOEs shall assist the regional ombudsman in recruiting volunteers and must provide adequate meeting space for training and in-services.

LOEs shall support LLTCOP to be in compliance with federal and state regulations, the contract with ICOA or AAA, and the LTCOP Policies and Procedures.

LOEs shall monitor LLTCOP by reviewing non-confidential reports provided by OSLTCO or LLTCOP reflecting LTCOP activities and aggregate data.

LOEs shall meet LTCOP staffing requirements as determined by the contract and OSLTCO. The LOE shall employ an individual to serve as a full-time regional ombudsman. At a minimum, when funds are available, each LOE shall employ one long-term care ombudsman per 2,000 long-term care beds in the applicable service area.

LOEs are encouraged to maintain a volunteer component for LTCOP to expand upon LTCOP services.

LOEs (either directly or through the regional ombudsman) shall notify OSLTCO immediately of any vacancy or intent to hire paid staff in a LLTCOP.

Prior to hiring LTCO staff, the LOE or the regional ombudsman shall forward the applicant's resume, results of the background check, the conflict of interest screening form, and the job description to OSLTCO. The LOE and regional ombudsman, in consultation with OSLTCO, must make every effort to determine whether the potential candidate meets or will meet the applicable designation requirements of LTCOP Policies and Procedures.

The LOE shall invite the regional ombudsman and the SLTCO to attend each interview with a potential candidate and take into consideration the regional ombudsman and the SLTCO's recommendations. The LOE makes the final hiring decision. However, hiring does not necessarily ensure that the individual will be designated. The individual must also meet certification criteria and be designated by the SLTCO.

The LOE shall inform the SLTCO as soon as practicable of the start date of an individual who has been hired to assume the role of an LTCO or a regional ombudsman.

LOEs must have policies in place to prohibit the employment or appointment of any LTCO with a conflict that cannot be removed or remedied.

When considering the employment of individuals as LTCOs, the LOE shall take reasonable steps to avoid hiring individuals:

- who have an unremedied conflict of interest or who has a member of their immediate family with an unremedied conflict of interest; or
- to perform duties that would constitute an unremedied conflict of interest.

In no circumstances shall the LOE employ an individual as a LTCO who:

- has direct involvement in the licensing or certification of a long-term care facility;
- has an ownership or investment interest (represented by equity, debt, or other financial relationship) in a long-term care facility. Divestment within a reasonable period may be considered an adequate remedy to this conflict;

- receives, directly or indirectly, remuneration (in cash or in kind) under a compensation arrangement with an owner or operator of a long-term care facility; or
- has been employed by or has participated in the management of a long-term care facility within the previous twelve (12) months.

LOEs must allow the LTCO, with permission from the State Ombudsman, to work outside normal business hours to carry out duties of the LTCOP.

The LOE shall provide written notification immediately when a regional ombudsman resigns, leaves employment, or plans to be on a leave of absence for more than three (3) weeks. The notification shall include a plan and a timeline for coverage and replacing the regional ombudsman.

As soon as identified, the LOE shall communicate with OSLTCO any concerns, complaints, or formal grievances about LTCOP staff or volunteers concerning the performance of official duties.

LOEs must make LTCOP funds available to the LLTCOP, including travel funds to carry out activities related to the duties of the OSLTCO. The LOE must not restrict travel for required LTCOP training or meetings.

(4) Local Long-Term Care Ombudsman Programs (LLTCOPs) Responsibilities

A local Long-Term Care Ombudsman Program is a separately identifiable, distinct entity from the local Ombudsman entity that provides LTCOP services in the designated service area of the LOE.

LLTCOPs are an extension of the Office of the Long-Term Care Ombudsman and are required to follow federal and state requirements pertaining to the Long-Term Care Ombudsman Program and LTCOP Policies and Procedures.

LLTCOPs are managed by a regional ombudsman who has completed LTCOP certification training and is designated by the State Ombudsman as a regional ombudsman.

LLTCOPs shall have LTCO available to perform all duties of the Office of the State Long-Term Care Ombudsman at a minimum of seven (7) hours each business day and shall not be closed for more than five (5) consecutive business days without the approval of the SLTCO.

LLTCOPs must establish a process for responding to calls and emails during regular business hours when there is no LTCO available to respond. This process must be submitted to the SLTCO for approval and shall be reviewed during the annual monitoring visit.

LLTCOP must regularly communicate with OSLTCO and must notify OSLTCO of any requests for disclosure of information, complaints 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 residents.

(5) Regional Ombudsmen Responsibilities

The regional ombudsman is responsible for the day-to-day operations of the local Long-Term Care Ombudsman Program (LLTCOP) and the management of LLTCO (staff and volunteers) within a specified local Ombudsman entity. Should the regional ombudsman decide to leave the program, they must notify the SLTCO as soon as practicable of their planned departure.

The regional ombudsman shall monitor and assess LLTCO to ensure:

- the LTCO identifies, investigates, and works to resolve complaints made by or on behalf of residents;
- the LTCO provides information and assistance to residents, facility staff, the general public, legislators, community organizations, and other agencies regarding long-term care issues; and
- all duties of the OSLTCO are conducted as prescribed by state and federal requirements.

The regional ombudsman shall:

- ensure individuals complete the certification process;
- conduct the OSLTCO-approved certification training in accordance with the Administration for Community Living requirements;
- only recommend individuals to be certified as Long-Term Care Ombudsmen to the SLTCO who meet all criteria as required by the OSLTCO;
- maintain an accurate and current list of paid and volunteer LTCO (including name, phone numbers, address, and email address), LTCO assignments, and long-term care facilities within the service area. Such lists must be made available to OSLTCO upon request;
- participate in the hiring process of a long-term care ombudsman with the LOE by screening and interviewing applicants to ensure all criteria are met and by submitting the applicant's resume, conflict of interest form, and job description to the OSLTCO;
- partner with aging and disability networks and other stakeholders for the benefit of residents;
- provide supervision and technical assistance to LTCO;
- provide input to the LOE on the projected LLTCOP budget to include adequate funds that support volunteer recruitment, retention, and recognition, and any other programmatic directives issued by the SLTCO. Other considerations must include programmatic needs, such as outreach, equipment, continuing education, and training;
- meet routinely with fiscal staff to participate in budget planning, access program expenditures, and, where appropriate, carry out program expenditures;
- monitor the LLTCO budget in relation to the LLTCO funding allocation;
- consult with and obtain approval of OSLTCO prior to advocating for broad policy, regulatory, administrative, and legislative issues that affect residents and LTCOP;
- consult with and obtain approval from OSLTCO prior to communicating with a member of the media;
- follow the positions and direction of OSLTCO when speaking publicly or on behalf of the LTCOP;

- cooperate with and follow the direction of OSLTCO on projects, initiatives, and responses to systems advocacy needs;
- obtain prior approval from OSLTCO on any LTCOP forms, promotional materials, and presentations not developed by OSLTCO;
- inform OSLTCO of any LTCO involvement or participation in outside groups or factions in which the LTCO represents the LTCOP. Such groups or factions include but are not limited to:
  - advisory groups;
  - committees;
  - appointed positions; or
  - boards
- develop a plan for temporary personnel coverage in order to meet the complaint response time in accordance with LTCOP Policies and Procedures;
- attend all training events and meetings required by OSLTCO unless such attendance is excused by SLTCO;
- comply with all OSLTCO reporting requirements and ensure all LTCOP activities and complaint data are entered into the OSLTCO-approved electronic database within the timelines set forth in LTCOP Policies and Procedures; and
- not perform any duties different from those presented in the LTCOP Policies and Procedures without the expressed permission of the SLTCO.

(6) Long-Term Care Ombudsmen (LTCO) Duties and Responsibilities

Long-Term Care Ombudsmen are employees or volunteers (i.e., assistant ombudsmen) designated as a representative of the Office by the State Long-Term Care Ombudsman to fulfill the duties of OSLTCO.

LTCO must complete the certification training set forth by the OSLTCO and meet all federal and state requirements to become a representative of the Office.

LTCO must complete continuing education requirements set forth by OSLTCO and the Administration for Community Living (ACL).

LTCO shall, in accordance with federal and state laws, and LTCOP Policies and Procedures:
identify, investigate, and resolve complaints made by or on behalf of residents that relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of the residents;

- provide advocacy services to protect the health, safety, welfare, and rights of residents;
- ensure residents in the applicable LLTCOP service area have regular and timely access to the services provided through LTCOP, ensure residents and complainants receive timely responses to requests for information and complaints;
- promote and provide technical support as requested by potential and current resident councils and family councils; and
- only under the direction and supervision of the regional ombudsman and in conjunction with the position(s) of the OSLTCO:

    - represent the interests of residents before government agencies and assure that residents have access to, and pursue administrative, legal, and other remedies to protect the health, safety, welfare, and rights of the residents;
    - review, and if necessary, comment on any existing and proposed laws, regulations, and other government policies and actions that pertain to the rights and well-being of residents; and
    - facilitate the ability of the public to comment on the laws, regulations, policies, and actions.
- carry out other activities that the SLTCO determines appropriate and are consistent with the functions of the LTCOP as authorized by the Older Americans Act.

LTCO shall follow the direction of the regional ombudsman to meet any local or state LTCOP goals.

LTCO shall comply with all LTCOP reporting requirements and ensure all LTCOP activities and complaint data are entered into the OSLTCO-approved electronic database within the timelines set forth in LTCOP Policies and Procedures.

LTCO shall notify the regional ombudsman under the following circumstances:
- when planning to visit a facility outside of regular visiting hours;
- when in question about what actions or inactions should be taken during the course of performing LTCO duties;
- if witness to abuse, gross neglect (neglect), or financial exploitation (exploitation) of a resident in a long-term care facility;
- if a resident expresses suicidal ideation;
- if there is a conflict of interest or the appearance of a conflict of interest as described in LTCOP Policies and Procedures; or
- if unable to perform their duties for any reason.

LTCO shall not perform any duties different from those presented in LTCOP Policies and Procedures without the expressed permission of the SLTCO.

LTCO shall complete the conflict of interest form developed by OSLTCO on an annual basis, when a conflict occurs, and as requested by OSLTCO.

LTCO shall obtain prior approval from the regional ombudsman and OSLTCO on any LTCOP forms, promotional materials, and presentations not developed by OSLTCO.

LTCO shall consult with and obtain approval from the regional ombudsman and OSLTCO prior to communicating with a member of the media.

Assistant ombudsmen (i.e., volunteer LTCO) are expected to visit their assigned facility(s) for a minimum of one (1) time per month to establish a regular presence. If a volunteer is unable to conduct a visit for any reason, they should contact the regional ombudsman or their designee as soon as possible to ensure coverage is maintained by LLTCOP.

Assistant ombudsmen shall also:

- only act under the direct supervision of the regional ombudsman (or their designee) or the OSLTCO;
- complete required documentation on the designated forms provided by the regional program or OSLTCO and submit to the regional ombudsman program;
- not maintain LTCOP records in locations other than those approved by OSLTCO;
- attend regional monthly volunteer meetings when possible;
- be clear in their role as an advocate for facility residents, **not** as an auxiliary volunteer for the facility or "friendly visitor."

Failure to follow the direction of OSLTCO, a regional ombudsman, or LTCOP Policies and Procedures shall be grounds for removal of designation.

(7) Assistant Ombudsmen (Volunteer LTCO) (The Management of)

An assistant ombudsman is a representative of the Office (i.e., long-term care ombudsman) who performs Long-Term Care Ombudsman Program services without pay.

The Office of the State Long-Term Care Ombudsman encourages the use of volunteers as LTCO to maximize its resources to benefit residents.

OSLTCO provides technical assistance to each LLTCOP in developing and maintaining its volunteer program.

OSLTCO shall develop a job description for assistant ombudsmen, and regional ombudsmen shall implement it.

The regional ombudsman shall ensure that the assistant ombudsman maintains the job description of an assistant long-term care ombudsman as prescribed by OSLTCO.

The regional ombudsman is responsible for managing the volunteer component of the LLTCOP by recruiting, training, mentoring, and managing assistant ombudsmen within their area.
The regional ombudsman is responsible for maintaining assistant ombudsmen personnel records that include, but are not limited to:

- Application packet
- Background check
- Conflict of Interest Screening forms
- Interview questions
- Certification acceptance letter
- Disciplinary documents/actions if applicable
- Reviews or assessments
- Denial letter, if applicable
- Decertification letter when applicable

The Regional Ombudsman is responsible for following the system established by the SLTCO for receiving assistant ombudsmen's documentation for facility visits, activities, and case notes that include:

- time frames for submission;
- confidentiality requirements;
- how the documentation is entered into the OSLTCOP-approved database; and
- the individual responsible for entering the assistant ombudsman's documentation into the OSLTCOP-approved database.

Regional ombudsmen must offer a minimum of twelve (12) meetings per year that include a training component to support continuing education hours for assistant ombudsmen. Regional ombudsmen may collaborate with each other to provide joint meetings. Meetings can be held in person, virtually, or via telephone.

Regional ombudsmen shall provide feedback to each assistant ombudsman at least once annually in the form of a performance review. The performance review shall include at a minimum:

- in-person observations of the assistant ombudsman while in the facility;
- a review of the assistant ombudsman's documentation; and
- a review of the assistant ombudsman's documented facility visits.

LOEs are authorized to reimburse assistant ombudsmen for mileage for facility visits, training, continuing education, and for completing any activities related to LTCOP duties. Incidental costs related to training and meetings, including awards and certificates, are authorized spending for LTCOP.

Leave of Absence for Assistant Ombudsmen

It is the responsibility of the assistant ombudsman to inform the regional ombudsman as soon as possible of the need for a leave of absence and the expected duration of the leave.

Once notified, the regional ombudsman must send a letter to the assistant ombudsman, cc'ing the SLTCO, that includes the time frame of the leave of absence and a provision that he or she must not perform LTCOP functions for the duration of the leave. In addition, the assistant ombudsman must be informed of the conditions related to returning, where applicable.

An assistant ombudsman who returns from a leave of absence for three months or less may immediately resume performance of LTCOP duties but must complete 18 hours of continuing education as required for annual continued designation.

An assistant ombudsman who returns from a leave of absence for three (3) to less than six (6) months must be assessed by the regional ombudsman for continuing education needs and possible certification training. The assistant ombudsman must complete 18 hours of continuing education as required for annual continued designation.

An assistant ombudsman who returns from leave of absence for six months to less than one year more must, prior to returning, complete the following:

- Training of at least 18 hours consisting of:
  - A review of the LTCOP Policies and Procedures
  - An overview of the certification training as prescribed by the SLTCO

An assistant ombudsman returning to perform LTCOP duties in the absence of one or more years must complete the initial certification process and training in accordance with LTCOP Policies and Procedures.

3. State Plan Requirements

ICOA shall integrate the goals and objectives of OSLTCO into the State Plan on Aging and coordinate the goals and objectives of OSLTCO with those of other programs established under Title VII of the Older Americans Act and other State elder rights, disability rights, and elder justice programs, including, but not limited to, legal assistance programs provided under Section 306(a)(2)(C) of the Older Americans Act, to promote collaborative efforts and diminish duplicative efforts.

4. Program Foundations

a) Authority and Mission of the Long-Term Care Ombudsman Program

The Idaho Long-Term Care Ombudsman Program (LTCOP) is authorized by §711 and §712 of the Older Americans Act, Code of Federal Regulations, Section 1324 Subpart A – State Long-Term Care Ombudsman Program (LTCOP Rule), IC 67-5009, and IDAPA 15.01.03 Rules Governing the Ombudsman for the Elderly Program.

The Long-Term Care Ombudsman Program protects the rights and improves the quality of care and quality of life for residents of long-term care facilities in Idaho through individual and systems advocacy for and on behalf of residents who live in long-term care facilities such as skilled nursing facilities, nursing facilities, and residential assisted living facilities.

b) Purpose and Goals

(1) Purpose

The Long-Term Care Ombudsman Program is a resident-centered advocacy program. The resident is the LTCOP's client regardless of the source of the complaint or request for assistance. The Long-Term Care Ombudsman Program educates, empowers, represents, and advocates on behalf of long-term care residents.

