

Northwestern Illinois Area Agency on Aging



Service Provider Manual

December 2024

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Glossary

AAA - **Area Agencies on Aging** - Agencies designated by the State Agency in a geographic planning and service area to develop and administer the area plan for a comprehensive and coordinated system of services for older persons. There are some 665 area agencies on aging nationwide. In Illinois, there are 13 area agencies on aging.

Activities of Daily Living Impairments- Activities of daily living (ADL) impairments are the inability to perform one or more of the following six activities of daily living without personal assistance, supervision or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Impairments in Instrumental Activities of Daily Living are the inability to perform one or more of the following eight instrumental activities of daily living without personal assistance, or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework and transportation ability. Transportation ability refers to the individual's ability to make use of available transportation.

AOA - **Admistration On Aging** - The Administration on Aging is an agency in the U.S. Department of Health and Human Services charged with the responsibility of administering the provisions of the Older Americans Act. For more information, go to www.aoa.gov.

Applicant – An organization applying for funding under the Area Plan.

Accessibility - The degree to which persons with disabilities can participate in activities of daily living such as employment, recreation, housing, transportation, education, etc., without limitations or denial due to architectural and/or attitudinal barriers. Accessibility is a requirement for all projects receiving federal funds.

Affirmative Action - The hiring and promotion of qualified individuals regardless of race, gender, disability, national origin or ancestry, providing the individual can perform at the minimally accepted standards.

Age Discrimination Act (ADA) - The **Age Discrimination Act** of 1975 bars discrimination on the basis of age in any program receiving federal support if that program is not explicitly aimed at a particular age group. The ADA applies across the age spectrum, to both the young and the old. For more information, go to www.usdoj.gov/crt/ada.

Age Discrimination in Employment Act (ADEA) - In 1967, Congress enacted the ADEA to protect employees and those seeking jobs from arbitrary age discrimination. The law amended in 1986, covers most people age 40 and older. It promotes employment of people based on their ability rather than age. For more information, go to www.eeoc.gov.

Agingls (formerly NAPIS Pak) – Software reporting system required to be used by all Providers to make monthly reports.

Aging Network - The system of organizations providing supportive and advocacy programs on behalf of older persons. It includes the Administration on Aging, Department on Aging, Area Agencies on Aging, and service provider organizations.

Allocation - The distribution of funding to various service provider organizations according to priorities set forth in the area plan.

Area 01 - NIAAA's designated planning and service area - Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside and Winnebago Counties.

Area Agency Advisory Council - Advisory Council members advise the area agency on development and administration of its area plan, assist with public hearings and represent the interests of older persons.

Area Plan - The official area planning document developed by each Area Agency on Aging. The Area Plan sets forth measurable objectives and identifies the planning, coordination, administration, program, evaluation and other related activities to be undertaken for a three-year period, including how federal Older Americans Act and GRF funds will be used, in a particular planning and service area of the state.

Assistive Technology – Assistive Technology services are offered as a demonstration project in cooperation with the Illinois Housing Development Authority under the Illinois Department on Aging Community Care Program. Assistive technology responds to unmet need in any Community Care Program client or eligible client's care plan. Assistive technology is defined as engineering methodologies, or scientific principles appropriate to meet the needs of, and address the barriers confronted by, older individuals with functional limitations.

Caregiver - An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual age 60 and over or to an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. Informal means that the care is not provided as part of a public or private formal service program.

Caregiver Resource Centers - are clearly identifiable centers that serve as a point of entry to a broad range of services for caregiving families. Resource Centers provide access and linkages to information, training, support groups, counseling, resource libraries, respite care and supplemental services to family caregivers and grandparents raising grandchildren.

CCP - **Community Care Program** - This program provides case management, homemaker and adult day care service to older adults 60 years of age and older who are determined to be in need of service. NIAAA provides administrative support to the Illinois Department on Aging for this program.

CCC – Comprehensive Care Coordination is a demonstration project available through Case Coordination Units offering holistic comprehensive assessments for all individuals age 60 or older who need service. Also included are intensive casework and intensive service monitoring when a need exists for more frequent contact and follow-up.

CCU - **C**ase **C**oordination **U**nits - Agencies, which provide older adults 60+ with access to an array of community-based long term care services in order to prevent nursing home placement. CCU's provide comprehensive assessment of a client's needs including eligibility determination and service authorization for the Community Care Program. Service plans are developed to meet client needs and services are monitored to ensure that they are appropriate and adequate. In Illinois, CCU's also perform pre-admission screening of nursing home clients under the Title XIX (Medicaid) waiver.

CMS - **C**enter for **M**edicare and **M**edicaid **S**ervices - The Centers for Medicare & Medicaid Services (CMS) is a Federal agency within the U.S. Department of Health and Human Services. Programs for which CMS is responsible include Medicare, Medicaid, HIPAA and children's insurance programs.

Child – A child means an individual who is not more than 18 years of age or who is an individual with a disability.

Comprehensive and Coordinated System - A system for providing all necessary supportive services, including nutrition services, in a manner designed to a) facilitate accessibility to, and utilization of, all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization; b) develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older individuals; c) use available resources efficiently and with a minimum of duplication; and d) encourage and assist public and private entities that have unrealized potential for meeting the service needs of older individuals to assist the older individuals on a voluntary basis.

Comprehensive Assessment Tool – A universal tool to be used statewide to determine the level of functional, cognitive, socialization and financial needs of older adults, which is supported by an electronic intake, assessment and care planning system linked to a central location.

Consumer-Direction - This concept includes the right of an older adult to be fully informed of all options and to choose, decline and have input into how any and all services are provided for which they are eligible. Through consumer direction, older adults are empowered to make decisions about the services they want and how they wish to receive them.

Coordinated Point of Entry – An integrated access point where consumers receive information and assistance, assessment of needs, care planning, referral, assistance in completing applications, authorization of services where permitted and follow-up to ensure that referrals and services are accessed.

Coordination - Activities conducted toward the development of a comprehensive and integrated service delivery system through the establishment of working relationships with other funding agencies and service providers.

Curb-to-Curb – Service is provided to the passenger's particular origin or destination. The driver offers no assistance other than operating this wheelchair lift and securement system.

Demand Response Transportation Service – Transportation service characterized by flexible routes and time schedules. The pick-up and drop-off locations and the vehicle routes will vary depending on rider requests. Riders typically call or arrange service in advance.

DFI - Donated Funds Initiative - These funds support transportation and other programs across the state. The area agency makes funding recommendations to the Illinois Department on Aging for use of these funds for transportation. Twenty-five percent of the funds used for this program must be donated locally.

Disability - Means a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living economic self-sufficiency, cognitive functioning and emotional adjustment.

Disability - severe - Means a severe, chronic disability attributable to mental or physical impairment or a combination of mental and physical impairments, that is likely to continue indefinitely; and results in substantial functional limitation in 3 or more of the major life activities specified in the disability definition above.

Door-to-Door – The driver escorts the passenger to or from the vehicle and the front entrance of the building.

EAPA - Elder Abuse Provider Agency - One of the agencies designated by NIAAA to respond to reports of older adult and persons with a disability abuse, neglect or exploitation within a specified geographic area.

Enhanced Transition– A demonstration program funded under the IDOA Community Care Program to transition older adults age 60 and over from the nursing home to a residential setting by providing one-time and on-going services including intensive case management services.

Equal Employment Opportunity Commission (EEOC) - The EEOC was created by the Civil Rights Act of 1964. The purpose of the EEOC is to eliminate discrimination based on race, color, religion, sex, national origin, or age in hiring, promoting, firing, wages, testing, training, apprenticeship and all other terms and conditions of employment.

Ethnicity - For purposes of NAPIS reporting, Ethnicity is either 1) Hispanic or Latino or 2) Not Hispanic or Latino.

Fixed Route Transportation Service – Transit service that operates over specified routes according to an established schedule. Passengers may board or be discharged at designated points along the route.

Focal Point - A facility established to encourage the maximum co-location and coordination of services for older individuals. Designated focal points in Area 01 are: Boone County Council on Aging, Elder Care Services, Lee County Council on Aging, Ogle County Senior Services and Stephenson County Senior Center.

Frail (Title III-B,C,D) - The older individual is determined to be functionally impaired because the individual is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cuing or supervision; or 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.

Frail (Title III-E) - The term frail means unable to perform at least 2 activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision 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.

FY - Fiscal Year - The timeframe organizations use as their budget year. The federal fiscal year (FFY) is from October 1 through September 30; the state fiscal year goes from July 1 through June 30. Some organizations have a fiscal year that is the same as the calendar year. NIAAA's fiscal year is based on the federal fiscal year October 1 – September 30.

Grandparent – Grandparent or older individual who is a relative caregiver means a grandparent or step-grandparent, of a child or a relative of a child by blood, marriage or adoption who is 55 years of age or older and lives with the child and is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child and has a legal relationship to the child, such as legal custody or guardianship or is raising the child informally.

Grandparents or relative caregivers, providing care for adult children with a disability, who are between 19 and 59 years of age, can now be served if they are age 55 and older and are not the child's parent. Priority shall be given to those providing care for an adult child with severe disabilities. Services provided to these caregivers shall not be counted against the 10% ceiling for grandparents and other caregivers.

Provider- Agency or organization awarded funds through a grant (i.e., NGA) to provide specified services under the area plan. Also known as a Service Provider.

Grantor - Agency or organization which awards funds for services to an organization (i.e., NIAAA).

Grantee – Organization that receives a grant from NIAAA. The grant contract is known as a Notification of Grant Award (or NGA). A Grantee is also referred to as Service Provider or Provider.

GEN - Greatest Economic Need - Need resulting from an income level at or below the poverty line as defined by the Office of Management and Budget and adjusted by the Secretary of the Department of Health and Human Services.

GRF - General Revenue Funds - Tax monies in the State of Illinois' general account.

GSN – Greatest Social Need - The need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographic isolation that caused by racial or ethnic status (for example- Black, Hispanic, Asian) that restricts the ability of an

individual to perform normal daily tasks or threatens the capacity of the individual to live independently. Greatest social need groups are minority, 75+, living alone and non-English speaking.

IAOA - **Illinois Act On Aging** - State statute that sets forth the organization, authority, and responsibilities of the Illinois Department on Aging and describes planning and service areas.

IDOA - **Illinois Department On Aging** is the state agency which has statutory authority for state administration of the Older Americans Act in Illinois. This agency allocates state funds and federal monies from the Older Americans Act to area agencies on aging. NIAAA is designated by this department to be an area agency on aging.

Institutionalization - Admission of an individual to an institution, such as a nursing home.

Limited English Speaking (LES) – Individuals who do not speak English as their primary language and who have a limited ability to read, write speak or understand English and may be limited English speaking.

Living Alone – A one-person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

Long Term Care - Medical and social services given to individuals who have severe, chronic impairments consisting of care in the home, or in institutions.

Medicaid - A national medical assistance program under Social Security Act Title XIX, administered by individual states providing reimbursement for medical and health related services (including nursing homes) for the medically needy.

Medicare - A national health insurance program under Title XVIII of the Social Security Act provides for hospital insurance and other related health care services.

Minority Status/Race – Minority older persons are confined to the following designations:

- African American, Not of Hispanic Origin - A person having origins in any of the black racial groups of Africa.
- Hispanic origin – A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa and the Hawaiian Islands.
- Non-Minority - Any person who is not considered a minority.

Minority Provider A not for profit organization whose controlling board is comprised of at least 51% minority individuals or a business concern that is at least 51% owned by one or more individuals who are either an African American, Hispanic origin, American Indian, native Alaskan, native Hawaiian Asian/Pacific Islander minority or a publicly owned business having at least 51%

of its stock owned by one or more minority individuals and having its management and daily business controlled by one or more minority individuals.

Mobility/Self Care Limitation - Means those persons who identified themselves as having a mobility limitation as classified by the Bureau of the Census. Older persons who declared that they had a health condition that had lasted for six (6) months or more and which made it difficult for them to go outside the home alone were counted as having a mobility limitation. Examples of outside activities include shopping and visiting the doctor's office. The term "health condition" referred to both physical and mental disorders. A temporary problem, such as a broken bone that was expected to heal normally, was not considered a health condition.

Multipurpose Senior Center - A community facility for the organization and provision of a broad spectrum of services which shall include, but not be limited to, provision of health (including mental health) social, nutritional, and educational services and the provision of facilities for recreational activities for older persons.

NAPIS - **National Aging Program Information System** - The AOA developed reporting requirement for Older Americans Act funding. Examples of data required under NAPIS are age, gender, race/ethnicity, rural status. Title III-C requires nutritional risk and Title III-E requires relationship to the caregiver.

NGA - **Notification of Grant Awarded** - Legal contract between grantor (NIAAA) and a grantee outlining conditions of the allocation and service(s) to be performed.

NIAAA - **Northwestern Illinois Area Agency on Aging** - A not-for-profit agency authorized to plan and administer programs and services to fulfill the needs of the older adults living in the nine counties of northwestern Illinois.

Not-for-Profit Organization - An agency, institution or organization with no part of its earnings benefiting any private shareholder or individual.

Nutrition Services - Those services, whether provided by a public or private nonprofit agency or organization or a proprietary agency, which provide meals and other nutrition services, which may include nutrition education and outreach to older persons.

OAA - **Older Americans Act** - A federal law established in 1965 to promote and provide assistance in the development of services to benefit elderly and to provide funding for such services through State Agencies on Aging (the Illinois Department on Aging) and area agencies on aging (NIAAA).

Office of Management and Budget - Means the Office of Management and Budget, federal Executive branch.

Older Individual - For Older Americans Act programs, an individual who is 60 years of age or older. An individual under Title V can be 55 and older.

Outcomes - Outcomes are benefits or changes for individuals or populations during or after participating in program activities. Outcomes relate to knowledge, attitudes, values, skills,

behavior, conditions or other attributes and answer the question, "What participant benefit was received during or after program activities?"

PSA - Means a **P**lanning and **S**ervice **A**rea which has been designated by the Illinois Department on Aging and listed in the Illinois Act on the Aging. Illinois has 13 substate area-wide planning and service areas designated for purposes of planning, development, delivery and overall administration of services under an area plan. Northwestern Illinois Area Agency on Aging is PSA 01.

Person centered – A process that builds upon an older adult's strengths and capacities to engage in activities that promote community life and that reflect the older adult's preferences, choices, and abilities, to the extent practicable.

Poverty Level - The official poverty line as defined for the Office of Management and Budget and adjusted by the Secretary of Health and Human Services. New poverty levels are released every March. Contact the NIAAA office for the most current poverty level.

Program Development - Program development is a function that includes those activities directly related to either the establishment of a new service(s) or the improvement, expansion or integration of an existing service(s) within a specific fiscal year.

Program Income – Gross income received by the Provider directly generated by the grant supported activity or earned only as a result of the grant agreement during the grant period.

Provider - An organization or person which provides services to clients under a formal contractual arrangement with NIAAA.

Representative Payee - A person who is appointed by a governmental entity to receive, on behalf of an older individual who is unable to manage funds by reason of a physical or mental incapacity, any funds owed to such individual by such entity.

RFP - **R**equst **F**or **P**rop^{osals} - The announcement of fund availability, which includes the funding level, application process, and services to be purchased.

Rural/Urban - Any area that is not defined as urban. Urban areas comprise: 1) urbanized area a central place and its adjacent settled territories with a combined minimum population of 50,000) and 2) an incorporated place or a census designated place with 20,000 or more inhabitants.

SESP - **S**enior **E**mployment **S**pecialist **P**rogram - A grant NIAAA has with IDOA to provide employment services, and coordinate with other employment programs.

Senior HelpLine - The Department on Aging's toll-free number (1-800-252-8966) which provides information on a wide variety of senior programs, and which accepts reports for Adult Protective Services (formerly the Elder Abuse and Neglect Program) and the Long-Term Care Ombudsman Program.

Service Provider - An entity that is awarded a grant from an area agency to provide services under an area plan. Also referred to as a “Provider”.

Social Security - A national insurance program based on a worker’s earnings during employment, that provides income to workers when they retire or are disabled and to dependent survivors.

Social Security Administration (SSA) - Administers a national program of contributory social insurance.

501-C-3 - Non-profit corporation designation given by Internal Revenue Service.

State Director on Aging - The Director of the State Unit on Aging. In Illinois this person is appointed by the governor and confirmed by the state senate.

State Plan - The document submitted by a state in order to receive its allotment under the Older Americans Act. The State Plan contains provisions required by Section 307 of the Older Americans Act and implementing regulations, and commitments that the State Unit on Aging will administer or supervise the administration of activities funded under the Older Americans Act in accordance with all federal requirements. The State Plan shall be based on the area plans developed for the planning and service areas and shall be for a three-year period.

Target Group - Older persons with greatest economic and social need with particular attention to low-income older individuals, including low-income minority, with limited English proficiency and residing in rural areas. Title III-E target groups are 1) family caregivers who provide care for individuals with Alzheimer’s disease and related disorder with neurological and organic brain dysfunction, 2) grandparents or older individuals who are relative caregivers who provide care for children with severe disabilities and 3) caregivers who are older individuals with greatest economic and social need (with particular attention to low-income individuals and 4) older individuals providing care to individuals with severe disabilities including children with severe disabilities.

Title XIX – Title XIX of the Social Security Act enacted in 1965, provides grants to states for Medicaid. Title XVII provides for health insurance for the aged and disabled and Title XX relates to block grants for states for social services.

Therapeutic Diet - Means any special food as required for the regulation of a disease by regulation of the diet. Such diseases include but are not limited to diabetes and cardiovascular diseases. Such a diet must be prescribed by a physician licensed to practice medicine in all its branches.

Purpose of this Service Provider Manual

This Service Provider Manual (Manual) is intended as aid for Applicants and Providers regarding the administration of grants awarded by the Northwestern Illinois Area Agency on Aging (NIAAA). The Manual contains information to help explain in greater detail the rights and responsibilities referenced in the Application and Notification of Grant Awards (NGA). Please contact NIAAA should you have any questions.

Chapter 1

NIAAA Appeal Procedures

NIAAA offers the opportunity for an impartial hearing to any potential or current service provider (Applicant) whose application to provide services under the Area Plan is denied. (Note that additional provisions for Providers being placed on probation for deficient performance under a current grant are described in Chapter 8.) Recommendations resulting from the hearing are presented to the NIAAA Board of Directors for use in reconsidering its decision.

Who may Appeal

An appeal must be initiated by an Applicant directly affected by a decision of NIAAA. Affected third parties, such as clients, may not initiate an appeal.

NIAAA Decisions that are Appealable

The following is a complete list of NIAAA decisions that may be appealed under this procedure:

1. Denial of an application for funding;
2. Denial of a grant application where competitive applications are submitted for funding. In such a case, NIAAA necessarily makes an appealable decision, i.e., one (or more) application(s) must be denied;
3. Denial of re-funding of an application;
4. Suspension, termination, non-renewal of a grant or contract (except as provided by 45 CFR Part 74, Subpart M);
5. Designation or re-designation conferred by NIAAA; or
6. A decision which is not in accordance with issued **Request For Proposal**, applicable laws and regulations (except as provided in 45 CFR Part 74 Subpart M).

NIAAA decisions not listed above are not subject to this appeal procedure.

Initiating an Appeal

The hearing process is initiated effective with the date a written request (Request) for a hearing is received by NIAAA. The Request may be sent by certified mail or email and received by NIAAA with confirmation within 10 working days of the Applicant receiving notification of NIAAA's decision.

Content of the Request

The Request for hearing must include:

1. The name of the Applicant requesting the hearing;
2. The specific issues of law, regulation or procedure which support the appeal; and
3. A brief summary of facts which support the issues claimed.

Hearing Schedule

The president of the NIAAA Board of Directors (President) will schedule the hearing, which will be conducted within 30 days of receipt of the Request. NIAAA will notify the Applicant in writing or via email at least ten days before the scheduled hearing of the date, time, and place. Where the hearing cannot be conducted within the required schedule, the President will set a hearing date

that is convenient for the Applicant and NIAAA (collectively “the Parties”).

Hearing Panel / Individual

The President will determine the impartial panel or individual to hear appeals. Impartial means individuals who have not participated in the action being appealed. NIAAA may terminate this hearing process at any point if the Parties negotiate a written agreement that resolves the issue(s) which led to the request for a hearing. The President may delegate procedural aspects of the hearing.

Hearing Procedures

Although administrative rules to conduct hearings will be adapted to the specific decision under review, the following general rules will apply to all hearings:

1. The President will designate who will be responsible for conducting the hearing.
2. Each of the Parties will have the opportunity to appear in person and/or be represented by legal counsel or other authorized representative. Action or inaction of an authorized person shall be deemed to be action or inaction of that party.
3. Each of the Parties may present documentary evidence to provide a complete and accurate description of facts that are relevant and material in order to refute the basis for the decision being appealed.
4. Each of the Parties has the opportunity to review any pertinent evidence and to ask and respond to questions that arise during the hearing.
5. A verbatim transcript of the hearing will be produced.
6. The impartial hearing panel (or individual) shall report to the NIAAA Board at the next regular monthly board meeting (or the Executive Committee, acting for the board - consistent with NIAAA by-laws) the findings of the hearing and shall make a written recommendation. The written recommendation will set forth the evidence on which it is based.
7. The final written notice of decision resulting from the hearing shall be issued to the Applicant in writing by the NIAAA Board of Directors within 35 working days following the conclusion of the hearing and shall include the recommendation of the impartial hearing and the reasons upon which the final decision is based.
8. The notice of decision will include a statement of the right of the Applicant to, within 30 calendar days of the decision, request an administrative review of the decision by the Illinois Department on Aging Hearing Coordinator.

Chapter 2

Provider Responsibilities

This chapter is intended to expand on the Provider Responsibilities referenced in the Application and the Notice of Grant Award (NGA). These requirements are, of course, subject to revision pending changes in the Older Americans Act.

REQUIRED PROCEDURES

Each Provider must have a policy and procedure manual including, at a minimum, the following required program and fiscal procedures. Additional service-specific procedures may be required as specified in Chapter 3 of this Manual.

Required Program Procedures

All Providers are required to have the following program procedures for:

1. Protecting client confidentiality which must minimally include how the agency will:
 - Protect and safeguard confidential information.
 - Maintain the privacy of interview areas.
 - Store information in a secure manner inaccessible to unauthorized persons.
 - Document verbal consent or obtain written consent.
 - Collect only relevant information from the client.
 - Assure no person is refused service if consent is not provided.
2. Obtaining the views of participants about services received.
3. Receiving contributions for services which must minimally include:
 - Providing the opportunity to voluntarily contribute to the cost of the service while protecting the privacy of the contribution.
 - Safeguarding and accounting for all contributions.
 - No person will be denied because they cannot or will not contribute.
 - Prohibiting means tests or fees.
 - Informing individuals that contributions are voluntary.
 - Using contributions to expand services.
4. Training and use of elderly and other volunteers and paid personnel which must minimally include:
 - Evaluating training needs of staff and volunteers.
 - Developing and implementing pre-service and in-service training.
 - Informing NIAAA of staff/volunteer training needs.
 - Documenting training in personnel records.

5. Coordinating with other organizations, which must minimally include:
 - Coordinating of services provided under the Older Americans Act with other local, State and federal services that benefit older individuals.
 - Establishing and maintaining a working relationship with all Title III agencies in the service area including mutual referrals, case staffings (as needed), problem resolution and sharing information on a regular basis. Written coordination agreements are encouraged.
 - Coordinating with other community agencies, such as health care providers, mental health providers, public assistance agencies, and other social service agencies through meetings, written coordination agreements. Regular contacts shall also be used to encourage inter-agency referrals.
 - Participating in local networking meetings.
6. Identifying, serving, and satisfying the needs of the target population in at least the same proportion as the senior population.
7. Conducting outreach to identify and ensure participation of eligible older persons with emphasis on the following groups:
 - Older individuals residing in rural areas.
 - Older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas).
 - Older individuals with greatest social need (with particular attention to low-income minority individuals, older individuals with limited English proficiency and older individuals residing in rural areas).
 - Older individuals with severe disabilities.
 - Older individuals with limited English-speaking ability.
 - Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals).
 - Older individuals at risk for institutional placement.
8. Maintaining a waiting list (if the need arises for a list).
9. Dealing with disasters (disasters may include fires, floods, tornadoes, severe winds, severe winter storms, earthquakes, droughts, dam failures, extended heat waves, hazardous materials, pipeline breaks, pollution, energy shortage, public health epidemics, terrorism, riots and civil disorder, and radiological occurrences) which includes:
 - How advocacy, outreach and follow-up assistance will be provided.
 - How service will be coordinated with other state and federal programs to provide for the needs of older disaster victims such as Emergency Services Disaster Agencies, voluntary relief organizations such as the American Red Cross, Salvation Army, and local community-based organizations.
 - How staff are assigned duties to provide assistance to seniors.

10. Handling grievances (a grievance is a wrong or unjust act denying, reducing or providing an unacceptable quality service) which must minimally include:
 - Defining grievances covered by this procedure.
 - How individuals are notified of the agency's grievance policy by posting the grievance policy and/or including the policy in public information materials.
 - How clients are assisted in filing the grievance including help understanding what a grievance is, any time limits on filing a grievance and whether to file a grievance or pursue another avenue of complaint.
 - How a grievance is filed, how the grievance is handled within the agency, how the grievance is resolved and how clients are notified of the decision made about the grievance.
11. Addressing the needs of non-English speaking clients in areas where a significant number of older adults do not speak English as their principal language.
12. Conducting criminal background checks.
13. Ensuring an environment free of sexual harassment as defined by the Illinois Human Rights Act.
14. Being physically accessible which includes:
 - Completed accessibility forms for each location where services are offered (to be redone when the physical alteration to facility has occurred or upon move to another facility). Go to www.ag.state.il.us/rights/access0203.pdf for a copy of the accessibility site inspection checklist and list at end of this chapter.
 - Designation of a specific employee to facilitate persons with disabilities.
 - List of references to use when referring individuals to accessible facilities/services.
15. Following civil rights and non-discrimination regulations which includes:
 - Training staff on the civil rights program complaint system.
 - Recruitment methods conducted for job vacancies.
 - Methods utilized to attract minority applicants and handicapped applicants for positions as they become available to ensure non-discrimination in hiring.
16. Having, or having the ability of referring to, multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
17. Having financial procedures for:
 - A. Management roles and responsibilities;
 - B. A financial management, reporting, and accounting system;
 - C. Cash deposits;
 - D. Bonding and insurance;
 - E. Retention and access to records;

- F. Project income;
- G. Cost-sharing and matching;
- H. Audits and their resolution;
- I. Revision of financial plans;
- J. Property management;
- K. Procurement management; and
- L. Personnel administration;

Required I&A Procedures

Refer to Chapter 3 and Chapter 4 of this manual for required I&A procedures

Chapter 3

Service Definitions and Standards

Introduction

This chapter is intended to expand on the service requirements for Providers by providing definitions and standards. The Standards contained in this chapter are minimum requirements for service. **Definitions and service standards may also be subject to revision due to changes in the Older Americans Act, implementation of the Older Adult Services Act (P.A. 093-1031), IDOA policy clarifications and Illinois Administrative Code.** NIAAA may also add additional standards or revise standards for services as needed. Any revisions in definitions and standards will be communicated to Providers.

