



Arrowhead Area

Agency on Aging

Title III Grantee/Contractor Manual

Title III-B Supportive Services
Title III-D Disease Prevention and Health Promotion Services
Title III-E National Family Caregiver Support Program

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FOREWARD

The purpose of this manual is to provide all current and potential Older Americans Act Title III-B, D, and E grantees/contractors with information related to operating as an Older Americans Act grantee/contractor. The manual combines relevant sections of the Older Americans Act, federal circulars, Minnesota Board on Aging policy guidance documents, information memorandums, Arrowhead Regional Development Commission policies and procedures and Area Agency on Aging policies in existence as of June, 2014.

While the manual is comprehensive, grantees and contractors should not consider this manual to be all inclusive of current regulations and policies governing Older Americans Act programs and federal grant/contract awards. References to principal laws and supporting documents are included in the final Section of this manual and grantees and contractors should reference these documents for additional information and more detailed guidance.

Comments or questions about this manual should be directed to:

Arrowhead Area Agency on Aging Director
Arrowhead Regional Development Commission
221 West 1st Street
Duluth, MN 55802
1-800-232-0707

SECTION 1 – OVERVIEW OF OLDER AMERICANS ACT - TITLE III FUNDING

A. PURPOSE

To meet the diverse needs of the growing numbers of older persons in the United States, President Lyndon Johnson on August 14, 1965, signed into law the **Older Americans Act (OAA)**. The Older Americans Act set out specific objectives for maintaining the dignity and welfare of older individuals and created the primary vehicle for organizing, coordinating and providing community-based services and opportunities for older Americans and their families. The Older Americans Act directs each state to develop a comprehensive and coordinated network of providers who can offer services, opportunities, and protections for older Americans to help them maintain health and independence and to be able to continue to function as a part of their community.

Title III of the Older Americans Act authorizes the granting of funds to State Units on Aging (in Minnesota, this is the Minnesota Board on Aging) who also designate and make funds available to Area Agencies on Aging in their states to identify local needs and fund local services to support seniors and caregivers. Funds can be awarded for nutrition programs, supportive home and community-based services, disease prevention/health promotion services, elder rights programs (legal services) and caregiver support programs. Greater detail about fundable services, including service definitions, can be found under Section 1, part J. of this manual.

Title III of the Older Americans Act consists of five parts:

- Part A - General Provisions
- Part B - Supportive Services
- Part C - Nutrition Services
- Part D – Disease Prevention and Health Promotion Services
- Part E – National Family Caregiver Support Program

The Arrowhead Regional Development Commission’s (ARDC) Arrowhead Area Agency on Aging (AAAA) has been designated by the Minnesota Board on Aging to administer Older Americans Act funds in the seven county area of Northeastern Minnesota. Counties included in the AAAA service area are Aitkin, Carlton, Cook, Itasca, Koochiching, Lake and St. Louis. In partnership with public and private organizations, the AAAA helps seniors age successfully by granting Older Americans Act funds for service development, building community capacity, advocating for aging issues, maximizing service effectiveness and linking people with information. More information on the AAAA can be found at <http://www.arrowheadaging.org>.

B. ELIGIBLE AND TARGET POPULATIONS

1. Title III-B Supportive Services and Title III-D Disease Prevention and Health Promotion Services

According to the Older Americans Act, grantees or contractors funded with Title III-B Supportive Services funding or Title III-D Disease Prevention and Health Promotion Services funding must make special efforts to reach the following target populations of individuals aged 60+:

- Those with the greatest economic need with particular attention to low-income minorities
- Those with the greatest social need with particular attention to low-income minorities
- People of minority status (services must be provided to minority older adults in at least the same proportion as they are to the general older population in the service area)

- Frail, disabled or functionally impaired
- Rural or isolated
- Limited or non-English speaking
- Hearing impaired or visually impaired
- Identified as “at risk” for institutional placement (“at risk for institutional placement” means having a limitation in two or more Activities of Daily Living)
- Older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals)
- Persons *not* already receiving Title III-B or D covered services through the county, MSHO or other health insurance providers.

According to the Older Americans Act, the "greatest economic need means the need resulting from an income level at or below the poverty threshold established by the Bureau of the Census," and the "greatest social need" means the need caused by noneconomic factors which include physical and mental disabilities, language barriers, and cultural, social or geographical isolation including that caused by racial or ethnic status (for example, Black, Hispanic, American Indian, and Asian/Pacific Islander) which restrict an individual's ability to perform normal daily tasks or which threaten his or her capacity to live independently."

2. Title III-E Caregiver Support

Title III-E funds must be used to serve caregivers who meet one or both of the following eligibility criteria:

A. *Caregivers of Older Adult Age 60 and Older or Caregivers of Person with Dementia of Any Age* - Eligible caregivers under this category are any adult family member or other individual (i.e. friend or neighbor) who is an informal provider of in-home and community care to a frail individual age 60 and older, *or* to an individual with Alzheimer’s disease (or related disorder with neurological and organic brain dysfunction) regardless of age of the person with the disease. These caregivers do not need to live with the care receiver to be eligible for service.