The Long-Term Care Ombudsman Program identifies, investigates, and resolves complaints made by or on behalf of residents that relate to action, inaction, or decisions that may adversely affect the health, safety, welfare, or rights of residents.

(2) Goals

The State Long-Term Care Ombudsman may set measurable benchmarks and goals for the LTCOP to achieve on a regular basis and/or an annual basis. Such standards are based on the current long-term care environment, trends, and LTCOP complaints as well as the performance of the LLTCOPs. Benchmarks and goals could include all or some of the duties listed in LTCOP Rule 45 CFR 1324.19 (e.g., the number of: facility visits, resident council meetings attended, community education, facility in-services, complaints, and cases, etc.).

c) Program History

The Long-Term Care Ombudsman Program began in 1972 as a demonstration program, and Idaho participated in the pilot program. Today, the Long-Term Care Ombudsman Program operates in all states, the District of Columbia, Puerto Rico, and Guam, under the authorization of Section 712 of the Older Americans Act (OAA).

The federal program expanded in the 1980s to include assisted living and similar adult care facilities. Clarifying language was added to the OAA in the late 1980s to ensure the LTCOP's access to long-term care facilities and residents, as well as access to resident and facility records. The amendments also provided immunity from liability to the State Ombudsman and representatives of the Office who were acting in "good faith" in performing their duties.[54]

d) Eligibility

Resident – An individual of any age who resides in a long-term care facility.[55]
Long-Term Care Ombudsman Program services are free and confidential. Long-Term Care Ombudsmen are resident directed and advocate to protect the rights and improve the quality of care and quality of life of residents living in long-term care facilities (i.e., nursing facilities and residential assisted living facilities).

e) Scope of Service

The Long-Term Care Ombudsman Program ensures residents have regular and timely access to long-term care ombudsmen through visits to long-term care facilities, empowers residents and concerned individuals by providing information and assistance, provides community education, and supports Resident Councils and Family Councils.

5. Duties of the Long-Term Care Ombudsman Program

a) Long-Term Care Ombudsman Program Service Components

The State Long-Term Care Ombudsman shall ensure the following LTCOP service components are met either personally or through certified ombudsmen:

[54] State Long-Term Care Ombudsman Program: 2019 Revised Primer for State Agencies. The National Long-Term Care Ombudsman Resource Center and the National Association of States United for Aging and Disabilities (NASUAD). https://ltcombudsman.org/uploads/files/support/nasuad-ombudsman-acl-rpt-0319-web-final.pdf
[55] SEC. 711. Definitions Older Americans Act https://acl.gov/sites/default/files/about-acl/2020-04/Older%20Americans%20Act%20Of%201965%20as%20amended%20by%20Public%20Law%20116-131%20on%203-25-2020.pdf

- identify, investigate, and resolve or refer complaints that are:
  - made by or on behalf of residents of long-term care facilities; and
  - related to any action, inaction, or decision 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 resident representatives) of:
    - any provider or representative of a provider of long-term care; or
    - any public agency, including the Bureau of Facility Standards Licensing and Certification/Idaho Department of Health and Welfare (BFS) and county departments of human or social services;
- provide LTCOP services to protect the health, safety, welfare, and rights of the residents;
- inform residents about the means of obtaining services provided by the LTCOP;
- ensure residents have regular and timely access to the services provided through the LTCOP;
- ensure residents and complainants receive timely responses from the LTCOP for information and complaints;
- represent the interests of residents before governmental agencies;
- ensure residents have access to administrative, legal, and other remedies to protect the health, safety, welfare, and rights of residents;
- analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, and other governmental policies and actions that pertain to the health, safety, welfare, and rights of residents;
- coordinate with and promote the development of citizen organizations consistent with the interests of residents; and
- promote and provide technical support for the development of, and provide ongoing support as requested by Resident Councils and Family Councils to protect the well-being and rights of residents.

b) Investigative Services

Every local Long-Term Care Ombudsman Program shall receive, investigate and resolve complaints made by or on behalf of residents relating to actions, inactions, or decisions of providers, resident representatives, long-term care services, public agencies, or social service agencies, which may adversely affect the health, safety, welfare or rights of such residents. Such complaints include, but are not limited to, complaints related to abuse, neglect, or exploitation, for the purposes of resolving the complaint to the resident's satisfaction.

Should questions arise regarding appropriate LTCOP practice with regard to investigation services, not addressed in the LTCOP Policies and Procedures, the Office of the State Long-Term Care Ombudsman should be contacted for guidance.

c) Facility Visits

LTCO are required to conduct routine visits that promote regular and timely access.

LTCO shall conduct complaint visits that require investigation and/or follow-up on complaints received by the Long-Term Care Ombudsman Program. LTCO may also address complaints during routine visits.

Except for planned training for facility staff, Resident Council meetings, or scheduled meetings that include facility staff, LTCO visits shall be unpredictable and unannounced.

The local Long-Term Care Ombudsman Program shall conduct routine visits, at a minimum on a quarterly basis, in all long-term care facilities in which LTCOP has jurisdiction.

LTCO shall document the required information from the visit on the Facility Routine Visit Form or on a preferred method of documentation to keep a record of dates, times, and actions taken during visits to facilities, and document observations after each facility visit in accordance with the LTCOP Policies and Procedures. The Facility Routine Visit Form must be uploaded into the OSLTCO-approved database system.

Regional ombudsmen shall ensure residents have regular and timely access to ombudsmen.
LTCO presence shall be increased in facilities with:

- a history of serious, frequent complaints, including abuse and neglect;
- a change in ownership or administration if this change raises concerns about the health, safety, or welfare of residents;
- imposition of a serious state or federal sanction or plan of correction;
- a pending bankruptcy; or
- an imminent closure.

For any reason, LTCO's presence shall be increased at the request of the OSLTCO or the regional ombudsman.

LTCO may attempt to meet with the facility administrator or other administrative staff during their first visit to the facility to:

- introduce themselves and the LTCOP; and
- determine who will act as the appropriate contact person(s) for the facility when a complaint arises.

Upon arrival at a long-term care facility, LTCO may inform a staff member of their arrival or sign the visitor log and obtain a resident census. The LTCO shall not inform staff in any way the purpose of the visit or the names of residents who will be visited.

During facility visits, LTCO shall:

- always wear their LTCO name badge while in the facility; and
- have unescorted access to all areas of the facility.

At a minimum, a routine visit consists of:

- visiting with multiple residents;

- sharing information about LTCOP;
- walking through public areas of the facility;
- observing activities in the facility; and
- confirming the placement and content of LTCOP posters.[56]
    - LTCO should encourage the facility to use the posters provided by LTCOP and place them in all common areas of the facility, at wheelchair level. At a minimum, facilities should have the posters in at least two locations.

LTCO shall closely observe all appropriate aspects of the facility including, but not limited to:

- common areas, including functionality, cleanliness and odors;
- care provision, including resident cleanliness, and comfort;
- activities provided according to activities calendar;
- meal provision and posting of menus; and
- availability of the most recent state survey.

The LTCO shall knock, await permission before entering a resident's room, and identify themselves as an LTCO or a resident advocate.

LTCO shall respect the resident's belongings and not touch or move them around. The LTCO may only sit on furniture specifically for visitors.

If a resident's room is not suitable for private communication or such communication infringes on the rights of roommates, the LTCO shall seek an appropriate private place for a meeting, acceptable to the resident.

If at any time, a resident refuses to communicate with the LTCO, the LTCO shall honor the resident's wishes and respectfully discontinue the communication.

LTCO shall provide LTCOP brochures to residents, their visitors, and staff.

LTCO shall introduce themselves to active members of the Resident Council and explain the purpose of the LTCOP.

LTCO shall make attempts to see residents who were admitted since the last LTCO visit, based on the updated resident census, to introduce themselves and explain the purpose of the LTCOP.

Some residents live with a disability or a diagnosis that may impact their ability to provide and receive information. LTCO must determine the best way to communicate effectively with each individual

[56] 42 CFR 483.10(j)(4)(i) and 42 CFR 483.10(g)(5) https://www.ecfr.gov/current/title-42/part-483/subpart-B

resident. LTCO may communicate with residents orally, visually, in writing, or through the use of auxiliary aids and services. To effectively communicate with all residents:

- approach from the front and identify yourself;
- maintain eye contact and speak clearly;
- ask one question at a time and give the resident ample time to respond;
- determine the best way to communicate with the resident;
- don't speak for the resident or attempt to finish their sentence; and
- ask the resident for clarification if necessary or if you have difficulty understanding the resident, consider writing or using another means of communication, but first ask if this is acceptable.

When an LTCO is unable to establish communication with the resident after attempting different modes of communication (e.g., communication board, phone application, a hand-held translation device, verbal cues, and non-verbal cues, etc.), the LTCO may ask a facility staff member how they communicate with the resident or may ask for the contact information of the resident representative to determine the best way to communicate with the resident.

When the LTCO communicates with a resident whose primary language is not English, attempt to:

- use LTCOP information available in other languages to provide to residents;
- use gestures and nonverbal cues to help the resident understand;
- use a communication board or an application on your phone (e.g., Google Translate or iTranslate);
- ask the facility how they communicate with the resident;
- ask if the facility has a handheld translation device, and request to use it; and
- use your local resources for in-person and telephone language services, such as Language Line.

If the options above are not a sufficient means to communicate, the ombudsman may ask the resident for permission to use an interpreter. LTCO must ensure that the interpreter is impartial and non-biased.

When an LTCO utilizes an interpreter, the LTCO must look at the resident, direct questions to the resident, and observe the resident's nonverbal communication. The LTCO must also explain the following to interpreters:

- LTCOP rules of confidentiality;
- the need to translate word for word; and
- the need to be neutral.

LTCO shall not:

- provide any type of care to residents;
- provide transportation to residents;
- make purchases on behalf of residents;
- provide or accept money, food, drinks, gifts, gratuities, or any other consideration to or from residents or facility staff;
- act as a witness for the purposes of signing documents for a resident or a facility;
- become involved in facility staff's internal disputes that do not affect resident care or quality of life;

- assess a resident's body for evidence.

d) Information and Assistance, Community Education, and Training for Facility Staff

LTCOP shall provide information and assistance regarding long-term care issues and the needs and rights of residents.

The LTCOP shall promptly respond to requests for information; however, responses should not take more than five (5) business days, or when practicable.

The LTCOP shall provide general presentations to community members, stakeholders, universities, state agencies, places of worship, or advocacy groups, etc., per OSLTCO approval and requirements.

Each LLTCOP must provide a minimum of twelve (12) presentations that include community education and training for facility staff per federal fiscal year.

The LTCOP shall provide training to long-term care facility staff in person, web-based, or online per OSLTCO requirements.

Community education and training for long-term care facility staff can be web-based or online, and there must be a way to count the number of individuals who completed the session. Training materials used must have prior approval from the SLTCO.

LTCOP shall participate in community events, health fairs, and similar gatherings where the LTCO has handouts, is available to speak professionally, and provide information to the attendees.

Newsletters, blogs, and other forms of media must be approved by the SLTCO prior to posting or submitting.

e) Systems Advocacy

The State Long-Term Care Ombudsman shall provide leadership to statewide systems advocacy efforts of the Office of the State Long-Term Care Ombudsman on behalf of long-term care facility residents, including coordination of systems advocacy efforts carried out by LTCO.

The SLTCO shall independently make determinations and establish positions of the OSLTCO and carry out the functions and responsibilities authorized by LTCOP Rule without interference and shall not be constrained by or necessarily represent the determinations or positions of ICOA, AAAs, or LOEs.

All systems advocacy activities performed by LTCO shall be consistent with the positions of the OSLTCO.

The SLTCO shall ensure the following systems advocacy activities are completed when appropriate, either personally, by OLTCO, or by LTCO assigned to do so by the SLTCO:

- represent the interests of residents before governmental agencies and seek appropriate administrative, legal, and other remedies to protect their welfare, safety, health and rights;
- analyze, comment on, and monitor the development and implementation of federal, state, and local laws, regulations, policies, and actions that pertain to the health, safety, welfare, and rights of the residents of long-term care facilities in Idaho;
- recommend changes in federal, state, and local laws, regulations, policies, and actions pertaining to the health, safety, welfare, and rights of residents;
- present to and participate in public hearings related to long-term care issues; and
- provide information and make recommendations to public and private agencies, legislators, the media, and other persons, regarding problems and concerns of residents.

When systems advocacy or any public communication about the positions of OSLTCO includes the use of media or social media, prior to the communication, the LTCO shall notify the regional ombudsman, who will obtain approval from the OSLTCO.

When a request for a media interview, whether the interview is verbal or in writing, is received by an LTCO, the LTCO shall inform the regional ombudsman, who shall inform the SLTCO and obtain approval prior to participating in an interview.

When the regional ombudsman uses newsletters, blogs, or social media to inform the public about problems and concerns of residents and recommendations related to the problems and concerns, the regional ombudsman shall inform the SLTCO and obtain approval prior to publishing such information.

The OSLTCO shall:
- when possible, inform the Director of ICOA prior to or immediately after providing written or oral testimony on legislative issues affecting residents or the LTCOP;
- facilitate public comment on laws, policies, and actions;
- link local Long-Term Care Ombudsman Programs and advocacy groups with mutual concerns or issues;
- coordinate systems advocacy activities with the LTCOP;
- develop and implement advocacy priorities and strategies;
- identify resources and training needs of ombudsmen and others related to systems advocacy; and
- provide training and technical assistance to AAAs, LOEs, and others in the aging and disability network regarding the OSLTCO's role in systems advocacy and the systems advocacy priorities as determined by the SLTCO.

The LTCOP may also provide systems advocacy by:
- facilitating the ability of residents, Resident Councils, Family Councils, and the public to comment on laws, regulations, policies, and actions pertaining to the health, safety, welfare, and rights of residents;
- developing or participating in committees or workgroups to study long-term care issues;

- educating other aging service providers, advocacy groups, and the public on specific long-term care issues and policies; and
- collaborating with AAAs, LOEs, advisory councils, Resident Councils, Family Councils, or other advocacy organizations on long-term care issues and policies.

LTCO are excluded from any state lobbying prohibitions to the extent that such requirements are inconsistent with Section 712 of the Older Americans Act.

f) Resident Councils and Family Councils

The LTCOP shall provide technical support to Resident Councils and Family Councils. The LTCOP shall respond to questions, provide literature, and assistance relating to Councils.

LTCO involvement and assistance in Council activities may include helping with the development of new Councils and informing the leadership and/or membership of Resident Councils and Family Councils about:

- the purpose of the LTCOP;
- the LTCOP's availability to assist Councils; and
- topics the LTCOP is prepared to present to the Councils, if requested.

LTCO shall make every effort to be present at Resident Council and Family Council meetings when invited by a resident or family member of the respective long-term care facility.

OSLTCO shall provide technical assistance to local Long-Term Care Ombudsman Programs to support and promote the development of Resident Councils and Family Councils.

6. Funding

a) Program Budget

Fiscal Resource Management (OAA Section 712(a)), OAA Section 306(a)(9) OAA Sec.307(a)(9), Sec 705(a)(4), OAA Section 304(d)(1)(D), 45 CFR 1324.15(k), 45 CFR 1324.13(f)

The SLTCO and ICOA will determine criteria for a funding formula to be used to distribute federal and state funds to the LOEs. Such criteria include, but are not limited to, each LOE's facility count, bed count, and geographical considerations.

ICOA shall ensure that:

- The SLTCO receives notification of all sources of funds received by ICOA that are allocated or appropriated to the LTCOP and provides information on any requirements of the funds, and the SLTCO is supported in their determination of the use of funds;
- The SLTCO has full authority to determine the use of fiscal resources appropriated or otherwise available for the operation of OSLTCO;
- The SLTCO approves the allocations of federal and state funds to LOEs, prior to any distribution of such funds, subject to applicable federal and state laws and policies; and

- The SLTCO determines that program budgets and expenditures of OSLTCO and LOEs are consistent with laws, policies, and procedures governing LTCOP.