Additional service specific requirements are contained in Chapter 4 (Information & Assistance), Chapter 5 (Nutrition) and Chapter 6 (GAP Filing and Respite).

GAP Filing Services

(Title III-B/GRF for Older Adults, Title E for Caregivers)

Designated organizations (e.g., I&A providers) submit individual requests for GAP Filing service to NIAAA. Approved GAP Filing requests are paid by designated organizations and reimbursement requests are submitted to NIAAA.

NIAAA Definition: Purchase of essential goods or temporary services through participating organizations to secure the health and safety of older adults (Title III-B) and caregivers including grandparents (Title III-E).

Eligibility Title III-B Gap: A person 60 years of age or older

Eligibility Title III-E Caregiver Gap: Family caregivers must be providing in-home and community care to individuals age 60 and over who are frail. A care recipient with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction does not have an age restriction. However, the priority is for caregivers with a relative over the age of 60 years.

Frail means that the older individual is determined to be functionally impaired and is unable to perform at least two activities of daily living (ADL's) without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to 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.

Unit of Service: Each client served constitutes one unit of GAP Filing service.

Allowable Activities Shall Include: Allowable GAP Filing services include but are not limited to housing and medical needs such as rent and rent deposits, home equipment (fan, microwave, smoke detectors, vacuum cleaner, heating and cooling systems (AC), water heater, wash

machine/dryer, and electric lift chair), interior and exterior repairs to the residence such as windows, steps and ramps, bath bench, transfer bench, grab bar and raised toilet seat, emergency response installation, moving expenses, sewer/septic, safe water supply. Does not include electric, gas, water or other utilities, over the counter medications, pharmaceutical supplies, medication dispensers, and nutritional supplements, walkers, and home health services. Note: Physician authorization is needed for specified items (refer to Chapter 6).

NIAAA Service Standards are that Providers must have:

- Knowledge of additional community resources available to meet emergency and/or temporary needs.
- The ability to complete NIAAA required forms.
- Adequate fiscal procedures to account for expenditure and receipt of GAP Filing payments and be able to follow good business practices for purchasing items.
- Adequate staff to follow-up to determine if item/service has been received and meets client need.
- Sufficient financial resources to initially pay for the goods or service until NIAAA reimbursement is received.

GAP Filing Service are limited to \$1,000 for B-GAP and E-GAP per client per fiscal year starting October 1, 2024.

Refer to Chapter 6 of this manual for additional information on GAP Filing service.

Health Promotion Programs

(Title III-D)

Definition: Services to promote better health among older persons by providing evidence-based health promotion programs.

Services are to be provided in the individual's home, congregate meal sites, through home delivered meal programs, or at other appropriate sites. Priority service areas are areas that are medically underserved and in which there are large numbers of older at-risk individuals who have the greatest economic need for service.

Eligibility: A person 60 years of age or older

Unit of Service: The unit of service measurement is one health promotion program per participant. This includes sessions (programs) provided to individuals or groups. For example, if one educational session is provided to ten individuals, ten units of service have been provided.

Service Activities May Include: Programs relating to the prevention and mitigation of the effects of chronic disease osteoporosis, hypertension, obesity, diabetes and cardiovascular disease, alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

NIAAA Service Standards:

Health promotion providers must:

- Partner with a health care provider (hospital, clinic, home health agency etc.)
- Coordinate with local health departments.
- Utilize an evidence-based model of health education, if appropriate.
- Provide programs at senior centers, congregate meal sites, through home delivered meal programs or at other appropriate sites where older adults gather.
- Target service to older individuals with incomes at or below the poverty level.
- Make referrals of older persons in need of additional services to the appropriate organizations.

As of October 1, 2015, Area Agencies on Aging must comply with the following ACL developed Title III-D evidence-based program design service definition. All programs using Title IIID funds will have to meet this new definition on and after October 1, 2015. **If a program meets the current definition of highest-level criteria for Title III-D evidence-based programs, it will meet the new definition, below.**

Effective October 1, 2015 Definition of Evidence-Based for Title III-D Programs

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

How to Determine if a Program Meets the New Definition

There are two ways to determine if a program meets the future definition (and therefore the current highest-level criteria); either one is acceptable.

a) Document whether the program meets each of the 5 bullets in the future definition. If it does, then it meets the future definition of evidence-based and can be supported with Title IIID funds,

-- OR --

b) Check to see whether the program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS). ACL will consider all programs that are considered “evidence-based” by any operating division of HHS to meet the future definition.

For example, this would include programs listed on ACL’s **Aging and Disability Evidence-Based Programs and Practices**, CDC’s **Compendium of Effective Interventions**, SAMHSA’s **National Registry of Evidence-Based Programs and Practices**, NIH’s **Cancer Control Evidence-based Portal**, etc.

There are numerous evidence-based programs that are administered throughout HHS.

For a list of the HHS Family Agencies, visit <https://www.hhs.gov/about/agencies/index.html>.

Information and Assistance

(Title III-B/GRF, Title III-E)

Definition: A service that may (A) provide individuals with current information on opportunities and services available to the individuals within their communities; (B) assess the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) establishes adequate follow-up procedures based on the older individual's needs. The service may be initiated by an older person, caregiver or service provider.

Eligibility: Units of I&A are counted for those persons age 60 and older, caregivers of those age 60 and older and grandparents raising grandchildren age 55 and older. A care recipient with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction does not have an age restriction.

Unit of Service: Any individual client contact made for information, referral, or assistance constitutes one unit of service. These units can include all referral and follow-up contacts on behalf of that client.

For example: If an older person contacts the service provider requesting information on a state pharmaceutical assistance program, this contact constitutes one unit of service. If the service provider follows up with this same person to see if the application has been made to this program, this will constitute another unit.

The service units for information and assistance refer to individual, one-on-one contacts between an information and assistance provider and an elderly client or a caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of information and assistance. Group services might be defined as public education or public information or a similar designation.

Internet website "hits" are to be counted only if information is requested by older individuals and family members and supplied by the provider. For example, an older person requests by e-mail on a provider's website that they want information on pharmaceutical assistance programs. If the provider provides this information by e-mail or by traditional mail or by telephone, this is one contact (one unit of service).

If the older individual or family member simply reviews information on the provider's website and does not request specific information, then this situation cannot be counted as a contact (unit of service).

NOTE: I&A providers must report separate unit categories for the following I&A activities:

- Title III-B I&A (Information & Assistance in Agingls)
- Pharmaceutical I&A (I&A Rx in Agingls)
- Pharmaceutical Application Assistance
- Medicare Part D enrollment (MPP Enrollment in Agingls)
- Extra Help Application (EH App in Agingls)
- Caregiver Assistance (if funded) (revised 10/08) (FCG-Information and Assistance in Agingls)
- Grandparent I&A (if funded) (FCG-Grandparent I and A in Agingls)
- Medicare Savings Plan (revised 8/09) (MSP Application in Agingls)

Service Activities Shall Include:

- provision of specific information about appropriate community resources which meet the immediate expressed need, including information relating to assistive technology;
- provision of assistance to older persons (or their caregivers) to identify their needs and to place them in contact with appropriate community resources or service providers;
- assessment of the problems and capacities of the individual;
- follow-up activities conducted with older persons and/or agency(ies) to determine whether services have been received and the identified need has been met following the formal referral; and
- expansion of information and assistance services on a 24-hour (if needed) emergency basis during times of disaster (e.g., flooding, hot weather, tornadoes, severe weather, man made emergencies, etc.) to assure older persons are safe and have access to services to meet their needs.

IDoA Service Standards:

1. In areas in which a significant number of older persons do not speak English as their principal language, the service provider must arrange for or have the capacity to provide information and assistance services in the language spoken by the older persons. The service provider should develop a language assistance plan, if needed.
2. A provider of information and assistance services must:
 - a. Maintain current information with respect to the services and opportunities available to older persons;
 - b. Develop current lists of older persons in need of services and opportunities; and
 - c. Employ a specially trained staff to inform older persons of the services and opportunities which are available and to assist older persons to take advantage of the services and opportunities.
3. An information and assistance service provider may disclose information by name about an older person only with the informed consent of the older person or his or her authorized representative. Such informed consent must be documented in the older person's case file

whether it is written or verbal consent. The case file documentation must include who (older person or authorized representative) provided the written or verbal consent.

4. The information and assistance service provider shall provide a setting for the I&A worker to attend to each caller's questions/needs without interruption and in a confidential manner.
5. The staff of the information and assistance provider shall be competent, ethical, qualified, and sufficient in number to implement the policies of stated programs and service objectives.
6. The information and assistance provider must maintain accurate, up-to-date information on resources available. The Department encourages service providers to use web-based tools such as Aging Resource Center (ARC) and [Benefits Check Up](#) (BCU).
7. A data collection system shall be developed to meet client and service needs and as a resource for meeting community needs.
8. The information and assistance service provider shall seek to maximize the accessibility of the other needed services.
9. Facilities shall be provided in sufficient quality and quantity to ensure operation of the information and assistance service.
10. The information and assistance service provider shall have a plan in place that addresses its operations in the event of disaster conditions.
11. The information and assistance service provider shall provide client advocacy to secure needed benefits.
12. The information and assistance service provider shall provide community and/or group presentations about available resources and services.
13. Individuals must have reasonably convenient access to the service with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's Disease or related disorders (and caregivers of individuals with such disease or disorders).
14. Information and Assistance service providers will participate in IDoA or NIAAA sponsored training on the Senior Health Assistance Program (SHAP) and other pharmaceutical assistance programs as required by NIAAA.
15. Information and Assistance service providers must include in their disaster plan how outreach will be provided to older persons needing emergency assistance, how staff will be available at Disaster Assistance Centers and how lists of isolated, homebound and at-risk older person will be made available to Emergency Management Coordination offices as appropriate.

NIAAA I&A Service Standards:

1. I&A providers should have the capacity to provide service during regularly scheduled hours at least 5 days a week with the exception of holidays.
2. I&A providers must provide service in a variety of locations including: 1) office assistance; 2) phone or in person; 3) home visits and 4) other community locations.
3. I&A providers must be able to assess the client to determine if there are other services that may be needed beyond what the client has specifically inquired about.
4. I&A providers shall develop and implement referral policies and procedures to ensure referrals are made in an objective, non-biased manner and that clients are provided with the full range of options available.
5. I&A providers must utilize printed resource materials (pamphlets, resource lists and resource guides, etc.) as appropriate when providing information and assistance service.
6. I&A providers shall determine need for GAP Filing services using NIAAA forms and instructions and will purchase GAP Filing services to meet the temporary, emergency need of target group older adults.
7. I&A providers shall collect information on client outcomes and gaps in service.
8. I&A providers shall utilize culturally sensitive information when needed.
9. Paid staff under the NIAAA Title III Information and Assistance grant shall be SHIP (Senior Health Insurance Program) trained and certified within one year of employment.
10. I&A providers shall have written referral agreements with the CCU, Adult Protective Services (APS) and the Title III nutrition provider(s).
11. I&A providers shall provide assistance to caregivers or refer to caregiver I&A providers.
12. I&A providers shall have computer capability, internet access, e-mail, fax and staff with competent computer skills capacity to connect to the internet and receive e-mail inquiries.

Refer to Chapter 4, Information and Assistance, for additional I&A service requirements.

I&A Required Procedures:

- Written procedures on maintaining effective working relationships with the CCU, Adult Protective Services and Title III nutrition provider.
- Referral policies and procedures to ensure referrals are made in an objective, non-biased manner and that clients are provided with the full range of options available.

- Keeping staff informed of changes and availability of services.

Legal Assistance

(Title III-B, Title III-E)

Definitions (for purposes of legal assistance):

- “Client” is a person 60 years or older living in the service area who needs legal assistance
- “Legal assistance” means legal advice and representation provided by an attorney to a Client and includes:
 - To the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the direct supervision of an attorney; and
 - Counseling or representation by a non-lawyer where permitted by law.
- “Service area” means the following Illinois counties: Boone, Carroll, DeKalb, Jo Daviess, Lee, Ogle, Stephenson, Whiteside, and Winnebago.
- “Provider” means the organization providing legal assistance in the service area.
- “Notice of Grant Award” (NGA) means the Older Americans Act funds provided by NIAAA.
- ‘Unit of service’ is one hour of staff time expended on behalf of a client. Included in a unit of service is time for case preparation, travel, and case documentation. Preparing reports and grant applications are administrative activities and should be included in units of service. All units should be recorded to the nearest quarter hour (.25, .5, .75, 1.).

Service Standards

Obligations of the Provider

The Provider must:

- Assure that they have the necessary experience and capacity to provide legal assistance in the service area;
- Comply with rules promulgated under the Legal Services Corporation Act (other than restrictions regarding eligibility for legal assistance) as determined appropriate by the Assistant Secretary of the Administration on Aging (Secretary);
- Involve the private bar in legal assistance activities, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- Give preference to Clients with the greatest social or economic need in the service area;
- Coordinate its services with Prairie State Legal Services;
- Cooperate with the Illinois Department on Aging which coordinates, trains, and supports the furnishing of legal assistance to older individuals within Illinois;
- Expend other sources for providing legal assistance before it utilizes NGA funds;
- Give priority for legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination;
- Follow the rules for professional responsibility in providing legal assistance; and

- j. Report quarterly to NIAA the number of unduplicated clients and the units of service by each county in the service area.

The Provider may not:

- a. Require a Client to disclose information about income or resources as a condition for providing legal assistance. However, a Provider may ask about the person's financial circumstances as a part of the process of providing legal advice, counseling and representation, or for the purpose of identifying additional resources and benefits for which an older person may be eligible.
- b. Use NGA funds to provide legal assistance in a fee generating case unless other adequate representation is unavailable or there is an emergency requiring immediate legal action. A Provider shall establish procedures for the referral of fee generating cases.
 - iii. "Fee generating case" means any case or matter which, if undertaken on behalf of an eligible client by an attorney in private practice, reasonably may be expected to result in a fee for legal services from an award to a client, from public funds, or from the opposing party.
 - iv. Other adequate representation is deemed to be unavailable when:
 - 1. Recovery of damages is not the principal object of the client; or
 - 2. A court appoints a provider or an employee of a provider pursuant to a statute or a court rule or practice of equal applicability to all attorneys in the jurisdiction; or
 - 3. A client is seeking benefits under Title II of the Social Security Act, 42 U.S.C. 401, et seq., Federal Old Age, Survivors, and Disability Insurance Benefits; or Title XVI of the Social Security Act, 42 U.S.C. 1381, et seq., Supplemental Security Income for Aged, Blind, and Disabled.
 - v. A Provider may seek and accept a fee awarded or approved by a court or administrative body, or included in a settlement. If fees are awarded or approved by a court or administrative body due to a case funded by Title III of the Older Americans Act, such fees must be considered as program income that will be used to expand legal assistance services in the planning and service area.
 - vi. If a case results in a recovery of damages, other than statutory benefits, a Provider may accept reimbursement for out-of-pocket costs and expenses incurred in connection with the case or matter.
- c. Engage in the following prohibited political activities:
 - vii. Contributing NGA funds, personnel or equipment to any political party or association or to the campaign of any candidate for public or party office; or for use in advocating or opposing any ballot measure, initiative, or referendum;
 - viii. Intentionally identify the Older Americans Act program or provider with any partisan or non-partisan political activity, or with the campaign of any candidate for public or party office;
 - ix. Engaging in any political activity while providing legal assistance;

- x. Expending NGA funds for lobbying activities, including but not limited to any activities intended to influence any decision or activity by any non-judicial Federal, State or local individual or body.
- xi. Nothing in this section is intended to prohibit a Provider from:
 - 1. Communicating with a governmental agency for the purpose of obtaining information, clarification, or interpretation of the agency's rules, regulations, practices, or policies; or
 - 2. Informing a client about a new or proposed statute, executive order, or administrative regulation; or
 - 3. Responding to a client's request for advice only with respect to the client's own communications to officials unless otherwise prohibited by the Older Americans Act, Title III regulations or other applicable law. This provision does not authorize publication of lobbying materials or training of clients on lobbying; or
 - 4. Making direct contact with NIAAA for any purpose; or
 - 5. Providing a client with administrative representation in adjudicatory or rulemaking proceedings or negotiations, directly affecting that client's legal rights in a particular case, claim or application; or
 - 6. Communicating with an elected official for the sole purpose of bringing a client's legal problem to the attention of that official; or
 - 7. Responding to the request of a public official or body for testimony, legal advice or other statements on legislation or other issues related to aging; provided that no such action will be taken without first obtaining the written approval of the responsible Area Agency.
- d. Use NGA funds to:
 - xii. Participate in any public demonstration, picketing, boycott, or strike, except as permitted by law in connection with the employee's own employment situation;
 - xiii. Encourage, direct, or coerce other to engage in such activities; or
 - xiv. At any time engage in or encourage others to engage in:
 - 1. Any illegal activity; or
 - 2. Any intentional identification of programs funded under the Act or recipient with any political activity.
 - xv. To pay dues exceeding \$100 per recipient per annum to any organization (other than a bar association), a purpose or function of which is to engage in activities prohibited under these regulations unless such dues are not used to engage in activities for which Older Americans Act funds cannot be used directly.

Reporting Requirements

In addition to the monthly reporting of clients and units required in Chapter 9, the Provider will provide the following information quarterly regarding the legal assistance provided on closed cases:

1. What was the subject matter (i.e., Divorce, Eviction, Collections, Consumer Fraud, etc.);
2. What services were provided (i.e., advice only, brief services, court representation, negotiated settlement without litigation, negotiated settlement with litigation, outreach, group presentation, etc.); and
3. What were the results (i.e., won/lost court decision, negotiated settlement in a contested matter, amount recovered/saved, etc.).

Nutrition

(Title III-C/GRF)

Definition: Provision of nutritious meals in a congregate meal site or to older persons who are homebound because of illness or incapacitating disability or are otherwise isolated.

Eligibility: Individuals eligible to receive a meal at a congregate nutrition site include:

1. Individuals aged 60 or older and the spouses of those individuals, regardless of age, if the eligible spouse is or has been an active participant in the program.
2. Disabled individuals as defined in OAA Section 102(8)(9) who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which the congregate nutrition services are provided; and
3. Individuals with disabilities who reside in a non-institutional household with and accompany older individuals who are eligible under the OAA.
4. Other individuals eligible to receive a congregate meal:
 - a. Volunteers: Nutrition project administrators have the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours; and
 - b. Staff or guests: Staff or guests under age 60 may be offered a meal, if doing so will not deprive an older person of a meal. Staff or guests shall pay for the full cost of the meal. Full cost of the meal includes: raw food; labor (personnel); equipment; supplies; utilities/rent; and other. Policies regarding contributions may allow that the full cost of the meal be considered that cost which is a cash cost (excluding in-kind). The project administrator may offer a meal to staff as a fringe benefit. These meals should be included as employee fringe benefit costs in the budget. Employees are responsible for any tax liability on the value of the fringe benefit.

Individuals eligible to receive a home delivered meal include:

1. Individuals aged 60 or over who are frail, homebound by reason of illness, incapacitating disability as defined in OAA Section 102(8)(9) or are otherwise isolated. The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the frail and/or homebound person.

2. Disabled individuals as defined in OAA Section 102(8)(9) who have not attained 60 years of age but reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.
3. Individuals with disabilities who reside at home with older individuals who are eligible under the OAA.

Unit of Service: Each meal provided to an eligible person constitutes one unit of service.

Service Activities Which May Be Funded Include:

- Preparation of meals;
- Service of meals;
- Transport of meals;
- Nutrition education, nutrition counseling;
- Outreach; and
- Other nutrition services as appropriate based on the needs of meal recipients.

Service Standards: (Refer to Manual Chapter 5, Nutrition Services for additional standards and requirements)

Each congregate meal provider must:

- a. Provide hot or other appropriate meals in a congregate setting at least once a day, five or more days a week (except in a rural area where such frequency is not feasible, and a lesser frequency is approved by the Department). An Area Agency may grant exception(s) when the provider:
 - i. Submits documentation of need for the exception(s); and
 - ii. Serves meals at least 5 days per week throughout the service area, but not necessarily 5 days per week at each site; or serves a low-income minority target population.
- b. Locate congregate nutrition services in a site in as close proximity to the majority of eligible individuals' residences as feasible, with particular attention upon a multipurpose senior center, a school, a church, or other appropriate community facility, preferably within walking distance where possible, and where appropriate, transportation to such site is furnished;
- c. Establish outreach activities, which assure that the maximum number of eligible individuals may have an opportunity to participate;
- d. Coordinate with other appropriate services in the community; and
- e. If operated by special interest groups, such as churches, social organizations, homes for the elderly, senior housing developments, etc., shall not limit participation to their own membership or otherwise show preferential treatment for such membership.

Each home delivered meal provider must:

- a. Provide for home delivered meals at least once a day, five or more days a week (except in a rural area where such frequency is not feasible, and a lesser frequency is approved by the Department). Meals may be hot, cold, frozen, dried, canned or supplemental foods with a satisfactory storage life.
- b. With the consent of the older person, or his or her representative, bring to the attention of the personnel of appropriate agency(ies) for follow-up, conditions or circumstances which place the older person or the household in imminent danger; and
- c. Where feasible and appropriate, make arrangements for the availability of meals to older persons in weather related emergencies.
- d. Service Providers conducting the assessment for Home Delivered Meals (HDM) must determine the most appropriate form of delivery in communities where cold or frozen meals are offered in addition to hot meals.
- e. Service Providers must assess all participants receiving cold and frozen meals to ensure they have the proper equipment (freezer, oven, microwave, and refrigerator) and physical and cognitive skills to store and re-heat the meals.
- f. An older adult eligible to receive Home Delivered Meals (HDM) should not be denied services based on the individual's inability to safely store and prepare a frozen meal. If the older adult does not have the capacity to heat the frozen meal or family members or others are not able to heat the frozen meal for the older adult, the nutrition provider should attempt to deliver hot meals to the older adult if the older adult resides within a community where home delivered meals are provided. In isolated rural areas and where the nutrition provider only has the capacity to provide frozen meals, the nutrition provider should make a referral for Medicaid Waiver in-home or adult day services or other community services appropriate for the older adult to receive assistance with meals.

All nutrition service providers must:

- a. Have procedures for obtaining the views of participants about the services they receive;
- b. Solicit the expertise of a dietician or other individual with equivalent education and training in nutrition science, or if such individual is not available, an individual with comparable expertise in the planning of nutritional services.
- c. Solicit the advice and expertise of other individuals knowledgeable with regard to the needs of older individuals.
- d. Follow appropriate procedures to preserve nutritional value and food safety in purchasing and storing food, and preparing, serving and delivering meals;
- e. Provide special menus, where feasible and appropriate, to meet the particular dietary needs arising from the health requirements, religious requirements, ethnic or cultural backgrounds of eligible individuals; and
- f. Have available for use upon request appropriate food containers and utensils for persons with disabilities.
- g. Assess each person requesting home delivered meals to determine the individual need for service (with assistance from the CCU for case management clients) and complete a periodic reassessment, at least annually (or sooner if circumstances change).

Refer to Chapter 5 of this manual for additional nutrition service requirements including required procedures.

Respite Care

(Title III-E)

Respite is handled on a client-by-client basis through NIAAA designated organizations. Organizations interested in providing respite service sign an annual respite letter of agreement including respite services and rates. Respite providers with approved letters of agreement are reimbursed for approved levels of service directly by NIAAA. Refer to Chapter 6 for further information.

Definition: Services which offer temporary, substitute supports or living arrangement for care recipients in order to provide a brief period of relief or rest for caregivers.

Eligibility: Family caregivers must be providing in-home and community care to individuals age 60 and over who are frail. A care recipient with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction does not have an age restriction. However, the priority is for caregivers with a relative over the age of 60 years.

Frail means that the older individual is determined to be functionally impaired and is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or due to 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.

Unit of Service: One hour of staff time expended on behalf of a client. This includes necessary travel time when the respite care worker is paid for travel time). All units should be recorded to the nearest quarter hour (.25, .5, .75, 1.).

Service Activities Shall Include:

1. In-home respite (personal care, homemaker, and other in-home respite);
2. Respite provided by attendance of the care recipient at an adult day service or other non-residential program;
3. Institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver.

NIAAA Service Standards:

1. In-home respite providers must be licensed, bonded and insured.
2. Adult day service providers must be Community Care Program Providers or licensed providers registered with the Department of Labor.
3. Institutional providers must be licensed by the Illinois Department of Public Health.

Service Limits: Respite is limited to not more than \$1,000 per client per fiscal year.

Caregiver Counseling, Support Group, Training

(Title III-E)

Definition: The service is provided to caregivers to assist them in the areas of health, nutrition and financial literacy, and in making decisions and solving problems relating to their caregiver roles.

Eligibility: Caregivers of older adults age 60 and older.

Unit of Service: The unit of service measurement is one session per person. For example, if seven individuals attend a program, it would be seven units. If during another program during the FY, 4 people return and 4 new people attend, the unit count would be 15 (7 sessions plus 8 sessions). Unduplicated persons would be 11. (Revised 10/08)

Service Activities Shall Include:

Support groups are the development, implementation and maintenance of support groups for family caregivers which emphasize coping strategies, peer support and resource education. Support groups are led by staff or trained volunteers. Participants of support groups must receive educational materials (brochures, booklets, books, etc.) on topics related to caregiving along with basic information about caregiving issues and health/mental health conditions. These include but are not limited to getting a diagnosis for a disease or condition, communication techniques, home safety tips, choosing a long-term care facility, etc.

Caregiver counseling/training provides family caregivers with opportunities to acquire knowledge and skills which address their role as a caregiver through group lectures, classes, workshops or conferences. Subject areas for family caregivers may include but are not limited to personal care training, emotional/family dynamics, home safety, coping with healthcare changes, financial planning, legal and insurance issues, long term care planning, etc.