OR

B. *Grandparent or Other Older Relative Caregivers (Age 55+) Caring for Person Age 19-59 with One or More Disabilities*- This category of eligibility includes caregivers, age 55+, who are a grandparent or relative caregiver of an individual with one or more disability¹ age 19 to 59. These caregivers can be a grandparent, step-grandparent, or a relative of the individual by blood, marriage or adoption. The caregiver must also meet the following additional criteria.

1. Live with the individual;
2. Is the primary caregiver of the individual because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the individual; and
3. Has a legal relationship to the individual, such as guardianship.

Other Considerations for Title III-E Eligibility:

For programs proposing to provide respite, the care receiver must be determined to be “frail” in accordance with the following conditions. The individual must be:

¹ The term disability means a disability attributable to mental and physical impairments that results in substantial functional limitation in 1 or more of the following areas: self care; receptive and expressive language, learning , mobility, self direction, capacity for independent living cognitive functioning, economic self –sufficiency and emotional adjustment.

1. Unable to perform two or more activities of daily living without substantial human assistance (including verbal cueing or supervision); or
2. Due to cognitive or other mental impairments, requires substantial supervision because the individual behaves in a manner that poses a health and safety hazard to the individual or another individual.

Grantees or contractors funded with Title III-E Caregiver Support funding must make special efforts to reach (target) caregivers of older adults who:

- Are older caregivers with the greatest social and economic need with particular attention to low-income minorities.
- Are caring for care recipients who are older individuals with the greatest social and economic need who are not yet eligible for the Elderly Waiver and Alternative Care programs, with particular attention to low-income minorities.
- Provide care for older individuals with Alzheimers' Disease or a related disorder with neurological and organic brain dysfunction.
- Are grandparents or older individuals who are relative caregivers (excluding parents) who are 55 years or older and providing care for:
 - children with severe disabilities (minor children age 0 to 18 years of age) or
 - individuals with severe disabilities (adults age 19 years of age or more)

C. SERVICE FUNDING PRIORITIES

The Older Americans Act allows for funding of a broad range of services, but provides a relatively small amount of funding.

In order to make the best possible use of the limited resources available, local funding priorities are established by the ARDC Advisory Committee on Aging (ACA). The ARDC ACA periodically reviews its funding priorities. Priorities are established based on information from the public, service providers, current census information, the results of various planning studies, and other processes to identify need. Information on the availability of other funding for specific services is also examined.

Funding priorities, when applicable, are identified in the Arrowhead Area Agency on Aging's formal Requests for Proposals (RFP).

D. APPLICATION and AWARD PROCESS

1. INITIAL GRANT/CONTRACT AWARD

The ARDC/AAAA awards funds through a competitive grant/bid process. Grants or contracts may be awarded to public or private non-profit agencies that demonstrate they can perform successfully under the terms and conditions set forth in the AAAA -RFP. For-profit organizations are granted funds only after dispensation of a waiver from the Minnesota Board on Aging. Proposals are evaluated in accordance with the AAAA's Area Plan, and other review criteria specified in the RFP.

Proposals must be submitted on official applications. Those found to be incomplete and/or inaccurate may be disqualified from further action.

AAAA Grants Managers organize a review committee to evaluate the applications. Based on the review of each application by evaluators, recommendations are developed for award or denial. The

review committee's recommendations are considered by the ARDC Advisory Committee on Aging and forwarded on as is, or with revisions, to the ARDC Board on Directors. The ARDC Board, at its sole discretion, may select the proposals that are in the best interest of the ARDC and the persons proposed to be served.

Both successful and unsuccessful applicant's organizations will be notified in writing by AAAA staff of the ARDC Board's decision. Unsuccessful applicants will have a right to appeal the funding decisions.

2. GRANT/CONTRACT RENEWAL

Grants and contracts may be renewed annually for up to an additional four years beyond the initial competitive award. Projects will be notified of the timeline for submission of renewal applications. AAAA staff will review the renewal applications for completeness and accuracy, review the project's past performance and develop renewal funding recommendations for consideration by the ARDC Advisory Committee's Review Task Force. The Review Task Force recommendations will be considered by the ARDC Advisory Committee on Aging and forwarded on as is, or with revisions, to the ARDC Board on Directors. The ARDC Board, at its sole discretion, may award or deny renewal funding as deemed to be in the best interest of the ARDC and the persons proposed to be served.

E. AWARD PERIOD

Older Americans Act funds are awarded for a period of one year. Decisions to continue awards are made on a year-by-year basis. Grants or Contracts are renewed for services determined to be a priority service by the Area Agency on Aging Advisory Committee on Aging. Projects usually begin January 1, however, other start-up dates may be designated, as funding becomes available.