SLTCO has the authority to use fiscal resources appropriated or otherwise available for the operation of OSLTCO to develop an annual budget for the management of OSLTCO. The budget shall include all federal and state funding allocated to OSLTCO for the purposes of meeting federal and state requirements pertaining to the functions, responsibilities and duties of the LTCOP, the SLTCO's annual goals, statewide training and continuing education, outreach, travel, systems advocacy, local Long-Term Care Ombudsman Program monitoring, training, and equipment.

ICOA must expend on the statewide Long-Term Care Ombudsman Program no less than was expended in Title III-B and Title VII funds for FFY 2019. ICOA may not use Ombudsman funding to supplant, replace, or substitute for any other federal or state Funding.

State Agency Expenditures: The Long-Term Care Ombudsman Program shall expend not less than the amount expended by ICOA with funds received under Titles III and VII for Fiscal Year 2019. ICOA shall submit a monthly budget report to the SLTCO containing allocated funds, available funds, and monthly expenditures pertaining to OSLTCO.

Area Agency and LOE Expenditures: AAAs will ensure compliance with Section 306(a)(9) of the Older Americans Act, and will expend Title III funds received under Section 304 (d)(1)(D) of OAA and Title VII funds on Ombudsman activities in the amount equal to or greater than that expended in FY 2019 on the Long-Term Care 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 Long-Term Care Ombudsman services.

AAAs shall ensure that the spending of the AAA Ombudsman Program is based on the Federal Fiscal Year (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.

AAAs shall submit the required financial and programmatic reports to ICOA and OSLTCO in accordance with the established departmental instructions.

All fiscal reports to the SLTCO shall be reported as October 1st through September 30th.

The AAA shall submit an annual fiscal report by November 30th to the SLTCO as outlined in the contract detailing expenditures to LLTCOP 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.

Accessing LLTCOP budgets and expenditures for monitoring and review purposes. LOEs will ensure that the regional ombudsman has fiscal training, access to financials, and support to meet the requirement to monitor the LLTCOP budget and expenditures.

LOEs will complete, with input from the regional ombudsman, the projected annual LTCOP budget. The LOE shall budget adequate funds that support volunteer recruitment, retention, and recognition, and any other programmatic directives issued by the SLTCO. Other considerations must include programmatic needs, such as outreach, equipment, continuing education, and training.

LOEs shall submit a quarterly fiscal report that includes line-item expenditures to the regional ombudsman and monthly to the OSLTCO.

Prior to any substantial change to the LLTCOP budget, the LOE must consult with the regional ombudsman, the AAA, if the LOE is not the AAA, and OSLTCO.

The AAA and any applicable LOE will participate in training provided to the Directors and regional ombudsmen by ICOA on the requirements of LTCOP Funding.

7. Implementation

a) Policies and Procedures

These Long-Term Care Ombudsman Program Policies and Procedures within the Operations Manual govern the operations of the Long-Term Care Ombudsman Program and establish the relationship between and responsibilities of the Idaho Commission on Aging, local Ombudsman entities, and Area Agencies on Aging, in relation to the Long-Term Care Ombudsman Program.

(1) Clarification, Revisions, and Amendments to the Long-Term Care Ombudsman Program Policies and Procedures

Initial Development

The State Long-Term Care Ombudsman is required to establish statewide policies and procedures for the Long-Term Care Ombudsman Program in compliance with the LTCOP Rule and IDAPA 15.01.03.

The policies and procedures are compiled within the ICOA Operations Manual as separate and distinct sections.

When developing new policies and procedures, the State Long-Term Care Ombudsman shall consult with ICOA, AAAs, LOEs, and regional ombudsman by submitting a draft of the proposed policies and procedures for review and comment.

OSLTCO will consider all questions and comments from the involved parties, make appropriate edits, and submit written responses to ICOA, AAAs, LOEs, and the regional ombudsman.

Revisions to LTCOP Policies and Procedures

Revisions will be made by the Office of the State Long-Term Care Ombudsman after consultation with ICOA.

OSLTCO may consider input from local Ombudsman entities, local Ombudsman Programs, and the Area Agencies on Aging.

Policy Clarification
When requested, OSLTCO shall issue clarifications for the LTCOP Policies and Procedures within the ICOA Operations Manual. Requests for policy clarifications may be submitted to OSLTCO via email. A response from OSLTCO will be made within thirty (30) business days by either responding directly to the request or seeking further information from the requester.

Temporary Suspension and Amendments to the LTCOP Policies and Procedures
The State Long-Term Care Ombudsman has the authority to temporarily suspend and/or amend policies and procedures under the following circumstances:

- an emergency or natural disaster;
- a significant change in funding affecting LTCOP; or
- a significant change in the number of available LTCO.

When any suspension or amendment to the policies and procedures has been determined by the State Long-Term Care Ombudsman, the SLTCO shall notify ICOA, the LOEs, LLTCOPs, and the AAAs in writing or verbally if electronic communications are unavailable. Such notifications shall include the duration of the modification.

b) Program Implementation

(1) Access

Access to Facilities and Residents
Residents have the right to regular and timely access to a long-term care ombudsman and the services provided by the LTCOP. LTCO have the authority to enter long-term care facilities and to visit residents. Access includes in-person visits, phone calls, virtual meetings, letters, etc.

LTCO, upon presenting their LTCOP name badge, must have immediate access to a long-term care facility and residents for the purposes of effectively carrying out the functions and duties of OSLTCO.

When accessing residents and facilities, facility staff must not escort the LTCO during the visit.
LTCO are authorized to enter all long-term care facilities at any time during a facility's regular business hours or visiting hours, and at any other time when access may be required by the circumstances to be investigated.

LTCO has the authority to communicate privately and without restriction with any resident who consents to the communication. Whenever possible, LTCO will seek to speak with residents at times convenient for the residents.

LTCO must not enter a resident's room who refuses to allow the LTCO to enter and must leave the resident's room immediately if requested to do so by the resident.

When accessing a resident's room, LTCO must knock, identify themselves, and ask permission to enter.

Access to Resident Records

Resident private health information or other resident-identifying information may be released by the facility to LTCOP for purposes of LTCO investigation or advocacy under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule [45 CFR part 160 and 45 CFR part 164 subparts A and E].

LTCO shall have access to review and receive copies of the resident's medical, social, and other records, regardless of format, of a resident if access is necessary to investigate a complaint, and:

- the resident or resident representative communicates informed consent to the access and the consent is given in writing or through the use of auxiliary aids and services; or
- 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 an ombudsman in accordance with LTCOP Policies and Procedures.

LTCO shall have access to review and receive copies of the medical, social, and other records of a resident who is unable to communicate informed consent and whose resident representative refuses to consent to the access only when:

- the LTCO has conducted a face-to-face visit with the resident and concluded the resident is not able to communicate informed consent;
- the LTCO has reasonable cause to believe that the resident representative is not acting in the best interests of the resident;
- access is necessary to investigate a complaint; and
- the LTCO obtains the approval of the SLTCO.
    - Approval may be verbal or in writing and must be documented in the resident's case file in the OSLTCO-approved database.

LTCO shall have access to review the medical, social, and other records of a resident who is unable to communicate informed consent and does not have a resident representative, only when:

- the LTCO has conducted a face-to-face visit with the resident and concluded the resident is not able to communicate informed consent;
- access is necessary to investigate a complaint; and
- the LTCO obtains the approval of the SLTCO.
    - Approval may be verbal or in writing and must be documented in the resident's case file in the OSLTCO-approved database.

All resident records shall be treated with the highest degree of confidentiality and obtained only as necessary to seek resolution of a complaint.

LTCO may use the OSLTCO-approved form for consent to access records and must document such consent in the case record.

When examining resident records, LTCO should, when possible, do so with the resident and explain to the resident how to read and use the records.

LTCO shall have access to administrative records, policies, and documents to which the residents have, or the general public has access, of long-term care facilities.

SLTCO shall have access to all licensing and certification records maintained by the state with respect to long-term care facilities and copies upon request.

LTCO shall have access to the long-term care facilities' lists of resident names and room numbers.

LTCO shall have access to the name and contact information of the resident representative, if any, where needed to perform the functions and duties of the LTCOP.

Denial of Access

If an LTCO is denied immediate access to a facility, a resident, or a resident's records by a long-term care facility employee or agent, the LTCO shall request the facility administrator or the highest-ranking available employee to provide the reason for the denial of access to the facility or to any resident or resident record.

- If the explanation appears reasonable, the LTCO shall seek the earliest opportunity to visit the resident or facility or to obtain records.
- If the explanation does not appear reasonable to the LTCO or if access is being denied arbitrarily, the LTCO or the regional ombudsman shall inform the highest-ranking available employee or administrator of the facility of the legal authority of the LTCO to visit the facility, communicate with residents, and access records.

If denial of access continues after the steps listed in this section of the LTCOP policies and procedures are attempted, the LTCO shall contact the regional ombudsman and/or the OSLTCO. The regional ombudsman and/or the OSLTCO:

- shall request from the administrator, or the highest-ranking employee available, a written explanation to be given to the regional ombudsman and the OSLTCO as to the reasons for the refusal of access to a facility, a resident or a resident record;
- shall immediately notify the SLTCO and provide supporting documentation concerning the facility's refusal of access;

- may recommend to the SLTCO the need to consider reporting the facility for violating the LTCOP's authority to access and/or reporting willful interference of an LTCO to the Idaho Health & Welfare, Bureau of Long-Term Care.

Where an LTCO is refused access to enter a facility, the LTCO shall make all attempts to contact the regional ombudsman or the SLTCO for direction and guidance.

Should a resident representative or another non-facility staff person refuse to allow LTCO access to a resident or vice versa, and the resident has not refused to meet with an LTCO, the LTCO must:
- educate the individual about residents' rights related to accessing LTCOP;
- educate the individual about the authority of the LTCOP;
- inform the individual that it is unlawful to interfere with the LTCO's performance of duties;
- attempt to get the individual's name, contact information, and proof of their authority to make decisions on behalf of the resident;
- inform the regional ombudsman or the SLTCOP as soon as practicable to seek further direction and guidance; and
- document all actions taken.

If the facility denies access to records or information about a resident based on HIPAA regulations, LTCO shall attempt the following:
- explain LTCO's authority to access records;
- ask to speak with the individual's supervisor;
- refer to 45 CFR 1324(e)(2)(vii);
- share memo AoA IM HIPAA – Info Memo 0203; (Att. 1);
- if access is still denied, contact the regional ombudsman or the SLTCO for further directions and guidance;
- document all actions taken.

Willful Interference and Retaliation

Willful Interference is defined in LTCOP Rule as actions or inactions taken by an individual in an attempt to intentionally prevent, interfere with, or attempt to impede the State Long-Term Care Ombudsman from performing any of the functions or responsibilities set forth in §1324.13 or the SLTCO or a representative of the Office from performing any of the duties set forth in §1324.19.

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, OSLTCO, and willful interference with representatives of the Office is unlawful. (IC 67-5009)

No person shall willfully interfere with an LTCO in their performance of functions and duties pursuant to the Older Americans Act, the LTCOP Rule, and the LTCOP Policies and Procedures.

No person shall take any discriminatory, disciplinary, or retaliatory action against any person for any communication with an LTCO or for any information provided in good faith to the Office of the State Long-term Care Ombudsman in carrying out their respective functions, duties, and responsibilities.

When an LTCO believes that willful interference was attempted or has occurred, the LTCO will inform the perpetrator of the sanctions provided by law, and, when the perpetrator is an employee of a facility, advise the appropriate supervisor or the administrator of the facility of the situation and the sanctions provided by law. The LTCO shall record all attempts to prevent or correct willful interference in the appropriate case file in the OSLTCO-approved database.

If interference continues, the LTCO shall immediately inform SLTCO about the interference, either verbally or in writing. As soon as practicable, the LTCO must also provide supporting documentation concerning the interference in writing to the SLTCO. The information should include:

- The nature of the interference
- The names of residents involved
- The names and titles, or relationship to the residents, of all individuals involved in the interference
- LTCO actions to educate the perpetrator
- Any other pertinent information

Any person who has knowledge of such interference or retaliation may report such information to the SLTCO.

The SLTCO shall review the information provided and conduct further investigation, if necessary, to confirm the occurrence of the interference or retaliation.

The SLTCO may contact the facility's corporate office or parent company to seek resolution of the problem and may offer to conduct corporate-wide training to staff on residents' rights and the authority of LTCOP.

If the SLTCO, based on the review, determines that enforcement action is warranted, the SLTCO shall pursue the following course of action:

- The State Long-Term Care Ombudsman shall investigate any report of willful interference and intentional acts of retaliation and may report facility staff members 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 Long-Term Care Ombudsman shall investigate any report of willful interference and intentional acts of retaliation and may report individuals other than facility staff members to the Idaho Commission on Aging Administrator.

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 Americans Act Section 705(a) and 712(j); and

The ICOA Administrator will assist the SLTCO in determining and implementing appropriate sanctions.

(2) Complaints

Complaint Intake and Initial Plan Development

Complaints that relate to an action, inaction, or decision, that may adversely affect the health, safety, welfare, or rights of one or more residents may be initiated by residents, family members of residents, resident representatives, long-term care facility staff, long-term care ombudsmen, an anonymous source, or any other person. Individuals filing a complaint with LTCOP are referred to as complainants.

- The LTCO receiving a complaint from an anonymous complainant shall explain that, in some circumstances, anonymity could limit the ability of the LTCOP to investigate and resolve the complaint.
- LTCO may begin to investigate the complaint without knowing the complainant's identity and must do so in compliance with the LTCOP Policies and Procedures.
- LTCO may initiate a complaint when they have personal knowledge of an action, inaction, or decision that may adversely affect the health, safety, welfare, or rights of residents, including actions, inactions, or decisions of:
    - facilities in response to natural disasters, evacuations, relocations, involuntary change of management, closures, or other unusual events; or
    - governmental agencies in response to the concerns and conditions of residents.

Potential complaints may be sent to the LLTCOP via email or notifications within the statewide database from AAA call centers. Such notifications shall be reviewed and screened by the applicable LLTCOP to determine if the situation requires LTCOP action. Action could include providing information and assistance, or complaint investigation.

The following concerns are not appropriate for LTCO activity:

- complaints that do not directly impact residents;
- complaints that are outside the scope of the mission or authority of the LTCOP; or
- individual concerns where a resident refuses to allow LTCOP assistance.

Intake process when the resident is the complainant, at minimum, an LTCO shall:

- explain the role of an LTCO is to act in accordance with the resident’s direction and explain confidentiality and disclosure requirements;
- empower the resident to self-advocate to the extent the resident is comfortable;

- discuss applicable resident rights;
- collect all relevant information from the resident;
- determine the resident's desired outcome;
- determine the resident's perspective of concern, and if the concern is a complaint as defined in the LTCOP Policies and Procedures;
    - ascertain attempts made to resolve the concern; and
    - obtain permission to advocate on behalf of the resident to resolve the complaint to the resident's satisfaction.

Intake process when the complainant is not the resident, at minimum, the LTCO shall:

- explain the role of an LTCO is to act in accordance with the resident's direction and explain confidentiality and disclosure requirements;
- discuss applicable resident rights;
- collect necessary information from the complainant without starting the problem-solving process;
- ask the complainant what, if any, attempts have been made by facility staff or the complainant to resolve the complaint;
- empower the complainant to personally take action, when appropriate; and
- determine if the problem or concern is a complaint as defined by the LTCOP Policies and Procedures.

When the complainant is not the resident, the LTCO must contact the resident to determine the resident's perspective of the concern, the resident's desired outcome, and obtain permission to advocate on behalf of the resident to resolve the complaint to the resident's satisfaction. If the LTCO has personal knowledge (e.g., a prior face-to-face visit with the resident) that the resident is unable to communicate informed consent, then the LTCO should attempt to contact the resident representative and follow LTCOP Policies and Procedures regarding complaint investigations.

When the LTCOP receives a concern about a deceased resident of a long-term care facility:

- the LTCO shall determine if the concern also affects current residents in the facility, and if so, shall investigate the complaint as prescribed in the LTCOP Policies and Procedures; or
- the LTCO shall suggest referral options to the individual, such as the Bureau of Facility Standards Licensing and Certification/Idaho Department of Health and Welfare (BFS), law enforcement, legal services, coroner, or any other applicable resource.