NIAAA Service Standards:

- Training and education programs must also have a support component to provide caregivers with peer support, sharing, and coping strategies.
- Support groups must have a training and educational component to help caregivers gain new knowledge and expertise.

Transportation

(Title III-B/GRF)

Definition: Transporting older persons to and from community facilities and resources for purposes of acquiring/receiving services, to participate in activities or attend events in order to reduce isolation and promote successful independent living. Service may be provided through projects specially designed for older persons or through the utilization of public transportation systems or other modes of transportation.

Eligibility: A person 60 years of age or older, caregivers, grandchildren raised by grandparents, and adults with developmental disability living with older persons.

Unit of Service: Each one-way trip to or from community locations per client constitutes one unit of service. The service unit does not include any other activity.

Service Activities Shall Include:

- assistance in making travel arrangements;
- provision of or arrangements for special modes of transportation when needed;
- coordination with similar and related transportation in the community; and door-to-door or scheduled route.

NOTE: Assisted transportation service (escort) is not included under transportation and those participants receiving assisted transportation should not be counted under this service.

IDoA Service Standards (Ill. P.A. 82.532)/Assurances:

1. Drivers of senior transportation vans must:
 - a. be 21 years of age or older;
 - b. have a valid and properly classified driver's license;
 - c. have had a valid driver's license for three years prior to the application;
 - d. have demonstrated ability to exercise reasonable care in the safe operation of a motor vehicle on a driving test;
 - e. have not been convicted of reckless driving within three years of the date of application; and
 - f. participate in regular safe driver trainings.
2. Any vehicle of 12 or more passengers used in the transportation of senior citizens shall bear placards on both sides indicating it is being used for such purposes. The placards may be permanently or temporarily affixed to the vehicle. The size of the letters must be at least 2 inches high, and the stroke of the brush must be at least 2 inches wide. Any such vehicle used for such purposes shall be subject to the inspections provided for vehicles of the second division and its operation shall be governed according to the requirements of the Illinois Vehicle Code. (Ill. P.A. 82-957)

3. According to the Administration of Grants Manual, Title 45, Part 74, Sub-part O, Section 74.137 (2)(b), any Federally funded program or project may share the use of equipment (e.g., transportation vehicles sponsored by the Federal government) provided such other use will not interfere with the work on the original project or program.

Therefore, a Title III transportation program may provide services to other programs (no age requirements) supported by the Federal government. However, the Title III provider must pro-rate the cost of this service according to program usage. This rate should be based on vehicle maintenance, operator, insurance, and all other appropriate costs for this service. All fees collected by the Title III program are considered program income. Therefore, these funds must be used for the Title III operations of the transportation provider.

4. The sale of advertising space on Section 53 (10), Section 53 (11) and Title III funded transportation vehicles is allowable under both the Intermodal Surface Transportation Efficiency Act (ISTEA) and the Older Americans Act and related regulations.

5. All Title III transportation providers should abide by the Illinois Vehicle Code, as amended.

6. All organizations and individuals operating a motor vehicle in the State of Illinois used for the transportation of passengers are required to have in full force and effect, and on file with the Illinois Secretary of State, proof of financial responsibility. The proof of financial responsibility may be demonstrated by any one of the following alternative methods:

- a. A bond;
- b. An insurance policy;
- c. A certificate of self-insurance issued by the State of Illinois;

The policy of insurance may cover one or more motor vehicles and for each such vehicle shall insure such owner against liability upon the owner to a minimum amount of \$250,000 for bodily injury to, or death of, each person, and \$50,000 for damage to property, provided that the maximum payment required of such company on all judgments recovered against an owner hereunder shall not exceed the sum of \$300,000 for each motor vehicle operated under the provisions of this service.

7. Transportation Providers must maintain sufficient and appropriate insurance coverage for liability of vehicles.

8. Transportation Providers will ensure the safety of passengers by any and all means necessary, including but not limited to, driver training, re-training and monitoring, use of seat belts at all times, vehicle maintenance, maintaining order in and around vehicles, providing safety and emergency procedures, etc.

NIAAA Service Standards

1. All vehicles used to transport older persons shall, at a minimum, have safety equipment such as a first aid kit, fire extinguisher, flares and/or reflective triangles and communication equipment (e.g., two-way radio or cellular telephone), either transportable or permanent.

2. All drivers should successfully complete training in CPR, First Aid, and Disaster Response.

3. Priority for transportation should be provided to locations that directly affect one's ability to remain independent such as:

- medical appointments (i.e., chemotherapy, dialysis, acute illness);
- social service appointments (i.e., Social Security, DHS);
- essential shopping/errands;
- visitation (i.e., hospital, nursing home); or
- congregate meal sites.

4. Service may be offered across city, township and county boundaries. Crossing state boundaries for the provision of medical services is not prohibited.

5. Demonstrated knowledge of transportation options available to persons 60 and older serving the county(ies) that the Provider serves.

6. Collaborative efforts that offer comprehensive transportation services resulting in increased fiscal viability of the Provider. Serving a wide range of ages and/or abilities is encouraged.

7. Assume full responsibility and liability, and have insurance to cover any damage to persons or property incurred in the performance of this service. NIAAA will assume no liability for any service performed under this program.

8. Screen and orient driver – both paid and volunteer – according to the organization's written policies. Suggested screening tools include a written application, police check, driving record abstract, personal references, and required orientation session.

6. Verify that drivers – both paid and volunteer – have a valid driver's license and auto liability insurance as required by law.

IDoA Policy Clarifications

Services Provided to Grandchildren, Family Caregivers and Adult Children with Developmental Disabilities (Department Policy 02-04)

- a. It is allowable to provide transportation services to grandchildren being raised by grandparents, family caregivers, and adult children with developmental disabilities when they accompany persons age 60 and over on a van or bus funded under the Older Americans Act.
- b. Other persons can use the transportation service to address the needs of family caregivers, grandchildren or adult children with developmental disabilities (e.g., doctor's appointment or a school exam) as well as the needs of the older adult. Such transportation services will directly benefit the older adult as the caregiver or the care recipient.
- c. The transportation service must be provided at no cost to the older adults, grandchildren, adult children with developmental disabilities and family caregivers. The

service provider of the Title III transportation service will also provide the older individual and/or the family caregiver the opportunity to voluntarily contribute to the cost of the transportation service.

- d. When reservations are made for transportation by the older individual and/or caregiver, it is important for the Title III service provider to identify who will be riding that particular day so as to assure ample seating is available in the vehicle.

2. Service Delivery to Persons Under the Age of 60 (Department Policy 03-04)

- a. Policy: It is allowable under the Older Americans Act and its regulations for senior organizations, as well as non-senior organizations that receive Title III and related funding for senior transportation to transport individuals who are 60 and older and those who are under 60 together in the same vehicle during normal operating hours.
- b. The service provider of the Title III transportation service will provide the older individual the opportunity to voluntarily contribute to the cost of the service. Individuals under age 60 are to be charged a reasonable fee or fare for the ride. However, fees or fares must not be imposed on grandchildren who are raised by their grandparents, adult children with developmental disabilities and family caregivers as outlined in PCR No. 02-04.
- c. It may also be possible for senior organizations that receive Title III and related funding to enter into a contractual arrangement with other service organizations to provide transportation service to their clientele (e.g., Job Access and Reverse Commute (JARC) program, etc.) either during normal operating hours or after hours. The service provider must pro-rate the cost of this service taking into consideration vehicle maintenance, driver, gasoline, insurance and other appropriate costs for this service. This does not apply to any Section 5311 public transportation operators.
- d. In an effort to improve coordination and increase cost efficiency and effectiveness of providing this service, it is the Department's expectation that senior organizations transport seniors along with other age and client groups on a regular basis using their reservation and scheduling systems for the van or bus being used. Title III transportation providers should work with other community-based transportation service providers to assure that transportation services are coordinated at the local level for the betterment of their communities.

Chapter 4

Information and Assistance

Introduction

This chapter provides additional information on NIAAA funded Information and Assistance (I&A) service. Information in this chapter applies to Title III-B I&A service for older adults, Title III-E I&A service for caregivers and Title III-E I&A service for grandparents raising grandchildren.

Refer to Chapter 3 of this Manual for the definition of Information and Assistance, the unit of service definition, required service activities and required service standards.

Information and Assistance Service

I&A is the entry point into aging services. Thousands of older adults, caregivers and grandparents rely on I&A service every year for help with benefits and services. Finding the right resource can be frustrating and complicated. With so many overlapping federal and state programs and their different requirements, older adults and their caregivers and grandparents raising grandchildren need help understanding what services are available and whether they qualify. Understanding the maze of services, eligibility requirements and the application process is not easy. I&A service provides up-to-date information and hands-on assistance with a multitude of different programs and services. I&A service plays an important role in helping seniors obtain Title III services such as transportation, homemaker, home delivered meals, legal and respite and state funded services such as Community Care Program services of homemaker, adult day care, emergency response system and Assistive Technology.

Outreach, or actively seeking new clients, is an important component of I&A service. Many seniors, caregivers and grandparents still don't know I&A service exists. Information from focus groups and surveys continues to show that many individuals don't know where to turn when they are looking for help with aging, caregiving and grandparent issues.

I&A Clients

Title III-B I&A service provides services for older adults age 60 and older.

- older adults requesting help with their own needs,
- families calling on behalf of an older adult,
- professionals looking for aging resources for a client they are working with,
- anyone in the community with a question about aging programs or services (specific to an individual senior need).

If a Title III-B funded agency receives a request from an individual **under the age of 60**, the agency can provide assistance with other funding (if available) but not with Title III-B funds.

Disabled individuals under the age of 60 are to be served using **SHAP** (Senior Health Assistance Program) funding. Service provided under the SHAP grant is also counted as I&A under the category of Pharmacy I&A (I&A Rx in AgingIs). Pharmacy I&A assists Medicare beneficiaries of any age with Medicare Part D and other pharmaceutical assistance. The SHAP grant contains an

agency projection of the number of people of all ages to be served with pharmacy I&A, application assistance, Medicare enrollment and Extra Help. To the extent funding is available, SHAP funds assist persons under age 60 with a disability with Medicare and other pharmaceutical assistance.

When requests for assistance come from those who do not fall within these client's groups, I&A organizations are encouraged to refer individuals to other local service providers such as United Way, Salvation Army, Community Action Organizations, DHS, churches, etc.

Title III-E I&A service provides services to caregivers. Caregivers are adult family members, or other individuals providing informal (or unpaid) care to an older individual:

- A husband caring for his wife.
- A child or grandchild taking care of his or her parents/grandparents.
- A neighbor or friend taking care of an older adult

Caregiver I&A focuses on the needs of the caregiver by inquiring about the health of the caregiver, finding out how the caregiver is coping and determining what support services are needed for the caregiver and the older adult being cared for.

Grandparents raising grandchildren served under **Title III-E grandparent I&A** are grandparents age 55 and older or other relative caregivers raising a grandchild who:

- Live with the child,
- Are the primary caregivers of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child, and
- Have a legal relationship to the child such as legal custody or guardianship, or are raising the child informally.

Grandparent I&A focuses on the needs of the grandparent. The service assists grandparents find resources for their own needs and the needs of their grandchildren.

Custodial grandparents have legal custody or guardianship of their grandchildren. The child(ren) may have come to live in their home through placement by the courts, the Department of Children and Family Services, by abandonment or voluntary parental relinquishment. Non-custodial grandparents provide daily care for grandchildren living with them but for whom they do not have legal custody.

Only grandparents age 55 and over are counted as a client under NIAAA funded grandparent I&A service. The agency may choose to provide grandparent I&A to grandparents under age 55 using other sources of funds, or refer them to other local organizations for assistance.

Targeting

Targeting I&A service is essential since target group individuals are most likely to need help obtaining benefits and services. Older American Act target groups are older persons in poverty, minority, living alone, frail, over age 75, limited English proficiency, rural and at risk of institutional placement. The agency must meet targeting commitments in their grant. Targeting is also

important for grandparent I&A service since 9% of all black children are raised by grandparents and 6% of Hispanic children live with a grandparent (Fields, 2003).

I&A Client Needs

Older adults need I&A service because:

- They have questions about various programs or services.
- They don't know what benefits/services are available and need general information.
- They need on-going help to apply for public assistance programs, such as LIHEAP, tax assistance, Medicare Part D, etc.
- They need advocacy to resolve a problem.

Caregivers have a special need for I&A service because they may:

- Have misconceptions about community programs and services.
- Think their loved one does not qualify for help.
- May be overwhelmed and not know where to turn for help.
- Have limited time because of job pressures and other family responsibilities such as childcare.
- Be living in another county, another part of Illinois, or another state and not know about resources where their loved one lives.
- Be in the midst of a family crisis and need immediate information and help.
- Not be accustomed to turning to community agencies for assistance.

Grandparents raising grandchildren have special needs for I&A service because:

- Grandparents are usually on a fixed income and budgets are strained with grandchildren's needs that must be met.
- Grandparents are dealing with difficult issues such as ADHD, grandchildren with serious emotional problems, grandchildren who have been sexually abused, etc.
- Many grandparents have health problems and need community services to meet their own needs and their grandchildren's needs.
- Grandparents need to be linked to resources related to child development, children with special needs (e.g., physical, learning or mental disabilities, emotional behavioral problems), available financial assistance programs, alcohol and drug abuse among children, sexuality, respite, housing, insurance, guardianship, custody, and legal issues.

The purpose of I&A service is to assist individuals with the full range of services available. For example, I&A service provides healthy and active seniors with information about volunteer, recreational and educational opportunities. I&A service also assists older adults with health

problems by linking the individual to in-home services, health promotion activities, and by making referrals to the local Case Coordination Unit (CCU).

Information and Assistance service provides assistance with pharmaceutical programs, tax assistance programs, property tax assistance programs, Medicare, Medicaid and much more. Staff must be specially trained in all these programs to be ready to share accurate information and help clients obtain access to these important programs.

The challenge of I&A is to meet the increasingly complex service needs of:

- The first-time caller who needs basic information about what is available.
- On-going callers who need additional information.
- Individuals needing emergency, temporary help is available through GAP Filing and/or respite service.
- Individuals who need continuing help on a cyclical basis with a variety of benefit programs such as Benefit Access Application (BAA), LIHEAP, and tax assessment freeze.
- Individuals needing on-going help with Medicaid spend-down and management of other complex benefit programs.
- Those in need of follow-up to make sure benefits are received.
- Those in need of a comprehensive benefit screening.

I&A Provider Requirements

Title III-B, Title III-E caregiver and Title III-E grandparent I&A organizations must:

- Be visible and accessible to older adults, caregivers and grandparents raising grandchildren. Access commitments in the grant must be met.
- Promote and publicize I&A service within the community. Grant commitments for public awareness must be met.
- Respond to requests for information and assistance in a reasonable timeframe. A method must be developed and used to prioritize requests.
- Assess the need for assistance with other programs and services. Minimally, I&A workers must ask each individual if any other service, program or benefit is needed.
- Complete applications for assistance for a variety of community services. Grant commitments for the type of applications completed must be met. NIAAA minimally requires I&A organizations complete the Benefit Access Application (BAA), Extra Help, DHS, SSI, LIHEAP, tax assessment freeze, respite, and GAP applications.
- Maintain an up-to-date resource directory containing all formal (agency) and informal (volunteer) services available in the community.
- Have a method for handling new referrals, appointments and waiting lists.
- Maintain effective working relationships with referral sources.
- Advocate for the client and helping with appeals, problem solving and service access issues.
- Provide hands on assistance with application and form completion.
- Provide referrals to other services when appropriate.
- Provide follow-up to make sure services have been received.
- Meet projections in the NIAAA grant for persons and units.

- Respond to the needs of walk-ins during business hours.
- Provide home visits to isolated and homebound seniors who cannot get to the I&A office. Having a method for determining when a home visit is made.
- Provide I&A service at other community locations such as senior housing, nutrition sites and other places where older adults gather.
- Maintain lists of those in need of services and also lists of isolated, homebound and at-risk older persons.
- Expand services during a disaster according to specifications in Chapter 2 of this manual.
- Develop and implement referral policies and procedures to ensure referrals are made in an objective, non-biased manner and that clients are provided with the full range of options available. Maintain written referral agreements with the CCU, Adult Protective Services and the Title III nutrition provider.
- Have computer capability, internet access, e-mail, fax and capacity to connect to the internet and receive e-mail inquiries. Having the ability to file applications electronically utilizing the Internet. Using electronic databases (when available).
- Use the AgingIs (formerly NAPIS Pak) software for reporting required information.

I&A Staffing Requirements

I&A staff are required to be:

- Competent, ethical and qualified, I&A workers must have a variety of skills to assist seniors.
- Knowledgeable about Federal, State and local community resources.
- Able to provide service effectively in a variety of ways 1) during office visits 2) over the phone 3) during home visits and 4) in other community locations.
- Able to provide accurate and complete information and utilize printed resource materials (pamphlets, resource lists and resource guides, etc.).
- Able to use comprehensive benefit screening tools.
- Able to complete a variety of forms and applications.
- Attend NIAAA and IDoA sponsored training and training on Medicare Part D, and other Pharmaceutical Assistance programs as required by NIAAA.
- Complete and maintain annual Senior Health Insurance Program (SHIP) recertification training.
- Knowledgeable about the special needs of older adults, particularly those afflicted with Alzheimer's disease.
- Able to understand and maintain client confidentiality.
- Able to collect information on client outcomes and gaps in service.
- Knowledgeable about ethnic and minority older adults and those unable to speak English, culturally sensitive and able to work with the target population.
- Able to assess for additional needs and provide a full range of needed services.
- Have competent computer skills.

- Skilled in providing follow-up services.
- I&A workers must be true advocates for seniors and be able to help with a range of different problems and needs; from seniors who are resistant to help, to seniors who may “over-rely” on the system. In addition, I&A workers must be able to work with a variety of organizations to advocate for senior needs.
- Able to coordinate and work well with other agency staff.
- Familiar with web-based tools such as Benefits Check Up (BCU).

I&A staff respond to specific requests for information about community resources when a call or question is received. I&A staff share specific information to help the individual understand what the service provides, how to apply for the service, what the hours of service are, cost (if any), days of the week the service is provided, etc.

Hands on practical help is offered, including assistance completing forms and applications for benefits such as:

- LIHEAP (utility assistance),
- Medicaid, Food Stamps, QMB, SLIB, etc.,
- Tax assessment freeze,
- Homestead Exemption,
- Benefit Access Application (BAA).

Information and assistance service also helps older adult obtain pharmaceutical assistance including programs such as:

- Medicare Advantage Plans
- Medicare Part D prescription assistance
- Medicare Part B (immuno-suppressants, nebulization, oral anti-cancer, glucose monitor and diabetic supplies)
- Veterans Assistance prescription benefits
- Medicaid
- Illinois prescription programs like Illinois Buying Club
- Discount cards
- Pharmaceutical company programs
- Internet pharmacies

I&A organizations also determine the need for Illinois General Revenue Funds (GRF) and Title III-E GAP Filing and respite service for older adults, caregivers and grandparents raising grandchildren. Refer to Chapter 6 for further information on GAP Filing and respite service.

I&A staff must also be able to identify other needs by asking additional questions, screening for additional services or providing a comprehensive benefit screening using and Benefits Check Up or similar tools.

I&A Training Requirements

I&A standards require I&A organizations have staff that are specially trained to inform and assist older persons with benefits, services and opportunities.

I&A organizations make sure I&A workers receive:

- Pre-service training (before a new worker starts serving clients)
- On-the-job training (close supervision, mentoring, and shadowing of new workers)
- In-service training offered by the agency during staff meetings or trainings
- Training offered by NIAAA, IDoA or other sources

Training should include areas such as:

- Interviewing and assessing needs
- Resource directories including national, state and local aging resources
- Information and assistance procedures
- Follow-up
- Confidentiality
- Record keeping
- Reaching and serving target group individuals
- Advocacy skills

Each I&A staff person listed in the NIAAA grant must participate in IDoA's Senior Health Insurance Program (SHIP) training. This training is offered annually.

I&A agency staff should also consider pursuing certification through Inform USA, formerly the Alliance of Information and Referral Systems (AIRS) to become a Certified Information Referral Specialist in Aging (CIRS-A). Visit <https://www.informusa.org/> for more information. AIRS Certification is a requirement for all I&A provider agencies under the SHAP Grant. All I&A provider agencies shall have at least one staff person Inform USA trained.

I&A Service Availability

Older adults, caregivers, grandparents and community agencies rely on the availability of I&A service. I&A organizations must provide service during regularly scheduled business hours at least 5 days a week with the exception of holidays.

I&A organizations must have trained and capable staff to answer and respond to questions and needs. I&A organizations must be easy to reach by having sufficient phone lines and staff to answer the phone without reliance on prerecorded messages and confusing menus of phone options and voice messaging.

Other ways I&A organizations make service available is through:

- The agency's website
- Answering machines (when the agency is closed)

Each I&A agency should have policies on how phone calls and referrals are received, how requests are prioritized, how appointments are made and how a waiting list for service is maintained.

Resource Directory Requirements

The Illinois Department on Aging I&A standards requires I&A organizations maintain “accurate, up-to-date information” on “services and opportunities available to older persons.” The standards also require I&A providers have a data collection system to meet client and community needs.

I&A organizations must have a paper or computerized Resource Directory of all the services available in the county(ies) the agency serves. This resource directory must contain services provided through federal, state and local sources of assistance and include services offered through not-for-profit, governmental and for-profit providers.

The I&A provider may use NIAAA publications as a starting point for their Resource Directory, but it also needs to supplement NIAAA’s area-wide resources with local formal and informal (volunteer) resources.

NIAAA publications include:

- Senior Benefits and Services Guide
- Housing Directory for Northwestern Illinois
- Home Care Guide

Maintaining Lists

The agency is required to maintain lists of clients in need of specific services. Lists are used to contact clients when funds/services are available such as:

- LIHEAP
- Holiday Food Baskets
- GAP Filing and/or Respite
- Paint-a-thons or other volunteer opportunities
- Farmers Market coupons

Follow-up

Follow-up is provided to make sure all needed services have been received. The I&A worker should use professional judgment to determine when follow-up is needed when “information only” is provided. Follow-up is particularly recommended when the I&A worker has completed an application or made a formal referral on behalf of the client. Follow-up can be made by a phone call to the client or to the appropriate community resource (if permission is obtained) to determine if the need for service has been met.

Coordination

I&A Coordination with the Case Coordination Unit

It is essential that I&A organizations have a close working relationship with Case Coordination Units. Just as I&A is an entry point into services for all seniors and caregivers, Case Coordination Units are the entry point to services for seniors with long term care needs. I&A organizations must be able to quickly and easily facilitate access to both the Community Care Program and Comprehensive Care Coordination services.

Comprehensive Care Coordination (CCC) service provided by Case Coordination Units (CCU's) provides individuals age 60 and over with a comprehensive assessment, a care plan including linkages to a full range of community services, intense monitoring and follow-up. CCC service is available to any senior over the age of 60 regardless of income or assets.

If the I&A agency is not also the designated Case Coordination Unit (CCU), the I&A agency is required to develop written procedures on how effective working relationships are maintained with the CCU including how:

- Meetings/case staffings will be held
- Referrals will be handled
- Information on client resources will be shared
- Information on mutual cases will be shared
- Resolving problems
- What (if any) I&A services will be provided to CCC clients (NIAAA will provide guidance on this issue)

I&A Coordination with Nutrition Service Providers

I&A organizations must have a written coordination agreement the Title III-C nutrition provider. The procedure must specify:

- How referrals will be handled
- How pamphlets brochures about the congregate/home delivered meal program will be distributed
- How I&A organizations will be updated on waiting lists/unserved areas
- How fee for service programs should be explained
- Resolving problems
- How services will be coordinated

I&A Coordination with Adult Protective Services (APS)

I&A staff are mandated reporters for Adult Protective Services. The I&A agency must have a written coordination agreement on how Adult Protective Services reports will be made to the designated Adult Protective Services provider agency in the area.

I&A staff must receive training on elder abuse. This training can be provided by NIAAA or the local elder abuse provider agency. Training should include:

- Types of older adult and persons with disabilities abuse
- How to identify older adult and persons with disabilities abuse
- How to Report abuse and timelines for reporting (within 24 hours)
- Timelines for Adult Protective Service response
- Coordinating with Adult Protective Services
- Self-neglect

I&A Coordination with Other Title III Providers

I&A workers are responsible for promoting and facilitating access to other Title III Older Americans Act funded services such as legal, ombudsman, health promotion, medication management, transportation, caregiver GAP and respite and other Title III funded services. I&A workers should have working relationships with staff at all Title III organizations and a well-defined method for making referrals, solving problems, sharing information and coordinating with Title III organizations.

I&A Forms Requirements

I&A organizations must develop their own forms for I&A service provision. NIAAA does not mandate the use of any specific I&A form throughout Area 01, however, NIAAA's I&A intake form is available from on our website at nwilaaa.org, under Resources → [Grantee Information](#) page. NIAAA staff are available as needed to provide technical assistance in developing forms.

The I&A Registration Form will be used as the data gathering form to report persons served to NIAAA and the Illinois Department on Aging. However, it should not be the only form used when providing I&A service.

Other I&A Agency Requirements

Information and assistance organizations must develop an Outcome Measurement Tool for service and include in this tool, all of NIAAA's required outcome questions. This form is available from our website at nwilaaa.org, under Resources → [Grantee Information](#) page.

Resources for I&A Workers

NIAAA has several guides and directories on its website that I&A workers may find helpful. These publications are available on our website at nwilaaa.org, under Resources → [Publications](#) page.

I&A Person and Unit Reporting

The I&A agency must maintain adequate records to support the type and level of I&A service provided. Records must exist which verify the number and type of units of service provided. A person served is an older individual age 60 and over (or any individual calling on an older person's behalf), a caregiver or a grandparent age 55 and older raising a grandchild. A person is also counted if someone calls on their behalf.

Each person receiving I&A must be entered into the AgingIs (formerly NAPISpac) database. The I&A agency will be expected to meet the unit projections in their grant.

Units of Service

An I&A unit is a contact. A contact is a phone call, face to face visit or home visit with a person served.

Units of I&A are counted for persons 60 and older, or caregivers of those 60 and older and grandparents raising grandchildren age 55 and older.

Any individual client contact made for information, referral, or assistance is one unit of service. These units can include all referral and follow-up contacts on behalf of that client.

