Commission on Aging
www.aging.idaho.gov

Section 212 Prior Approval Form

Complete and return this form, including the required criteria approval and signatures on the following pages, to invoices@aging.idaho.gov

Agreement Information:

Contact Information:

Name of Area Agency on Aging:

Email: Phone Number:

Information Related to Prospective Agreement(s):

Name of entity:

Type of entity: ☐ For-Profit ☐ Non-Profit ☐ Local or State Government ☐ Federal Government

Amount of Contract: Contract Start and End Date:

Is the contract anticipated to be multi-year and/or renewable? ◯ Yes ◯ No

Specific services **OR** types of services to be provided:

Rate of Reimbursement:

Will OAA funds or resources be used in implementing the agreement(s): ◯ Yes ◯ No

If yes, identify resource and estimated amount:

Administration:

Program Staffing:

Data and IT Systems:

Vehicles/Equipment:

Other:

Estimate of total costs incurred:

Will OAA funds be reimbursed? ◯ Yes ◯ No

Estimated time frame of reimbursement:

Provide an explanation on the ROI to the OAA for entering into the contract:

Will multiple AAAs have contractual obligations under this agreement or agreements? ◯ Yes ◯ No

DRAFT

Commission on Aging
www.aging.idaho.gov

Section 212 Prior Approval Form

Complete and return this form, including the required criteria approval and signatures on the following pages, to invoices@aging.idaho.gov

Approval Criteria:

1. Pre-approved categories of agreements:

   ◯ Yes ◯ No

   a. Is this proposed agreement/are these proposed with:
      Other AAAs or AAA associations?
      The US Department of Health and Human Services?
      The State of Idaho Agencies, Departments, and Commissions?
      The local units of government?
   b. Is this proposed agreement with a Health Provider organizations that may include insurance and hospitals to support OAA eligible clients not currently receiving services to provide additional/enhanced services?

   These categories of agreements are considered approved upon submission of this form.

2. Conflict of Interest:

   The Following conflict of interest items have been identified and mitigated as appropriate.

   ◯ Yes ◯ No

   By signing below and submitting this form, the AAA attests to the truth of the following assurances:

   a. All conflict-of-interest requirements under 45 CFR 1321.67 have been met.

      1. Individual Conflicts of interest:

         i. The AAA has performed a screening to identify any actual or perceived conflicts of interest between AAA staff, governing board and advisory council members, and/or awardees who have responsibilities related to this agreement;
         ii. The AAA has performed a screen to identify any actual or perceived conflicts of interest between the immediate family members of the AAA staff, governing board and advisory council members, and or/awardees who have responsibilities related to this agreement;
         iii. The AAA has either found that no conflicts of interest exist or has mitigated any actual or perceived conflicts of interest; and
         iv. The AAA's officers, employees, agents, and their immediate family members have not received any gratuities, favors, or anything of monetary value related to this agreement except where allowed by MBA and/or AAA's policies and procedures in situations where the financial interest is not substantial, or the gift is an unsolicited item of nominal value.

      2. Organizational conflicts of interest:

         i. The AAA has performed a screening to identify any actual or perceived conflicts of interest between the AAA's functions to advocate and carry out the objectives of the OAA and this agreement; and
         ii. The AAA has either found that no conflicts of interest exist or has mitigated any actual or perceived conflicts of interest.

DRAFT

b. All required assurances and conflict of interest policies required by the SUA's policies and procedures will be memorialized in writing as a component of finalizing the proposed contract(s) or commercial relationship(s).

3. Assurances:

Section 212 (a) assurances. The AAA understands the following requirements:

◯ Yes ◯ No

1. If funds provided under the OAA are initially used to pay part or all of a cost incurred by the AAA in developing and carrying out an agreement, the agreement will guarantee that the cost is reimbursed to the AAA; and

2. If an agreement provides for the provision of one or more services of the type provided under the OAA by or on behalf of the AAA, to an individual or entity seeking to receive such services:

   i. The individuals and entities will only be required to purchase such services at their fair market rate;
   ii. All costs incurred by the AAA in providing such services (and not otherwise reimbursed), are reimbursed to the AAA;
   iii. The AAA will report the rates for providing such services under the agreement in accordance with sections 212(b) and 212(c) of the OAA, and the rates will be consistent with the prevailing market rate for provision of such services in the relevant geographic area as determined by the SUA or AAA (as applicable); and
   iv. Any amount of payment to the AAA under the agreement that exceeds reimbursement of the AAA's costs will be used to provide, or support the provisions of, OAA services.