When the LTCOP receives a concern about an individual who is not a resident as defined in the LTCOP Policies and Procedures, or a problem or concern is not a complaint as defined by the LTCOP Policies and Procedures, the LTCOP shall make attempts to refer the individual to the appropriate entity for assistance.

The LTCOP is not designed to serve as an emergency response entity. Emergency or life-threatening situations reported to the LTCOP should be referred to 9-1-1 and/or other emergency response systems for immediate response.

Complaint Response Priorities

When a complaint is received by LTCOP, the LTCO must take into consideration the nature and severity of the complaint, the imminence of the threat of harm, and the ability to mitigate harm to residents. LTCOP shall respond to complaints in a timely and thorough manner. Initial response to a complaint may be via in person, telephone, email, or text.

A response to a complaint may include the following:

- a statement acknowledging receipt of the complaint;
- a statement of whether the complaint is appropriate for investigation by the LTCOP;
- a request for consent from the complainant to disclose the identity of the complainant; and
- if the complainant is not the resident who is the subject of the complaint, an explanation that the complaint will be investigated only if:
    - the resident or the resident representative, if the resident is unable to communicate informed consent, consents to the investigation of the complaint; or
    - the resident is unable to consent to the LTCOP complaint investigation and has no resident representative.

The LTCOP shall initially respond by the next business day from the receipt of a complaint when it involves:

- abuse, neglect, exploitation, and the LTCO has reason to believe the resident may currently be at risk of harm;
- actual or threatened immediate transfer or discharge from a facility, evictions, or refusal to allow a resident to return back from the hospital;
- the use of restraints or confinement, or
- any other imminent threat or harm to one or more residents.

The LTCOP shall respond within five (5) business days from the receipt of a complaint for all other types of complaints, taking into consideration the nature and severity of the complaint.

An LTCO must determine whether a visit to the facility is necessary to:

- obtain consent from the resident to advocate on their behalf; or
- investigate the complaint.

If the LTCO determines that a visit to the facility is necessary because there is a risk to the health or safety of a resident or a time sensitive need to visit the facility, the LTCO must conduct the visit no later than two (2) business days after receipt of the complaint.

If the LTCO determines that a visit to the facility is necessary but there is no risk to the health or safety of a resident or no time sensitive need to visit the facility, the LTCO must conduct the visit within ten (10) business days after receipt of the complaint.

To appropriately manage the complainant's expectations, the LTCO may indicate a time frame in which the LTCOP will begin an investigation.

Complaint Investigation

LTCO investigates complaints in order to verify the general accuracy of the complaint and gather information to resolve them. Complaint investigations are based on the direction of the resident, or the resident representative if the resident cannot communicate informed consent, and involve gathering information through interviews, observations, and, when necessary, record reviews.

Regardless of the source of information or complaint, the resident is the LTCOP's client, and all complainants shall be informed.

Regardless of the source of the complaint (i.e., the complainant), including when the source is the LTCO, the LTCO must support and maximize resident participation in the process of resolving the complaint as follows:

- the LTCO shall offer privacy to the resident for the purpose of confidentiality; and
- the LTCO shall personally discuss the complaint with the resident or resident representative (if the resident is unable to communicate informed consent) to:
    - advise of resident rights;
    - determine the perspective of the resident;
    - seek permission to assist the resident with the complaint;
    - develop an initial plan of action that includes, but is not limited to:
    - understanding the resident's desired outcomes and goals;
    - discussing possible solutions to the problem(s);
    - clarifying whether the LTCO has consent from the resident to act on their behalf;
    - clarifying whether the LTCO has consent from the resident to identify the resident when communicating with involved parties;
    - clarifying whether the ombudsman has consent to access records, if necessary;
    - determining the wishes of the resident with respect to reporting allegations to BFS, or another entity; and
    - determining who is responsible for all required actions within the plan.

Investigation by an LTCO shall proceed only with the expressed consent of the resident, unless the resident is unable to communicate informed consent. If the resident is unable to communicate informed consent, then consent is needed from the resident representative or the State Long-Term Care Ombudsman (or their designee) to proceed with the investigation.

Communication of informed consent may be made in writing, orally, or visually, including through the use of auxiliary aids and services, and such consent must be documented in the case file contemporaneously by the LTCO.

When the resident is unable to communicate informed consent, the LTCO shall:

- advocate for the resident's wishes to the extent that the resident can express them;
- ask the facility if they have the name of a resident representative on file and, if so, seek informed consent from the representative as prescribed in Section [7. b) (1)] of the LTCOP Policies and Procedures;
- seek information from family, friends, and other sources that indicate what the resident would have desired and, where such evidence is available, work to meet that desire; and
- assume that the resident wishes to have their health, safety, welfare, and rights protected.

In determining whether to rely upon a resident representative to communicate or make determinations on behalf of the resident, the LTCO shall ascertain, by reviewing the resident representative document, the extent of the authority granted to the representative under court order (in the case of a guardian or conservator), by a power of attorney, or other document by which the resident has granted authority to the representative, or under other applicable state or federal laws.

Where the resident is unable to communicate informed consent and has no resident representative, or when the resident is unable to communicate informed consent and the LTCO has reason to believe an action, inaction, or decision of the resident representative may adversely affect the health, safety, welfare, or rights of the resident, the LTCO shall:

- ascertain there is evidence the resident would or would not wish ombudsman assistance;
- seek permission from the SLTCO to proceed with the complaint investigation and resolution;
- with approval from the SLTCO, take appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare and rights of the resident, including seeking evidence to indicate what the resident would have desired; and
- determine whether the complaint was resolved to the satisfaction of the complainant.

The SLTCO shall respond to requests for guidance and direction within three (3) business days regarding the situations indicated above.

For all complaints in which the resident refuses LTCOP assistance or withdraws consent, the LTCO shall:

- attempt to determine why the resident refused or withdrew consent and consider the following factors:
  - past responses of the facility, such as failure to respond to complaints and/or retaliation against complainants;
  - the resident's experience with facility staff; and
  - the experience of residents related to this type of complaint.
- inform the resident that they may contact the LTCOP in the future, and provide the LTCOP contact information to the resident;
- discontinue work on the individual complaint;
- document the refusal or withdrawal in the database system; and
- determine if the complaint is systemic in nature and affects other residents in the facility. If so, follow the LTCOP Policies and Procedures on confidentiality and complaint investigation.

When the complaint is an allegation of abuse, neglect, and/or exploitation regarding a resident who is unable to communicate informed consent, the LTCO shall follow the requirements in Section [7. b) (1)] of the LTCOP Policies and Procedures.

For all abuse and neglect complaints in which the resident, knowing full well the potential consequences of their refusal to give or withdraw consent, the LTCO shall follow the requirements in Section [7. b) (1)] of the LTCOP Policies and Procedures.

If, during the course of an investigation, the resident dies, the LTCO shall:

- determine if the complaint is systemic in nature and follow the LTCOP Policies and Procedures on confidentiality and complaint investigation;
- document the death in the LTCOP database and close the individual case; and
- when appropriate, refer the complainant to BFS, law enforcement, legal services, or the coroner.

Contact with the resident is required for all investigations unless:

- the resident requests not to be visited or contacted;
- the resident is the complainant and confirms that a visit is not needed;
- the LTCO has personal knowledge (e.g., a prior face-to-face visit with the resident) that the resident is unable to communicate informed consent; or
- the LTCO is able to take direction from a resident representative per Section [7. b) (1)] of the LTCOP Policies and Procedures.

LTCOP investigations may include the following actions:

- research relevant laws, rules, regulations, policies, and other pertinent information;
- observe the facility environment, evidence, and anything else pertinent to the complaint;
- identify and interview, with resident permission, individuals with pertinent information (e.g., resident representative, facility staff, family members, etc.);
- review relevant records, including clinical, medical, social, financial, and other records, in keeping with access and confidentiality procedures of the LTCOP Policies and Procedures.

LTCO shall seek the following information during an investigation:

- what has occurred or is occurring;
- when it occurred and whether the occurrence is on-going;
- where it occurred;
- who is involved;
- effect of the occurrence on the resident(s);
- reason for occurrence;
- what, if anything, the facility or other interested parties have done in response to the occurrence; and
- the resident’s goals and wishes as a complaint resolution.

Resident perception of the problem or complaint is a sufficient basis upon which an LTCO can seek resolution to a complaint.

Complaint Verification

A complaint is verified when, after interviews, observation, and record reviews (when necessary), an ombudsman confirms most or all facts alleged by the complainant are likely true.

Whether the LTCO can verify a complaint, the LTCOP gives the benefit of any doubt to the resident's perspective and attempts to resolve complaints to the satisfaction of the resident.

Complaint Analysis and Planning

Once a complaint is identified and verified, the LTCO shall consider the root cause of the problem by determining:

- why the problem occurred; and
- who or what is responsible for the problem.

If the complaint is not verified, but the resident's perception of the problem or concern warrants resolution, the LTCO shall determine the root cause of the problem and/or if there is a need for LTCOP involvement.

The LTCO shall revisit the plan of action with the resident, or the resident representative when applicable, to:

- review the resident's desired outcome and possible solutions;
- determine if there are new or different concerns;
- determine if any changes need to be made to the initial plan of action;
- consider whether anyone else needs to be involved to reach a resolution;
- discuss with the resident possible barriers when selecting an appropriate approach to resolution and identify alternative strategies in which the resident is agreeable.

Complaint Resolution

With input and agreement from the resident, an LTCO may use one or more of the following methods to reach complaint resolution:

- resident self-advocacy;
- long-term care ombudsman advocacy;
- negotiation without negotiating away any resident right;
- mediation if the complaint involves conflict between two or more residents;
- fair hearing process in complaints regarding facility-initiated transfers or discharges;
- referral to another agency when outside assistance will achieve resolution; and/or
- systems advocacy if the resolution to the complaint requires work to change a system.

Resolution of a complaint is based on the satisfaction of the resident. LTCOP bases satisfaction on the resident representative if the resident cannot communicate their perspective on the extent to which

the matter has been satisfactorily resolved and if LTCOP has reasonable cause to believe the resident representative is acting in the best interest of the resident.

If the resident is unable to communicate their perspective to the extent in which the matter has been satisfactorily resolved and does not have a resident representative or if LTCOP has reason to believe the resident representative is not acting in the best interest of the resident or if the resident dies before the investigation is complete and does not have a representative, LTCOP shall rely on the perspective of the complainant to determine the level of resolution.

If a complaint cannot be resolved through the methods listed in this section, the LTCO shall consult with the regional ombudsman to consider other potential resources and/or close the complaint.

Complaints About Abuse, Neglect, and/or Exploitation

LTCOP investigates complaints about abuse, neglect, and/or exploitation for the purposes of resolving the complaint to the resident's satisfaction and protecting the health, welfare, and rights of the resident, not to determine whether any law or regulation has been violated.

In accordance with federal and state law, LTCO are not mandatory reporters and shall not report to any entity (other than LTCOP) suspected abuse, neglect, or exploitation of a resident when a resident or resident representative has not communicated informed consent to such report except in situations where the resident is unable to communicate informed consent to the LTCOP and all the following circumstances exist:

- the resident does not have a representative or the LTCO has reasonable cause to believe that the resident representative has taken an action, has failed to act, or has made a decision that may adversely affect the health, safety, welfare, or rights of the resident; and
- the LTCO has reasonable cause to believe that an action, inaction, or decision may adversely affect the health, safety, welfare, or rights of the resident; and
- the LTCO has no evidence indicating that the resident would not wish a referral to be made; and
- the LTCO has reasonable cause to believe that it is in the best interest of the resident to make a referral; and
- the LTCO receives the approval of the SLTCO verbally or in writing.
- The LTCO must request the approval of the SLTCO as soon as practicable.
- The SLTCO must respond to the request within twenty-four (24) hours.
- Approval must be documented in the resident’s case file.

Long-term care ombudsmen who hold a professional license that mandates abuse reporting (e.g., a licensed social worker, nurse, or doctor, etc.) are not exempt from the Long-Term Care Ombudsman Program confidentiality and disclosure requirements in 45 CFR §1324 and the LTCOP Policies and Procedures when conducting the duties of LTCOP.

If a complaint or an investigation indicates suspected abuse, neglect, or exploitation of a resident, the LTCO shall:

- advise the resident, complainant, or witness to report the matter to the BFS, and/or law enforcement as appropriate. The LTCO shall offer assistance to an individual who wants to report abuse, neglect, or exploitation, when appropriate;
- if the complainant is a mandatory reporter, inform the complainant to file a complaint with the law enforcement agency responsible for the area where the resident resides;
- if the resident or resident representative is unwilling or unable to report themselves, request permission of the resident or the resident representative, if the resident cannot communicate informed consent, to report the suspected abuse, neglect, or exploitation to BFS and/or law enforcement; and/or
- advocate for and follow the resident's wishes to the extent the resident can express them.

When the resident is the alleged victim of abuse, neglect, or exploitation and is unable to communicate informed consent, the LTCO shall determine if the resident has a representative. If there is no representative, as soon as practicable, the LTCO shall contact the SLTCO to discuss the case, seek guidance, and obtain approval to take further action. The SLTCO must respond to the LTCO within twenty-four (24) hours of contact.

When a resident refuses to give consent to report suspected abuse, neglect, or exploitation, the LTCO shall attempt to determine why, considering:

- past response of the facility or agency to complaints;
- the resident's relationship with facility staff;
- the experience of residents in the facility related to this type of complaint; and
- notify the regional ombudsman and the SLTCO of the resident's refusal to report.

The SLTCO shall consider the impact on the resident, other residents, and the integrity of LTCOP in deciding whether to file a report of suspected abuse, neglect, or exploitation to BFS and/or law enforcement. Such decision shall be recorded in the case record.

Should an LTCO witness abuse, the LTCO shall at a minimum:

- stop what they are doing, remain calm, and call attention to the situation;
- pay close attention to details;
- identify other witnesses, especially facility staff, since they are mandatory reporters of abuse;
- as soon as possible after the incident, speak with the resident to explain their rights, the LTCOP, and determine if they want to report the incident to BFS and/or law enforcement;
- offer to talk with facility staff and the resident together about steps taken to ensure the resident's safety;
- document the incident; and
- contact the regional ombudsman for support and further direction.

When an LTCO personally witnesses suspected abuse, neglect, or exploitation of a resident, the LTCO shall seek communication of informed consent from such resident to disclose resident-identifying information to appropriate agencies.

Where such resident is unable to communicate informed consent, the LTCO shall seek communication of informed consent from the resident representative per LTCOP Policies and Procedures.

- Where the resident is unable to communicate informed consent and does not have a resident representative, the LTCO shall:
- open a case with the LTCO as the complainant;
- follow the complaint investigation procedures in LTCOP Policies and Procedures and shall refer the matter and disclose identifying information of the resident to the management of the facility, BFS, and/or law enforcement for substantiation of abuse, neglect, or exploitation only in the following circumstances:
    - The LTCO has no evidence indicating that the resident would not wish a referral to be made;
    - the LTCO has reasonable cause to believe that disclosure would be in the best interest of the resident;
    - the LTCO obtains approval of the SLTCO;
    - the LTCO must request the approval of the SLTCO as soon as practicable;
    - the SLTCO must respond to the request within twenty-four (24) hours;
    - approval must be documented in the resident's case file.

With approval from the SLTCO, the LTCO takes appropriate steps to investigate and work to resolve the complaint in order to protect the health, safety, welfare, and rights of the resident, including seeking evidence to indicate what the resident would have desired.

Complaint Referral

When a resident, resident representative, or complainant has determined a referral should be made, prior to making a referral on behalf of the resident, an LTCO should encourage the resident, resident representative, or complainant to contact the entity directly, and shall offer information and support in making the referral, when applicable.

The LTCOP shall refer a complaint or concern to another agency when the resident gives an LTCO consent to do so, and one or more of the following apply:

- another agency has resources that may help resolve the resident's concern;
- the complaint is outside the LTCOP's authority and/or expertise; or
- the LTCO needs additional assistance in order to achieve resolution of the complaint.