F. MATCHING REQUIREMENTS

All grantees/contractors must match federal dollars with local funds as outlined below:

- Title III-B grant/contract funded projects
75% federal/25% local or
50% federal/50% local (at the discretion of the funder)
- Title III-D grant/contract funded projects have no match requirement
- Title III-E grant funded projects
75% federal/25% local

G. MAINTENANCE OF EFFORT

Older American's Act, section 344, requires that funds must "supplement and not supplant any federal, state or local funds expended" for services described in the Act. This "maintenance of effort" requirement means that any services to the older population or their caregivers provided prior to the receipt of a Title III grant or contract must be maintained through other sources of funds.

H. SERVICE EXPANSION

When an applicant proposes expansion of service, typically only the portion financed through Title III federal support and the required non-federal match constitutes the Title III project.

In approving support for the expansion of service the applicant must demonstrate:

- the proposed project represents a true expansion of services or activities;
- the applicant's existing financial commitment for activities for or on behalf of the aging during the 12 months prior to any award of Title III funds will be maintained during the period of federal support;
- federal support will not be used to replace existing resources; and
- no part of the resources which finance the existing program shall be used to earn federal support for the expanded portion of the program.

I. PUBLIC NOTICE OF FUNDS

Announcements concerning the availability of Title III funds are published at a minimum in the Duluth News Tribune newspaper.

J. SERVICE DEFINITIONS

The Older Americans Act provides an extensive list of services that may be funded as part of a comprehensive and coordinated service delivery system, including services that facilitate access to information or services, services provided in the community, services provided in the home, services provided to residents of care providing facilities and services to family caregivers.

All services funded must meet the service definitions and standards prescribed by the Minnesota Board on Aging. Definitions used are from the National Aging Program Information System (NAPIS). The use of NAPIS service definitions provides a common framework for Title III funded services nationwide.

TITLE III-B AND III-D SERVICES

Services funded under Title III-B and Title III-D are divided into three sections or “clusters”. Cluster 1 and 2 services require that a NAPIS client registration form provided by the Area Agency on Aging be completed by each over age sixty recipient of services.

Cluster 1 and 2 services include:

- | | |
|-------------------------|-----------------------------------|
| Personal Care | Self-Directed Supportive Services |
| Homemaker | Adult Day Care/Adult Day Health |
| Chore | Consultation |
| Assisted Transportation | |

Cluster 1 and 2 registrations include a nutrition risk assessment component. Each year the registration form is updated and every two years a new form must be completed for each registered active client. It is preferable that registration forms be signed by the senior receiving services, but they may be signed on behalf of the senior by project staff provided that staff read the confidentiality statement to the senior. The signature allows the Area Agency staff to compile aggregate data for statistical purposes.

Cluster 3 services include:

- | | |
|-----------------------------|------------------------------|
| Transportation | Home Injury Control Services |
| Legal Assistance | Guardianship |
| Nutrition Education | Legal Education |
| Information and Assistance | Special Access |
| Outreach | Visiting |
| Home Modification | Telephone Reassurance |
| Respite | Counseling |
| Health Assessment/Screening | Education/Training |

Cluster 3 services do not require the completion of the NAPIS client registration form. Cluster 3 services are considered “non-registered services”.

TITLE III-E SERVICES

Title III-E Caregiver Support Program services have been divided into two sections or “groups”.

Group 1 services include:

- Caregiver Counseling (Registered Services)
 - Individual or Family Counseling
 - Caregiver Training and Education
 - Coaching/Consulting
 - Support Groups
- Respite Care (Registered Services)
 - In-home
 - Out-of Home
 - Non-Facility
 - Facility-based

Group 2 service includes:

- Information Services

Services noted above as a “Registered Service” require that providers of this service utilize NAPIS registrations forms provided by the Area Agency on Aging. These forms should be used upon in-take of family caregivers into the providers’ service program and should be signed by the person enrolling in the caregiver support service.

Detailed NAPIS Service Definitions and Specifications are provided in [Attachment I](#).

SECTION 2 – ADMINISTRATIVE RESPONSIBILITIES

A. GENERAL ASSURANCES

Grantees and Contractors have agreed to comply with the assurances and certifications listed below as a part of the submission of a Title III application. These assurances are binding upon the applicant agency and the conduct of the project following the award of funds:

1. That the project will be carried out in accordance with Title III of the Older Americans Act, the program regulations issued thereto, the policies and procedures established by the Area Agency, and the terms and conditions of the grant/contract as approved by the Area Agency in making an award of funds.
2. When subcontracts are proposed for the operating of one or more components of the project, and are approved as part of any award of funds under Title III, the applicant agency retains full and complete responsibility for the operation of the project in keeping with the policies and procedures established by the Area Agency for the project. The applicant agency will be held accountable by the Area Agency for all project expenditures; and will ensure that all expenditures incurred by the subcontracting agency(ies) will be in accordance with the cost policies and procedures established by the Area Agency, in keeping with the guidelines of the Administration on Aging. Copies of the proposed subcontracts must be submitted to the AAAA.