For example: If an older person contacts the service provider requesting information on a state pharmaceutical assistance program, this contact constitutes one unit of service. If the service provider follows up with this same person to see if the application has been made to this program, this will constitute another unit. Referrals on behalf of a client, whether by mail, email, phone or fax constitute one unit of service.

The service units for information and assistance refer to individual, one-on-one contacts between an I&A provider and an elderly client or a caregiver. An activity that involves a contact with several current or potential clients/caregivers (what is considered group services) should not be counted as a unit of information and assistance. Group services might be defined as public education or public information or a similar designation.

Internet website “hits” are to be counted only if information is requested by older individuals and family members and supplied by the provider.

For example, an older person requests by e-mail on a provider’s website that they want information on pharmaceutical assistance programs. If the I&A provider provides this information by e-mail or by traditional mail or by telephone, this is one contact (one unit of service). *If the older individual or family member simply reviews information on the provider’s website and does not request specific information, then this situation cannot be counted as a contact (unit of service).*

The I&A agency will be expected to meet the unit projections in their grant.

Contact the NIAAA office for I&A unit reporting examples.

Chapter 5

Nutrition Services

PURPOSE

Nutrition services are provided to assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation through a program coordinated with other supportive services. As outlined in the Older Americans Act, the purposes of Title III-C funds are:

1. to reduce hunger and food insecurity; and
2. to promote socialization of older individuals; and
3. to promote the health and well-being of older individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

The definition, unit of service definition, and service standards for nutrition service are contained in Chapter 3 of this manual.

ELIGIBILITY

Individuals eligible to receive a meal at a congregate nutrition site include:

1. Individuals aged 60 or older and the spouses of those individuals, regardless of age, if the eligible spouse is or has been an active participant in the program.
2. Disabled individuals as defined in OAA Section 102(8)(9) who have not attained 60 years of age but who reside in housing facilities occupied primarily by the elderly at which the congregate nutrition services are provided; and
3. Individuals with disabilities who reside in a non-institutional household with and accompany older individuals who are eligible under the OAA.

Other individuals eligible to receive a congregate meal:

1. Volunteers: Nutrition project administrators have the option to offer a meal, on the same basis as meals are provided to elderly participants, to individuals providing volunteer services during the meal hours; and
2. Staff or guests: Staff or guests under age 60 may be offered a meal, if doing so will not deprive an older person of a meal. Staff or guests shall pay for the full cost of the meal. Full cost of the meal includes: raw food; labor (personnel); equipment; supplies; utilities/rent; and other. Policies regarding contributions may allow that the full cost of the meal be considered that cost which is a cash cost (excluding in-kind). The project administrator may offer a meal to staff as a fringe benefit. These meals should be included as employee fringe benefit costs in the budget. Employees are responsible for any tax liability on the value of the fringe benefit.

Individuals eligible to receive a home delivered meal include:

1. Individuals aged 60 or over who are frail, homebound by reason of illness, incapacitating disability as defined in OAA Section 102(8)(9) or are otherwise isolated. The spouse of the older person, regardless of age or condition, may receive a home delivered meal if, according to criteria determined by the Area Agency, receipt of the meal is in the best interest of the homebound person; and
2. Disabled individuals as defined in OAA Section 102(8)(9) who have not attained 60 years of age but reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided.

NUTRITION SERVICE PROVIDER PROCEDURES

NIAAA funded nutrition providers are required to have the following procedures and/or agreements:

1. Provision of meals to non-eligible persons.
2. Procedure for suspension or termination of service due to client non-cooperation.
3. Procedure for emergency response when a home delivered meal participant is found in need of immediate medical attention.
4. Updated memorandum of agreement or lease agreement with each facility serving as a congregate meal site.
5. Updated memorandum of agreement with each agency serving as a delivery site for home delivered meals.
6. Procedure for collecting information on waiting lists and unmet need for service.
7. Disaster procedure on how meals will be distributed to older adults in the event of disaster and a procedure to make home delivered route sheets available to local Emergency Management Coordination offices as appropriate.
8. Ensuring each participant clearly has a free choice whether or not to pray, either silently or audibly, and that the prayer, or other religious activity, are not officially encouraged, sponsored, led, organized, or scheduled by persons administering the meals program or sites and that this restriction does not apply to participant organized and led religious activities conducted in private areas.

SHELF STABLE MEALS

1. What are the plans to ensure a minimum of three days of shelf stable meals will be provided to Home Delivered Meal participants?
2. How are shelf stable meals replenished, what is the frequency they will be provided, and how

will participants be informed about the use of shelf stable meals for emergencies, pandemics, weather-related conditions, or civil unrest that would prevent delivery of HDM?

3. How do shelf stable meals comply with the Dietary Guidelines for Americans and meet one-third of the current Dietary Reference Intakes? If not, was a detailed explanation provided as to why they do not meet the DRIs/DGAs?
4. Describe how you currently provide or plan to implement a person-centered approach to providing at least one additional diet option to meet cultural/ethnic preferences, health-related or medically tailored needs, or religious dietary needs?
5. Provide a list of diets currently being used in the planning and service area?

NUTRITION EDUCATION SERVICES

Each nutrition project shall provide nutrition education on at least a semiannual basis to the participants in the nutrition program.

It is strongly recommended that nutrition education be provided quarterly to congregate and home delivered meal participants and more frequently if possible. The purpose of nutrition education is to inform individuals about available facts and information that will promote improved food selection, eating habits, nutrition and health-related practices. The activities are designed to:

1. Assist older persons in obtaining the best nutritional services available within their resources;
2. Aid older persons in making sound food choices consistent with the Dietary Guidelines for Americans, and in obtaining the best food to meet nutritional needs;
3. Increase awareness of community-sponsored health programs that encourage and promote sound nutritional habits and good health;
4. Assist older persons, where feasible, in the area of therapeutic diets as required by health or social condition; and
5. Provide available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles in the individual's communities.

Coordination with community resources is encouraged in the provision of nutrition education services.

MEAL REQUIREMENTS

Meals provided through the nutrition program must comply with the Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and the Secretary of Agriculture; and provide each participant:

1. A minimum of 33-1/3 percent of the Dietary Reference Intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the participant is offered one meal per day;

2. A minimum of 66-2/3 of the allowances if the participant is offered two meals per day; and
3. 100 percent of the allowances if the participant is offered three meals per day.

When planning breakfast for congregate meal participants, the meal must meet 1/3 of the DRI in and of itself, unless it is assured that the breakfast participant will also receive lunch (or dinner) that day at the meal site. In the case of home delivered meal participants; however, where the same participant is being provided with two or three meals on a given day, menus can be planned so that the combined nutrition content meets 2/3 or 1 full DRI respectively.

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP) FOR THE ELDERLY

Nutrition service providers are eligible to receive Administration on Aging (AoA) cash assistance in the form of a funding allocation for meals served through AoA's NSIP Program for the Elderly. Allocated funding may be claimed for meals that:

1. Meet the dietary guidelines as specified;
2. Are served to eligible participants, which include persons 60 years of age or older, their spouses, disabled persons and volunteers, as described previously (NSIP reimbursement may NOT be claimed for meals served to guests or staff under 60 years of age);
3. Are served by an agency that has received a grant under Title III of the Older Americans Act and is under the jurisdiction, control, management, and audit authority of a AAA or the Department; and
4. Are provided with no set fee charged to the recipients.

Nutrition Services Incentive Program (NSIP) funds:

1. Shall be used to increase the total number of meals served;
2. Shall only be used to purchase United States agricultural commodities and other foods; and
3. Shall not be used to off-set program costs or as non-federal matching funds for any other federal program.

VOLUNTARY CONTRIBUTIONS

Each project providing nutrition services may solicit voluntary contributions for meals, taking into consideration the income ranges of eligible individuals in local communities and other sources of income of the project.

Each project must protect the privacy of each older person with respect to his or her contributions; establish appropriate procedures to safeguard and account for all contributions; and may not deny an older person a service because the older person cannot or will not contribute to the cost of the service.

Voluntary contributions must be used to increase the number of meals served by the project, facilitate access to such meals, and provide other supportive services directly related to nutrition services.

ILLINOIS LINK

The nutrition service provider must assist participants in taking advantage of benefits available to them under the Illinois Link program. The nutrition service provider must coordinate its activities with the local Illinois Department of Human Services office administering the Link program to facilitate participation of eligible older persons in the program.

MENU PLANNING

Menus must be:

1. Planned in advance for a minimum of four weeks, assuring variety in menu offerings, while allowing for special and seasonal purchasing opportunities and participant preferences;
2. Posted with serving dates indicated in a location conspicuous to participants at each congregate meal site as well as in each preparation area;
3. Legible and easy to read (it is recommended that menus be printed in the language(s) of the participant group);
4. Adhered to, subject to seasonal availability of food items; and
5. Kept on file, with any changes noted in writing, for at least one year.

MENU PATTERN

Service providers shall use the following menu pattern:

1. Meat or meat alternative group (optional for breakfast).

Each meal shall contain at least a three-ounce cooked edible portion of meat, fish, poultry, eggs or cheese. Meat alternatives may be used in accordance with the participant's food preferences. Meat alternatives may include cottage cheese, soy products, dried beans, peas, lentils, nuts, nut butter (peanut butter and others) or products made from these foods. A minimum of 15 grams of protein shall be provided by the meat/meat alternative.

2. Vegetable and fruit group

Each meal shall minimally contain two, one-half cup servings, drained weight or volume, of vegetables, full-strength vegetable juices, fruits or full-strength fruit juices one (1) cup serving of fruit or full-strength fruit juice for breakfast. Fruit used as a dessert may be added as an extra component of this food group, but should not be counted toward the suggested two servings of vegetables and fruits.

- a. Vegetable soup that contains at least 2 cups of vegetables per serving may be counted as a vegetable/fruit.
- b. Dried beans, peas, or lentils may be counted as either a serving of vegetable/fruit or meat/alternative but not for both groups in the same meal.
- c. One cup of raw leafy vegetables is equivalent to a one-half cup serving.

3. Bread or bread alternative group

One serving of enriched or whole-grain bread, biscuits, muffins, rolls, sandwich buns, cornbread and other hot breads, or bread alternatives. Bread alternatives may include enriched or whole-grain cereals, spaghetti, macaroni, rice, noodles, dumplings, pancakes, waffles and tortillas. (Two servings for breakfast.) One-half cup is the serving size for rice, pasta, noodles and cooked cereals. Three-quarters cup is the serving size for dry ready to eat cereal.

4. Milk or milk product (preferably low-fat or fat free)

Each meal shall contain eight fluid ounces of whole milk, fat free milk, low-fat milk, flavored whole or fortified milk, or buttermilk, or the calcium equivalent (at least 285 mg. of calcium).

Substitutions may be used equivalent to 8 ounces of milk. For example, the following can be substituted for eight (8) ounces of milk:

- cup of yogurt (preferably low-fat or fat free)
- 12 ounces of natural cheese (preferably low-fat or fat free)
- 2 ounces of processed cheese (preferably low-fat or fat free)
- 2 cups of cottage cheese (preferably low-fat or fat free)
- 2 cups part-skim ricotta cheese (preferably low-fat or fat free)
- Tofu (Calcium content of tofu differs according to the process method. Tofu contains calcium if processed with a calcium coagulant such as calcium sulfate.)

5. Butter or fortified margarine

Each meal may contain 1 teaspoon of butter for fortified margarine. (1 to 2 teaspoons for breakfast)

6. Dessert group (not applicable for breakfast)

Each meal shall contain one (1) one-half cup serving of a dessert. This shall include fruit, puddings, custards, etc. Sweets, such as cake, pie, cookies, cobblers, gelatin desserts, fruited gelatin, sherbet, ice cream and similar foods may be served beyond the minimum required a DRI.

7. Ethnic or religious menus must approximate as closely as possible (given religious requirements or ethnic background) the regular meal pattern and nutrient content of meals as previously stated.

OTHER MENU RECOMMENDATIONS

1. Use salt sparingly, if at all, in cooking and at the table;
2. Limit fat to no more than 30-35 percent of the calories average for the week;
3. Include a good source of fiber five times a week;
4. Reflect seasonal availability of food;
5. Plan so that food items within the meat and meat alternatives, vegetable, fruit and bread groups are varied within the week and menu cycle;
6. Include a variety of foods and preparation methods with consideration for color, combinations, texture, size, shape, taste and appearance;

7. Do not provide vitamin and/or mineral supplements, except as specified below;
8. Use low-sodium meats, flavorings, and seasonings;
9. Use whole grains, meat alternatives, and raw fruits and vegetables to increase the fiber contents of the menus;
10. Use low-fat salad dressing, cheese and gravies (made without drippings and fats);
11. Bake, boil and steam foods in place of frying food in fat;
12. Use added fats only in amounts indicated in a recipe; and
13. Have drinking water readily available to encourage fluid intake. Coffee, tea and decaffeinated beverages may be used, but cannot be counted as fulfilling any part of the meal pattern requirements.

NUTRITION SUPPLEMENTS

Nutrition supplements, including liquid or bars, may be made available to participants based on documented, assessed need as determined by a registered dietitian or a physician. Such products cannot replace conventional meals unless a physical disability warrants their sole use. Nutrition supplements are not reimbursable under the Older Americans Act or by AOA.

OFFER VERSUS SERVE

1. Each nutrition provider shall ensure that congregate meal participants are offered all the food items needed to meet the menu requirements.
2. Consistent refusal of menu items should be investigated to determine why a participant is declining menu items.
3. Assistance should be provided to assure that adequate nutrition intake is maintained by the participant (for example, providing smaller serving portions, substitutions when feasible or serving the participant first).
4. AOA reimbursement is not affected when a participant declines menu items.

FOODS TAKEN FROM NUTRITION SITES

1. Unserved left-over foods shall not be taken from kitchens or sites by employees, volunteers, or participants.
2. Safety of the food after it has been served to a participant and when it has been removed from the congregate site is the responsibility of the recipient and may be consumed as that participant deems appropriate. Providers shall post signs that warn participants of the health hazards associated with removal of food from the congregate nutrition site.

FOOD BORNE ILLNESS COMPLAINT REPORTING REQUIREMENTS

1. In the event that a nutrition service provider receives a complaint or report of symptoms of food borne illness, the nutrition provider shall:
 - a. Notify the local health department immediately to initiate an investigation; and
 - b. Notify the Area Agency on Aging within 24 hours of the investigative procedures in progress.

2. NIAAA shall notify the Department within three working days of a reported food borne illness. Thereafter, periodic updates shall be provided regarding the progress and finding of the investigation.

FOOD SERVICE REQUIREMENTS

Nutrition service providers must comply with applicable provisions of state or local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual.

1. Training

- a. Training in sanitation, health, fire and safety regulations must be provided during the orientation of staff new to the program and, at a minimum, once a year thereafter. The training will include but not be limited to: safe food handling, foodborne illnesses, hygienic practices of personnel, equipment sanitation, dish washing procedures, facility sanitation, rules for safe work, and fire and safety regulations. Where feasible or possible, state or local public health officials should be involved in the development of training materials and programs. In situations where regulations do not exist, or their applicability is questioned, the provider shall contact the appropriate State agency that establishes fire, health, or safety standards (e.g., State Fire Marshall, etc.).
- b. The meal site supervisor or designee must successfully complete the Illinois Department of Public Health's Food Service Sanitation Manager certification training, and have a current registration.
- c. All staff working in the food preparation and food serving area shall be under the supervision of a person who will ensure the application of hygienic techniques and practices in food handling, preparation, service and delivery.

2. Food Temperatures

- a. Food temperatures at the time of service and at the time of delivery must be no less than 140 degrees F for hot foods and no more the 41degrees for cold foods.
- b. For congregate meals, the temperature of the food should be checked and documented daily at the time of service and in the case of catered food, at the time of food arrival and at the time of service.
- c. For home delivered meals, the temperature of the food should be checked and documented daily both at the end of production and at the time of packaging; and on a regular basis, not less than one time per month, at the end of the delivery route requiring the longest delivery time.

3. Packaging & Packing Standards-Home Delivered Meals

- a. All meals packaged at nutrition sites must be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported or frozen immediately.
- b. Containers must be designed to maintain the integrity and safety of the food.

- c. Cold and hot foods must be packaged and packed separately.
- d. All food delivery carriers must maintain the proper temperature for the required time that the food will be in the carrier.

NIAAA HOME DELIVERED MEAL ASSESSMENT GUIDELINES

Title III-C providers are responsible for intake, assessment and reassessment for home delivered meals following these guidelines:

- ❖ Title III-C providers will initiate the intake during the initial call or request for service. Information may be obtained from the referral source or the individual in need of service.
- ❖ Home delivered meal service should not be delayed because of incomplete intake or assessment information (exception: need for special diet must be confirmed).
- ❖ An in-home assessment is not required for home delivered meal service; however, it may be needed if sufficient information cannot be obtained from the client during the telephone interview (client is hearing impaired, confused, gives contradictory answers or is unable to answer certain questions) or from other sources of information.
- ❖ Nutrition risk assessments must be done at least annually.
- ❖ Information related to meal delivery will also be collected (special diet, special utensils, delivery instructions, emergency contacts).
- ❖ A reassessment for home delivered meals must be completed on an annual basis by telephone or during an in-home visit. Reassessment may occur more frequently if circumstances change (ex., client's health improves and therefore the client no longer needs meal service).
- ❖ CCUs will also assess and reassess case management clients for HDM service and forward the forms to the nutrition provider.
- ❖ CCUs will refer seniors to HDM service using methods and forms mutually agreed upon.
- ❖ If an individual is in need of additional services (ex., case management, transportation), the nutrition provider will make a referral to the appropriate agency as soon as possible. IDOA's (three-part carbon copy) Referral Form or any another form can be used for this purpose.

NIAAA AWARD STANDARDS

Whenever there is no evidence of improved quality of services or cost effectiveness on the part of another bidder, a provider of services who received funds under Title VII of the Older Americans Act of 1965 as in effect on September 29, 1978, shall be given preference.

Consideration will be given where feasible, in the furnishing of home delivered meals to the use of organizations which a) have demonstrated an ability to provide home delivered meals efficiently and reasonably; and b) furnish assurances to the area agency that such an organization will maintain efforts to solicit voluntary support and that funds made available under this title to the organization will not be used to supplant funds from non-federal sources.

OUTCOME MEASUREMENT

The provider must include NIAAA required outcome measurement questions on client surveys. This form is available from our website at nwilaaa.org, under Resources → [Grantee Information](#) page.

Chapter 6

GAP Filing and Respite Services

GENERAL INFORMATION

NIAAA funds GAP and Respite service to provide temporary, essential services for older adults and caregivers in Area 01. These services are used as a last resort when no other community resources are available to meet the need. **NIAAA will not reimburse for an item or service already purchased or received by the client before the GAP or Respite request was submitted or approved by NIAAA.**

Illinois General Revenue Funds (GRF) are used to fund GAP Filing service for older adults as well as grandparents raising grandchildren. Title III-E Older American Act funds are used for caregiver GAP and respite.

To request GAP or Respite funds, designated organizations submit a GAP Filing Service Authorization Form or a Caregiver Support Service Authorization Form to the NIAAA office. NIAAA reviews and approves all GAP and Respite requests.

The definition of GAP Filing service and respite service along with required activities, unit of service definition and service standards are included in Chapter 3 of this Manual.

GAP FILING SERVICE

GAP Filing purchases may include housing (i.e., minor home repairs, home equipment and emergency response installation), medical needs (i.e., prescription medication, medical transportation, pharmaceutical supplies and other medical expenses), and other needed services.

RESPITE SERVICE

Respite service offers temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. Respite can be provided:

- a) In the home (companion, homemaker, or nursing services), or
- b) In adult day care, or
- c) In an institutional setting (assisted living, supportive living, or long-term care facility)

Caregivers potentially in need of respite service are often:

- Providing 24-hour care
- Stressed caregivers who never have enough time for themselves to do the things they want or need to do and/or who need rest or relaxation
- Caregivers with health problems, who need to take care of their own health
- Caregivers of the terminally ill.

AMOUNT OF FUNDS AVAILABLE

GAP and Respite funds are distributed on a fiscal year basis using the NIAAA funding formula allocation. NIAAA reserves the right to transfer unspent funds if under spending occurs and a need exists in other parts of NIAAA's nine county service area. Organizations are requested to maintain a waiting list for service. Later in the fiscal year, carryover funds may be made available to fund additional GAP and respite service.

ELIGIBILITY FOR SERVICE

Caregiver GAP and Respite services are for older adults and caregivers who are:

Older Adults Age 60 or older, a Caregiver of a Frail Senior Aged 60 or older: The caregiver must be providing home or community-based care to a senior age 60 or older who is frail or to a grandchild age 18 or younger. An individual is frail if he/she is unable to perform at least two activities of daily living (ADLs) without human "assistance". ADLs include bathing, toileting, eating, dressing, hygiene, cooking, cleaning, transportation, financial management, medication management or other activities. "Assistance" can be physical and/or it may include verbal cueing, or supervision due to a client's cognitive decline or other mental impairment.

If a caregiver is caring for a person under age 60, refer the caregiver to the Department of Rehabilitation Services (DRS).

Grandparents 60 years of age or older (including other relative caregivers or step-grandparent) of a child not more than 18 years of age, by blood or marriage, and who

- Lives with the child;
- 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
- Has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally

Client or Caregiver Health and/or Safety at Risk: The client or caregiver must demonstrate a need for assistance through exhibiting a health and/or safety risk. This includes a mental health risk (elevated stress level, worry, and anxiety), physical health or safety risk (risk of injury) or if the caregiver has significant health problems.

Client or Care Recipient Living in a Non-Institutional Setting: The client or care recipient must live in the community (not in a nursing home or licensed assisted living facility) to be eligible for GAP Filing service. Not available for grandparents raising grandchildren.

Community Resources Cannot Be Mobilized: Community resources either do not exist or cannot be used to meet the need for respite care. If available, other community resources must be used before GAP Filing or respite funding.

Client or Caregiver Has Insufficient Resources: Although the Older Americans Act has no income or asset eligibility criteria, priority should be given to clients and caregivers with incomes below the poverty level.

REQUESTING GAP AND RESPITE SERVICE

Only Information and Assistance organizations, Case Coordination Units (CCU's), or other NIAAA designated organizations may request GAP and respite funds. Requests for GAP Filing or respite service must be submitted to NIAAA using the NIAAA GAP and Respite forms.

NIAAA SERVICE STANDARDS

Organizations must meet the following standards for GAP and Respite service:

- Knowledge of additional community resources available to meet emergency and/or temporary needs.
- Ability to complete NIAAA required forms.
- Adequate fiscal procedures to account for expenditure and receipt of GAP payments (GAP only)
- Ability to follow good business practices for purchasing items (GAP only)
- Sufficient financial resources to initially pay for the GAP Filing goods or service until NIAAA reimbursement is received.
- Provision of follow-up to determine if the item/service has been received and if the client's needs have been met.

ORGANIZATIONS' ROLE IN GAP FILING AND RESPITE SERVICE

The role of organizations in providing GAP and Respite service is to:

- Complete a face-to-face interview to determine the need for GAP Filing/respite service.
- Explore the use of existing programs and services that could meet the client's need prior to submitting the request to NIAAA. Refer clients and caregivers to additional sources of assistance.
- Discuss the service with the client and explain the service requirements.
- Determine if the client can share in the cost of the expense.
- Consult with supervisory staff to discuss funding options.
- Complete and submit the GAP Filing Service Authorization Form or the Caregiver Support Service Authorization Form following NIAAA instructions.
- Purchase items and services with GAP funds in accordance with good business practices. Organizations can pay providers only. **GAP Filing funds cannot be paid directly to a client.**
- Ensure that if a client receives an item (such as a lift chair) for which they receive payment from their insurance company (Medicare, supplement insurance, etc.), the client is required

to reimburse NIAAA for the amount received. Obtain the client's acknowledgement of this requirement and their signature on the GAP form.

- Obtain a signed NIAAA Landlord Approval Form if the client rents and home modification changes need to be made to a rented home/apartment.
- Submit timely revisions (or cancellations) to GAP and Respite forms as needed.
- Maintain a waiting list for service if needed.
- Follow-up with the client or the caregiver to a) make sure the service was received and the needs have been addressed, b) to make sure service was satisfactory c) to provide ongoing assistance in obtaining additional resources, and d) to advocate for resources through other programs when needed. Follow-up must be provided.
- Retain documentation (bids, original receipts, paid invoices and other documentation).
- Fulfill NIAAA reporting requirements outlined in Chapter 10 of this manual.

NIAAA GAP AND RESPITE AUTHORIZATION FORMS

The NIAAA GAP Filing Authorization Form and the NIAAA Caregiver Support Service Authorization Form are used to request approval for use of GAP and Respite funds.

TARGETING

GAP and respite services must be targeted to those in poverty, minority, living alone, frail, over age 75, limited English proficiency, rural and older individuals at risk of institutional placement. Title III-E also targets caregivers of persons with intellectual or developmental disabilities.

GAP FILING AND RESPITE SERVICE LIMITS

Gap Filing Services are limited to \$1,000 for B-GAP and E-GAP per client per fiscal year starting October 1, 2023. All requested financial assistance must be used within 30 days unless an extension is requested. Reimbursement requests must be submitted by the end of a given quarter. Respite service is limited to not more than \$1,000 per client per fiscal year starting October 1, 2023. Respite requests generally get a 90-day time frame to be used. Extensions can be requested. Under special circumstances, requests can be submitted for both caregiver Respite, caregiver GAP and B-GAP Filing service.

NIAAA'S ROLE IN GAP AND RESPITE SERVICE

- Review and approve Caregiver Support Service Authorization Forms.
- Track county-based expenditures of service.
- Return the submitted form to the agency for more information if the form has errors or omissions or if a question exists about the content of the form.
- Obtain letters of agreement from the selected respite providers.
- Send a letter of confirmation to the respite provider, with a copy to the caregiver and the

designated local agency.

- Reimburse the respite provider for services rendered.
- Follow-up with providers if questions exist about payment requests or services rendered.

SPECIAL INSTRUCTIONS FOR RESPITE SERVICE

The caregiver chooses the type of respite option (in-home, adult day service or licensed facility) and the agency or facility providing respite service. If the caregiver does not have a preference for an agency or provider, the list of providers with letters of agreement with NIAAA should be given to the caregiver and various options discussed.

After NIAAA approves the request, the caregiver makes arrangements with the respite agency for service. The respite provider bills NIAAA directly and NIAAA makes payment to the respite agency.