When an LTCO refers a complaint to another entity, it does not necessarily mean that the LTCO is no longer involved in complaint processing and resolution. The LTCO shall continue to follow the requirements of the LTCOP Policies and Procedures.

The LTCOP may refer the complaint and disclose resident-identifying information to the facility in which the resident resides, BFS, law enforcement, adult protective services, and to an entity or agency that provides access to administrative, legal, or other remedies without the permission of the resident or resident representative only in the following circumstances:

- the resident is unable to communicate informed consent to the LTCO and has no representative and the LTCO has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare or rights of the resident, or the LTCO has reasonable cause to believe that the representative has taken an action, inaction or decision that may adversely affect the health, safety, welfare, or rights of the resident; and
- the LTCO has no evidence indicating that the resident would not wish a referral to be made; and
- the LTCO has reasonable cause to believe that it is in the best interest of the resident to make a referral; and
- the LTCO obtains the approval of the State Long-Term Care Ombudsman.

When an LLTCO refers a complaint to BFS, the LLTCO shall follow all confidentiality and disclosure requirements of the LTCOP Policies and Procedures, and:
- submit the complaint in writing via secured email; or
- if email is not possible, the LTCO may file a complaint via telephone; and
- document the referral in the notes section of the case within the LTCOP database.

Prior to making a referral to law enforcement, an LTCO shall notify the regional ombudsman and shall:
- follow all confidentiality and disclosure requirements of the LTCOP Policies and Procedures; and
- document the referral in the notes section of the case within the LTCOP electronic database.

When an assistant ombudsman has reason to believe a complaint should be considered for referral to BFS and/or law enforcement, the assistant ombudsman should immediately contact an LLTCO or the regional ombudsman. The LLTCO shall follow the requirements as prescribed in this section.

For all other requests for referrals, assistant ombudsmen shall not refer a complaint to another entity without first receiving verbal or written permission from the regional ombudsman or the SLTCO. Assistant ombudsmen must make such requests to the regional ombudsman or the SLTCO as soon as practicable, but not later than two (2) business days after permission is received from the resident.

When a resident tells the LTCOP they have a need for legal assistance and requests legal advice and/or representation, the LTCOP shall assist the resident in finding appropriate legal services by:
- providing the resident with contact information for local legal assistance providers or the protection and advocacy agency; or
- when the legal assistance provider or the protection and advocacy agency is unable to assist the resident or if the resident requests a private attorney, the LTCOP may provide the resident with a list of attorneys.
    - The list must contain a minimum of three (3) attorneys.
    - The LTCO shall not recommend a specific attorney.

When an LTCO personally refers a complaint to a legal service entity, the LTCO shall follow all confidentiality and disclosure requirements of the LTCOP Policies and Procedures.

When the LTCOP has an open case on a resident who then moves to a long-term care facility in another LLTCOP service area in Idaho, the current regional ombudsman shall consider the likelihood that the concern or complaint will continue in the new region, and if so:

- the regional ombudsman shall contact the OSLTCO for technical assistance; and
- the OSLTCO will determine:
  - if there is a need for an LTCO to visit the resident in the new facility, and the time frame in which the visit should occur;
  - if the case will be transferred;
  - what information will be shared between the LLTCOPs;
  - which LTCO will visit the resident.

When the LTCOP has an open case on a resident who then moves to a long-term care facility in another state, the regional ombudsman shall notify the OSLTCO, and the State Long-Term Care Ombudsman will determine what information, if any, will be shared with the receiving Office of the State Long-Term Care Ombudsman.

When an LTCO determines a referral to an entity outside of the LTCOP regarding abuse, neglect, and/or exploitation should be made on behalf of a resident who is unable to communicate informed consent to such referral:

- the LTCO shall discuss the concern with the regional ombudsman;
- the regional ombudsman shall inform the SLTCO and must receive permission from the SLTCO prior to making a referral to BFS and/or law enforcement; and
- the SLTCO shall reply as soon as practicable but within two (2) business days to any request for approval of disclosure under this provision; or
- if the SLTCO is not available, approval may be provided by a designee within the OSLTCO.

When possible, the LTCOP shall attempt to follow up with the resident to determine whether services have been received and/or if the identified need has been met following the referral.

(3) When a Resident Threatens Harm to Self or Harm to Others

Complainants Who Are Not the Resident

If the LTCOP receives information from a person, other than a resident, that a resident is threatening suicide, planning to harm another resident, or staff person of a facility:
determine if the complainant is a mandated reporter and advise to follow such requirements;
determine whether the complainant has contacted the facility or any other entity, and if not, encourage the complainant to contact:

- the facility administrator or other person in charge; or
- 9-1-1 if there is an immediate threat; and
- immediately consult with the regional ombudsman or the State Long-Term Care Ombudsman to determine if/when a visit should be conducted to speak with the respective resident(s) and seek technical assistance for further steps; and
- follow LTCOP Policies and Procedures related to Complaint Response Time.

When a Resident Threatens to Harm Themself

If a resident communicates to an LTCO their intention to harm themself, the LTCO shall request the following information from the resident:

- whether the resident consents to the LTCO taking action, such as reporting the threat to the facility, calling 911, and/or the 988 Suicide and Crisis Lifeline;
- why the resident is threatening harm;
- when and how the resident intends to carry out the threat of harm; and
- whether the resident has the means and ability to carry out the threat of harm.

The LTCO shall request the resident not to act on the threat and:

- discuss with the resident the need for additional assistance;
- ask the resident if they are currently working with a doctor or counselor;
- advise the resident to talk to someone in the long-term care facility (facility staff, doctor, nurse) about their feelings now. If agreeable, assist in arranging the discussion and offer to sit with the resident for support;
- if the resident is unwilling to speak directly to anyone at the time of the visit, seek permission to talk with facility staff, doctor, nurse, representative, family member, or friend; and
- advise the resident of the need to share their concern with someone who can help.

If the resident consents to the LTCO taking action:

- follow LTCOP Policies and Procedures related to Initial Plan Development and Complaint Investigation;
- provide the resident with names and contact information of resources that can assist them, such as a mental health crisis center, and/or the 988 Suicide and Crisis Lifeline, and, with their permission, assist them with making the call;
- provide the resident with LTCOP contact information; and
- contact the regional ombudsman or the SLTCO for technical assistance.

If the resident refuses to consent to the LTCO disclosing the concern for self-harm:

- contact the regional ombudsman or the SLTCO before leaving the facility; and
- give the resident the contact information for the 988 Suicide and Crisis Lifeline, the LTCOP, and any other applicable resources available in the area.
- If the LTCO believes death or serious physical harm to any resident could occur within a short period of time (i.e., imminent threat), dial 9-1-1, whether or not the LTCO receives permission from the resident; then immediately contact the regional ombudsman and the SLTCO as soon as possible.

When a Resident Threatens Harm to Others

If a resident communicates to an LTCO their intention to harm another resident:

- advise the resident to speak with a trusted staff member about their thoughts and feelings;
- determine if the concern may be resolved through mediation or another means of LTCOP advocacy;
- determine if the resident has the means and ability to carry out the threat;

- ask the resident for permission to speak with a facility staff person about the concern, and if the resident declines, let them know you will need to contact your supervisor for guidance;
- contact the regional ombudsman or the SLTCO for assistance before leaving the facility or as soon as practicable; and
- document all actions taken including attempts to contact the regional ombudsman or the SLTCO.

(4) Records

Confidentiality of Long-Term Care Ombudsman Program Records

All Long-Term Care Ombudsman Program records (LTCOP records) are the property of the Office of the State Long-Term Care Ombudsman. LTCOP records are all files, records, correspondence, documentation, case notes, and communications related to a specific case or resident in any format. The OSLTCO shall have access to all LTCOP records at all times.

Before having access to confidential LTCOP records subject to disclosure requirements, LTCOP staff and volunteers must undergo certification training to be designated as representatives of the Office.

ICOA, LOEs, and AAAs shall not have access to confidential LTCOP records.

LTCOP records stored or received electronically (e.g., computer, tablet, or mobile phone) or in hard copy shall be confidential and shall be disclosed only in limited circumstances specifically provided by applicable federal and state law and this section of the LTCOP Policies and Procedures. LTCOP records that are to be kept confidential include:

- all files, records, correspondence, documentation, case notes, and communications related to a specific complaint, case, or complainant; and
- all information, whether in electronic form or hard copy, pertaining to the identity of residents and complainants.

Only designated long-term care ombudsmen have access to LTCOP records of the LLTCOP for which they are employed.

When required to provide temporary coverage for another LLTCOP, an LTCO may have access to the LTCOP records of another LLTCOP to the extent necessary to provide such coverage.

The regional ombudsman shall:

- limit access of LTCOP records to authorized, designated LTCOP personnel;
- maintain LTCOP records in a secure location controlled by the regional ombudsman and approved by the SLTCO;
- ensure the LOE provides for confidential transmissions of records by electronic mail or facsimile for the LTCOP; and
- immediately report a breach of confidentiality to the OSLTCO.

Documentation of Long-Term Care Ombudsman Services

Every activity completed, complaint received, and all actions taken to investigate, verify, and resolve complaints by LTCOP shall be documented by staff LTCO as prescribed by the OSLTCO and as required by the National Ombudsman Reporting System (NORS).

Activities required to be documented include:

- facility visits;
- information and assistance;
- training for representatives of the Office;
- training for facility staff;
- state survey participation;
- Resident Council participation;
- Family Council participation;
- community education; and
- assistant ombudsman in-kind hours and travel time.

Case records must contain, at minimum, the following documentation:

- one or more complaints;
- a complainant;
- case open date;
- case closed date;
- complaint verification;
- complaint disposition; and
- case journal entries;

Case records must have attached any hard documents received during the course of the complaint investigation process. Such documents include:

- LTCOP release of information form
- Written requests by any party for LTCOP to release information
- The SLTCO's written response to the request to release information
- Consent to access resident records
- Referrals
- Power of attorney documents
- Guardianship documents
- Any other pertinent document

Case journal entries must contain a factual and chronological accounting of all interactions and observations completed by the LTCOP regarding complaint(s) beginning with intake, and including the plan of action, the resident's (or where applicable, the resident representative's) perception of the problem, investigative actions, consent to act, referrals, and the resident's perspective of complaint resolution. Case journal entries must also include all relevant electronic (texts, emails, facsimiles, etc.), written, and verbal communications.

Documentation time frames include:

- All actions taken by assistant ombudsmen shall be submitted to the regional ombudsman or their designee by the fifth (5th) of the following month. Assistant ombudsmen are strongly encouraged to use the form prescribed by the OSLTCO. If the regional ombudsman approves, a volunteer may submit documentation in another format that provides all information required by the OSLTCO.
- All assistant ombudsmen data and actions taken by staff LTCO shall be entered by the 10th of the following month. This includes journal entries and all required activities listed in this section of the LTCOP Policies and Procedures.
- Once all complaints within the case are closed, the staff LTCO notifies the regional ombudsman, and the case shall be reviewed and closed by the regional ombudsman.
- Staff LTCO must consult with the regional ombudsman when a case is open for 90 days or longer.

Assistant ombudsmen activities and case notes shall be recorded by the regional ombudsman or their designee (another staff LTCO) in the electronic data collection system determined by the OSLTCO.

All staff LTCO shall use the electronic data collection system determined by the OSLTCO.
LTCO activities, case journal notes, resident records, or resident identifying information shall not be entered into any case management system outside of the Office-approved electronic data collection system. This includes ICOA, AAAs, and LOEs database systems.

Consent forms, notices of resident transfers or discharges, APS reports related to a complaint, power of attorney documents, and any other written documents obtained by the LTCOP through the course of an investigation should be scanned and attached electronically to the case file.
Permission or refusal by the resident or the resident's representative to consent to the LTCOP providing investigative services shall be documented in every case.

If a resident or complainant provides consent to release his or her identity, that consent shall be documented within a case journal entry, and any consent forms shall be attached to the case file.

The resolution status, or disposition of each complaint, shall be documented based on the satisfaction of the resident.

LTCO shall select one of the disposition codes listed below when closing each complaint within a case, the codes include:

- Partially or Fully Resolved when:
  - the concern has been corrected, and the complaint is resolved; or
  - the concern has been partially resolved, and some concerns still remain; or
  - if a significant portion of the complaint was resolved prior to a resident's withdrawal of the complaint.
- Not Resolved when:
  - the problem identified in the complaint has not been corrected; or
  - the change made was in no way to the satisfaction of the resident.

- Withdrawn or no Action Needed when:
  - the complaint was withdrawn at the request of the resident or complainant or discontinued by the LTCO;
  - the investigation proved no action by the LTCO was needed or appropriate;
  - the findings of the investigation did not indicate a need for change or require further LTCO investigation and complaint resolution; or
  - the resident dies or moves away, and the complaint is no longer relevant.

Cases may be closed under the following circumstances:
- when the complaint or complaints have been resolved to the resident's satisfaction or the satisfaction of the representative or complainant;
- when the LTCO has exhausted all possible means of working to resolve the complaint and the resident is not satisfied with the outcome;
- the resident moves out of the LLTCOP service area; or
- the resident dies.

All LTCO shall follow the requirements for confidentiality and disclosure of resident records and information as prescribed in these policies and procedures.

Long-Term Care Ombudsman Program Record Maintenance and Retention

The OSLTCO determines, oversees, and maintains a NORS-compliant electronic database system in which all LLTCOPs shall use, and where all LTCOP files and records shall be stored pertaining to casework and required NORS and LTCO activities. Notwithstanding current complaint investigation information, where information is received prior to inputting into the OSLTCO-approved database, no other database shall be used to maintain LTCOP files and records.

Maintenance of LTCOP information prior to entering into the OSLTCO-approved database:
- Confidential information (e.g., Word documents with case notes, emails, texts) saved on the LTCO's computer or any electronic device (e.g., tablet or mobile phone, etc.) relating to confidential LTCOP activities and casework should be password protected (e.g., a Word doc.). It must be deleted once the case is closed in the OSLTCO-approved electronic database.
- When hard copies of LTCOP records relating to complaint investigation are maintained pending closure, the documents shall be stored in a locked, secured location where only LTCO have access.
- When obtained, assistant ombudsmen must submit original documents relating to casework (e.g., written consents, power of attorney documents, etc.) to the LLTCOP to be scanned and attached to the case file. If the assistant ombudsman has the capacity to scan the original document and securely and confidentially send it electronically to the LLTCOP, they may do so. Such documents must be stored and destroyed per the LTCOP Policies and Procedures in this section.
- Hard copies of documents relating to complaint investigation (e.g., transfer and discharge notices, written consents, power of attorney documents, etc.) should be scanned and attached electronically to the case file within the OSLTCO-approved database.

- Once saved electronically in the OSLTCO-approved database, the hard copies of these documents shall be shredded or placed in a locked receptacle for a HIPAA-certified company to shred, no later than when the case is closed.

All transfer and discharge notices received from nursing homes for the purpose of complying with 42 CFR 483.15(c)(3)(i) shall be stored in a physical or electronic location that ensures the security and confidentiality of such records. Such notices may not necessarily be related to a complaint. Notices must be shredded or deleted within one (1) year of receipt.

Use of personal electronic devices includes the following requirements:

- No case documentation or confidential information shall be stored on a staff LTCO's personal computer or any personal device, including cell phones and tablets.
- Staff LTCO shall not use personal devices such as personal computers, tablets, and cell phones for the purposes of LTCOP work.
- Assistant ombudsmen should avoid using personal landline or cell phones when conducting LTCOP activities unless they are otherwise unable to fulfill their official duties in a timely, efficient manner. If a volunteer has no other option than to use their phone, the volunteer should employ methods (such as use of the *67 option) to avoid disclosing their personal phone number. The regional ombudsman or the SLTCO must approve of any assistant ombudsman using personal devices.
- Assistant ombudsmen should avoid using personal email accounts or texting to communicate with residents, facilities, resident representatives, etc., when conducting LTCOP activities, unless they are otherwise unable to fulfill their official duties in a timely, efficient manner. Email and texting should never be used as a convenience when in-person methods of response are available.
    - Any personal email account or another electronic device used for communication (e.g., texting) used by a volunteer in any LTCOP-related confidential communication must not be a shared account or any account that can be accessed by another person.
    - When it is determined that the assistant ombudsman's method of electronic communication is secure and confidential, the staff LTCO may communicate as such with the assistant ombudsman.
    - The appropriate regional ombudsman must be copied on all LTCOP-related email communications made by an assistant ombudsman.
- Assistant ombudsmen who are approved to use their personal devices (tablet, laptop, phone, etc.) for LTCOP activities (e.g., writing case notes, facility visits, emailing or texting LTCOP) must ensure no other user has access to such information and must comply with LTCOP Policies and Procedures related to confidentiality and disclosure.