3. To cooperate with the Area Agency in its efforts toward developing a comprehensive and coordinated system of services for the elderly, by participating in joint planning efforts and other activities mutually agreed upon to meet this goal.
4. To provide for or participate in such training as may be necessary to enable paid and volunteer project personnel to perform more effectively.
5. To actively seek qualified older persons for paid positions on the project.
6. To make provisions where feasible for volunteer opportunities for older persons.
7. To cooperate and assist in efforts undertaken by the Area Agency, the Minnesota Board on Aging, the Administration on Aging, or any other agency or organization duly authorized by any of the preceding to evaluate the effectiveness, feasibility and costs of the project.
8. That no personal information obtained from an individual in conjunction with the project shall be disclosed in a form which identifies an individual without the written, and informed consent of the individual concerned.
9. To maintain such accounts and documents as will serve to permit determination at any time of the status of funds within the award, including the disposition of all monies received from the Area Agency, and the nature and amount of all charges claimed against such funds.
10. Agrees to keep such records and make reports in such form and containing such information as may be required by the Area Agency.
11. To comply with equal employment opportunity and affirmative action principles so that employment practices are based solely on the work related abilities and qualifications of employees and job applications. Staff are hired, assigned, and promoted without regard to race, color, creed, religion, sex, age, disability, national origin, use of public assistance or sexual orientation.

B. OTHER CERTIFICATIONS AND ASSURANCES

All of the following are agreed to upon application and receipt of grant/contract award as required by the Federal and State Governments:

- Section 504 of the Rehabilitation Act of 1973
- Civil Rights
- Non-Construction Programs
- Lobbying
- Debarment
- Drug-Free Workplace

C. OTHER AGREEMENTS

In addition grantees and contractors, as a Title III project, agree to:

1. Notify staff and volunteers that they are not allowed to solicit personal contributions (except program income), sell anything to clients, or encourage acceptance in a belief of philosophy by service participants.

2. Provide specific service information about all senior services of the organization and / or sub-grantees to the Minnesota Board on Aging online resource database, MinnesotaHelp.info.
3. Give visible recognition to AAAA and include on all materials made available to the public which are paid for with Older Americans Act Title III funds with the following phrase: "Funded by the Arrowhead Area Agency on Aging as part of the Older Americans Act." If Older Americans Act Title III funds paid for a portion of materials the following phrase may be substituted: "Funded in part by the Arrowhead Area Agency on Aging as part of the Older Americans Act."
4. Have a written policy for reference checks, annual reviews and criminal background checks.
5. Participate in site visits as scheduled.
6. Maintain records for at least five (5) years after the conclusion of the grant/contract.
7. Carry and maintain in effect for the duration of the grant/contract, general liability insurance with a limit, at a minimum in aggregate of \$1 million, workers compensation, fidelity bonding insurance and other appropriate insurance. Depending on the nature of the service, this limit may be negotiable.

D. COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

All projects funded under the Older Americans Act of 1965, as amended, must comply with Title VI of the Civil Rights Act of 1964. This act states that programs receiving federal funds must provide services, facilities, and benefits on a nondiscriminatory basis, for use of older people regardless of race, color, sex, religion, disability, or national origin.

1. Non-Discriminatory Practices of the Agency

A Title III project grantee/contractor may not discriminate against participants of programs funded under the Older Americans Act. The services, facilities, and benefits of the program are for use of all older people, regardless of race, color, creed, sex, religion, disability, national origin, use of public assistance, or sexual orientation.

Each grantee/contractor must insure that all other programs and subcontracts administered by the agency are administered on a non-discriminatory basis.

Each grantee/contractor must:

- 1) have a means of communication with hearing impaired individuals,
- 2) provide service availability information to the visually impaired, and
- 3) have a means of communication with non-English and limited-English speaking people.

The grantee/contractor agency shall conduct specific outreach efforts to potential participants of minority status.

2. Dissemination of Information to Project Participants

The staff of the Title III projects shall inform participants of their rights through the distribution of written materials. All project participants should receive this information when initially making contact with the project provider and on a periodic basis thereafter.

The Title III project must display in a conspicuous location a poster explaining the Civil Rights Complaint procedure.

3. Dissemination of Information to Project Staff

The Project Director is responsible for informing project staff of their responsibilities under Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

4. Dissemination of Information to the Public

Any books, reports, pamphlets, papers, or articles based on activities receiving support under Title III must contain a statement that it complies with Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973.

5. Participation in the On-Site Review

The Project Director will be subject to an on-site review of the project by the AAAA to discuss compliance of the project with Title VI of the Civil Rights Act. The Project Director should be prepared to discuss and verify the following information:

- a. The potential number of elderly minority persons to be served;
- b. The actual number of elderly minority persons served;
- c. The racial/ethnic composition of the project staff;
- d. The racial/ethnic composition of the governing structure of the agency (board); and
- e. The racial/ethnic composition of the agency governing board.

In addition, the Project Director will provide information that will enable the AAAA to evaluate the following:

- a. The effectiveness of the Title III project in disseminating information to project participants regarding the Civil Rights Act; and
- b. The effectiveness of the project's outreach efforts to potential participants of minority status.