All requests for respite service for care recipients who are Community Care Program (CCP) clients or Comprehensive Care Coordination clients must be handled by the Case Coordination Unit. The CCU case manager must review the current plan of care or develop a plan of care ensuring the care recipient is receiving the maximum amount of service available under the CCP program. If the care recipient needs additional respite service or if respite requested is not available through the Community Care Program, Title III respite services can be requested. Respite is a temporary service and cannot meet an ongoing service need. NIAAA will review each request for respite service for a CCP/CCC client on an individual basis, requesting additional information from the CCU if needed.

RESPITE SERVICE PROVIDERS' ROLE

Any licensed home care, nursing home/assisted living or adult day service agency with a letter of agreement with NIAAA can provide respite service. Caregivers are given the option to choose the respite provider best able to meet their unique needs for care. When assisting the caregiver with respite service, caregiver staff members must offer the list of providers with letters of agreement with NIAAA. If a caregiver prefers an agency not on the list, NIAAA will contact the provider to determine if the agency meets the requirements and desires to become a respite provider.

Respite service providers are responsible for:

- Providing respite service as outlined in the letter of agreement with NIAAA.
- Providing service up to the amount authorized.
- Providing service to eligible individuals. NIAAA will confirm eligibility in a letter of confirmation.
- Billing NIAAA on the agency's billing form, including a copy of the agency timesheet as proof of service provided.
- Assuring compliance with all applicable federal, state, and local regulations including

licenses where required. Maintaining all records, case notes or other information on persons served under this agreement in a confidential manner and protecting from unauthorized disclosure. All records, information and documentation generated must be kept for a minimum of three (3) years following the termination of the agreement.

The unit rate of reimbursement for caregiver respite will be the usual and customary fee charged by the agency and previously approved by NIAAA. Organizations requesting respite service will receive a list of respite providers with current rates.

Family caregivers cannot receive payment for respite care. Only providers with letters of agreement can receive payment for respite care.

GAP AND RESPITE FORMS

NIAAA GAP Filing Service Authorization Form

NIAAA GAP Filing Service Authorization Form Instructions

NIAAA Caregiver Support Service Authorization Form

NIAAA Caregiver Support Service Authorization Form Instructions

Respite Forms/Letters:

- NIAAA Letter of Agreement to Respite Providers
- NIAAA Confirmation Letter to Caregivers (sent by NIAAA)
- NIAAA Confirmation Letter to Providers (sent by NIAAA)
- Physician Documentation of Eligibility (as applicable)
- Landlord Approval Form

Chapter 7

Financial Administration

Introduction

The following information is a further explanation of the terms of a Notification of Grant Award regarding financial administration of a NIAAA grant.

AUTHORITY TO INITIATE PROGRAMS AND INCUR COSTS

- A. No Provider of the Northwestern Illinois Area Agency on Aging (NIAAA) is allowed to incur eligible project costs until the following conditions have been met:
 - 1. The Provider has received an executed Notification of Grant Award (NGA) from NIAAA;
 - 2. The Provider has signed and returned the NGA without changes; and
 - 3. The costs are incurred after the beginning date of the project, as specified in the NGA.

GRANT AWARD PROCESS

- A. Issuance by the Northwestern Illinois Area Agency on Aging. NIAAA uses a Notification of Grant Award (NGA) document to approve the Provider's request for Older Americans Act financial assistance and to specify the terms and conditions that must be adhered to in implementing eligible aging activities.
- B. Provider acceptance. NIAAA requires that each Provider accept in writing the conditions of the NGA which has the conditions of the grant. The NGA must be signed by an authorized representative of the Provider without changes and returned to NIAAA before any expenditures of grant funds are eligible for reimbursement.
- C. Revised grant awards. Substantive changes in a Provider's operation or budget will require a revised award document to be issued by NIAAA. The process for revising budgets is outlined below.

GRANT REVISIONS

All Providers are bound by the budget and program specifications as outlined in their applications. Budget deviations may not exceed 10% of category limits, i.e., Personnel, Travel, Equipment, Supplies, and Other. NIAAA funds expended by service may not exceed 10% of the NIAAA award for each service or \$500, whichever is less. Expenditures over this amount will not be allowed. A grant revision must be submitted and approved before the additional costs are incurred.

Procedures:

Grant revisions must include the following:

- A. A cover letter explaining the reason(s) the revision is necessary and, if dollar transfers are involved, where they are being transferred from.
- B. Revised grant pages affected by the revision; each page noted as revised and dated. If budget changes are involved, a complete budget (pages 1-6) must be submitted.

Although revisions should not be requested until after the second quarter reports have been submitted, NIAAA staff will be available throughout the grant year for consultation on program and budget problems as they occur or are anticipated. Revisions necessitated by emergency situations can be requested as need arises.

Providers will receive written notice of action taken or further information needed within 30 days.

Revision requests for changes in budget categories may be approved by letter if the request contains an itemization of the requested changes and a justification for the request.

Submission Requirements:

Letter requests may be submitted through September 25 of the budget year (June 25 for budgets starting on June 30).

Request for changes in the approved grant affecting the total amount of the grant or any change in resources or service dollars which require prior approval must be submitted by June 15 of each budget year. (April 15 for 6/30 budget years)

SERVICE GRANTS WITH PROFITMAKING ORGANIZATIONS

Prior Approval. Pursuant to Section 212 of the Older Americans Act, as amended, any service delivery grants with profit making organizations are subject to prior approval of the Illinois Department on Aging.

ACCOUNTING SYSTEM

Setting Up and Maintaining an Accounting System:

- A. Organizations that receive Older Americans Act or other funds administered by NIAAA must establish and maintain an accounting system for properly handling these funds and for recording all pertinent transactions. Where an existing accounting system is inadequate, the Provider must upgrade that existing system to meet the standards required by this Manual. When a Provider does not have an existing accounting system, it must establish one that meets these standards.
- B. As a minimum, all Provider accounting systems must meet the standards described in this section and all other sections of this manual, or as otherwise required by NIAAA, the Illinois Dept. on Aging and the AOA.

- C. NIAAA will provide technical assistance to Providers in the initial establishment or subsequent upgrading of an acceptable accounting system.
- D. On an ongoing basis, NIAAA will monitor each Provider's accounting system (monitoring procedures are described elsewhere under the monitoring section of this manual) to ensure that the required accounting standards are adhered to. Where inadequacies are found, corrections will be required.

Accounting Standards

The expenditure of all Older Americans Act and other NIAAA-administered funds (as well as state and local funds utilized to match such funds) must be accounted for in accordance with the following minimum criteria:

- A. All non-federal matching resources shall be accounted for separately from other program funds received in the Provider's accounting system.
- B. Records must be maintained that identify adequately the source and application of funds for Provider-supported activities. These records shall contain information pertaining to the grant award and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income.
- C. Effective control over, and accountability for, all grant award funds and real and personal property acquired with such funds must be developed. Recipients of award shall adequately safeguard all such property and shall ensure that it is used solely for authorized purposes.
- D. A system must be designed whereby comparison is made of actual expenditures with budgeted amounts for the approved award. When specifically required by NIAAA, performance reporting data is developed that relates financial information with performance or productivity data, including the development of unit-cost information.
- E. Procedures must be designed and carefully followed in determining the proper eligible costs in accordance with the applicable cost principles present in this Manual.
- F. Accounting records must be supported by source documentation, such as canceled checks, paid bills, payrolls, etc. Each entry in the accounting records shall refer to the document that supports the entry. Supporting documents shall be filed in such a way that they can be readily located.
- G. The accounting system shall contain an adequate means of internal control to safeguard assets, check the accuracy and eligibility of accounting data, promote operational efficiency, and encourage adherence to prescribed management policies.
- H. All accounting records, support documents, statistical records, and other records pertinent to the grant are to be kept readily available for examination by NIAAA, state and federal personnel (or other appropriate persons) authorized to examine Older Americans Act or

other relevant programs. All records must be kept for a period of 3 years from the date of the final report.

- I. Obligations incurred by recipients of award shall be liquidated within 30 days except as shown below. No obligations shall be incurred after the end of the approved budget year.
 1. Construction and Renovation. Outstanding obligations in this category must be liquidated within 12 months following the close of the fiscal year in which they were incurred.
 2. Project Service Costs. These obligations must be liquidated within 30 days following the close of the fiscal year in which they were incurred.

Freedom of Information Under Accounting Systems

- A. Providers and contractors must provide access to any books, documents, papers or records that NIAAA, the Illinois Department on Aging, the Secretary of the U.S. Department of Health and Human Services, the Comptroller General, or any of their duly authorized representatives determine are pertinent to an approved project or plan. However, certain types of information or documents are exempt from disclosure by a federal agency under the Federal Freedom of Information Act, 5 U.S.C. § 552.
- B. NIAAA will not place restrictions on recipients of award, nor shall recipients establish restrictions that will limit public access to the recipients' records or to the records of their contractors, except when the records must remain confidential for any of the following reasons:
 1. To prevent a clearly unwarranted invasion of personal privacy.
 2. To comply with an Executive Order or statute that specifically requires the records to be kept confidential.
 3. To protect commercial or financial information obtained from a person or a firm on a privileged or confidential basis.
 4. To protect information that can be improperly exploited for personal gains.
 5. To comply with the Freedom of Information Act limitations noted in A above.
 6. To protect the confidentiality of individual program participant information.

Bonding

- A. Construction and Facility Improvement
 1. Scope of this subsection. This subsection covers requirements for bid guarantees, performance bonds, and payment bonds, when a recipient will contract for construction or facility improvement (including alterations and renovations of real property) under a grant or contract.
 2. Definitions

- (a) Bid guarantee. A firm commitment such as a bid bond, certified check, or other negotiable instrument accompanying a bid as assurance that the bidder will, if its bid is accepted, execute the required contractual documents within the time specified.
 - (b) Performance bond. A bond executed in connection with a contractor to secure fulfillment of all the contractor's obligations under the contract.
 - (c) Payment bond. A bond executed in connection with a contract to ensure payment as required by law of all persons supplying labor and material in the execution of the work provided for in the contract.
- 3. Bids and contracts of \$100,000 or less. The recipient shall follow its own requirements and practices relating to bid guarantees, performance bonds and payments unless NIAAA specifies otherwise.
- 4. Bids and contracts exceeding \$100,000. The recipient shall follow state policy and requirements if NIAAA and the Illinois Department on Aging have determined that federal and state interests will be adequately protected. If this determination has not been made, the minimum requirements shall be as follows:
 - (a) a bid guarantee from each bidder equivalent to five percent of the bid price;
 - (b) a performance bond on the part of the contractor for 100 percent of the contract price; and
 - (c) a payment bond on the part of the contractor for 100 percent of the contract price.
- 5. Fidelity Bonds
 - (a) If the recipient is not a government, NIAAA requires it to carry adequate fidelity bond coverage where the absence of coverage for the grant supported activity is considered as creating an unacceptable risk. In such cases, a fidelity bond not in excess of four months of the agency's average cash flow would be reasonable and would be considered an allowable cost to the grant.
 - (b) A fidelity bond is a bond indemnifying the recipient against losses resulting from the fraud or lack of integrity, honesty or fidelity of one or more employees, officers or other persons holding a position of trust.
 - (c) Any bonds required under the provisions of this section shall be obtained from companies holding certificates of authority as acceptable sureties (31 CFR Part 223). A list of these companies is published annually by the Department of the Treasury in its Circular 570.

6. Insurance Coverage

NIAAA Providers and/or contractors are required to carry adequate insurance protection of comprehensive general liability, fire, theft and, in the case of nutrition providers, product liability. In the case of those units of local government which have self-insurance programs, any Federally supported equipment that is lost, damaged or destroyed must be replaced at the replacement value of the equipment less the applicable local match or the monies paid back to NIAAA.

7. Cash Depositories

- (a) Physical segregation and eligibility. Except as provided in paragraph (b) below, NIAAA shall not impose grant or contract terms which:
 - (1) Require the recipient to use a separate bank account for the deposit of subgrant or contract funds.
 - (2) Establish any eligibility requirements for banks or other financial institutions in which recipients deposit subgrant or contract funds beyond those requirements contained in OMB Circular A-133.
- (b) Minority-owned banks. Consistent with the national goals of expanding opportunities for minority business enterprises, Providers and contractors are encouraged to use minority-owned banks.

OBTAINING FUNDS

Obligation of Funds

The approval and acceptance of an NGA establishes a ceiling for awarded funds as distinguished from actual expenditures or payments of such funds. The terms of the NGA are contained in the document and the following is an explanation of the standard terms:

- A. Providers may not officially obligate a fiscal year's funds prior to the beginning of that fiscal year although NGAs may be executed prior to the beginning date of the budget period.
- B. Subject to the limitations contained in the NGA, funding is earned only upon the accrual of an allowable cost and the contribution of the non-federal share of that cost. Funding received but not earned must be returned to NIAAA within 30 days of acceptance of the final report.
- C. The NGA establishes a ceiling for federal and state participation in the cost of operating an approved project.
- D. A Provider's funds may not be transferred to another Provider for the same project or for another project. However, within the same fiscal year in which the funds are awarded, a

Provider's award can be de-obligated (reduced or terminated) and then awarded to another Provider.

- E. Funds must be committed, obligated or encumbered for ordinary and reasonable costs contemplated in the budget, as revised, for a given fiscal year. In addition, the obligation involved should be consummated by the receipt of goods and services and payment for such within 30 days after the close of the fiscal year. For outstanding obligations involving construction and renovation, completion should reasonably be expected within twelve months following the close of the fiscal year.

MATCHING FUNDS

- A. When a Provider requests Older Americans Act or other federal or state funds, the Provider is required by the end of the fiscal year to have sufficient non-federal cash, (Local Cash) allowable in-kind contributions, or a combination of both to meet the minimum match required under the NGA.
- B. Certain federal funds are allowable as match against other federal funds:
 - 1. HUD Community Development Block Grants funds.
 - 2. Legal Services Corporation funds.
 - 3. Social Service Block Grant Funds.
- C. Non-federal match used to support other programs is not allowable as match for funds awarded by NIAAA.
- D. Three calculations limit the amount of federal/state funds due to a Provider. For each grant, the total amount of federal/state cash payments to which a Provider is entitled under the grant is the lowest applicable limit.
 - 1. Federal/State Funds Authorized/Approved Budget. The federal/state funds authorized, or, in some cases, the federal/state share of the approved budget is a limit on payments to the Provider.
 - 2. Allowable Costs. The allowable costs incurred by the Provider (net of certain exclusions listed below) is a limit on payments to the Provider.

Exclusions

- (a) Value of Third-Party In-Kind Contributions are not costs to the Provider. Therefore, their value must be excluded from the allowable costs limit.
- (b) Allowable costs paid by another federal grant or subgrant - or by a non-federal grant or subgrant - awarded to the same recipient must be excluded from the allowable costs limit. This exclusion does not prevent proration of costs that are allowable under two or more assistance awards to the recipient.

- (c) A cost that is counted to meet a cost-sharing or matching requirement of another federal grant must be excluded from the allowable costs limit. This exclusion does not apply where federal law authorizes the use of the federal grant funds to meet the cost sharing or matching requirement. Nor does this exclusion apply to costs counted to match a non-federal grant.
- 3. Cost Sharing or Matching. The limit on federal share payments to a Provider may not exceed the federal participation percentage times the sum of eligible costs less third-party in-kind contributions.

PROGRAM INCOME

Funds included as Program Income

- A. Program income means gross income earned by a Provider or contractor from activities in which part or all of the cost is either borne as a direct cost by a grant or contract from NIAAA or counted as a direct cost toward meeting a cost sharing or matching requirement of such a grant or contract.
- B. Program income includes, but is not limited to:
 - 1. Income from service fees obtained through the use of a suggested fee schedule.
 - 2. Proceeds from the sale of personal or real property with an acquisition cost of less than \$1,000.
 - 3. Usage or rental fees.
 - 4. Sale of assets purchased with grant funds with an acquisition cost of less than \$1,000.
 - 5. Royalties on patents and copyrights.
 - 6. Contributions of recipients of service and interest on such contributions.
- C. In other cases, not specifically excluded or defined in this section, NIAAA will apply the following tests to determine if a specific revenue is to be classed as program income, and it shall be subject to the provisions of this section if the revenue:
 - 1. Can be clearly shown to have been generated from some particular activity conducted by the Provider or contractor; and
 - 2. Was generated by an activity supported in whole or in part by Older Americans Act funds, other federal funds administered by the Agency or related matching funds.
- D. The following specific revenues shall not be included as program income:

1. Interest income on federal/state funds whether earned on advances or the "float." This does not include interest on contributions made by recipients of service under a project which is considered program income.
2. Rebates, discounts and recoveries.
3. Income earned by individuals or a group of project participants, when such income accrues directly to the participants.
4. Revenues raised by a Provider or contractor which is a government under its governing powers, such as taxes, special assessments, etc.
5. Tuition and related fees received by an institution of higher education for a regularly offered course taught by an employee performing under a grant or contract.
6. Proceeds from the sale of personal or real property with an acquisition cost of more than \$1,000.
7. Sales of assets purchased with grant funds where the acquisition cost was more than \$1,000.
8. Organized fund-raising activities carried out by Title III Provider organizations.
Discussion: As a result of the definition of program income (earned from activities funded in whole or in part with grant funds) and because organized fund-raising cost by regulation cannot be grant costs, then it must be concluded that proceeds from organized fund-raising efforts are not program income. In general, if "costs" associated with an "activity" are not borne in any way by federal funds or as cost of the grant (e.g., match) then the income generated is not program income.

Allowable Uses of Program Income

- A. Royalties from patents and copyrights. Royalties received from copyrights and patents during the project period must be used in conformance with the provisions of paragraph C below. Royalties received after the termination of the project period in excess of \$200 shall be divided into a federal share and a matching share, according to the ratio of the federal to the matching share for the total project cost (i.e., project costs for all budget years of the entire period).
- B. Sale of property. Proceeds from the sale of real or tangible personal property whose acquisition cost was borne in part with Older Americans Act funds shall be used in accordance with the procedures in paragraph C below.
- C. Other program income. Program income shall be used in accordance with the additional costs alternative.

Additional costs alternative: Under this alternative, the income is used for costs which are in addition to the allowable costs of the project or program but which nevertheless further the

objectives of the federal statute under which the grant was made. Provided that the costs borne by the income further the broad objectives of that statute, they need not be of a kind that would be permissible as charges to federal funds.

Examples of purposes for which the income may be used are:

1. Expanding the project or program.
2. Continuing the project or program after subgrant support ends.
3. Supporting other projects or programs that further the broad objectives of the statute.
4. Obtaining equipment or other assets needed for the project or program or for other activities that further the statute's objectives.

Providers must receive prior approval from NIAAA for costs borne with program income under this alternative.

D. Additional Requirements

1. All program income earned under Title III must stay with the provider who earns it.
2. All program income earned under Title III, Part B, Part C-1, and Part C-2 must be used only for services allowable under the part from which it was earned except as provided in (6) below.
3. All program income used in accordance with the additional costs alternative must be expended within one year following the end of the fiscal year in which it was earned.
4. Program income earned as a result of services provided with Title III, Part B assistance may be used for any service which that contractor is authorized to provide with Title III-B funds.
5. Program income earned as a result of services provided with Title III C-1 or III C-2 must be used:
 - (a) To increase the number of meals served by the project involved,
 - (b) To facilitate access to such meals, or
 - (c) To provide other supportive services directly related to nutrition services.
6. Requests to expend program income using the additional costs method in excess of 110% of the amount approved on the Notification of Grant Award must be submitted in writing to NIAAA by June 15 of the grant year in which it is to be expended.
7. Title III funds will not be reduced or adjusted because of the receipt of Program Income.

Handling Program Income

Program income must be deposited into an appropriate bank account or converted to money orders on a regular basis (at least semi-monthly or when \$100 has been accumulated).

Accountability for Program Income

- A. Providers must utilize generally accepted accounting standards for collecting and recording participant contributions or other program income. Cash participant contributions should be counted by two persons, placed in a safe, secure place until deposited, deposited intact, and deposit receipts compared with count sheets. Such standards require the accurate recording of amounts collected at the project site levels and subsequent use of these funds.
- B. The Provider must account for program income on an on-going basis, and must report such income to NIAAA through the established financial reporting system.
- C. Accounting records and reports submitted by a Provider to NIAAA should have a clear audit trail on all program income and its uses. Account records and reports should accurately reflect the receipt of such funds separately from the receipt of federal/state funds, Provider funds, and the use of such resources.
- D. Although interest income earned on federal/state funds by non-profit organizations is not considered program income, project Providers should maintain adequate accounting records on any interest income earned on Older Americans Act or other federal funds. Interest earned on Title III funds must be reported and returned to NIAAA.
- E. Rebates, discounts, and recoveries on leases should be treated as applicable credits and credited to the federal grant accounts.

EXPENDING PROJECT FUNDS

- A. Older Americans Act, state-appropriated, and other funds administered by NIAAA must be expended in accordance with established cost policies and procedures. If these policies and procedures are not adhered to by Providers, delays in receiving funds from NIAAA or possible disallowances of funds may result. Therefore, Providers should carefully follow the requirements outlined in this section.
- B. The following general policies and procedures for expenditure of Older Americans Act funds will apply. More specific policies and procedures are contained in appropriate subsections.
 - 1. NGAs will specify the maximum amount of Older Americans Act or other NIAAA-administered funds which a Provider is eligible to receive. No additional funds beyond the amount specified in the award document will be available to the Provider unless additional funds are available to NIAAA, a budget revision request is submitted and a subsequent award document is executed by NIAAA and the Provider.

2. If, at any time during the budget year, NIAAA determines that grant funds are being expended improperly, NIAAA may require the Provider to cease incurring costs under the Older Americans Act or other related legislation. Ineligible or other improper expenditures must be reimbursed to NIAAA. Under such conditions, NIAAA will notify the Provider regarding the action being taken, the reasons for NIAAA's actions, and the conditions and time framework within which corrective procedures must be made.
3. Funds can be committed by a project only during its approved budget year, as specified on the NGA. All funds must be disbursed within 30 days after the end of the budget year except:
 - (a) Construction and renovation within 12 months following the close of the fiscal year.
 - (b) Project service costs - within 30 days following the close of the fiscal year.
4. Expenditure policies are determined in general by Title 45, Subtitle A, Part 74 -- "Administration of Grants" of the Code of Federal Regulations, as amended to date, "Grants for State and Community Programs on Aging". Policies set forth in Part 74 will be applicable unless this manual specifically states otherwise. Most of the relevant policies from Part 74 have been incorporated into this manual. However, if questions arise that are not answered by these provisions, Providers are encouraged to consult NIAAA.
5. The policies of this section are applicable to state and other federal funds that NIAAA makes available to Providers unless this Manual specifically states otherwise. References to Older Americans Act policies or requirements will be assumed to apply to state and other federal funds unless stated otherwise.

COST PRINCIPLES APPLICABLE TO GRANTS AND CONTRACTS

A. Purpose and Scope

1. Objectives. This section sets forth policies for determining the allowable costs of Older Americans Act Programs administered by government organizations and non-profit organizations, other education institutions and hospitals under NGAs. The principles are for the purpose of cost determination and are not intended to identify the circumstances or dictate the extent of federal, state or local participation in the financing of a particular grant. They are designed to provide that federal/state assisted programs bear their fair share of costs recognized under these principles, except where restricted or prohibited by law. No provision for profit or other increment above cost is intended under grants.
2. Policy Guides. The application of these principles is based on the fundamental premises that:

- (a) government agencies and non-profit institutions are responsible for the efficient and effective administration of grant and contract programs through the application of sound management practices;
 - (b) the Provider assumes the responsibility for seeing that Older Americans Act funds have been expended and accounted for consistent with all agreements and program objectives; and
 - (c) each Provider, in recognition of its own unique combination of staff, facilities and experience, will have the primary responsibility for employing whatever form of organization and management techniques that may be necessary to ensure proper and efficient administration.
- 3. Application. These principles will be applied in determining costs incurred by government agencies and non-profit institutions under Older Americans Act grants and cost reimbursement-type contracts, except those with: (a) publicly financed education which are subject to requirements of Appendix D of 45 CFR 74; and (2) publicly owned hospitals and other providers of medical care, which are subject to the requirements of Appendix E of 45 CFR 74. These principles also shall be used as a guide in the pricing of fixed-price contracts and subcontracts.

B. Definitions for Purpose of the section

- 1. Government Agency means any public agency (state or local government) that has been organized to fulfill those purposes which a governmental body has been given responsibility to provide (goods, facilities and services) under state statutes.
- 2. A non-profit institution is any corporation, foundation, trust, association, cooperative or other organization other than: (1) educational institutions; (2) hospitals; and (3) state and local government agencies, bureaus or departments; which is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest, which is not organized primarily for profit, and which uses all income exceeding costs to maintain, improve and/or expand its operation.

The charter or other legally binding authority for the existence of the institution must provide that no part of the net earnings, properties or other assets of the institution, on dissolution or otherwise, shall inure to the benefit of any private person or individual, including any member, employee, officer, director or trustee of the institution. Also, that upon liquidation or dissolution, all properties and assets remaining after providing for all debts and obligations shall be distributed and paid over to such other fund, foundation or other organization formed and operated as a non-profit institution, as defined herein, as the board of directors or trustees may determine. Institutions that have received tax exemptions as non-profit institutions from the U.S. Internal Revenue Service shall be considered to have met the criteria of this definition.

For the purposes hereunder, the terms non-profit and not-for-profit, as they are descriptively applied to institutions, shall be considered synonymous provided all requirements herein are met.

3. Approval or authorization of the Northwestern Illinois Area Agency on Aging means written documentation evidencing consent prior to incurring a specific cost.
4. Contract means all types of agreements and orders for the procurement of supplies or services. It includes awards and notice of awards, contracts of a fixed-price, reimbursement rate, cost or incentive type, contracts providing for the issuance of job orders, task orders, or task letters thereunder, letter contracts, and purchase orders. It also includes supplemental agreements with respect to any of the foregoing.
5. Contractor means the commercial organization, government agency or non-profit institution that is responsible for executing the terms and conditions of a contract.
6. Cost allocation plan means the documentation identifying, accumulating and distributing allowable costs under grants and contracts, together with the allocation methods used.
7. Cost means cost as determined on a cash, accrual or other basis acceptable to NIAAA in the discharge of the Provider or contractor's accountability for Older Americans Act or related funds.
8. Cost objectives means a pool, center, or area established for accumulation of cost. Such areas include organizational units, functions, objectives of items of expense, as well as ultimate cost objectives, including specific grants, projects, contracts and other activities.
9. Northwestern Illinois Area Agency on Aging (NIAAA) means the single organizational unit that has legal responsibility for conduct of the Older Americans Act Program in Area 01 in the state of Illinois.
10. Federal Agency means the Administration on Aging, U.S. Department on Health and Human Services.
11. Grant means the agreement between NIAAA and an award recipient whereby Older Americans Act/state funds are provided to carry out specified programs, services, or activities. The principles and policies stated in this Section as applicable to grants in general also apply to any Older Americans Act-sponsored, cost reimbursement-type of agreement performed by a government agency, non-profit institution, or proprietary agency, including contracts and subcontracts.
12. Grant program means those activities and operations of the Provider which are necessary to carry out the purposes of the grant, including any portion of the program financed by the Provider.