Section 212 (b) assurances. The prospective contract(s) or commercial relationship(s) for which the AAA is seeking approval will not:

1. Be made without the prior approval of the SUA, after timely submission of all relevant documents related to the agreement including information on all costs incurred;

2. Directly or indirectly provide for, or have the effect of, paying, reimbursing, subsidizing, or otherwise compensating an individual or entity in an amount that exceeds the fair market value of the services subject to such agreement;

3. Result in the displacement of services otherwise available to an older individual with greatest social need, an older individual with greatest economic need, or an older individual who is at risk for institutional placement; or

4. In any other way compromise, undermine, or be inconstant with the objective of servicing the needs of older individuals, as determined by the Assistant Secretary for Aging, U.S. Department of Health and Human Services.

DRAFT

Commission on Aging
www.aging.idaho.gov

Section 212 Prior Approval Form

Complete and return this form, including the required criteria approval and signatures on the following pages, to invoices@aging.idaho.gov

Section 306(c) assurances. The AAA will:

◯ Yes ◯ No

1. Maintain the integrity and public purpose of services provided, and service providers, under the OAA in all contractual and commercial relationships;
2. Disclose the identity of each nongovernmental entity with which they have a contract or commercial relationship relating to providing any service to older individuals and the nature of such contract or such relationship;
3. Demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under the OAA by such agency has not resulted and will not result from such contract or such relationship;
4. Demonstrate that quantity or quality of the services to be provided under the OAA by such agency will be enhanced because of such contract or such relationship;
5. If requested, disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals; and
6. Avoid giving preference in receiving services under this title to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title; and use funds provided under this title to provide benefits and services to older individuals, giving priority to older individuals identified in section 306(a)(4)(A)(i), and in compliance with these assurances and the limitations specified in section 212.

The AAA will annually disclose the information required by section 306(a)(13) to the SUA, including:

1. The name and type of entity of any parties to contracts or commercial relationships with the AAA; and
2. The services the AAA provides as a party to those contracts or commercial relationships.

The AAA attests that it will comply with SUA data use policies, including maintaining confidentiality and compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other state and federal laws related to privacy and confidentiality.

DRAFT

Commission on Aging
www.aging.idaho.gov

Section 212 Prior Approval Form

Complete and return this form, including the required criteria approval and signatures on the following pages, to invoices@aging.idaho.gov

Submitting AAA Authorized Signature:

Submitting AAA Authorized Signature

Printed Name

Title

Date

Any AAAs included in the agreement(s) described in this form:

Periodic Review Agreement:

Ongoing Agreements must be resubmitted every 2 years.

- This Form must be completed in full for all agreements.

By signing you agree to resubmit required information after 2 years.

Submitting AAA Authorized Signature

Date

DRAFT

Commission on Aging
www.aging.idaho.gov

Section 212 Prior Approval Form

Complete and return this form, including the required criteria approval and signatures on the following pages, to invoices@aging.idaho.gov

ICOA Review Criteria:

- ☐ The AAA does not have an approved area plan;
- ☐ The AAA is on a corrective action plan or has received notice of being out of compliance with its area plan or is in the process entering into a corrective action plan;
- ☐ The AAA has had carryover of OAA funding exceeding ICOA's policy within the last three fiscal years;
- ☐ There has been turnover in key AAA leadership (defined as CEO/Executive Director, CFO/Fiscal Director, or other key staff) within the last twelve months;
- ☐ The state (or other compliance entity) has recently monitored the AAA and made findings;
- ☐ The AAA is involved in contracts to provide multiple services across multiple jurisdictions/state lines;
- ☐ There is current or pending litigation involving the AAA;
- ☐ There are conflicts of interest involving the AAA that have not been removed or remedied;
- ☐ The proposed agreement to deliver services represents more than twenty-five percent of the OAA total budget

ICOA Authorized Approval Signature:

Section 212 Agreement request approved by ICOA: ◯ Yes ◯ No

_____ _____

ICOA Approval Signature | Printed Name

_____ _____

Title | Date

ICOA Comments:

DRAFT