6. Complaint Procedure

The Title III project grantee/contractor will inform clients, participants, potential clients and participants, and other interested persons, of the fact that services, financial aid, and other benefits under the program are provided on a nondiscriminatory basis, as required by the Civil Rights Act, and of their right to file a complaint with the State Agency, if they believe that discrimination on the ground of race, color, or national origin is being practiced. This will be accomplished by:

- a. Written notice to all clients and to all applicants; and
- b. Inclusion of appropriate explanatory statements in public information materials which will be made available to interested persons and particularly to those individuals and groups which may be sources of referrals and applications.

All complaints concerning discrimination because of race, color, creed, sex, religion, disability, or national origin, use of public assistance or sexual orientation shall be filed in writing, shall describe the type of discrimination alleged, and shall indicate when and where such discrimination took place and describe any pertinent facts and circumstances surrounding the alleged discrimination. The complaint shall be signed by the person making it. All complaints shall be confidential. All complaints shall be addressed to the MBA Executive Secretary who will assign them for thorough investigation through established network (AAAA, Grantee, etc.) channels. After the complaint has been reviewed, the MBA shall determine whether or not any discriminatory practice has occurred. Once confirmed, actions will be taken to correct past practices and prevent the recurrence of such discrimination.

The complainant shall be advised in writing as to the findings of the State Agency regarding the complaint. If the complainant is not satisfied with the results of the State Agency's investigation, an opportunity for a hearing before the State Agency may be requested.

All grantees/contractors are required to post a civil rights policy and complaint resolution policy in a conspicuous location. Below are samples of policies available from the Minnesota Board on Aging.

Civil Rights Policy

The services, facilities and benefits of this program are for the use of all older people regardless of race, color, creed, religion, national origin, sex, disability, use of public assistance, or sexual orientation.

Any individual who feels he/she has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write to the following office:

Executive Director
Minnesota Board on Aging
P.O. Box 64976
St. Paul, MN 55164-0976

Complaint Resolution Policy

It is the policy of this agency to provide service to all persons without regard to race, color, creed, religion, national origin, sex, disability, use of public assistance, or sexual orientation.

The same requirements are applied to all and there is no distinction in eligibility for or in the manner of providing services.

All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to race, color, creed, religion, national origin, sex, disability, use of public assistance, or sexual orientation.

The person designed to coordinate with Section 504 of the Rehabilitation Act of 1973 is _____ and can be reached at _____.

The Area Agency will monitor grantees' and contractors' compliance with the affirmative action and equal opportunity principles.

E. PROGRAM ACCESSIBILITY

1. The intent of the federal law and regulations concerning Nondiscrimination on the Basis of Handicap (Section 504 of the Rehabilitation Act of 1973) is to eliminate discrimination on the basis of handicap in programs or activities receiving federal financial assistance. Programs and activities must be accessible if discrimination is to be eliminated and handicapped persons are to be afforded equal opportunities for full participation.
 - a. All Older Americans Act programs shall be accessible to the handicapped.
 - b. All grantees/contractors must document how program accessibility for handicapped persons is assured in each location where service is provided.
 - c. All grantees/contractors establishing services in new locations must assure that the program is accessible to the handicapped prior to implementing service.

2. Title III funded projects agree to comply with Section 504 of the Rehabilitation Act of 1973 in the application for funding each year.
3. Program accessibility may be achieved by a variety of methods. Careful consideration must be given to selecting the best method for the specific service in each local situation. When there is more than one option in the decision-making process, the option selected for implementation shall be the one that will result in the "most integrated setting appropriate" for handicapped persons.

The following methods have been suggested for achieving accessibility. In some situations more than one method will need to be employed.

- a. Assignment of aides to handicapped persons.
- b. Redesign of equipment.
- c. Delivery of the service at an alternate facility.
- d. Alteration of the facility to remove barriers.
- e. Construction of new facilities.

F. PUBLIC INFORMATION

All Title III grantees/contractors must identify the Area Agency and the Minnesota Board on Aging as a source of funding in all mass media coverage and public information efforts. This includes press releases, feature articles, websites, radio or television coverage, and any pamphlets, posters or public information flyers which are developed directly related to the project. The following phrase or words to the same effect should be included whenever possible: **"This project is made possible in part under the Federal Older Americans Act through a grant [contract] from the ARDC Arrowhead Area Agency on Aging."** A poster with the same wording as supplied by the Area Agency shall be displayed in a prominent place.

All materials and information submitted becomes the property of the AAAA, and the proposals of the selected applicants will be considered public information (per Minnesota Government Data Practices Act, Chapter 13 of the Minnesota Statutes, including [Section 13.05, Subd.11](#)), unless specific sections are labeled as proprietary and a bona fide proprietary reason exists for the protection of that specific information. The entire application will not be considered proprietary as a whole. AAAA will not disclose any material until execution of the Notification of Grant Award, and limits disclosure to the successful proposals or other information required by law.