13. Provider means the government agency or non-profit institution that is responsible for the administration of the grant.
14. Local unit means any political subdivision of government below the state level.
15. Other state or local agencies means department or agencies of the state or of local units which provide goods, facilities, and services to a Provider.
16. Services means goods and facilities, as well as services.
17. Supporting services means auxiliary functions necessary to sustain the direct effort involved in administering a grant program or an activity that provides a service to the grant program. These services may be centralized in the Provider agency or in some other agency and include procurement, payroll, personnel functions, maintenance and operation of space, data processing, accounting, budgeting, auditing, mail and messenger service, etc.

C. Basic Guidelines

1. Factors affecting allowability of costs. To be allowable under the Older Americans Act program, costs must meet the following general criteria:
 - (a) be reasonable for the performance of the award and be allocable thereto under these principles;
 - (b) conform to any limitations or exclusions set forth in these principles or in the award as to types or amount of cost items;
 - (c) be consistent with policies and procedures that apply uniformly to both federal financed and other activities of the organization;
 - (d) be accorded consistent treatment;
 - (e) be determined in accordance with generally accepted accounting principles;
 - (f) not be included as a cost or used to meet cost sharing or matching requirement of any other federally financed program in either the current or a prior period;
 - (g) be adequately documented.
2. Allocable costs. A cost is allocable to a particular cost objective to the extent that benefits are received by that objective. Allocability may occur in the following ways:
 - (a) Costs are incurred specifically for an Older Americans Act program.
 - (b) Benefits inure to both the Older Americans Act program and related work and can be distributed among them in reasonable proportion to the benefits received.

- (c) Costs are necessary to the overall operation of the recipient of award, although a direct relationship to any particular cost objective cannot be shown.

Any cost allocable to a particular grant or cost objective under the principles provided for in this chapter may not be shifted to other federal grant programs to overcome fund deficiencies, avoid restrictions imposed by law or grant agreements, or for other reasons.

3. Applicable Credits

- (a) Applicable credits refer to those recipients or reduction of expenditure-type transactions that off-set or reduce expense items allocable to grants as a direct or indirect cost. Examples of such transactions are: purchase discounts; rebates or allowances; recoveries or indemnities on losses; sale of publications or equipment; income from personal incidental services; and adjustments of over payments or erroneous charges.
- (b) Applicable credits may also arise when federal funds are received or are available from sources other than the Older Americans Act program involved to finance operations or capital items of the Provider. This includes costs arising from the use or depreciation of items denoted or financed by the federal government to fulfill matching requirements under another grant program. These types of credits should likewise be used to reduce related expenditures in determining the rates or amount applicable to a given grant.

4. Composition of Cost

- (a) Total cost. The total program cost under Older Americans Act grants is comprised of the allowable direct cost incident to the conduct of program activities by the Provider or contractor, plus its allocable portion of allowable indirect costs, less applicable credits.
- (b) Classification of costs. There is no universal rule for classifying certain costs as either direct or indirect under every accounting system. A cost may be direct with respect to some specific service or function, but indirect with respect to the grant or other ultimate cost objective. It is essential, therefore, that each item of cost be treated consistently either as a direct or as an indirect cost. Specific guidance for determining direct and indirect costs allocable under Older Americans Act programs is provided in 5 and 6, which follow.

5. Direct Costs

- (a) General. Direct costs are those that can be identified specifically with a particular Older Americans Act grant or contract objective.

- (b) Application. Typical direct costs chargeable to an Older Americans Act award are:
- (1) compensation of employees for the time and effort devoted specifically to the execution of the award;
 - (2) cost of materials acquired, consumed, or expended specifically for the purpose of the award;
 - (3) equipment and other approved capital expenditures;
 - (4) costs for maintaining membership roles, subscriptions, publications and related functions;
 - (5) meeting and conferences, except those held to conduct the general administration of the Provider or contractor;
 - (6) other items of expense incurred specifically to carry out the purposes of the award agreement;
 - (7) services specifically for a NIAAA-assisted program furnished by other organizations, provided such charges are consistent with criteria outlined below.

6. Indirect Costs

- (a) Indirect costs are those which are not readily identifiable with the Older Americans Act assisted project activities, but nevertheless, are incurred for the joint benefit of the grant and any other programs which received a share of the same services. Such costs include those incurred internally by the Provider or contractor for activities which benefit two or more programs carried on by the Provider or contractor. Because of the diverse purposes of non-profit institutions, it is impractical to specify those functions which constitute major activities for purposes of identifying and distributing indirect costs. Such identification will be dependent upon an institution's purpose, the services it renders to the public, the population it serves and other related matters.
- (b) In theory, all such costs might be charged directly; however, practical difficulties preclude such an approach. Therefore, NIAAA may provide for reimbursement of these costs through the mechanism of an indirect cost rate. An indirect cost rate is simply a device for determining fairly and conveniently, within the boundaries of sound administrative principles, what proportion of general expenses each program should bear. The indirect cost rate is therefore the end product of a series of cost apportionments which distribute costs that jointly benefit two or more programs in some reasonable

relation to the benefits derived. One method is to base indirect costs on direct personnel costs. NIAAA requires that this distribution of indirect costs, and the techniques used to make this distribution, be evidenced by the submission of a "Cost Allocation Plan" and "Indirect Cost Rate Proposal."

- (1) Cost Allocation Plan. This plan covers the detailed distribution of the indirect costs of all support services provided by the Provider or contractor. This plan must be submitted by the Provider or contractor to the U.S. Department of Health and Human Services or to the lead federal agency which interacts most frequently with the Provider or contractor.
 - (2) Indirect Cost Rate. This rate covers the distribution of costs within an individual Provider or contractor agency. The indirect cost rate is evidenced by a letter of rate approval which is received by the Provider or contractor. The rate is approved by the federal agency which impacts greatest (usually the federal agency that grants the largest sum of money) upon the receipt of award and is approved in accordance with OMB Circular No. A-133 or A-87 or subsequent circulars, as applies.
 - (3) For further details on paragraphs 1 and 2 above, refer to the Code of Federal Regulations published April 25, 1977, in the Federal Register.
 - (4) In those instances where the U.S. Department of Health and Human Services has negotiated an indirect cost rate with a Provider or contractor, NIAAA may rely on the conditions of the agreement which established the rate. Such reliance must be limited to the extent that the agreement applies to the Older Americans Act grant.
- (c) Indirect costs incurred by other agencies and organizations in support of Older Americans Act activities are allowable only if the Provider is charged for, and pays for, the service provided by the affiliated institution (if such costs are "in-kind," the recipient agency would not "pay").
- (d) The following costs are normally included in the indirect cost. If a Provider or contractor wishes to charge any of these costs directly, NIAAA must be notified in advance so that the indirect cost rate may be analyzed for potential overlap and/or duplication of costs. Each Provider or contractor must document that these costs are included in its indirect cost rate:
- (1) automatic data processing,
 - (2) building space and related facilities,
 - (3) capital expenditures,
 - (4) depreciation and use allowance on equipment not purchased with grant funds
 - (5) insurance,

- (6) management studies,
 - (7) proposal costs, and
 - (8) audits.
- (e) NIAAA may develop other policies governing indirect costs and detailed procedures to be used by Providers or contractors in claiming such costs based on the need for such policies and procedures.

7. Standards for Selected Items for Costs.

- (a) The standards listed below are set forth to assist recipients of awards in determining the allowability of selected items of cost for the conduct of Older Americans Act or related programs. These standards will apply regardless of whether a particular item of cost is treated as a direct or an indirect cost.
- (b) In connection with non-profit institutions that are diverse in nature and not subject to effective competitive restraints, the reasonableness and allocability of certain items of cost may be difficult to determine. In order to avoid possible subsequent disallowance or dispute based on unreasonableness or non-allocability, it is important that non-profit institutions receiving Older Americans Act assistance seek agreement in advance of the incurrence of special or unusual costs in categories where reasonableness or allocability are difficult to determine.

(c) Government Agencies

The principles contained in the Office of Management and Budget (OMB) Circular A-87, Cost Principles for State and Local Governments, including any amendments to the Circular published in the Federal Register by OMB and state policies (location) are to be used in determining the allowability of costs of activities conducted by government agencies.

(d) Non-Profit Organizations

The principles contained in Office of Management and Budget Circular A-133, Cost Principles for Non-profit Organizations including any amendments to the Circular published in the Federal Register by OMB and state policies (location) are to be used in determining the allowability of costs of activities conducted by non-profit organizations.

8. Allowable and Unallowable Costs

Failure to include a particular cost item in either of the OMB Circulars does not imply that it is unallowable; rather determination as to allowability is based on the treatment or principles provided for similar or related costs. A detailed description of each item of cost is contained in the appropriate OMB Circular, A-133 for non-profit agencies and A-87 for state and local governments.

(a) Allowable costs:

- a. Accounting
- b. Advertising
- c. Advisory Councils
- d. Audit Services
- e. Bonding
- f. Budgeting
- g. Building Lease Management
- h. Central Stores
- i. Communications
- j. Compensation for Personal Services
- k. Depreciation and Use allowances
- l. Donations (received)
- m. Disbursing Services
- n. Employee Morale, Health & Welfare Costs
- o. Exhibits
- p. Fringe Benefits
- q. Labor Relation Costs
- r. Legal Expenses
- s. Maintenance and Repair Costs
- t. Materials and Supplies
- u. Meetings and Conferences
- v. Memberships, Subscriptions, and Professional Activity Costs
- w. Motor Pools
- x. Page Changes in Professional Journals
- y. Patent Costs
- z. Payroll Preparation
- aa. Personnel Administration
- bb. Plant Security Cost
- cc. Printing and Reproduction
- dd. Procurement Services
- ee. Professional Services Cost
- ff. Profits and Losses on Disposition of Depreciable Property or Other Capital Assets
- gg. Reconversion Costs
- hh. Recruiting Costs
- ii. Relocation Costs
- jj. Rental Costs
- kk. Royalties and Other Costs for Use of Patents and Copyrights
- ll. Severance Pay
- mm. Specialized Service Facilities
- nn. Taxes
- oo. Termination Costs
- pp. Training and Education Costs
- qq. Transportation Costs

rr. Travel Costs

(b) Allowable Costs with Prior Approval of Grantor Agency

- a. Automatic Data Processing
- b. Building Space and Related Facilities
- c. Capital Expenditures
- d. Insurance and Indemnification
- e. Management Studies
- f. Organization Costs
- g. Overtime, Extra-pay shift, and Multishift Premiums
- h. Participant Support Costs
- i. Pre-award Costs
- j. Professional Costs
- k. Proposed Costs
- l. Public Information Service Costs
- m. Publication and Printing Costs
- n. Rearrangement and Alteration Costs

(c) Unallowable Costs:

- a. Bad Debts
- b. Contingencies
- c. Contributions
- d. Entertainment
- e. Fines and Penalties
- f. Governor's Expenses
- g. Idle Facilities and Idle Capacity
- h. Interest and Other Financial Costs
- i. Legislative Expenses
- j. Losses on Other Awards
- k. Under-recovery of Costs under Grant Agreements

9. Non-Federal Resources

(a) General. This subsection sets forth criteria and procedures for the allowability and evaluation of cash and in-kind resources in satisfying matching or cost-sharing requirements of Older Americans Act programs.

(b) Definitions

- (1) Cash resources. (Local Cash) Cash resources means a Provider or contractor's cash outlay, including money contributed to the Provider or contractor by other public agencies and institutions and private organizations and individuals.

- (2) In-kind resources. In-kind resources represent the value of non-cash resources provided by the Provider or contractor or by other public agencies and institutions and private organizations and individuals. In-kind resources may consist of depreciation or use allowance charges for real property or equipment, and the value of goods and services directly benefitting and specifically identifiable with the approved program. This does not include volunteer time contributed by employees of the Provider or contractor.
 - (3) Matching or cost sharing. Matching or cost sharing represents, in general, that portion of Older Americans Act program costs not borne by the federal government.
 - (4) Project costs. Project costs mean the sum of: (1) the allowable in-kind resources and (2) allowable cash resources.
- (c) Allowable Resources
- (1) Matching or cost sharing may consist of:
 - (a) charges incurred by a Provider or contractor as project costs. Not all charges require cash outlays during the grant and contract period. Examples are depreciation and use allowances for buildings and equipment;
 - (b) project costs financed with cash contributed to the Provider or contractor; and
 - (c) project costs financed with in-kind resources contributed from non-Federal sources.
 - (2) Non-federal resources may be accepted as part of a Provider or contractor's matching or cost sharing only when they:
 - (a) are identifiable from the Provider's or contractor's records;
 - (b) are not included as resources for any other federally assisted program;
 - (c) are necessary and reasonable for proper and efficient accomplishment of the program;
 - (d) are types of costs allowable herein;

- (e) are claimed in proportion to the time an item was available for use in the Older Americans Act program and;
- (f) are not borne by the federal government directly or indirectly under any other federal program.

(d) Unallowable In-Kind Resources

- (1) A Provider or contractor may not claim as in-kind resources:
 - (a) the value of discounts allowed by vendors for goods or services purchased with Older Americans Act funds;
 - (b) the value attributable to the use of radio or television time;
 - (c) U.S. Department of Agriculture-donated foods;
 - (d) goods and services normally available free in the community which would be available whether the agency operated the project or not;
 - (e) donated and non-compensated overtime of project staff whose regular working hours are paid with Federal funds;
 - (f) contributed time of members of the Board of Directors/Trustees or advisory councils spent in the performance of their duties;
 - (g) outdoor space such as playgrounds, park space and undeveloped lots.

(e) Valuation of Non-Federal Resources

(1) Volunteer Services

- (a) Volunteer services may be furnished by professional and technical personnel, consultants, and other skilled and non-skilled labor. The value of volunteered service may be counted as a resource to match federal funds if the service is an integral part of the Older Americans Act program. Volunteer time contributed by employees of the Provider or contractor may not be counted as an in-kind matching resource.

- (b) Rates for volunteers should be consistent with those regular rates paid for similar work in other activities of the Provider or contractor. In cases where the kinds of skills required for the Older Americans Act program are not found in the other activities of the Provider or contractor, rates used should be consistent with those paid for similar work in the labor market in which the Provider or contractor competes for the kind of services involved.
- (c) When an employer other than the Provider or contractor furnishes the services of an employee, these services shall be valued at the employee's regular rate of pay (exclusive of fringe benefits and overhead cost) provided these services are in the same skill for which the employee is normally paid.
- (d) The number of hours in volunteer services must be supported by the same documentation or methods used by the Provider for its employees.

(2) Real Property and Equipment

- (a) If the donor transfers title to the property, the amount to be allowed as matching or cost sharing shall be determined as if the Provider or contractor had purchased the property and had paid the fair market value of the property at the time of transfer.
- (b) If only use of the property is donated, and the donor retains title, the amount to be allowed as matching or cost sharing shall be determined as if the Provider or contractor had rented the property and had paid the property's fair rental value.
- (c) NIAAA requires that the value of real property and equipment be established by one independent appraiser and certified by the Provider or contractor as a precondition to allowability for matching or cost sharing purposes.

(f) Federal Resources Matching Federal Resources

- (1) Non-federal resources used to match other federal grants or contracts may not be used to match Older Americans Act funds.

- (2) Federal cash or in-kind resources acquired during current or prior years may not be used to match funds provided under the Older Americans Act unless otherwise specifically authorized by federal statute.
- (3) Item (b) above is not applicable when there is explicit statutory authorization for the use of federal funds to satisfy matching requirements in whole or in part.
- (4) Item (b) above is not applicable: (1) when the federal funds in question are those used to pay Indian tribes for products produced under contract with the Bureau of Indian Affairs, Department of the Interior, pursuant to 25 USC 47; and (2) to the Public Health Service, Bureau of Indian Health contract funds.
- (5) Item (b) above is not applicable where volunteer services provided through ACTION's Retired Senior Volunteer Program are used as non-federal resources.
- (6) Donated space or usage value of facilities built with federal funds may not be used as matching unless federal funds used to construct or purchase the facility are authorized by statute as eligible for matching.

PROCUREMENT STANDARDS

This subsection provides standards for use by recipients of Older Americans Act funds in establishing procedures for the procurement of supplies, equipment, construction, social and professional and other services whose cost is borne in whole or in part as a direct charge to Older Americans Act funds. These standards are furnished to ensure that materials and services purchased by Older Americans Act assisted programs are obtained in an effective manner, and in compliance with the provisions of applicable federal orders and the Illinois Purchasing Act. Goods and services obtained from a third party (an individual, institution or organization outside the recipient agency's own organization) are subject to the conditions in this subsection. Third-party agreements include fixed-price contracts, cost reimbursable contracts, purchase orders and affiliation agreements (an agreement between parties to accomplish a mutually beneficial objective).

A. General

- 1. When implementing a grant or contract, the recipient organization must comply with all applicable parent organization contract procurement regulations, particularly as they relate to competitive bidding and selection.
- 2. Providers and contractors receiving Older Americans Act awards may use their own agency procurement policies provided that procurements whose cost is borne in

whole or in part as a direct charge to Older Americans Act funds adhere to the standards set forth in the requirements.

3. The third-party agreement utilized, i.e., purchase order, contract or affiliation agreement, must be selected so as to impose the minimum administrative burden necessary to ensure the prudent stewardship of Older Americans Act funds.
4. All agreements must be evidenced in writing, including the terms and conditions appropriate to the type of agreement used. Use of informal agreements is not permitted.
5. Contract or third-party agreements may be used only to secure professional services which are necessary for Older Americans Act programs. These functions must conform to the Older Americans Act of 1965, as amended, the associated federal regulations and the policies and procedures in this Manual, and must be activities that cannot be performed by the recipient of award's own personnel.
6. Special attention must be devoted to the negotiations of cost reimbursement-type contracts, as the Federal share of such cost is limited by the project award for a particular budget year. Federal funds may not be obligated from a succeeding budget year's allotment for services performed during a prior budget year. The Northwestern Illinois Area Agency on Aging has no obligation to fund any overruns that exceed annual award amounts.
7. The standards contained in this subsection do not relieve the recipient of award of the responsibilities arising under its grants or contracts. The recipient of award is the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues arising out of procurements entered into in support of its functions. This includes, but is not limited to, disputes, claims, protests of award, source evaluation, or other matters of a contractual nature. Matters concerning violation of law are to be referred to such local, State or Federal authority as may have proper jurisdiction over such matters. The recipient of award is responsible for the resolution of any audit exceptions related to subgrant or contractor performance.

B. Code of conduct. Each recipient of award shall maintain a code or standard of conduct that shall govern the performance of its officers, employees or agents in contracting with and expending Older Americans Act funds. The recipient agency's officers, employees or agent shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors. To the extent permissible under State or local laws, rules or regulations, such standards shall provide for appropriate penalties, sanctions or other disciplinary actions to be applied for violations of such standards either by the officers, employees or agents of the recipient agency or by contractors or their agents.

C. Free competition. All procurement transactions of the recipient of award, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum open and free competition. The recipient of award

should be alert to organizational conflicts of interest or noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

- D. Procurement requirements. The recipient of award shall establish procurement procedures that provide for, as a minimum, the following:
1. Proposed procurement action shall be reviewed by appropriate recipient of award officials to avoid purchasing unnecessary or duplicative items. Where appropriate, an analysis shall be made of lease and purchase alternatives to determine which would be the most economical and practical procurement.
 2. "Invitations for bids" or "requests for proposals" shall be based on a clear and accurate description of the technical requirements for the material, product or service to be procured. Such descriptions shall not, in competitive procurements, contain features that unduly restrict competition. "Brand name or equal" description may be used as a means to define the performance or other salient requirements of a procurement; and when so used, the specific features of the named brand which must be met by offerors should be clearly specified.
 3. Positive efforts shall be made by the recipient of award to utilize small business and minority-owned business sources of supplies and services. Such efforts should allow these sources the maximum feasible opportunity to compete for contracts.
 4. The type of procuring instruments used (i.e., fixed-price contracts, reimbursement rate contracts, cost-reimbursable contracts, purchase orders, incentive contracts, etc.) shall be appropriate for the particular procurement and for promoting the objectives of the project award. The "cost-plus-a-percentage-of-cost" method of contracting shall not be used.
- E. Small Purchase Procedures. Small purchase procedures are those relatively simple and informal procurement methods that are sound and appropriate for a procurement of services, supplies or other property, costing in the aggregate not more than \$10,000. Providers shall comply with State small purchase dollar limits under \$10,000. If small purchase procedures are used for a procurement under a grant, price or rate quotations shall be obtained from an adequate number of qualified sources.
- F. Competitive Sealed Bids (Formal Advertising). Formal advertising with adequate purchase description, sealed bids, and public openings shall be the required method of procurement unless negotiation pursuant to G below is necessary to accomplish sound procurement. However, procurements of \$10,000 or less need not be so advertised unless otherwise required by local law or regulations. When formal advertising is employed by the recipient of award:
1. A sufficient time prior to the date set for opening of bids, bids shall be solicited from an adequate number of known suppliers. In addition, the invitation should be publicly advertised.

2. The invitation for bids, including specifications and pertinent attachments, should clearly define the terms or services needed in order for the bidders to properly respond to the invitation.
3. All bids should be opened publicly at the time and place stated in the invitation for bids.
4. A firm fixed-price contract will be made by written notice to the responsive bidder whose bid, conforming to the invitation for bids, is lowest.
5. Any or all bids may be rejected when there are sound documented business reasons in the best interest of the program.

In competitive sealed bids, sealed bids are publicly solicited and firm fixed price (lump sum or unit price) contract is awarded to the responsible bidder whose bid, conforming with all the material terms and conditions of the invitation for bids, is lowest in price.

G. Competitive Negotiated Procurements

1. In competitive negotiation, proposals are requested from a number of sources and the request for proposal is publicized, negotiations are normally conducted with more than one of the sources submitting offers, and either a fixed-price or cost-reimbursable type contract is awarded, as appropriate. Competitive negotiation may be used if conditions are not appropriate for the use of formal advertising. If competitive negotiation is used for procurement under a grant, the following requirements shall apply:
 - (a) Proposals shall be solicited from an adequate number of qualified sources to permit reasonable competition consistent with the nature and requirements of the procurement. The request for proposals shall be publicized and reasonable requests by other sources to compete shall be honored to the maximum extent practicable.
 - (b) The request for proposal shall identify all significant evaluation factors, including price or cost where required and their relative importance.
 - (c) The Provider shall provide mechanisms for technical evaluation of the proposals received, determination of responsible offerors for the purpose of written or oral discussions, and selection for contract award.
 - (d) Award may be made to the responsible offer or whose proposal will be most advantageous to the procuring party, price and other factors considered. Unsuccessful offerors should be notified promptly.
 - (e) Providers may utilize competitive negotiation procedures for procurement of architectural/engineering professional services, whereby competitors'

qualifications are evaluated, and the most qualified competitor is selected, subject to negotiation of fair and reasonable compensation.

2. Notwithstanding the existence of circumstances justifying negotiation, competition shall be obtained to the maximum extent practicable.

H. Non-Competitive Negotiation or Sole Source Awards

1. Non-competitive negotiation is procurement through solicitation of a proposal from only one source, or after solicitation of a number of sources, competition is determined inadequate. Non-competitive negotiation may be used when the award of a contract is infeasible under small purchase, competitive bidding (formal advertising) or competitive negotiation procedures. Circumstances under which a contract may be awarded by non-competitive negotiation are limited to the following.

- (a) the item is available only from a single source;
- (b) public exigency or emergency when the urgency for the requirement will not permit a delay incident to competitive solicitation;
- (c) the Administration of Aging authorizes non-competitive negotiations; or
- (d) after solicitation of a number of sources, competition is determined inadequate.

- I. Procurement system. Providers will have procurement systems which assure the fair, efficient and effective procurement of goods and services. In the design and execution of such procurement systems, area agencies should take all actions to assure "the essence of competition." The elements of such a procurement system embodied in the Illinois Purchasing Act or, as a last resort, the U.S. Federal Procurement Regulations contained in Title 41 of the Code of Federal Regulations (to be renamed the Federal Acquisition Regulations, effective April 1, 1984) should be used as a guide in the absence of any parent organization's established procurement system.

J. Records for Negotiated Procurement

1. Justification for the use of negotiation in lieu of advertising should include the following:
 - (a) If the recipient is contracting for social services rather than professional consultation services, it should document the steps it has taken during the planning process to negotiate with local and area-wide agencies which were interested in participating in the Older Americans Act program.
 - (b) Where the Provider wishes to contract for professional consultant services, it should outline the reasons why a formal advertising procedure is not in the best interests of the program (urgency to initiate the scope of services,

expertise of a specific firm, a continuation of related work previously conducted by a firm, etc.).

2. Contractor selection must be documented.
 3. Justification for the use of negotiation in lieu of advertising may be provided on a class basis or on an individual contract basis.
- K. Contractor responsibility. Contracts shall be made by the recipient of award only with responsible contractors who possess the potential ability to perform successfully under the terms and conditions of a proposed procurement. Consideration shall be given to such matters as contractor integrity, record of past performance, financial and technical resources, and accessibility to other necessary resources. Contractors must be incorporated or a partnership.
- L. Contract administration system. A system for contract administration shall be maintained by the recipient of award to ensure contractor compliance with terms, conditions and specification of the contract or order, and to ensure adequate and timely follow-up of all purchases.
- M. Contract Provisions
1. The recipient of award shall include provisions to define a sound and complete agreement in all contracts which it awards when the contract costs are to be borne as direct charges in whole or in part by Older Americans Act funds.
 2. In awarding such contracts, the recipient of award must comply with the following requirements, if applicable to this type of contract:
 - (a) Contracts shall contain provisions or conditions which will allow for administrative, contractual or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as may be appropriate.
 - (b) All contracts in excess of \$2,500 shall contain suitable provisions for termination by the recipient of award, including the manner by which such action will be effected and basis for settlement. In addition, such contracts shall set forth the conditions under which the contract may be terminated for default, as well as conditions where the contract may be terminated because of circumstances beyond the control of the contractor.
 - (c) All negotiated contracts (except those of \$2,500 or less) shall include provisions giving access to, and requiring retention of, the contractor's records.
 - (d) Provisions for compliance with Executive Order No. 11246, entitled, "Equal Employment Opportunity," as supplemented in Department of Labor Regulations (41 CFR Part 60), shall be included in all appropriate contracts.