Failure to follow confidentiality and disclosure policies and procedures may result in suspension or removal of designation.

Unless there is a valid reason, such as a litigation hold, that LTCOP records need to be retained for a period of time that exceeds the timeframes set above, the applicable LTCOP records should be

destroyed upon the expiration of the retention periods set in this section of the LTCOP Policies and Procedures.

Disclosure of Information

The SLTCO shall have the sole authority to make or delegate determinations concerning the disclosure of the files, records, and other information maintained by the Long-Term Care Ombudsman Program. The State Long-Term Care Ombudsman shall comply with Section 712 (d) of the Older Americans Act, the LTCOP Rule, and these policies and procedures in responding to requests for disclosure of files, records and other information, regardless of the format of such files, records or other information, the source of the request, and the sources of funding to the LTCOP.

No state agency, local Ombudsman entity, Area Agency on Aging, resident representative, facility staff, or anyone shall require a long-term care ombudsman to disclose LTCOP records without the consent of the SLTCO.

LTCO shall not disclose the identity, or any information that would lead to the identification of a complainant or resident involved in a complaint, report or investigation, unless the individual (or the resident representative if the resident is not able to communicate informed consent) has consented to the disclosure, or such disclosure is required by a court order.

If an LTCO receives a subpoena, court order, request under the Freedom of Information Act (FOIA), or requests under the Idaho Public Records Act, LTCO shall immediately notify the regional ombudsman and shall not respond to the requester.

- The regional ombudsman shall immediately notify the SLTCO of the subpoena, court order, or request under FOIA or the Idaho Public Records Act.

The LTCO shall make every effort to obtain written consent for disclosure of confidential information from the resident or their representative. Consent by the resident or their representative may also be made orally, visually, or through the use of auxiliary aids and services and shall be documented contemporaneously in the case file by the LTCO.

When a request is made by any party, including a resident, for any LTCOP records containing resident or complainant information, the LTCO will:

- immediately contact the regional ombudsman and the SLTCO upon request or inquiry for LTCOP records, and will not provide any information of any kind without further instruction from the SLTCO;
- will require individuals requesting release of LTCOP records to submit a written request outlining:
    - the need for information
    - their relationship to the resident
    - how information will be used
    - with whom information will be shared

The regional ombudsman must submit all information obtained related to the request for LTCOP records to the SLTCO as soon as possible.

LTCOP records containing resident or complainant information may not be released or disclosed to anyone who is not an LTCO without the written permission of the SLTCO.

When reviewing requests to disclose all or part of LTCOP records, the SLTCO will consider the following factors:

- the request from the relevant LTCO to determine whether the release of all or part of the LTCOP's records would be consistent with the wishes or interest of the relevant resident. The SLTCO shall consider whether the request will lead to:
  - retaliation against residents, complainants, or witnesses;
  - intimidation in an effort to prevent residents, complainants, or witnesses from contacting or assisting the LTCOP;
  - undermining working relationships between the LTCOP, facilities, and enforcement agencies or otherwise undermining the work of the LTCOP; or
  - the SLTCO may consult with legal counsel to determine whether any part of the records should be redacted (e.g., all identifying information removed). The identities of residents or complainants who have not provided expressed consent for the release of their names shall not be revealed; and
  - the SLTCO, may consult with the legal counsel to consider the source of the request (e.g., resident, facility, complainant, another agency, or any other party) and the type of request (written request, Freedom of Information Act or Idaho Public Records Act, subpoena, or court order) in determining whether to disclose all or any part of the records.

When the source of the request is the resident, upon approval and direction from the SLTCO, the LTCO may provide the resident copies of records that are directly related to the resident, and such records shall be redacted to protect the identity of other residents and complainants.

In situations in which a resident is unable to communicate informed consent to disclose information, an LTCO may disclose resident-identifying information, including LTCOP records pertaining to the resident, verbally or in writing, to the appropriate agency or agencies for regulatory oversight, protective services, access to administrative, legal or other remedies, and/or law enforcement action only in the following circumstances:

- the resident is unable to communicate informed consent to the LTCO and has no representative, and the LTCO has reasonable cause to believe that an action, inaction or decision may adversely affect the health, safety, welfare or rights of the resident, or the LTCO has reasonable cause to believe that the resident representative has taken an action, inaction or decision that may adversely affect the health, safety, welfare, or rights of the resident; and
- the LTCO has no evidence indicating the resident would not wish information to be disclosed to be; and

- the LTCO has reasonable cause to believe it is in the best interest of the resident to disclose the information; and
- the LTCO obtains the approval of the SLTCO.

Long-term care ombudsmen shall not testify in court, at administrative hearings, or at dispositions as to any confidential matters without the approval of the State Long-Term Care Ombudsman or by court order. LTCO who receive any request to testify shall immediately notify the regional ombudsman and the SLTCO.

No administrative records (e.g., staff and volunteer reviews, background check results, LLTCOP monitoring tools, etc.) maintained by the OSLTCO or the LLTCOPs with regard to any LTCO or LLTCOP shall be shared with any entity without the expressed permission from the SLTCO.

The following information is not confidential and does not fall within the purview of confidentiality and disclosure requirements within the LTCOP Policies and Procedures:

- LTCOP statistical data reported to the National Ombudsman Reporting System;
- trends or patterns related to complaints;
- LTCOP Policies and Procedures; and
- long-term care facilities policies and procedures.

When an LTCO receives confidential information from a facility or another entity which the LTCOP should not have in their possession (e.g., medical records sent to the LTCOP without consent from the resident or request from the LTCOP), the LTCO must notify the regional ombudsman and the SLTCO immediately. The SLTCO will determine who will notify the sender of the information of the concern and will determine a remedy (e.g., sending the information back, destroying or deleting the information, etc.).

A guide for the release of LTCOP records

Requestor	Regional ombudsman or LTCO shall	The SLTCO shall
A resident or a resident representative when the resident cannot communicate informed consent (POA or guardian)	Obtain a copy of the resident representative's documents indicating such authority. Notify the SLTCO in writing of the request and provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO.	Review the request and determine whether all, part, or none of the record will be disclosed. Consult with legal counsel as necessary. Identify and redact information as necessary. Notify the regional ombudsman of the decision to release or not release LTCOP

Requestor	Regional ombudsman or LTCO shall	The SLTCO shall
		records and direct the regional ombudsman accordingly.
A resident representative when the resident is able to communicate informed consent	Obtain a copy of the resident representative's documents indicating such authority. Seek consent from the resident. Notify the SLTCO in writing of the request and provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO.	Review the request and determine whether all, part, or none of the record will be disclosed. Determine if the request is in conflict with resident wishes or interests. Consult with legal counsel as necessary. Identify and redact information as necessary. Notify the regional ombudsman of the decision to release or not release LTCOP records and direct the regional ombudsman accordingly.
A complainant who is not the resident	Inform the complainant of the requirement to submit the request for LTCOP records in writing per LTCOP Policies and Procedures. Seek consent from the resident or the resident representative if the resident is unable to communicate informed consent. Notify the SLTCO in writing of the request and provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO.	Review the request and determine whether all, part, or none of the record will be disclosed. Determine if the request is in conflict with resident wishes or interests. Consider the potential for retaliation against residents, complainants, or witnesses. Consider the potential for intimidation in an effort to prevent residents, complainants, or witnesses from contacting or assisting the LTCOP. Consider the potential for undermining working relationships between the LTCOP, facilities, and enforcement agencies or

Requestor	Regional ombudsman or LTCO shall	The SLTCO shall
		otherwise undermining the work of the LTCOP. Consult with legal counsel as necessary. Identify and redact information as necessary. Notify the regional ombudsman of the decision to release or not release LTCOP records and direct the regional ombudsman accordingly.
Another agency or program	Inform the complainant of the requirement to submit the request for LTCOP records in writing per LTCOP Policies and Procedures. Seek consent from the resident or the resident representative if the resident is unable to communicate informed consent. Notify the SLTCO in writing of the request and provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO	Review the request and determine whether all, part, or none of the record will be disclosed. Determine if the request is in conflict with resident wishes or interests. Consider the potential for retaliation against residents, complainants, or witnesses. Consider the potential for intimidation in an effort to prevent residents, complainants, or witnesses from contacting or assisting the LTCOP. Consider the potential for undermining working relationships between the LTCOP, facilities, and enforcement agencies or otherwise undermining the work of the LTCOP. Consult with legal counsel as necessary. Identify and redact information as necessary. Notify the regional ombudsman of the decision to

Requestor	Regional ombudsman or LTCO shall	The SLTCO shall
		release or not release LTCOP records and direct the regional ombudsman accordingly.
Subpoena	Do not reply directly to the subpoena. Immediately forward the subpoena to the SLTCO Provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO.	Review the request and determine whether all, part, or none of the record will be disclosed. Determine if the request is in conflict with resident wishes or interests. Consider the potential for retaliation against residents, complainants, or witnesses. Consider the potential for intimidation in an effort to prevent residents, complainants, or witnesses from contacting or assisting the LTCOP. Consult with legal counsel. Identify and redact information as necessary. Respond to the requestor with the decision to disclose or not disclose the requested information. Notify the regional ombudsman of the decision to release or not release LTCOP records and direct the regional ombudsman accordingly.
A court order	Do not reply directly to the court order. Immediately forward the court order to the SLTCO. Provide the SLTCO with the case number pertaining to the requested records.	Consult with legal counsel. Identify and redact information as necessary. Respond to the court order as required. Direct the regional ombudsman accordingly.

Requestor	Regional ombudsman or LTCO shall	The SLTCO shall
	Follow the direction of the SLTCO.	
Any other party	Inform the complainant of the requirement to submit the request for LTCOP records in writing per LTCOP Policies and Procedures. Seek consent from the resident or the resident representative if the resident is unable to communicate informed consent. Notify the SLTCO in writing of the request and provide the SLTCO with the case number pertaining to the requested records. Follow the direction of the SLTCO	Review the request and determine whether all, part, or none of the record will be disclosed. Determine if the request is in conflict with resident wishes or interests. Consider the potential for retaliation against residents, complainants, or witnesses. Consider the potential for intimidation in an effort to prevent residents, complainants, or witnesses from contacting or assisting the LTCOP. Consider the potential for undermining working relationships between the LTCOP, facilities and enforcement agencies or otherwise undermining the work of the LTCOP. Consult with legal counsel as necessary. Identify and redact information as necessary. Notify the regional ombudsman of the decision to release or not release LTCOP records and direct the regional ombudsman accordingly.

(5) Social Media and Communication with the Media

The SLTCO approves all LTCOP media communications, including press releases or advisories, media inquiries, social media, print publications, and interviews. The SLTCO retains the right to make the final

decision on the communication printed and presented. This includes all LLTCOPs, LOEs, and AAAs when making statements verbally or in writing that reflect positions of the OSLTCO.

Media Inquiries

All media requests shall be forwarded to the SLTCO for response and shall not be acted upon without approval from the SLTCO. Requests must be forwarded within the next business day of receipt via email or phone. The individual receiving the media request may let the requestor know that the information was forwarded to the SLTCO and may provide the contact information of the SLTCO.

Assistant and staff long-term care ombudsmen may not respond to media questions, whether in writing or verbally, without the permission of the SLTCO. All responses must be in line with the positions of the OSLTCO.

If a media inquiry is received that falls outside the scope of the LTCOP's authority or area of expertise, the inquiry will be forwarded to the SLTCO, who will send the inquiry to the appropriate entity.

LTCOP literature for distribution

LTCOP literature is developed and distributed for the purposes of recruitment, public awareness, and public service. OSLTCO composes language, selects and approves graphics and layout, and oversees printing procedures, utilizing support from ICOA. Prior to publication, the SLTCO must approve all literature.

Any LOE or LLTCOP who develops such literature for distribution must submit it to the OSLTCO for approval prior to distribution.

LTCOP Website

The upkeep of the LTCOP website is maintained by ICOA. The SLTCO retains the right to make the final decision on all information posted on LTCOP's website.[57]

Any LOE or LLTCOP who manages a local long-term care ombudsman program social website must have permission from the SLTCO prior to posting new information.

LTCOP Social Media

The OSLTCO manages social media platforms, posting relevant and timely information and closely monitoring each site for inappropriate postings or messages that require a response or removal.

Any LOE or LLTCOP who manages local long-term care ombudsman program social media platforms must have permission from the SLTCO prior to posting new information.

(6) Photos and Recordings

[57] https://aging.idaho.gov/stay-safe/ombudsman-2/

LTCO are prohibited from taking a photo or making an audio or video recording of a resident unless the LTCO obtains prior written consent for the photo or recording from the resident. If the resident is unable to communicate informed consent, prior written consent must be obtained from the resident representative.

Prior to taking a photo or making an audio or video recording of a resident and obtaining consent, the LTCO must discuss with the resident or the resident representative as applicable what will visually be in the picture or recording (e.g., will the resident's face be included or any other identifying information), the reason for the picture or recording, how the picture or recording will be used, and who will have access.

If the photo or recording is for the purposes of disclosing the information to an entity other than LTCOP (e.g., social media or videos for program promotion and awareness, or BFS for complaint investigations), a signed photo release form developed by the OSLTCO must be completed prior to taking the photo or recording.

The LTCO must obtain prior written permission from other parties (e.g., family members, facility staff, etc.) who will be in the photo or recording, with an explanation of the reason for the picture or recording, how the picture or recording will be used, and who will have access. If the purposes are for publication or distribution outside of the LTCOP, a signed photo release must also be completed by each individual prior to taking the picture or recording.

Once the photo or recording is taken, it becomes an LTCOP record and all record maintenance, retention, documentation, confidentiality, and disclosure policies and procedures apply.

(7) Legal Advice and Representation

Liability

An LTCO 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 SLTCO, or representatives of the Office, as set forth in applicable federal and state law and these policies and procedures.

Evidence of performing duties in good faith includes, but is not limited to:

- making every reasonable effort to follow LTCOP Policies and Procedures, and applicable laws and regulations;
- seeking and making reasonable efforts to follow the direction of the SLTCO or regional ombudsman; and
- performing official duties within the scope of authority.

Access to Legal Counsel

ICOA shall ensure that legal counsel is adequate, relevant and available without conflict of interest, to LTCOP for consultation and representation as needed in the performance of:

- official functions, responsibilities, and duties, including, but not limited to, complaint resolution and systems advocacy to protect the health, safety, welfare, and rights of residents;
- assisting residents in seeking administrative, legal, and other appropriate remedies.

Legal representation of the LTCOP by the SLTCO or LLTCO, who is a licensed attorney, shall not, by itself, constitute adequate legal counsel.
The ICOA appointed Legal Services Developer may consult with, but shall not represent, the SLTCO, AAA, LOE, or LLTCO.

When an LTCO requires legal advice or consultation, the LTCO may make the request verbally or in writing to:

- the SLTCO shall ensure the provision of advice and consultation; or
- Idaho Legal Aid Services in their relevant service area.

The SLTCO will seek to respond to the request within five (5) business days by:

- providing the requested legal advice to the regional ombudsman, after conferring with legal counsel;
- requesting additional information from the regional ombudsman;
- providing an update to the regional ombudsman on the progress in obtaining the necessary information and an anticipated time frame for providing the requested legal advice; or
- indicating to the regional ombudsman that the request submitted is inappropriate and why the OSLTCO will take no further action.