G. PUBLICATIONS

1. Any books, reports, pamphlets, papers, or articles based on activities receiving support under the Title III Area Agency on Aging Program shall also contain a statement that sponsoring organizations comply with Title VI of the Civil Rights Act such as, "The services, facilities and benefits of this program/service/project are for the use of all older persons and/or their caregivers regardless of race, color, creed, religion, national origin, sex, disability, use of public assistance or sexual orientation."
2. The Administration on Aging, Minnesota Board on Aging, and Area Agency on Aging reserve the option to each receive free of charge copies of any publication published as a part of a project's operations, and copies of any publication based on such operations.
3. When a project's activities result in a book or other material that may be copyrighted, the author is free to obtain a copyright, but the Administration on Aging, Minnesota Board on Aging, and

Area Agency reserve a royalty-free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, all such material.

H. LICENSURE REQUIREMENTS

Where state or local public jurisdiction require licensure for the provision of service (i.e. adult day service, nutrition, etc.), agencies or individuals providing services shall be licensed.

I. COST SHARING, VOLUNTARY CONTRIBUTIONS AND OTHER PAYER SOURCES

COST SHARING

In March 2011, the MBA approved an updated Title III policy regarding cost sharing and voluntary contributions. This policy extends cost sharing to include all allowable Title III funded services. In accordance with Section 325(a) of the Older Americans Act, Area Agencies on Aging shall assure the maintenance and self-sufficiency of services by using cost sharing.

Cost sharing for the following Title III-B services is required: Assisted Transportation, Chore, Consultation, Homemaker, Home Modification, Personal Care, Self-Directed Supportive Services, and Technology.

Cost sharing for the following Title III-D services is required: Evidence-Based Health Promotion, Health Assessment/Screening, and Home Injury Control Services.

Cost sharing for the following Title III-E is required: Counseling Services and Respite Services

Cost share should be applied to all individuals receiving any service eligible for cost share, except individuals:

- (1) With incomes at or below 100 percent of the federal poverty level.
- (2) Receiving services through a Medicaid Waiver Program (Community Alternative for Disabled Individuals (CADI), Community Alternative Care (CAC), Developmental Disabilities (DD), Elderly Waiver (EW), Traumatic Brain Injury (TBI) or the Alternative Care Program (AC)).

For services for which cost sharing is required:

- The *recommended* level of cost sharing is 50%. For those individuals unable to cost-share at the 50% level, a sliding fee scale—based solely on gross income levels and cost of delivering services shall be used to determine the level of cost sharing. Each grantee/contractor must identify their unit of service cost as the basis for the sliding fee schedule.

Fee as a % of Cost of Service	% 2014* Federal Poverty Guidelines	Monthly Income for person aged 60+ living alone	Monthly Income for person aged 60+ living with spouse	Cost Share amount (based on SAMPLE fee of \$100 per unit of service)
0	Up to 100% of Poverty	Under \$973	Under \$1,311	Contribution
10%	101% to 150%	\$973 - \$1,459	\$1,311 - \$1,966	\$10
25%	151% to 200%	\$1,460 - \$1,945	\$1,967 - \$2,622	\$25
50%	201% to 250%	\$1,946 - \$2,431	\$2,623 - \$3,277	\$50
100%	251 and above%	\$2,432+	\$3,278 +	\$100

- Variations to the sliding fee scale that comply with the intent of the policy and encourage financial contributions by users are allowed. Scales that vary from the AAAA-provided scale must be approved by the AAAA prior to implementation.

- The grantee/contractor shall publish the sliding fee scale as part of its materials given to prospective clients. The grantee/contractor shall inform participants of their rights and responsibilities to contribute towards the cost of the service during the client intake process. **The grantee/contractor shall submit a copy of the sliding fee scale and related client education and notification materials** to the AAAA within the first month of the grant/contract for review, comment and approval.
- The grantee/contractor must protect the privacy and confidentiality of each individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual.
- For caregiver services, the participant income level will be based on the self-reported gross income of the care receiver. In the case where the caregiver and the care receiver are married and at least one is 60+ years old, the two person household income column on the sliding fee scale will be used to determine cost share amounts. Personal assets, savings, and/or other property are not to be considered. Income verification is not allowed. A means test shall not be utilized to determine eligibility for Title III services.
- The grantee/contractor may not deny service to any individual unable or unwilling to make a contribution or cost share payment for service.
- Individuals may be waived from cost sharing participation for extreme hardship on a case-by-case basis via an exemption. Exemption decisions should be documented in client files.
- Co-payment “statements” may be provided to clients but must not carry forward a balance due amount.
- The grantee/contractor shall have written policies and procedures on how they will implement and administer the cost sharing policy.

VOLUNTARY CONTRIBUTIONS

Voluntary contributions are still allowed for all Older Americans Act services. Voluntary contributions, however, do not replace the cost sharing policy outlined above.

The grantee/contractor shall develop and publish a schedule of suggested contributions and shall advise clients of the opportunity to contribute towards the cost of the service. In no case shall the grantee/contractor deny the provision of service to a consumer who is unable or unwilling to make a contribution. Voluntary contributions shall be used to expand the service for which the contribution was given.