- (e) All contracts in excess of \$2,000 for construction or repair shall include a provision for compliance with the Copeland "Anti-Kick Back" Act (18 USC 874), as implemented in Department of Labor Regulations (29 CFR Part 3). The recipient of award shall report all suspected or reported violations to the Northwestern Illinois Area Agency on Aging.
- (f) Where appropriate, all construction contracts exceeding \$2,000 awarded by the recipient of award, and all other contracts awarded by them which exceed \$2,500 and which involve the employment of mechanics and laborers, shall include a provision of compliance with Sections 103 and 107 of the Contract Work Hours and Safety Standards Act (40 USC 327-330), as implemented by Department of Labor Regulations (20 CFR Part 5).

PROPERTY MANAGEMENT STANDARDS

- A. General requirements. This subsection prescribes policies and procedures governing the title, use, and disposition of real and tangible personal property which was purchased in whole or in part as a direct charge to Older Americans Act funds. Recipients of awards may follow their own property management policies and procedures if they observe the requirements of this subsection.
- B. Definitions
 - 1. "Acquisition" of property includes purchase, construction or fabrication of property.
 - 2. "Acquisition cost" of non-expendable personal property acquired by purchase means the net invoice price of the property, including any attachments, accessories, or auxiliary apparatus necessary to make the property usable for the purpose for which it was acquired. Ancillary charges such as taxes, duty, protective in-transit insurance, freight or installation shall be included in the acquisition cost in accordance with the recipient of award's regular accounting practices.
 - 3. "Non-expendable personal property" means tangible personal property having a useful life of more than one year and/or acquisition cost of \$1,000 or more per unit. A recipient of award may use its own definition of non-expendable personal property provided that such definition would at least include all tangible personal property as defined in paragraph 5 below.
 - 4. "Expendable personal property" means all tangible personal property other than "non-expendable property" defined under paragraph 3 above.
 - 5. "Personal property" means property of any kind except real property. It may be tangible (having physical existence) or intangible (having no physical existence, such as patents, inventions and copyrights).

6. "Real property" means land, land improvements, structures and appurtenances thereto, excluding movable machinery and equipment.

C. Real property. Title to real property whose acquisition cost was borne in whole or in part by Older Americans Act funds shall vest in the recipient of award upon acquisition. In the absence of applicable statutory provisions governing the use or disposition of such property, it shall be subject to the following requirements (in addition to any other requirements imposed by the terms and conditions of the project award):

1. The recipient of award shall use the real property for the purposes authorized by the project award as long as needed.
2. NIAAA may authorize an Older Americans Act Provider or contractor to use the property for the following purposes when the Provider or contractor determines that the property is no longer needed for the originally authorized purposes:
 - (a) activities sponsored by other Federal awards (regardless of which Federal agency makes the other awards);
 - (b) activities which have purposes consistent with those of the Older Americans Act of 1965, as amended; or
 - (c) such other public interest purposes which are in the interest of the U.S. Government to have pursued.
3. Disposition of Property
 - (a) When no longer used in accordance with paragraphs 1 or 2 above, the recipient of award shall return to the control of NIAAA all real property whose acquisition cost was borne in whole by Older Americans Act funds. If the acquisition cost of the property was borne in part by such funds, the Provider may be relieved of accountability to NIAAA with respect to the Federal interest in the property by compensating NIAAA for the Older Americans Act fair share of the current value of the property. Or, if the recipient of award no longer needs the property, by selling it and compensating NIAAA for its fair share of the sale proceeds.
 - (b) The amount of compensation to NIAAA under (a) above shall be computed by applying the percentage of Older Americans Act participation in the cost of the program for which the property was acquired to the property's current fair market value (if the recipient of award retains the property) or to the proceeds from sale (if the recipient of award sells the property).

D. Non-Expendable Personal Property

1. Title. Title to non-expendable personal property whose acquisition cost is borne in whole or in part by Older Americans Act funds shall be vested in the recipient of

award upon acquisition and shall be subject to the restrictions on "Use and Disposition" set forth in paragraphs 2 and 3 below.

2. Use

- (a) The recipient of award shall use the property as long as there is a need for such property to accomplish the objectives of the Older Americans Act program, whether or not the recipient of award continues to be supported by such funds.
- (b) When there is no longer a need for the property to accomplish the objectives of the aging program, the recipient of award may use the property in connection with other federal awards it has received in the following order or priority:
 - (1) for other awards made by the Department of Health and Human Services needing the property, and
 - (2) for awards of other federal (including non-U.S. Department of Health and Human Services) agencies needing the property.
- (c) When the recipient of award no longer has need for such property in any of its federally financed activities, the property may be used for the recipient of award's own official activities in accordance with the following standards:
 - (1) If the property had an acquisition cost of less than \$1,000 per unit and had been used four years or more: (i) the recipient of award may use the property without reimbursement to NIAAA, or (ii) sell the property and retain the proceeds.
 - (2) For all such property not covered under (1) above, the recipient of award may retain the property for its own use provided that a fair compensation is made to NIAAA for the federal share of the property.

3. Disposition. If the recipient of award has no need for the property, disposition of the property shall be made as follows:

- (a) If the property had an acquisition cost of less than \$1,000, the recipient of award shall sell the property and reimburse NIAAA in accordance with (b) (3) below.
- (b) If the property had an acquisition cost of over \$1,000 per unit, the recipient of award shall request disposition instructions from NIAAA. NIAAA will issue instructions to the recipient of award within 120 days following the receipt of such request, and the following procedures shall govern:

- (1) If the recipient of award is instructed to ship the property elsewhere, the recipient of award shall be reimbursed an amount which is computed by applying the percentage of the recipient of award's participation in the cost of the project to the current fair market value of the property, plus any shipping or interim storage costs incurred.
- (2) If the recipient of award is instructed to otherwise dispose of the property, it shall be reimbursed for the costs incurred in such disposition.

E. Transfer of Title to Certain Property

1. Where NIAAA determines that an item of non-expendable personal property with an acquisition cost of \$1,000 or more is unique, difficult or costly to replace, it may reserve the right to require the recipient of award to transfer title to the property to NIAAA or to a third party named by the Illinois Department on Aging and NIAAA.
2. Such reservation shall be subject to the following:
 - (a) The right to require transfer title may be reserved only by means of an express special condition in the project award or, if approval for the acquisition of the property is given after the project award has been made, approved by means of a written stipulation at the time such approval is given.
 - (b) The property must be appropriately identified in the project award or otherwise made known to NIAAA and the Illinois Department on Aging.
 - (c) NIAAA may not exercise the right until the recipient of award no longer needs the property for the furtherance of its objectives. Such needs shall be assumed to end on the date of termination of the award unless the recipient of award continues to conduct its activities after that date and demonstrates to NIAAA a continued need for the property.
 - (d) In order to exercise its right, NIAAA must issue disposition instructions to the recipient of award no later than 120 days after the recipient of award no longer needs the property in the project for which it was acquired. If instructions are not issued within that time, NIAAA's right shall lapse and the recipient of award shall act in accordance with the applicable standards in D.2 (a), (b), (c) and D.3 (b) above.
 - (e) The recipient of award shall be entitled to reimbursement for any shipping and interim storage costs it incurs pursuant to NIAAA's disposition instructions.

F. Property Management Standards. Recipients of award shall adhere to the property management standards for non-expendable personal property covered by D of this section and shall follow the procedural requirement below.

1. Property records shall be maintained accurately and provide for:
 - (a) a description of the property;
 - (b) the manufacturer's serial number or other identification number;
 - (c) acquisition date and cost;
 - (d) source of the property;
 - (e) percentage of Older Americans Act funds used in the acquisition of the property;
 - (f) location, use and condition of the property; and
 - (g) ultimate disposition data, including sale price or the method used to determine current fair market value if the recipient of award reimburses NIAAA for the Federal share.
2. A physical inventory of property shall be taken and the results reconciled with the property records at least once each year to verify the existence, current utilization and continued need for the property.
3. A control system shall be established to ensure adequate safeguards to prevent loss, damage or theft to the property. Any loss, damage or theft of non-expendable personal property shall be investigated and fully documented.
4. Adequate maintenance procedures shall be implemented to keep the property in good condition.
5. Proper sales procedures shall be established for unneeded property which would provide for competition to the extent practicable and result in the highest possible return.

G. Expendable Personal Property

1. Consumable materials and supplies. The cost of consumable supplies or materials is allowable only to the extent that supplies or materials are reasonably necessary to carry out the recipient of award's Older Americans Act program. Amounts in excess of need are therefore not allowable costs.
2. Other expendable personal property. In many cases, item of expendable personal property (other than consumable supplies or materials) whose acquisition cost was borne in whole or in part by a project award have a useful life longer than the period of need of the project or program for which they were acquired. The recipient of award may, at its option, either retain or sell such items when no longer needed for any federally sponsored activity (including activities sponsored by federal agencies other than the U.S. Department of Health and Human Services). However, compensation to NIAAA shall be required if the aggregate fair market value of all such items acquired under the same project award exceeds \$1,000 when no longer needed for any federally sponsored activity. The amount of compensation shall be computed in accordance with paragraph J below.

H. Waiver of Accountability

1. Where authorized under federal law (i.e., 42 USC, PL 85-934), "title" to tangible personal property whose acquisition cost is bourn in whole or in part by Older Americans Act funds shall vest in the recipient of award without regard to any other requirements and without further obligation except as provided in paragraph (2) below.
 2. When "title" to an item of property having an acquisition cost of \$1,000 or more is vested in the recipient of award pursuant to paragraph 1 above, NIAAA shall have the right to require the recipient of award to transfer "title" to the item of property to NIAAA or to a third party named by NIAAA. The right may be exercised at any time, but no later than 12 months after NIAAA has received the final Program Cost Report from the recipient of award after completion or termination of activities for which the property was acquired. If the right is exercised, the recipient of award shall be entitled to reimbursement for the costs incurred in transferring the property.
- I. Copyrights. When a book or other copyrightable material is developed under a project award, the author or recipient of award is free to copyright the work, but NIAAA shall have a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use (and to authorize others to use) the work for government purposes. NIAAA will provide information regarding copyright procedures.
- J. Determining percentage of participation. Various provisions of these policies and procedures requires a determination of the percentage of Older Americans Act participation in the cost of the project or program in order to compute the amount of compensation for the value or proceeds from the sale of property. The percentage to be used should be the same as the matching share utilized in the project award during the year acquired.

TREATMENT OF UNSPENT FUNDS

Any portion of the unobligated balance at year end or any funds unexpended at the end of the grant year revert to NIAAA for reallocation at its discretion.

RETENTION OF RECORDS

Applicability

This section applies to all financial and programmatic records, supporting documents, statistical records and other records of Providers and contractors, and their subcontractors of NIAAA.

Length of Retention Period

- A. Except as provided for in B, C, and D below, records must be retained for three years from the date of the final report.

- B. If any litigation, claim, negotiation, audit or other action involving a project's records has been started before the expiration of the three-year period, the records must be retained until completion of the action and resolution of all issues that arise from it, or until the end of the three-year period, whichever is later.
- C. In order to avoid duplicate record keeping, NIAAA may make special arrangement with Providers and contractors to retain any records that are continuously needed for joint use. NIAAA may request transfer of records to its custody when it determines that records possess long-term value. Under such condition, the three-year retention period is not applicable to the Provider or contractor.
- D. State and local government units must maintain all performance and fiscal records in accordance with applicable state law.

Starting Date of Retention Period

- A. General. Where NIAAA grant or contract support is continued or renewed on an annual basis, the retention period for each year's records starts from 30 days after the date of submission to NIAAA of the Provider's or contractor's annual or last Program Cost Report for that year. In all other cases, the retention period starts from 30 days after the date of submission to NIAAA of the Provider's or contractor's final Program Cost Report.
- B. Equipment records. The retention period for equipment records starts from the date of the equipment's disposition, replacement or transfer at the direction of NIAAA.
- C. Records for income transactions after grant or contract support. In some cases, NIAAA requirements concerning the disposition of program income may be satisfied by applying the income to costs incurred after expiration or termination of grant or contract support for the activity giving rise to the income. In such a case, the retention period for the records pertaining to the costs starts from the end of the Provider's and contractor's fiscal year in which the costs are incurred.

In some cases, there may be copyright royalties or other program income which is earned after expiration or termination of grant or contract support. Under such conditions, the retention period for the records pertaining to the earning of the income starts from the end of the Provider's and contractor's fiscal year in which the income is earned.

- D. Indirect Cost Rate Proposals, Cost Allocation Plans, Etc.
 - 1. Applicability. This subparagraph applies to the following types of documents and their supporting records:
 - (a) indirect cost rate computations or proposals,
 - (b) cost allocation plans, and

- (c) any similar accounting computations of the rate at which a particular group of costs is chargeable (such as computer usage charge-back rates or composite fringe benefit rates).
- 2. If submitted for negotiation. If the proposal, plan or other computation is required to be submitted to the Federal government or to NIAAA to form the basis for negotiation of the rate, then the three-year retention period for its supporting records starts from the date of such submission.
- 3. If not submitted for negotiation. If the proposal, plan or other computation is not required to be submitted to the Federal government or to NIAAA for negotiation purposes, then the three-year retention period for the proposal, plan or computation and its supporting records starts from the end of the fiscal year (or other accounting period) covered by the proposal, plan or other computation.
- 4. Substitution of Microfilm

Copies made by microfilming, photocopying or similar methods may be substituted for the original records.

5. Access to Records

- (a) Federal funds. The U.S. Department on Health and Human Services, the Comptroller General of the United States, the Illinois Department on Aging, NIAAA or any of their authorized representatives shall have the right to access to any books, documents, papers or other records of Providers and contractors which are pertinent to a grant or contract of federal funds made by NIAAA in order to make audit examinations, excerpts and transcripts.
- (b) State funds. Similarly, NIAAA, or its authorized representatives, shall have access to records pertaining to grants or contracts involving state funds.
- (c) Extension to subProviders and subcontractors. The provisions in paragraphs A and B above shall extend to subProviders and contractors. In such cases, the right of access shall include the Provider or contractor making the subgrant or subcontract.
- (d) Expiration of right of access. The right of access in this section shall not be limited to the required retention period but shall last as long as the records are retained.
- (e) All Provider and contractor records (as well as subProvider and subcontractor records), with the exception of information identifiable with a particular individual, are considered public information and should be accessible for public review at reasonable convenient time, according to the public information policies prescribed in this manual.

- (f) Unless required by federal statutes, Providers and contractors may not limit public access to pertinent records except after a determination by NIAAA that the records must be kept confidential and would have been exempted from disclosure under the U.S. Department of Health and Human Services' Freedom of Information regulation if the records had belonged to it.
- (g) This section does not require Providers or contractors to permit public access to their other records which are not pertinent to the grant or contract under review.

6. Confidentiality of Personal Information

All information which is identifiable with any specific individual must be kept confidential unless the person concerned gives informed consent for the information to be released. This applies to both client information and personnel records.

AUDITS

General Financial and Compliance Audit Requirements

All Providers and contractors who expend at least \$300,000 (*\$500,000 for fiscal years ending after December 31, 2003*) in federal financial assistance from all sources must obtain a financial and compliance audit of their aging program operations. Such financial and compliance audits must be made in accordance with OMB Circular A-133, and any specific audit instructions issued by NIAAA or the Illinois Department on Aging. Costs of audits not required by A-133 may not be charged to the NIAAA grant.

Purpose of Financial and Compliance Audits

The purpose of Provider financial and compliance audits shall be to determine the effectiveness of the financial management systems and internal procedures established by a Provider or contractor to meet the terms of its award and to determine whether the Provider is in conformance with significant compliance requirements that can have a material effect upon its financial position. The audit report is also used to ascertain the amount of unearned federal funds at the end of the grant.

Audit Engagement Letter

The Provider will ensure the contract with the auditor is covered by an audit engagement letter which, at a minimum, should include:

- A. Scope of the audit and any limitations thereof.
- B. Audit period.
- C. Type of audit.

- D. Provision for an expression of positive assurance on the compliance of the audited entity with regulatory requirements for tested items, and negative assurance for untested items in conformance with A-133.
- E. Provision for a letter of a non-material finding(s) developed in the audit and excluded from the report.
- F. Basis for allocation of fee. The cost of the audit shall be distributed to all sources of funds based on a reasonable distribution plan.
- G. Due date for submission of the financial and compliance audit.
- H. Submission of the financial and compliance audit.
- I. Any additional terms, agreements or relationships affecting the audit agreement.
- J. Degree of responsibility as to Provider's audit report and the reporting of the disposition of any findings and/or questioned costs.

Reports

A copy of the Provider's A-133 audit, if required, must be submitted to NIAAA within 150 days after the close of the grant program year.

- A. If any deficiencies or recommendations are included in the audit report, the Provider must indicate how it proposes to take corrective action.
- B. NIAAA actions:
 - 1. NIAAA may subsequently monitor the Provider to verify that appropriate actions are being taken to fulfill audit recommendations.
 - 2. If audit findings of a Provider are deemed sufficiently serious, NIAAA may immediately begin suspension or termination procedures, as outlined in Chapter 8, Ensuring Contract Compliance.

Resolution of Audit Findings

Providers will have a maximum of 180 days from the date of receipt of the final audit report to resolve any audit findings and/or questioned costs. Repayment based upon any negotiated settlement should be completed shortly thereafter.

GRANT CLOSEOUT

Definition

"Grant closeout" means the process by which NIAAA determines that all applicable administrative actions and all required work of the grant or contract have been completed by the recipient.

- A. All Providers and contractors who receive Older Americans Act, State or other NIAAA-administered funds should close their project books for a budget year as soon as possible after the final project year ends.
- B. Also, Providers and contractors with a project that terminates before the end of a budget year should close out their books as soon as possible after the date on which the project ceases operations, but no later than 30 days after operations terminate.
- C. Projects may close out or terminate for several reasons:
 - 1. The project is able to generate necessary funding from other sources.
 - 2. The project closes due to accomplishment of its objectives or changing needs in the local community.
 - 3. NIAAA may reallocate funds after a prescribed number of years in order to assist other geographic area or projects.
 - 4. The project may be terminated by NIAAA due to inadequate performance or related factors.
- D. Whichever reason exists for discontinuing Provider funds, such discontinuance will require certain procedures for closing the project's books. The policies and procedures in this section must be adhered to in such circumstances.

General Requirements

- A. In closing out a grant or contract, the following requirements shall be observed:
 - 1. Upon request, NIAAA shall promptly pay the Provider or contractor for any allowable reimbursable costs not covered by previous payments.
 - 2. The Provider or contractor shall immediately refund to NIAAA any unobligated balance of cash advanced to the Provider or contractor.
 - 3. The Provider or contractor shall submit, within 30 days of the date of expiration or termination, all financial, performance and other reports required by the terms of the award.

4. NIAAA will make a settlement for any upward or downward adjustment of the federal or state share of costs, to the extent called for by the terms of the grant or contract.
- B. The closeout of a grant or contract does not affect the Provider's responsibilities with respect to property or with respect to any program income for which the Provider or contractor is still accountable under the provisions of this manual.
- C. The closeout of a grant or contract does not affect the retention period nor NIAAA federal or state rights to access grant or contract records.
- D. If a grant or contract is closed out with audit, NIAAA retains the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted later.
- E. Providers must clear all obligations incurred during a budget year within 30 days after the end of that budget year (or the termination date of the project) and before the Final Program Cost Report is completed.

Amounts Payable to NIAAA

For each grant or contract, the following sums shall constitute a debt or debts owed by the Provider or contractor to NIAAA and shall, if not paid upon demand, be recovered from the Provider or contractor or its successor or assignees by appropriate action as provided by law:

- A. Any grant funds paid to the Provider or contractor by NIAAA in excess of the amount to which the Provider or contractor is finally determined to be entitled under the terms of the grant or contract.
- B. Any royalties or other special classes of program income which, under the terms of the grant or contract or the provisions of this manual, are required to be remitted to NIAAA.
- C. Any amounts due NIAAA under the property provisions of this Manual.
- D. Any other amounts finally determined to be due NIAAA under the terms of the grant or contract, including interest earned on federal funds.
- E. Providers must assure that facilities which are altered or renovated using Older Americans Act Title III funds are used for appropriate purposes for at least five years after completion of the alteration or renovation. NIAAA shall recapture a portion of federal funds from the Provider if within five years after completion of the alteration or renovation senior services cease.

Disposal of Equipment

The Provider or contractor must dispose of equipment purchased in whole or in part with Older Americans Act or NIAAA-administered funds according to procedures outlined in this chapter, *Property Management Policies*.

Allowable Costs with Prior Approval of Grantor Agency

Retention of Records

When a Provider closes its books or ceases to receive Older Americans Act or other NIAAA-administered funds, it nevertheless must retain certain records for five years. The specific policies which must be followed are described in this chapter, Retention of Records.

Termination of Obligations

If a project is terminated or closed prior to the end of a project year, no further obligations will be allowed beyond the termination or closing date. The project will be notified regarding the procedures for returning any unearned federal, state or matching funds.

Chapter 8

NIAAA Monitoring, Compliance Review and Evaluation

INTRODUCTION

NIAAA conducts and documents monitoring, periodic compliance review and evaluation of activities carried out under the area plan. In discharging these responsibilities, NIAAA monitors adherence to terms and conditions of grants/contracts, measures the compliance of providers of service under the area plan with the area plan requirements, and seeks to improve overall program performance. All parts of the process— Monitoring, Compliance Review, Program Evaluation and Program Outcomes—work together to provide a complete picture of how effective services/programs are and how to improve them.

The Provider will cooperate and assist in any efforts undertaken by NIAAA, the State Agency, or the Administration on Aging to monitor and to evaluate the effectiveness, feasibility, outcomes and cost of activities under the application.

MONITORING OF PROGRAM AND FISCAL PERFORMANCE

NIAAA monitors the program performance and the fiscal performance of all providers of service under the area plan as outlined below:

1. A review is made of Applications for Funding to ensure that programmatic aspects of the application are being fulfilled.
2. Programmatic reports are compared with previous years' reports and current grants/contracts, the results of which are made available to the NIAAA Board of Directors.
3. NIAAA reviews all fiscal reports. If no errors/omissions are present, reports are accepted. Fiscal reports are posted to the Provider ledger and are processed for payment. If errors/omissions are present, reports are returned to Provider with a memo stating the problem(s).
4. Funds may be withheld for a minimum of 30 days following the receipt of corrected/late fiscal or program reports. A service provider reporting record is considered for future funding opportunities.
5. A review is made of each Provider's fiscal and compliance audit, if applicable, to determine whether the auditor expressed a positive opinion on the financial statements and specified the agency complied in all material respects with internal controls and applicable laws and regulations.

NIAAA PROVIDER COMPLIANCE REVIEW

NIAAA shall conduct periodic on-site visits to Provider premises to determine the extent of each agency's adherence with conditions of award documents, prevailing statutory and regulatory laws, rules, policies and significant procedures.

NIAAA procedures for NIAAA Provider Compliance Reviews are as follows:

1. NIAAA utilizes a Title III Compliance Review Instrument to review the performance of each Provider/contract agency receiving Title III funds. Prior to the beginning of each area plan period, NIAAA staff reviews the Title III Compliance Review Instrument for possible updates and revisions. Changes are made, as necessary.
2. Prior to the initiation of the compliance review cycle each Provider is provided with a copy of the Title III Compliance Review Instrument which will be utilized during that period.
3. NIAAA staff establishes a master monitoring schedule for each area plan period. Providers shall be site reviewed at least once during the area plan period. If conditions warrant, additional visits may be made during the period.

NIAAA has established a four-tiered monitoring system and will consider the following elements in determining the level of intensity of the agency's compliance review:

- (a) total NIAAA allocation;
 - (b) past performance;
 - (c) key personnel changes;
 - (d) new Provider;
 - (e) accuracy and timeliness of reporting;
 - (f) probationary status, if applicable;
 - (g) audit reports; and
 - (h) efficient use of NIAAA staff time.
4. NIAAA staff schedules a visit with each Agency/Project Director at least two weeks in advance of the visit. Written confirmation of scheduled visit is sent to Agency/Project Director and agency's Board President.
5. In preparation for each site visit, NIAAA staff reviews pertinent documentation. Such documentation may include (but may not be limited to):
 - (a) prior compliance report(s);
 - (b) agency corrective action plans and related substantiation documentation submitted in response to prior compliance report(s);
 - (c) fiscal and compliance audits (if needed);
 - (d) Title III Program Reports;
 - (e) Title III Program Cost Reports.

6. Prior to each visit, NIAAA staff selects a sampling of client records to be examined. The sample size and methodology for selection are determined according to Title III Compliance Review Client Sample Selection Procedures.
7. Upon arrival at the agency, NIAAA staff conducts an entrance conference with appropriate agency personnel. The conference includes an overview of the monitoring process, a request for the client information included in the client record sample, and identification of documentation and data needed to evaluate compliance with the standards and indicators contained in the Title III Compliance Review Instrument.
8. NIAAA staff completes (applicable sections of) the Title III Compliance Review Instrument.
9. Upon completion of the review, NIAAA staff conducts an informal exit conference with appropriate agency personnel to discuss unresolved questions and preliminary findings, if any.
10. NIAAA staff prepares the Title III Compliance Review Report of findings and conclusions for discussion and approval of appropriate NIAAA staff.
11. The Title III Compliance Review Report is finalized and mailed to the agency Board President and Agency/Program Director with timelines for response to non-compliance findings.
12. Upon receipt of the Report each Agency with non-compliance findings has 30 days to file a corrective action plan detailing steps to be implemented to resolve cited deficiencies. Each Agency then has an additional 60 days to resolve cited findings.
13. NIAAA staff is available to provide technical assistance upon request.
14. NIAAA reviews each agency's corrective action plan and accepts or rejects the plan. If it is not accepted, the reason for non-acceptance is stated and recommendations are made.
15. After the agency response is accepted, NIAAA staff may complete a follow-up visit to ensure non-compliance findings are satisfactorily resolved.
16. When all non-compliance issues have been resolved, written notice is sent to NIAAA's Board President and Director.
17. Each organization with non-compliance issues unresolved within specified timelines is subject to NIAAA's Ensuring Contract Compliance policy and procedures.
18. NIAAA staff conducts an on-site follow-up visit(s) to each agency subject to Ensuring Contract Compliance provisions. The purpose of the visit(s) is to ensure that all non-compliance findings have been satisfactorily resolved. In the event they have not been resolved, procedures specified in NIAAA's Ensuring Contract Compliance policy are followed.