Legal Counsel for Residents

Maintaining compliance with the confidentiality and disclosure requirements of the LTCOP Policies and Procedures, the LTCOP assists residents in seeking administrative, legal, and other appropriate remedies. In so doing, the LTCOs 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.

Representation for Civil Legal Action

Legal representation, arranged by or with the approval of the SLTCO, is provided to the SLTCO or any LTCO 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 for the SLTCO is provided as follows:

- The SLTCO will notify the Director of ICOA 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, LOE, or LLTCO (i.e., non-state entities).

- Communications between the SLTCO and legal counsel are subject to attorney-client privilege.

An LTCO shall immediately notify the regional ombudsman, who shall notify the SLTCO upon receipt of any complaint, summons, subpoena, lawsuit, injunction, court order, or notice of any other legal action taken against the Regional Program or an individual long-term care ombudsman in connection with the performance of official duties. Written notice shall be provided within 24 hours and shall include a copy of the legal documents along with a brief case summary. Copies of the case notes and records shall be forwarded to the SLTCO upon request.

The OSLTCO shall contact the Idaho Attorney General's Office about the legal action or threatened legal action against the LTCOP or an individual long-term care ombudsman.

Independent legal counsel is provided by the AAA as outlined in the contract to the regional ombudsman and the LLTCO.

(8) Coordination and Collaboration with State and Local Agencies

State Level Coordination

The SLTCO shall lead state-level coordination to benefit residents and improve collaboration and cooperation between agencies with responsibility relevant to the health, safety, well-being, and rights of residents in long-term care facilities. Such coordinated efforts between the LTCOP and entities listed in § 1324.13(h) of the LTCOP Rule must be vetted and approved by the SLTCO and may include, but are not limited to:

- memorandums of understanding;
- joint or cross-training opportunities;
- participation in advisory groups;
- participation in issue-focused workgroups; and
- referral protocols.

Memorandums of Understanding (MOUs) set forth the responsibilities of the LTCOP and the other agencies for the coordination of nursing facility and assisted living inspection and complaint activities. MOUs must clarify and formalize the working relationship between the two entities. All parties to the MOUs have mutual obligations under federal and state law to protect confidential information and the limits of jurisdiction imposed for each party. At a minimum, MOUs shall include:

- referral protocols;
- confidentiality; and
- joint or cross-training.

The SLCTO is responsible for developing and maintaining the LTCOP's statewide MOUs with:

- Adult Protective Services (APS)
- Legal assistance programs provided under Section 306(a)(2)(C) of the Older Americans Act
- Bureau of Facility Standards, Licensing and Certification/Idaho Department of Health and Welfare

Local Level Coordination

Any MOU or other agreement between the LLTCOP and another entity shall be reviewed and have prior written approval of the SLTCO.

Idaho requires LLTCOPs and APS to maintain a written agreement establishing cooperative protocols in the investigation of complaints. Idaho Admin. Code r. 15.01.03.020

LLTCOPs shall honor and carry out SLTCOP-level agreements between the OSLTCO and agencies of government (IDAPA 15.01.03) or any other entity.

Should an LLTCOP need assistance with providing ombudsman services due to staffing concerns, the regional ombudsman shall consult with the SLTCO to develop a plan to meet federal and state requirements. The SLTCO will determine whether to seek assistance from another LLTCOP and shall coordinate efforts if necessary.

The AAA or the LOE shall not have an independent MOU with another AAA or LOE to provide Ombudsman services. Any such agreement, if necessary, shall be developed by the OSLTCO.

Coordination with the State Regulatory and Licensing Agency

The SLTCO leads a coordinated effort with the Bureau of Facility Standards, Licensing and Certification, and the Idaho Department of Health and Welfare. BFS regulates and investigates complaints in long-term care facilities. Such coordinated efforts include:

- involvement in annual surveys or complaint surveys;
- LTCOP referrals for complaint investigation; and
- collaboration during emergencies and closures.

Annual Surveys:

Once an LLTCOP is notified by BFS that an annual survey is being conducted, the LLTCO may:

- share all relevant information with the state surveyors either in person or by phone at the time of the survey. Information shared must either be non-identifying (i.e., non-confidential) or confidential only with the consent of the resident, complainant, or the SLTCO;
- visit the facility at the time of the survey to encourage residents to talk with state surveyors;
- with permission of the residents, attend the resident meeting; and
- participate either in person or by phone at the “exit” survey meeting when the survey is complete to hear about the findings.

Should the LTCOP become aware of an annual survey date prior to the regulatory agency entering the facility, LTCO shall not disclose the upcoming survey date to anyone.

Collaboration During Emergencies and Closures

The OSLTCO shall collaborate with BFS to ensure the rights, health, safety, and welfare of residents are protected.

The OSLTCO shall ensure that information shared with the respective LLTCOPs and the regulatory agencies is complete and comprehensive.

The LTCOP may share non-confidential information with the BFS.

The LTCOP may coordinate with BFS regarding visits and contact with affected facilities.

At no time while performing their duties as prescribed in the Older Americans Act, LTCOP Rule, and LTCOP Policies and Procedures, shall an LTCO act outside of the scope of such duties.

(9) Quality Assurance: Monitoring and Evaluating the Long-Term Care Ombudsman Program

ICOA, LOE, and AAA Monitoring of the Long-Term Care Ombudsman Program

ICOA, LOEs, and AAAs shall use aggregate data provided by the OSLTCO or the LLTCOPs for the purposes of oversight and monitoring of the SLTCOP and LLTCOPs.

- Individuals responsible for the personnel supervision (who are not designated and acting as a representative of the Office) of the SLTCO, or any other long-term care ombudsman, shall not review confidential LTCOP records. Individuals shall not be designated as representatives of the Office solely for the purpose of managing or supervising an LTCO, nor for accessing LTCOP records.
- ICOA is responsible for ensuring the OSLTCO maintains consistent quality services to residents by providing LLTCOP with policy, direction, technical assistance, program and fiscal monitoring, oversight, and ongoing training.
- The AAA is responsible for monitoring annual LLTCOP goals with the regional ombudsman to ensure they are reflective of the annual ombudsman program analysis and needs assessments, AAA Area Plan, the requirements of the LTCOP Policies and Procedures, and the State Plan.
- The AAA and the LOE have a responsibility to ensure the regional ombudsman has the fiscal training, access to financials, and support to meet the requirement to monitor the LLTCOP budget and expenditures.
- LOEs must provide LLTCOP budgets and expenditures to the regional ombudsman for purposes of monitoring and review on a quarterly basis.
- The LOE must submit an annual fiscal report by November 30th to the SLTCO as outlined in the contract detailing expenditures to the LLTCOP.

Regional Ombudsman Monitoring of the Local Long-Term Care Ombudsman Program

The regional ombudsman shall monitor the day-to-day actions of staff and assistant LTCO to ensure all required actions are completed and documented in the OSLTCO-approved electronic database. Monitoring consists of:

- ongoing reviews of activities, long-term care facility visits, and cases entered into the OSLTCO-approved electronic database by each staff LTCO;

- ongoing reviews of assistant volunteer documentation pertaining to activities, long-term care facility visits, and complaint investigations; and
- tracking continuing education hours for LTCO.

Regional ombudsmen shall conduct quarterly reviews of LTCO data in the OSLTCO-approved electronic database and provide a report to the director of the LOE and the SLTCO.

The regional ombudsman reviews and monitors the LLTCOP budget on a quarterly basis. Any concerns must be addressed with the LOE and the SLTCO as soon as practicable.

The Office of the State Long-Term Care Ombudsman Monitoring and Evaluation of the Long-Term Care Ombudsman Program

OSLTCO shall conduct an annual review of all LOEs and LLTCOPs using the standardized assessment/monitoring tool prescribed by the OSLTCO. At the discretion of the SLTCO, the annual review may be onsite or may occur remotely.

- The annual review helps to identify:
  - best practices
  - the needs of the LLTCOP
  - management of assistant ombudsmen
  - quality of performance (e.g., accessing residents, facilities, and records, actions taken during facility visits, complaint intake follow-up and investigation, accurate and timely documentation, confidentiality, etc.)
  - compliance with federal and state requirements
  - compliance with LTCOP Policies and Procedures
- The annual review also addresses:
  - technical assistance and support to LOEs and LLTCOPs
  - action steps for the LOE or LLTCOP to improve or come into compliance
  - possible outcomes of noncompliance. Such outcomes may be suspension or de-designation of an individual or of the LOE
  - all confidentiality and disclosure requirements in LTCOP Policies and Procedures apply to the distribution of any information shared or pertaining to the annual review

Office of the State Long-Term Care Ombudsman Program Fiscal Monitoring [45 CFR 1324.13(f)]

The OSLTCO shall conduct fiscal reviews of the OSLTCO and LOEs budgets on a regular basis to ensure LTCOP budgets and expenditures of the OSLTCO LOEs are consistent with laws, policies, and procedures governing the Ombudsman program.

Once notified, ICOA must provide the SLTCO with notifications of all funding sources allocated and appropriated to LTCOP and their corresponding requirements for use of such funds.

The SLTCO shall, in consultation with and support from ICOA, determine the use of such funds.

The SLTCO has full authority to determine the use of fiscal resources appropriated or otherwise available for the operations of the OSLTCO. Therefore, ICOA must submit to the SLTCO on a monthly basis OSLTCO budgets and expenditures for the SLTCO to review and approve.

AAAs and LOEs must submit OSLTCO budgets and expenditures to the SLTCO on a monthly basis for review and approval.

(10) Emergency Preparedness

Emergency Plan Communication and Coordination: Prior to an Emergency

Responsibilities of the State Long-Term Care Ombudsman are as follows:

- The SLTCO shall communicate and coordinate with relevant state officials and regional representatives of federal agencies regarding ongoing emergency planning, to prepare for anticipated emergencies, and to coordinate LTCOP response during an emergency.
- The SLTCO shall participate with non-governmental organizations for emergency planning and assistance, such as national, state, and local long-term care provider associations, long-term care facility corporate leaders, the American Red Cross, and others as applicable.
- SLTCO shall implement a plan to prepare the LTCOP to function as fully as possible during an emergency and remain capable of fulfilling its resident-centered responsibilities.
    - The SLTCO shall coordinate with ICOA to plan and prepare for an emergency and ensure the written SLTCOP plan addresses the role, responsibilities, and functions of LTCOP with respect to emergency preparation and response, including, at a minimum, prioritizing the complaint process, and information and assistance to residents, their families, resident representatives, and facility staff. If the plan includes involvement or coordinated efforts with other agencies or entities, such efforts must be clarified in the plan.
    - Once the SLTCOP emergency preparedness plan is finalized by the SLTCO, the SLTCO must distribute or make it available to ICOA, LOEs, AAAs, and regional ombudsmen.
- The SLTCO shall coordinate with each individual regional ombudsman to determine the capacity and support needed to plan and prepare for an emergency or disaster and assist them with the development of an LLTCOP emergency preparedness plan.
- The SLTCO shall review and approve the LLTCOP emergency plan.
- SLTCO coordination with outside entities may include:
    - informing agencies of the role, responsibilities, and functions of LTCOP with respect to emergency preparation and response, including, at a minimum, the complaint process and information and assistance to residents, their families, other resident representatives, and facility staff;
    - discussing systems issues with provider associations related to emergency plans with attention to residents' rights and preferences and collaborating on relevant legislation, regulations, policies, and training opportunities;

- participating in the state emergency planning team as part of the public health and emergency management operations center, when appropriate, and serving as a visible advocate of residents' interests; and
- attending or assisting with the development of joint agency planning, training, and emergency exercises.

The responsibilities of the Office of the State Long-Term Care Ombudsman are as follows:

- OSLTCO shall ensure that ombudsmen have access to any available resources to assist them in meeting the requirements of these procedures and provide guidance on obtaining facility-specific emergency plans and procedures.
- OSLTCO shall annually assess the need for the Long-Term Care Ombudsman Program communication resources and develop guidelines for their use by local long-term care ombudsman programs in order to maintain communication before, during (if possible), and after a disaster. Relevant communication resources may include:
  - landline phones (not cordless);
  - mobile phones;
  - smartphone apps (e.g., Facebook Safety Check, Twitter, etc.);
  - websites, other social media tools, and/or
  - other resources as available.
- OSLTCO may share educational preparedness materials with LTCO, residents, and families, and must support coordinated messaging with other entities.

Responsibilities of the regional ombudsmen

- Regional ombudsmen shall coordinate with their LOE, the Area Agency on Aging, and the SLTCO to plan and prepare for an emergency. The regional ombudsman must write an LLTCOP emergency preparedness plan and ensure the written plan addresses the role, responsibilities, and functions of LTCOP with respect to emergency preparation and response, including, at a minimum, prioritizing the complaint process and information and assistance to residents, their families, resident representatives, and facility staff. The plan must also include safety provisions for all LLTCO.
- Regional ombudsman must keep personal protective equipment (PPE) supplies available to staff and assistant ombudsman at all times.
- Regional ombudsmen may develop a process to request a copy of all facilities' emergency preparedness plans and to ensure all LTCO have access to facilities' plans in which individual LTCO are assigned.
- When the facility's policies and procedures include actions of the LTCO, the Regional ombudsman or their designee shall make an attempt to discuss the facility's plan with the OSLTCO.
- If there are concerns with the LTCO's involvement in the facility plan, the Regional ombudsman and/or OSLTCO will discuss the concerns with the facility staff person responsible for implementing the facility's plan, to ensure the LTCO role is mutually agreed upon, not outside of the scope of duties of LTCOP, and the LTCOP is updated as changes are made to the plan.
- Regional ombudsmen shall ensure all facilities within their service area are informed of the role, responsibilities, and functions of LTCOP with respect to emergency preparation and response by

distributing an SLTCO-approved letter including such information once a year or when applicable changes are made to the plan relevant to facilities.

- Based on the SLTCO's emergency preparedness plan and the LLTCOP emergency preparedness plan, regional ombudsmen shall ensure all LTCO within the LLTCOP are trained on the role, responsibilities, and functions of the LTCOP with respect to emergency preparation and response. Training must also include staff and volunteer safety measures as should be completed as soon as practicable after initial designation, but no later than three (3) months after designation.
- Regional ombudsmen may attend or assist with the development of joint agency planning, training sessions, and emergency exercises, and may encourage LLTCO to do the same.
- Regional ombudsmen may participate in the local emergency planning team and, when doing so, shall serve as a visible advocate of residents' interests.
- When coordinating with other local entities, the regional ombudsman shall explain the role, responsibilities, and functions of LTCOP with respect to emergency preparation and response, including, at a minimum, prioritizing the complaint process and information and assistance to residents, their families, resident representatives, and facility staff.
- Responsibilities of assistant and staff long-term care ombudsmen:
    - Understand the LTCOP policies and procedures related to emergencies.
    - Complete the LLTCOP's emergency preparedness training within three (3) months of designation.
    - Become familiar with facility emergency plans if LTCOP is included in such a plan.
    - Have paper copies of important names and phone numbers, such as work colleagues, volunteers, and long-term care facilities, available at all times.
    - Have personal protective equipment (PPE) available at all times.

Emergency Plan Communication and Coordination: During an Emergency

At no time during an emergency shall an ombudsman, during the performance of official duties, act outside the scope of such duties (e.g., assisting with relocation of residents that includes providing transportation, moving residents' belongings, recommending a new location, etc.)

To the greatest extent possible, LTCOP shall function as fully as possible.

Communication and coordination responsibilities of the Office of the State Long-Term Care Ombudsman

- The OSLTCO shall obtain information about affected facilities and/or geographic areas and the impact of the emergency on residents.
- The OSLTCO shall coordinate with ICOA and other state and local entities engaged in the emergency response.
- The OSLTCO shall follow the LTCOP's emergency preparedness plan.
- The OSLTCO shall maintain communications with the LLTCOPs within the impacted geographic area to determine LLTCO availability to respond, what actions LLTCO have completed, and what further actions are necessary.