OTHER PAYER SOURCES

All primary payers, including third-party payers, Medicare, Medical Assistance, Home and Community-Based Medicaid Waivers (Alternative Care Program and Elderly Waiver), and health plans (MSHO) should be maximized whenever possible for qualifying participants. Services provided under payment of any of the above primary payers are not eligible for reimbursement with Title III funds.

PROGRAM INCOME

Program Income, as defined in 45 CFR 74 (or 45 CFR 92) (<http://www.gpoaccess.gov/cfr/index.html>), includes, but is not limited to, client donations, cost share revenue and other income received by or due to the contracting organization, as a result of activities wholly or partially supported by funds from the grant/contract. Title III funded organizations must report all program income to AAAA.

J. DISASTER ASSISTANCE

When natural disasters strike, it is the responsibility of the entire aging network to respond to the special needs of the elderly that make them especially vulnerable. In such situations, Title III projects must cooperate with the Area Agency in providing emergency services and staffing Disaster Assistance Centers. The Area Agency will take the lead and inform projects as to the need for services and staff.

SECTION 3 – FINANCIAL MANAGEMENT

A. GENERAL FINANCIAL MANAGEMENT

The Title III grantee's/contractor's bookkeeping system must reflect all receipts and expenditures on a current basis by program. Non-federal funds generated in conjunction with Title III grants/contracts (contributions, donations, and project income) must flow through the same accounting system as the federal funds, but be identified separately.

Each entry in the grantee's/contractor's accounting system must refer to supporting documentation such as purchase orders, receipts, invoices, cancelled checks, etc. Documentation should be maintained in well-organized and readily accessible files.

The accounting system of the project must allow for the identification of the source of all funds. The accounting system must allow for identification of obligations and expenditures by line item, and for periodic comparison of actual expenditures against planned or budgeted expenditures.

ARDC requires that Title III grantees/contractors meet minimum standards for the fiscal management of their Title III grants or contracts. The grantee's fiscal management system should allow the Title III grantee/contractor to:

1. Maintain an accounting system and internal controls that are adequate to safeguard assets, check the accuracy and reliability of accounting data, promote operational efficiency and encourage adherence to prescribed management policies and grant requirements;
2. Maintain an accounting system that adequately identifies receipts and expenditures for the grant/contract as opposed to those for non-assisted activities;
3. Maintain an accounting system that provides for recording non-federal share contributions;
4. Assemble the grant/fund costs incurred by service or function in accordance with generally accepted accounting principles directly from accounting records;
5. Comply with contractual and regulating requirements;
6. Use standards for grantee/contractor financial management systems contained in Title 45, Parts 74 and 92 of Federal Regulations; revised OMB Circular A-133 and the Minnesota Board on Aging audit policies and procedures.

B. BASIC ACCOUNTING AND FISCAL PROCEDURES

1. Basic Controlling Documents

A checking account and a running ledger of cash disbursements should be used as the Title III grantee's/contractor's basic control documents for all fiscal transactions. Supporting materials, such

as deposit slips, invoices, in-kind records, and cancelled checks, must be retained.

2. Checking Account

A Title III project's checking account should reflect all receipts and expenditures. The quarterly bank statement for the same quarter is a cross-check to ensure that all expenditures have been properly recorded.

3. Distribution of Duties

Whenever possible, accounting duties should be distributed among two or more employees for internal control purposes.

4. Recording of Transactions

Revenues should be recorded only when the cash is actually received and deposited in the agency account. Expenditures should be recorded only when the actual cash payment has been made.

5. Minute Book

The grantee/contractor agency should maintain a minute book or comparable log to record the board of directors' fiscal actions concerning the grant/contract budget, appropriations for specific purposes, delegation of financial authority and all other fiscally related authorization.

C. INTERNAL CONTROL AND SAFEGUARDS

1. General

All revenue should be promptly and accurately recorded and deposited in the grantee/contractor account. Projects should maintain a daily receipt log and this record should agree with the day's deposit record.

2. Custody of Check and Cash

Cash receipts should be reported and deposited on the day received. Records of deposit should be obtained from the bank and filed.

3. Reconciliation and Cross-check

Bank accounts should be completely reconciled on a monthly basis through a comparison of the transactions shown on the bank statement with those entered in the cash receipts and disbursement records.

4. Expenditure Controls

All expenditures should be recorded on the cash disbursements record on the date the check is drawn. The checks should be pre-numbered and entered in sequence in the cash disbursements record. All expenditures should be made by check except for small items from petty cash.

5. Check-signing Authority

Persons signing checks should be authorized in writing to do so by the board of directors. Checks should be signed by two persons and no blank or incomplete checks should be signed in advance.

6. Safeguarding Checks

All checks should be safeguarded by the staff member responsible for books and records. Checks should be kept in a controlled-access file.

7. Support Documents Review

All expenditures should be reviewed and approved before payment by the individual(s) designated by the grantee/contractor's internal financial policies and procedures. Checks presented for authorized signatures should be accompanied by supporting documents for review by the signer. Supporting documents should be cancelled or otherwise marked to prevent duplication.