19. The NIAAA Board of Directors receives periodic Reports on Compliance Reviews. The Reports detail the status of compliance reviews during the area plan period.

PROCESS FOR ASSIGNMENT OF LEVEL OF REVIEW

A four-tiered review process is used. Each Provider is assigned a level of review based upon a number of elements which may include: total NIAAA allocation, 95% or higher compliance score on previous monitoring, key personnel changes, new Provider, systemic reporting problems, probationary status and audit reports.

- Level 1 – Desk Review – NIAAA Office – Applies primarily to Providers receiving \$0 - \$4,999 during a fiscal year. Review includes NIAAA staff review of grant application, program and fiscal reports and audit, if submitted.
- Level 2 – Base Line Review – Provider Office – Applies primarily to Providers receiving between \$5,000 and \$99,999 during the fiscal year and meet the following criteria: 95% or higher on prior compliance review, no key personnel changes, and timely and accurate submission of required reports. Review includes fiscal/program report documentation, service outcomes, employee background checks and service specific indicators.
- Level 3 – Intermediate Level Review – Provider Office – Applies primarily to Providers receiving \$100,000 and over during the fiscal year and meet the following criteria: 85% or higher on prior compliance review, no key personnel changes, timely and accurate submission of required reports and no questioned or unallowable costs in their audit reports. Review includes program report documentation, service outcomes, employee background checks, services to targeted population and service specific indicators.
- Level 4 – Comprehensive Level Review – Provider Office – Applies primarily to Providers at any funding level when the agency met one or more of the following criteria: 84% or lower on prior compliance review, key personnel changes (ex., program director, primary fiscal staff member), systemic reporting problems, probationary status, and/or audit findings. Review includes a comprehensive administrative and fiscal review as well as service specific indicators.

NIAAA reserves the right to adjust the level of review on an agency specific basis, including the assignment of a review level for each “new Provider.”

CLIENT SAMPLE SELECTION PROCEDURES

Case sample size shall be determined based upon the Providers total number of persons served, by individual funded service during the last complete fiscal year (or portion thereof) for which data are available.

To the extent possible, the client names selected for review will be drawn from the database generated list of individuals served during the most recent two quarters for which data were reported.

Sample sizes are as follows:

<u># Cases Reported</u>	<u>Min # Cases</u>	<u>Max # Cases</u>
0 - 499	5	15
500 - 999	10	20
1,000 - and over	15	25

In no instance shall less than 5 cases per service be reviewed.

NIAAA reserves the right to expand the size of the case sample and/or to review cases outside of the initially identified sampling period.

SPECIAL REVIEWS

NIAAA reserves the right to conduct an on-site Special Review of a Provider to obtain specific information regarding a problem or concern. NIAAA's Executive Director will determine the need for an on-site Special Review.

ENSURING CONTRACT COMPLIANCE

Rationale

NIAAA is itself a party to a contract with the Illinois Department on Aging for the indirect provision of services to seniors in exchange for funding. The terms of this contract mandate that NIAAA monitor each of its subcontracts (grants) to direct service providers (Providers) to ensure these Providers meet the same standards and satisfy the same conditions required of NIAAA by the Illinois Department on Aging.

Policy

NIAAA will monitor each grant on an ongoing basis to ensure compliance with federal and state regulations, with the Department on Aging - NIAAA contract, and with the terms of the NIAAA - Provider award/contract in the areas of administration, fiscal procedures and service provision. If a deficiency in Provider performance is identified, NIAAA will take appropriate action to correct the situation.

Notice of Deficiency

Upon identifying a performance deficiency, NIAAA shall inform the Provider in writing by the mailing of a Notice of Deficiency to the Provider. The Notice shall contain (1) a statement of the deficiency, (2) suggestions for corrective action, (3) the level of disciplinary action being considered by NIAAA, and (4) the time period for response by the Provider, which time period shall be not less than 15 working days nor more than 30 working days.

Levels of Discipline

NIAAA may place a Provider on probation, suspend an award contract immediately or after hearing, or terminate an award contract. These levels of discipline are not necessarily sequential, and any level which the individual circumstances warrant may be imposed.

Definitions

Probation is a period during which a Provider is required to meet specified conditions imposed by NIAAA and is subject to a closer degree of supervision than is usual. It is the least severe level of disciplinary action.

Suspension is the temporary withdrawal, in whole or in part, of the Provider's authority to obligate grant funds. It is an intermediate level of disciplinary action.

Termination is the withdrawal of funding from a Provider for the duration of the current grant period. It is the most severe level of disciplinary action.

Basis for the Imposition of Disciplinary Action

Probation may be imposed for failure to respond to or resolve non-compliance issues within specified time frames; repeated disruption of service or circumstances that endanger clients' well-being; repeated failure to submit required reports accurately and on time (3 successive reports); failure to submit financial/compliance audits within federal and state guidelines; audit finding that accounting system and/or record keeping is inadequate; or such other causes as the NIAAA Board of Directors may from time to time determine.

Suspension may be imposed for failure to successfully complete a probationary period; failure to resolve audit findings within federal/state guidelines; or such other causes as the NIAAA Board of Directors may from time to time determine.

Termination may be imposed for failure to successfully complete a suspension period; misappropriation of funds, criminal actions or fraud; or such other causes as the NIAAA Board of Directors may from time to time determine.

Conditions of Discipline

Providers placed on probation shall file monthly progress reports with NIAAA addressing the progress on action steps.

Providers which have had awards suspended shall receive no reimbursement for any subsequent costs incurred in the area(s) subject to suspension unless the Notice of Disciplinary Action or some subsequent document expressly authorizes such reimbursement. During a period of suspension, the NIAAA Board of Directors may, at its discretion, hold in the NIAAA account for the benefit of the Provider funds previously awarded but not yet paid to a Provider pending an approved resolution of the situation resulting in the disciplinary action.

During the period of suspension, Providers shall file weekly progress reports.

Once a grant has been terminated, the Provider shall not incur new obligations and shall cancel as many outstanding obligations as possible. No reimbursement for any costs incurred subsequent to the date of termination shall be given to the Provider, but full credit shall be allowed to the Provider for the Federal and State share of the non-cancelable obligations properly incurred by the Provider prior to termination.

When a grant is terminated, the Provider must submit final program and financial reports to NIAAA. A final audit shall be conducted. Any equipment and supplies purchased with Federal or State funds (in whole or in part) must be disposed of in accordance with the procedures prescribed in the Provider Policy and Procedure Manual, and any other reasonable conditions required by NIAAA must be met.

Procedure

After being served with a Notice of Deficiency, if the Provider fails to respond in the time provided, or if the response is deemed insufficient for correction of the problem, the discipline indicated in the Notice shall be imposed by action of NIAAA's Board of Directors.

When disciplinary action is imposed against a Provider, NIAAA shall inform the Provider in writing through a Notice of Disciplinary Action. The Notice shall state (1) the disciplinary action being taken, (2) the reason(s) for the action, (3) the action steps required to remedy the situation, and (4) a time schedule for completing the action steps.

Right to Hearing

The right to a hearing described in this chapter is only for a Provider placed on probation. (Note that the right to a hearing for other issues is described in Chapter 1.)

Upon the written request of a Provider placed on probation, a hearing shall be conducted to review the probationary status.

If NIAAA has evidence of misappropriation of funds, criminal actions, or fraud, a suspension may be imposed immediately, without prior notice, to the Provider. When immediate suspension is imposed, the Provider shall be provided with a hearing on the issue of suspension within ten working days after the imposition of the suspension.

Except in the case of immediate suspension, no suspension or termination shall be imposed until a hearing is conducted and cause is found for the suspension or termination.

Request for Hearing

Providers who are placed on probation and who desire a hearing may request same by mailing to NIAAA a written Request for Hearing containing the following information:

1. the name of the Provider requesting the hearing,

2. a brief summary of the specific facts which support the Provider's dispute of the probationary status.

Hearing Procedure

Time

Upon receipt of a written Request for Hearing (in the case of probation), or upon NIAAA's notification to a Provider that suspension or termination is being considered, it shall be the responsibility of NIAAA to schedule and conduct a hearing within a reasonable time period, not to exceed 30 calendar days from the date the hearing request is received in the NIAAA office (in the case of probation) or the date notification is sent to a Provider of pending suspension or termination. If NIAAA has imposed an immediate suspension, this hearing shall be scheduled not more than ten working days after the notice of such suspension is sent to the Provider.

Notice of Hearing

The Provider shall be provided a written Notice of Hearing a minimum of five working days prior to the conducting of any hearing. The notice shall specify the date, time and location of the hearing.

Conduct of Hearing

The hearing shall be conducted by an impartial hearing panel or individual, composed of individuals who have not participated in the action being appealed.

Both NIAAA and the Provider shall be given an opportunity to appear in person and/or be represented by legal counsel or other authorized representative. Action or inaction of an authorized representative shall be deemed to be action or inaction of the Provider or NIAAA.

Both NIAAA and the Provider shall be given an opportunity to present oral testimony and documentary evidence to support or refute the basis for the disciplinary action.

Both NIAAA and the Provider shall be given an opportunity to review any pertinent evidence presented and to ask and respond to questions that arise during the hearing.

Decision

Within three days after the conclusion of the hearing, the hearing panel shall report in writing to the NIAAA Board of Directors the findings and decision of the panel, setting forth the reasons for the decision and the evidence on which it is based.

Upon receipt of this report, the NIAAA Board of Directors shall review the report and shall have the power to accept or reject it. Within a reasonable time after the conclusion of the

hearing, not-to-exceed thirty days, the NIAAA Board of Directors shall issue to the Provider a written Notice of Decision. The Notice shall include: (1) the decision of the hearing panel, (2) the reasons given by the panel for its decision, (3) a statement indicating that the NIAAA Board of Directors has accepted or rejected the decision of the panel, and (4) if the Board has rejected the decision of the panel, the reason for the rejection. The Notice of Decision shall be accompanied by a written statement of the Provider's right of appeal if such exists under this policy and procedure.

Right of Appeal

In the case of a decision unfavorable to the Provider regarding suspension or termination, the Provider may request an administrative review of the hearing by the Illinois Department on Aging Hearing Coordinator pursuant to the procedure outline in Section 327.1 of the IDoA Policies, Procedures and Standards for Area Agencies on Aging Manual.

Service of Notices

Service of Notices of Deficiency, Disciplinary Action, Hearing, and/or Decision and all correspondence related to the issuances of such Notices and actions shall be served on the Provider by sending the notice to the Provider by certified mail, return receipt requested, at its primary place of business as listed in the Grant Award, with a copy to the president of the Provider agency by certified mail, return receipt requested.

PROGRAM AND OUTCOMES EVALUATION

NIAAA will conduct evaluations periodically during the area plan cycle. On-site visits, evaluation surveys, round-table discussions and/or other methods will be utilized by NIAAA staff and/or NIAAA Board/Advisory Council Member(s). Summary reports are shared with provider agencies.

Evaluations provide an on-going assessment of programs and services and how they can be improved to meet the needs of older persons (especially those in targeted groups), and also what outcomes have been achieved as a result of NIAAA funding.

On-Site Evaluations

The following are NIAAA's procedures for on-site evaluations:

1. NIAAA staff drafts an Evaluation Plan for presentation to the NIAAA Board of Directors for approval.
2. Any Evaluation Tool which shall include service outcome measures is distributed to Providers a minimum of 30 days prior to an evaluation visit.
3. Evaluation visits and reports are completed by NIAAA staff.
4. Evaluation reports, including service outcome data, are made to the NIAAA Board of Directors.

5. The Evaluation Reports and NIAAA Board recommendation(s) are distributed to agency board presidents and directors. Each agency may submit comments on its Evaluation Report to NIAAA.

Chapter 9

Required Reports

GENERAL REQUIREMENTS

This chapter contains the programmatic and financial report submission requirements of NIAAA. Both program and financial reports are required of all NIAAA funded providers. NIAAA uses reports to meet reporting requirements of the Illinois Department on Aging and to facilitate proper administration of the Area Plan.

NIAAA requires that each Provider:

- Have a program and fiscal reporting system that will ensure the provision of accurate and timely reports.
- Maintain reporting information in such a manner to permit NIAAA or other authorized persons to review report information upon request.
- Submit program and fiscal reports by the due dates specified in this chapter to allow NIAAA time to prepare its own reports for the NIAAA Board of Directors and submission to IDOA.

USE OF REPORTS SUBMITTED TO NIAAA

- A. NIAAA will review reports submitted by Providers for the following purposes to:
1. Determine that federal/state and local resources have been expended according to approved budgets;
 2. Determine that each Provider's request for funds is correct and is consistent with the approved grant;
 3. Monitor and assess grant activity;
 4. Identify the need for technical assistance;
 5. Provide information needed for the Illinois Department on Aging to prepare and submit its reports to the Administration on Aging and other agencies;
 6. Provide information that will enable NIAAA to properly allocate or re-allocate funds for maximum impact in northwestern Illinois; and
 7. Identify any significant operational problems that should be corrected (i.e., ineligible activities, inferior services, inadequate fiscal knowledge, or excessive administrative costs).
- B. If, after reviewing a project report, NIAAA determines that corrective action is required, or technical assistance is needed, NIAAA will contact the Provider and indicate appropriate steps to be taken.
- C. The Older Americans Act Performance System (OAAPS) formerly the National Aging Program Information System (NAPIS).

The Older Americans Act requires program performance reports from each State. The 1992 reauthorization of the Older Americans Act directed the Administration on Aging to develop reporting procedures for use by State Units on Aging. AOA developed a reporting system known as the National Aging Program Information System (NAPIS). NAPIS was divided into two reports;

a State Performance Report which reports on Title III activity and the National Ombudsman Reporting System (NORS).

- 1) State Performance Report: NIAAA utilizes the SAIS generated reports and the OAAPS (formerly NAPIS) reports to generate the State Performance Report.
- 2) The Office of the State Long Term Care Ombudsman generates the National Reporting System (NORS) report from information submitted by long-term ombudsman programs through submission of the Long-Term Care Ombudsman Program's Sub-State Ombudsman Quarterly Report and the Complaint Form.

NIAAA COMPUTERIZED REPORTING SYSTEM

To comply with IDOA requirements, NIAAA uses the web based AgingIs (formerly NAPIS Pak) reporting system to collect program data for all Title III services who are all required to have a license which can be obtained through NIAAA.

PROGRAM REPORTS REQUIRED BY NIAAA

All Providers must use AgingIs (formerly NAPIS Pak) and submit quarterly reports of persons served and units provided by the 15th of the following month, i.e., January, April, July, and October.

NOTE: Incorrect or late submissions may result in withholding of payment for a minimum of 30 days.

PROVIDER PAYMENTS

Depending on the availability of funds and upon receipt of a signed Notification of Grant Award (NGA), NIAAA will reimburse Providers, NIAAA will reimburse one-twelfth of the Title III award on the 20th of the applicable month.

Payments will depend on the submission of fiscal and program reports. Providers submitting accurate fiscal and program reports within NIAAA's timelines will receive any federal cash due (deficit balance on Program Cost Report, NIAAA funds Cash Reconciliation) on the 5th of the month following the receipt of an acceptable report. One-twelfth of the award will be disbursed on the 20th of the following month less any federal cash balance on the Program Cost Report. In the months between the financial reports, Providers will receive one-twelfth of the allocation. Providers with a history of not spending their one-month allocations may be required to show a need for the entire month's allocation.

Incorrect or late reports may result in withholding of payment for a minimum of 30 days. Continued incorrect or late reports will invoke NIAAA's Ensuring Grant Compliance procedures (Chapter 8).

Fiscal reports: The fiscal reports for the first and third quarters must be received by 4:00 p.m. by the 15th of the month following the end of the quarter. Second and fourth quarter reports must be received by 4:00 p.m. on the 5th of the month following the end of the quarter.

<u>Quarter Ended</u>	<u>Dates Due</u>
December 31	January 15
March 31	April 5
June 30	July 15
September 30	October 5

If the date due falls on a Saturday or Sunday, reports will be due on the following Monday.

Reports are checked for:

- Authorized signature
- Mathematical accuracy
- Completeness
- Compliance with grant application

If no errors/omissions are present, reports are accepted, posted to Provider ledger, and processed for payment.

If errors/omissions are present, reports are returned to Provider with memo stating problem. Corrected reports must be returned within 5 working days. Funds are withheld for a minimum of 30 days following receipt of corrected/late reports. Repeated delinquencies and/or errors may jeopardize funding.

END OF THE YEAR REPORT

The Provider may/must submit a final report which reflects the amount of total expenditures for the grant year. Final reports are due by December 15th. Any unearned NIAAA funds at the Provider level must be returned to NIAAA upon NIAAA's acceptance of the final report.

PROGRAM AND FINANCIAL REPORTS REQUIRED BY NIAAA

Program and financial reports required by NIAAA including report instructions are listed below by Title. Note: All units of service based on one hour of time expended on behalf of a client should be recorded to the nearest quarter hour (.25, .50, .75, 1.0) and should include the time necessary for preparation, travel and case documentation. Preparation of reports and grant applications are considered as administrative activities, not activities directly on behalf of a client.

Title III-B Required Reports

The following reports are required by Title III-B Providers:

- Projects Cash and In-Kind Receipt Records: Due by the 20th of the month following the end of the quarter. The Project Cash and In-Kind Receipts record reports all applicable receipts for the Title III-B program
- Program Cost Reports: Due by the 20th of the month following the end of the quarter. The Program Cost Reports report all applicable receipts for the Title III-B program. This report must include allowable expenditures on behalf of the Title III-B program. This report serves

as an authorization for reimbursement for grant expenses and to ensure accountability for the disbursement of grant funds.

- GRF GAP Filing Request for Reimbursement Form: All GRF Designated GAP Filing Organizations must submit the GRF GAP Filing Request for Reimbursement Form due the 20th of the month following the end of the quarter to request GAP Filing reimbursement.

Note: It is not acceptable to provide the client with a check (made out to the vendor) for purchase of a GAP Filing item. Payment for GAP Filing service must be made on the actual service or item purchased. Payment cannot be made on an estimate. Payment can be made only after confirmation has been received from the client that the service or item has been received and is acceptable.

I&A and SHAP service specific reporting requirements are included later in this Chapter.

Title III-C Required Reports

The following reports are required by all Title III-C Providers:

- Projects Cash and In-Kind Receipt Records: Due by the 20th of the month following the end of the quarter. The Project Cash and In-Kind Receipts record reports all applicable receipts for the Title III-C program.
- Program Cost Report: C-1 and C-2: Due by the 20th of the month following the end of the quarter. The Program Cost Reports report all applicable receipts for the Title III-C program. This report must include allowable expenditures on behalf of the Title III-C program. This report serves as an authorization for reimbursement for grant expenses and to ensure accountability for the disbursement of grant funds.
- Title III-C NSIP Meal Report: Title III-C providers send the total number of meals served and eligible for NSIP reimbursement via modem through the AgingIs (formerly NAPISPac) software by the 15th of the month following the report month. The NSIP report provides NIAAA with data needed for U.S. Department of Agriculture commodity reimbursement.

Title III-D Required Reports

The following reports are required by all Title III-D Providers:

- Projects Cash and In-Kind Receipt Records: due by the 20th of the month following the end of the quarter. The Project Cash and In-Kind Receipts record reports all applicable receipts for the Title III-D program
- Program Cost Reports: Due by the 20th of the month following the end of the quarter. The Program Cost Reports report all applicable receipts for the Title III-D program. This report must include allowable expenditures on behalf of the Title III-D program. This report serves as an authorization for reimbursement for grant expenses and to ensure accountability for the disbursement of grant funds.
- Program Report: Due by the 15th of the month following the end of the quarter. The program reports units of service for the quarter and year to date.

Title III-E Required Reports

The following reports are required by all Title III-E Providers:

- Projects Cash and In-Kind Receipt Records: Due by the 20th of the month following the end of the quarter. The Project Cash and In-Kind Receipts record reports all applicable receipts for the Title III-E program.
- Program Cost Reports: Due by the 20th of the month following the end of the quarter. The Program Cost Reports report all applicable receipts for the Title III-E program. This report must include allowable expenditures on behalf of the Title III-E program. This report serves as an authorization for reimbursement for grant expenses and to ensure accountability for the disbursement of grant funds.
- Title III-E GAP Filing Request for Reimbursement Form: All Title III-E Designated GAP Filing Organizations must submit this form due by the 20th of the month following the end of the quarter to request GAP Filing reimbursement.

Note: It is not acceptable to provide the client with a check (made out to the vendor) for purchase of a GAP Filing item. Payment for GAP Filing service must be made on the actual service or item purchased. Payment cannot be made on an estimate. Payment can be made only after confirmation has been received from the client that the service or item has been received and is acceptable.

Caregiver I&A, grandparent I&A, and caregiver education/training/support reporting requirements are included later in this chapter.

SERVICE SPECIFIC REPORTING REQUIREMENTS

Title III-B I&A Reporting Requirements

I&A reporting provides accountability to NIAAA, the Illinois Department on Aging and the Administration on Aging. Reports are reviewed by NIAAA board, I&A agency's board, and other local funding sources such as United Way.

I&A workers must be trained on how to count people and units. The following section contains specific reporting requirements for I&A service.

Reporting People

Each person age 60 years of age and over receiving I&A service must be reported as a person served. If an individual calls on the senior's behalf, report the individual age 60 or older as the person receiving service.

Exception: If the individual is a caregiver and the agency is funded for caregiver I&A, report the activity under caregiver I&A.

Unit Reporting

One “contact” is a unit of service. A contact is reported when the I&A worker has a face-to-face, phone or e-mail contact with a person age 60 or older or a person calling on a senior’s behalf. Additional units **may be** reported when the I&A worker makes additional contacts on behalf of the client (face-to-face or phone). The agency may develop their own forms for collecting information on client contacts or units.

I&A and Pharmacy I&A are reported separately. Pharmaceutical I&A includes:

- Social Security application for Extra Help Under Medicare part D
- Medicare Part D assistance
- Illinois Rx Buying Club
- I-Save Rx
- Pharmaceutical discount cards
- Pharmaceutical drug company programs
- Any other prescription assistance

What is *Not* a Title III-B I&A Unit:

1. Activity if it cannot be related to an individual client. Speaking engagements, staff meetings, and training should not be reported as units;
2. Units when completing case notes, when consulting with supervisors, reporting, or data entry (ex. on-line filing) for the client;
3. Faxes and postal mailings in follow-up to a client request as a separate unit. They are considered part of the contact with client;
4. Unsuccessful contacts as units. For example, if an I&A worker makes a home visit to a client and finds no one at home, do not report the visit as a unit. However, if the I&A worker talks to another person during the home visit to leave information (family member or neighbor) the visit can be reported as a contact;
5. Service provided by staff or volunteers outside of scheduled work hours or assigned work activity;
6. A visit to the agency’s web site as a unit of service. A web site does not have the capacity to provide the various activities which make up a unit of service; and
7. Application assistance when completing a Medicaid, LIHEAP, other application as a separate unit. Only pharmaceutical applications are reported as additional units.

Caregiver I&A Reporting Requirements

Reporting People

Each person receiving caregiver I&A is counted as a person served. Refer to Chapter 3 of this manual for a definition of a caregiver.

Unit Reporting

One “contact” is a unit of service. A contact is reported when the I&A worker has a face-to-face, phone or e-mail contact with a caregiver of an older adult or a grandparent caregiver.

- Additional units **may be** reported when the caregiver I&A worker makes additional contacts on behalf of the caregiver (face-to-face or phone).
- When an agency receives Senior Health Assistance Programs (SHAP) I&A and/or Caregiver funding and service is provided under the SHAP and caregiver programs, a separate unit is reported under each funding source.

What is Not a Caregiver I&A Unit:

1. Activity if it cannot be related to an individual caregiver or grandparent caregiver. Speaking engagements, staff meetings, and training should not be reported as units;
2. Time for completing case notes, when consulting with supervisors, reporting, or data entry (ex. on-line filing) for the client;
3. Time for faxes and postal mailings in follow-up to a caregiver request as a separate unit. They are considered part of the initial contact;
4. Unsuccessful contacts as units;
5. Service provided by staff or volunteers outside of scheduled work hours or assigned work activity;
6. Visits to the agency’s web site as a unit of service. A web site does not have the capacity to provide the various activities which make up a unit of service;
7. Time for completing a Medicaid, LIHEAP, other application (except BAA) as a separate unit.

Grandparent I&A Reporting Requirements

Count each grandparent raising grandchildren as a client served. A grandparent is defined as a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 55 years of age or older and lives with the child and is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child and has a legal relationship to the child, such as legal custody or guardianship or is raising the child informally.

Caregiver/Grandparent Respite and GAP Filing Reporting Requirements

Caregiver I&A and CCUs requesting GAP Filing and/or respite service must enter clients into AgingIs (formerly NAPISPac) and give one unit of GAP Filing and/or respite service.

Caregiver Education/Training/Support Group Reporting Requirements

Unit of Service: NIAAA does not require the use of specific service unit reporting form but does require that any unit of service data be verifiable and accurate. The total number of units provided must also be included on the NIAAA Education and Training/Support Group Financial Report in AgingIs (formerly NAPISpak).

Financial Requirements:

NIAAA will send each education/training provider a customized Title III-E Financial Report due on the 15th of the month following the end of the quarter (Oct.-Dec., Jan.-March, April-June, July – Sept.).

Total expenses may not exceed the total budget; line items may not exceed 110% of the budgeted line item.

Resources must be contributed according to the grant agreement. Local cash and In-kind must be contributed in the amount needed to match the Title III-E federal funds as stated in the award document and the Title III-E Financial Report. A minimum 25% match is required for Title III-E caregiver services.

Service expenses are the actual expenses incurred by the program. Documentation to substantiate the expenses must be kept at the project office, for review by NIAAA staff, for a minimum of three years following the end of the project year.

Caregivers and grandparents must be given the opportunity to contribute to the cost of the service in a secure and confidential manner. Any donations received (project income) must be reported to NIAAA and used to expand services or remitted to NIAAA.