- The OSLTCO shall maintain communication with all relevant parties when possible, including but not limited to LOEs, AAAs, ICOA, Idaho Department of Health and Welfare/BFS, emergency response agencies involved in the coordination with LTCOP as noted in the emergency preparedness plan, and affected facilities.
- During an emergency, OSLTCO may utilize a variety of methods and communication tools to disseminate regular updates on the status of the emergency. Tools and methods will depend on the circumstances of the emergency. These methods may include, but are not limited to:
  - OSLTCO or LLTCOP websites and/or related websites;
  - media announcements; and
  - social media.
- The OSLTCO shall provide technical assistance and support to the LLTCOPs, such as:
  - assisting with the development of an immediate plan of action;
  - determining the need for additional coordination and the availability of LTCO from other service areas; and
  - providing information and other LTCOP services by telephone or other remote means to residents, resident representatives, and families by the OSLTCO and/or LTCO from other service areas when those services cannot be completed in person.

<u>Communication and coordination responsibilities of regional ombudsmen</u>
Regional ombudsmen shall immediately notify the OSLTCO, LOE, and AAA of any known emergencies in their service area and the known impact on residents.

Regional ombudsmen shall contact the assistant and staff long-term care ombudsmen to inform them of the emergency and the plan of action.

Regional ombudsmen must keep OSLTCO, LOE, and AAA abreast of any updates related to the disaster or emergency as it affects facilities and residents, in keeping with federal and state confidentiality and disclosure requirements of the LTCOP. The frequency of the updates may be mutually agreed upon as appropriate to the disaster or emergency.

Regional ombudsmen shall notify the OSLTCO if additional assistance is needed during the emergency.

Regional ombudsmen must notify the OSLTCO of the location of the LTCO and actions they intend to take prior to responding in an emergency situation if the response requires leaving the office or their home.

Regional ombudsmen shall communicate with the OSLTCO and other LLTCOPs as necessary regarding emergency planning, information sharing, and resource sharing when it is anticipated that residents will be relocated into another service area.

When residents are relocated due to the emergency, regional ombudsmen or their designees shall request a listing of residents and their representatives along with their new location from the affected

facility and shall ensure follow-up with residents either via phone, electronically, or in person as soon as it is safe to do so.

Communication and coordination responsibilities of assistant and staff long-term care ombudsmen

Should an assistant or staff ombudsman become aware of an emergency in their area that affects or may affect residents, they must contact the regional ombudsman and/or the SLTCO as soon as possible.

Only after first responders have completed their work and the local authorities give approval for people to be in or near the scene of the emergency or disaster, should any LTCO enter the area or facility.

When it is safe to do so, LTCO may visit residents in the facility if they were sheltered in place, or relocated to another long-term care facility, mass care shelter, or a hospital.

If an LTCO is physically unable to visit residents due to road closures or the personal impact of the disaster, the LTCO must contact the regional ombudsman and/or the SLTCO as soon as possible.

All LTCO must maintain all LTCOP federal and state requirements, and policies and procedures to the greatest extent possible with consideration of the specific circumstances of each emergency, and at the direction of the SLTCO.

Long-Term Care Ombudsman Services Related to Emergencies

At no time shall an LTCO provide services outside the scope of official duties.

The SLTCO shall assess the policies and procedures applicable to the delivery of services under normal operating conditions and determine if there is a need to make adjustments in response to an emergency.

Policies and procedures may be adjusted by the SLTCO and communicated, as relevant, to impacted LLTCOPs, LOEs, and AAAs.

Such adjustments may include temporary changes to the policies and procedures, including, but not limited to:

- timely response to complaints;
- facility coverage through visits to residents;
- access by LTCO to residents, including the ability to provide LTCOP services in non-facility settings to which residents may have been relocated (e.g., emergency shelters, FEMA's Individual Assistance programs, and Disaster Recovery Centers);
- coordinating with ICOA, BFS, other state agencies, LOEs, and AAAs with regard to providing LTCO services outside of the geographic boundaries of their service areas; and
- suspension of some LTCOP services, such as presentations to Resident Councils or Family Councils, or community education, unless those activities support emergency response efforts.

The SLTCO shall assess complaint intake, response, investigation, referral, and resolution procedures applicable under normal operating conditions and determine if adjustments are needed in order to respond to emergencies. The complaint process during emergencies shall continue to reflect the primacy of the resident's goals, wishes, and determination of satisfaction with the resolution, as required by 45 CFR 1324.19(b).

The LTCOP shall maintain complaint processing practices regarding disclosure of resident or complainant identifying information, as required by 45 CFR 1324.19(b). Informed consent is obtained to the greatest extent possible with consideration of the specific circumstances of each emergency.
The SLTCO shall provide technical assistance and support to LTCO when working with entities not familiar with complaint processes and resident rights, such as emergency shelters and first responders.

The SLTCO shall provide training and technical assistance as necessary to ensure that the competency of LTCO to process complaints frequently associated with emergency response and recovery is understood. Such topics may include, but are not limited to:

- relocation and evacuation with accessible transportation;
- wishes related to returning to the facility or to move to other settings;
- quality of care;
- access to medications;
- access to resident medical and social records;
- security concerns;
- access to durable medical equipment;
- residents who cannot be immediately located;
- reunification assistance services;
- loss of residents' personal belongings;
- access to FEMA's Individual Assistance programs or other eligible recovery funds;
- utility response time to power outages;
- pets or service animals; and
- emergency management response.

The OSLTCO shall facilitate LLTCOs visitation to residents for services, both in emergency shelters and in facilities, as soon as possible after the emergency and continuing on a regular basis until residents and facilities recover. Procedures may include the following:

- coordinating among LLTCOPs and/or other State Long-Term Care Ombudsman Programs when residents must evacuate out of the state or to a different part of the state;
- providing alternative means of access (e.g., telephone, e-mail, video conference software) when visits are impractical or impossible (such as due to impassable roads or other safety hazards); and
- providing instructions to LTCO with regard to the reporting of emergency-related information to the OSLTCO. Reports may include, for example:
- describing the impact of the emergency;
- needed areas of service or advocacy; and

- whether the facility has reported to the agency coordinating the emergency response.

The OSLTCO shall provide technical assistance and any available resources to assist LTCO with educating residents, resident representatives, and families in order to raise awareness about emergency planning.

LTCO shall provide information and assistance to residents, resident representatives, and families during resident visits. If possible, LTCO may provide education during Resident Council and Family Council meetings or through other mechanisms.

LTCO shall support Resident Councils and Family Councils in emergency preparedness by:
- developing goals to conduct outreach to Councils as necessary;
- encouraging and facilitating Councils' involvement in facility emergency preparations and exercises (e.g., evacuate, shelter-in-place, point of distribution, etc.); and
- providing assistance or referrals when requested.

Emergency Plan Coordination: After an Emergency

The SLTCO shall analyze strengths, weaknesses, opportunities, and challenges faced in response to the emergency in order to facilitate improvements and to plan for future emergencies.

The SLTCO shall conduct systems-level advocacy to address gaps in resident-centered emergency preparedness.

The SLTCO shall make amendments to the LTCOP emergency preparedness plan as needed.

Regional ombudsmen shall analyze strengths and weaknesses faced during an emergency and report to the OSLTCO when concerns and challenges arise during an emergency because of gaps within the plan or when there is a breakdown in communication with outside entities.

Regional ombudsmen shall make amendments to the LLTCOP emergency preparedness as needed and with the approval of the SLTCO.

Should resident concerns remain as a result of the emergency, but after the emergency has dissipated, LTCOP shall continue to work to resolve resident complaints pursuant to the LTCOP policies and procedures.

Visits During an Infectious Disease Outbreak

When an LTCO enters a facility experiencing an infectious disease outbreak, the LTCO shall use the following precautions:
- Follow current CDC and Regional Public Health Guidelines, including the use of PPE.
- Follow the facility's infection control protocols as long as the protocols do not impede upon residents' rights to access LTCOP or LTCOP's authority to access facilities and residents.
- Follow the current direction from the OSLTCO.

- Sanitize hands before entering a resident's room.
- Don't sit on a resident's chair or bed.
- Don't touch anything in residents' rooms or in the common areas of the facility.
- 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.
- If necessary, obtain verbal permission from the resident to advocate on their behalf rather than permission in writing.

(11) Facility Closures and Bankruptcies

Long-Term Care Ombudsman Program Role in Facility Closures

Whether a closure is voluntary or involuntary, the LTCOP has an important role to advocate on behalf of residents and educate all parties about resident rights during a closure. Once the OSLTCO has received notice from the facility or a state agency involved with the closure of the facility, the OSLTCO shall:

- inform the regional ombudsman of the confirmed notice of pending closure and the timeframe in which the facility has to provide notice to residents;
- notify the Director of ICOA or their designee;
- contact BFS to begin collaborative efforts during the closure process; and
- monitor the LLTCOP's efforts during the closure.

If the facility or another entity notifies the LLTCOP of a closure, the regional ombudsman shall immediately notify the OSLTCO.

Once the regional ombudsman has discussed the notice of a facility closure with the OSLTCO, the regional ombudsman is responsible, either personally or through a designated ombudsman, for ensuring the following actions are taken:

- contact the facility administrator or other person in charge of the closure as soon as possible, but no later than 24 hours after notice is received, and gather the following information:
  - when and how the residents, representatives, family members, and staff were or will be notified;
  - the projected date of closure;
  - the reason for closure;
  - the closure plan;
  - names and location of residents who have already been discharged due to the closure; and
  - date and location of any public meeting open to residents and family members with regard to the closure;
- request the facility send the regional ombudsman an updated census listing on a daily basis (or another agreed upon time frame not to exceed five (5) business days) that includes the names of current residents and the names and locations of residents who have been discharged;
- consult with the OSLTCO to develop a plan of action;

- where applicable, open a case and document all actions taken relevant to the closure on behalf of all residents; and
- notify the applicable AAA of the imminent closure.

The regional ombudsman, in consultation with the OSLTCO, shall determine how many long-term care ombudsmen shall visit the facility within two (2) business days (unless otherwise directed by the SLTCO) after notification of closure has been confirmed, or sooner if residents are in immediate danger of being moved against their will.

During the initial facility visit after confirmation of closure, long-term care ombudsmen shall:
- attempt to see every resident or as many residents as possible to discuss their rights during a closure (e.g., right to choose a new facility and to visit the facility before making a decision) and give them the LTCOP contact information;
- ask residents if they have someone helping them with the move or with making decisions;
- ask residents if they have noticed a difference in care, staffing, food, or supplies;
- inquire with the facility about staffing (e.g., are staff leaving before the closure, are they using temporary staff, etc.);
- inquire with the facility about supplies such as food, personal needs, and medical;
- request the facility to provide the LTCOP with the names of the resident representatives for residents who cannot communicate informed consent and for any resident the LTCOP has been unable to contact after two (2) attempts;
- inform visitors (e.g., family members and resident representatives) about resident rights and the LTCOP and provide the LTCOP contact information; and
- observe all areas of the facility and note the following:
    - call light response;
    - quality of food at mealtime;
    - resident participation in activities;
    - resident participation in therapy;
    - staffing levels;
    - laundry and housekeeping; and
    - overall atmosphere.

Visit the following day to visit any resident who did not receive a face-to-face visit with an LTCO during the initial visit, and proceed with the applicable remainder of the policies and procedures in this section.

Contact representatives of all residents with whom the LTCOP could not visit to inform them of resident rights during a closure and of the LTCOP.

Follow the LTCOP Policies and Procedures, should any concern be brought to the attention of the LTCOP.

After the initial facility visit, an LTCO shall attempt to attend the next Resident Council meeting and any meetings the facility has scheduled that are open to residents and families with regard to the closure.

The regional ombudsman shall update the OSLTCO about the status of the closure per the agreed-upon frequency.

The regional ombudsman shall ensure frequent visits are made to the facility as deemed necessary by the OSLTCO.

The regional ombudsman shall immediately contact the OSLTCO if/when:
- there are serious concerns about the health, safety, and welfare of any resident;
- the facility is running out of food or supplies;
- the facility is low on staffing;
- an LTCO is contacted by the media for an interview;
- all residents have vacated the facility; and
- any other concern should develop.

Once the LLTCOP begins to receive the updated resident census listings, the regional ombudsman shall ensure that an LTCO visits all residents in their new facilities. If residents have moved out of the LLTCOP's area, the regional ombudsman shall notify the applicable regional ombudsman and the OSLTCO of the resident's name and new facility.

When residents move to a different LLTCOP's area, it is the responsibility of the regional ombudsman covering that area to ensure residents are visited, unless an OSLTCO-approved and mutually agreed upon plan has otherwise been developed.

LTCO shall ask residents who were relocated if they received all of their belongings.

Long-Term Care Ombudsman Program Role in Facility Bankruptcies

Title 11 U.S. Code § 333. Appointment of patient care ombudsman allows for, "the appointment of an ombudsman to monitor the quality of patient care and to represent the interests of the patients of the health care business unless the court finds that the appointment of such ombudsman is not necessary for the protection of patients under the specific facts of the case." When a facility files for bankruptcy, it does not mean an automatic closure. The SLTCO receives an official notice of bankruptcy from the United States trustee and may receive an appointment as a "Patient Care Ombudsman." The SLTCO may appoint another long-term care ombudsman as the designee to act in their stead. Once notice of bankruptcy is received by the OSLTCO, the OSLTCO shall:
- inform the regional ombudsman of the notice of bankruptcy as soon as practicable and inquire if any concerns have been noted by the LTCO assigned to the facility;
- determine a plan of action in compliance with the court's request;
- notify the Director of ICOA or their designee;
- establish who will act as the patient care ombudsman; and

- ensure a case is opened in the OSLTCO-approved database system.

The patient care ombudsman shall comply with the plan of action as determined by the court's request and the Office. The plan may include, but is not limited to:

- increased visits;
- additional documentation requirements;
- increased communication with the Office;
- ongoing reports submitted to the court; and
- any other requests made by the court or the Office.

The patient care ombudsman shall use the OSLTCO-approved guidance form as an outline for conducting facility visits and providing monitoring reports for facilities under special bankruptcy oversight.

Any information shared in the report to the court must comply with the confidentiality and disclosure requirements of the Older Americans Act, the LTCOP Rule, and the LTCOP Policies and Procedures.

If a patient care ombudsman is asked by a court to disclose information that may be inconsistent with the LTCOP Policies and Procedures, the patient care ombudsman shall ask the court for leave to consult with the OSLTCO and/or legal counsel before the court enters any order to produce LTCOP records. When the patient care ombudsman is not the SLTCO, they shall immediately contact the OSLTCO for further guidance.

The SLTCO shall make the final determination whether to seek reimbursement for patient care ombudsman services.

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 Resources[58]

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 Responsibilities[59]

The ICOA is charged by statue 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.

[58] IC 67-5011
[59] IC 67-5011

- In protecting the vulnerable adult population, APS may also provide assistance to caregivers experiencing difficulties in maintaining or supporting a vulnerable adult.
- 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 Service[60]

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) Staffing[61]

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.

[60] 15.01.02

[61] 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 Determination[62]

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 Service[63]

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

[62] 39-5302
[63] IC 67-5011

An alleged victim's vulnerability and associated risk factors shall be determined through ICOA approved standardized assessment instruments.

- Mental vulnerability may be determined though 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 Records[64] - 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 assess 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.

[64] 39-5307, 15.01.02(22)(1)

- 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.

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 Exploitation[65]

- Duty to Report Cases of Vulnerable Adult Maltreatment

[65] 39-5304, 15.01.02(31)

    - 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.
- Report to Law Enforcement[66]
    - 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 purpose[67]; or

[66] 39-5310(3)

[67] 39-5309, 15.01.02(22)(1)

        - 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 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 false[68].

(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.

[68] 39-5304

- To the maximum extent practicable, I&A will ensure sufficient information is collected to appropriately 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 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 Entry[69]

- 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

[69] 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) Services[70]

- 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 services[71].

(12) Involuntary Service Implementation

[70] 39-5306, 15.01.02(22)

[71] 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 Cooperation[72]

- 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.

[72] 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 Act[73]

- 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

[73] 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 Terms[74] (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;

[74] 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: ICOA Program Review Schedule