8. Payroll Controls

Individual payroll records, showing earnings and withholdings, should be maintained for each employee. Changes in compensation rates should be fully documented, dated, and included in the employee's personnel file. All paychecks should be reviewed by the director prior to issuance.

D. RECORD KEEPING

Financial records, supporting documents, statistical records and any other reports, documents, or material pertinent to the Title III operations of the grantee/contractor must be retained for at least five years. Such records should include but not be limited to: receipts, cancelled checks, bank statements, vouchers, purchase records, property records, payroll and personnel files, ledgers and journals, program reports and plan components, fiscal reports from plan components, data on consumption of service, quarterly reports, approved grants and contracts, records relating to the receipt of Title III grants/contracts and any other grant/contract related materials.

Title III grantees/contractors are required to retain their records for longer than five years in the following instances:

1. Audits – Any and all records dating from a fiscal period which has not been subjected to a complete and satisfactorily resolved audit must be retained until such an audit is performed and resolved. This applies even to records that are more than five years old.
2. Property – When a Title III grantee/contractor has acquired non-expendable tangible property with Title III or other federal funds, the records relating to such property must be kept for at least five years after the final sale or disposition of the property. Non-expendable property is equipment charged directly to the federal award and having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

E. PROPERTY MANAGEMENT

Recipients of awards must maintain property records for all non-expendable, tangible property. At a minimum, such records must include:

1. Distribution of the property;
2. Manufacturer's serial number;
3. Acquisition date and cost;
4. Source of property;
5. Percentage and fund sources of Title III funds used in the acquisition;
6. Location, use and condition of the property;

7. Ultimate disposition data, including sale price or method used to determine current fair market value.

A physical inventory must be taken and the results reconciled to property records at least annually to verify the existence, current utilization and continued need for the property.

Standards governing the use and disposition of federally financed property are contained in OMB Circular A-102 for states, local governments and Indian Tribes and in OMB Circular A-110 for private non-profit organizations.

F. PROCUREMENT

Procurement is the acquisition of goods and/or services at the best possible total cost of ownership, in the right quantity and quality, at the right time, in the right place for the direct benefit or use of governments, corporations, or individuals generally via, a contract. All grantees/contractors shall establish written procurement procedures. Standards for procurement are contained in OMB Circular A-102 for states, local governments and Indian Tribes and in OMB Circular A-110 for private non-profit organizations.

G. ALLOWABLE COSTS/PROJECT INCOME

1. Composition of Cost

Costs applicable to a grant/contract program may be considered either as direct or indirect cost rate in a Title III application for funding budget, however, the grantee/contractor must have both a cost allocation plan and an indirect cost rate approved by a cognizant federal agency.

Organizations having a cost allocation plan but no federally approved indirect cost rate may request approval to use their cost allocation plan as a basis for budgeting and distributing certain costs under a Title III grant/contract, but may not show these costs as “indirect costs” in their Title III budget. The acceptability of such an allocation plan will be determined according to the cost allocation standards specified in OMB Circulars A-87 for state and local government grantees and A-122 for private non-profit grantees and any additional requirements included in the “Minnesota Board on Aging Manual of Policies and Procedures for Program Operations”.

Organizations that have neither a federally approved indirect cost rate nor an acceptable cost allocation plan must show all Title III project costs as direct costs.

2. Allowable Costs

Generally, costs must be necessary, reasonable and directly related to the grant/contract. In addition, they must be legal, proper and consistent with the policies that govern the grantee’s/contractor’s own expenditures.

More specific rules for determining allowable costs are contained in OMB Circular A-87 for state and local governments and Indian Tribes and in OMB Circular A-122 for private non-profit organizations.

3. Project Income

Project income represents gross income earned by a grantee/contractor from the organization’s federally supported activities, including income from participant contributions for services received and interest earned on Title III funds.

H. IN-KIND COSTS

Grantees/contractors are required to record in-kind contributions in their books of account. All in-kind contributions must be valued according to the Department of Health and Human Services' Federal Regulations, Title 45, Part 74.

SECTION 4 – REPORTING REQUIREMENTS

A. GENERAL INFORMATION

1. All Title III grantees/contractors are required to complete quarterly financial and service progress reports. Quarters end on March 31, June 30, September 30, and December 31. Reports are to be submitted to the Area Agency on Aging staff by the 10th day of the next month following the end of the quarter.

Timely submission of quarterly reports is imperative since a summary report for the Minnesota Board on Aging cannot be prepared until all project reports have been received.

2. Title III-B, D and E reporting consists of:
 - a. Quarterly Financial Report and Request for Payment/Reimbursement
 - b. Narrative of Quarterly Events
 - c. Quarterly Progress Report on Outreach to low-income/minority persons (Titles III-B and D only)
 - d. Quarterly Outcome-Based Evaluation Results Report (Titles III-B and D only)
 - e. Quarterly Persons Served Report for Unregistered Services
 - f. Client Registration Forms for Registered Services (submitted monthly - see section 4B)
 - e. Monthly Client Activity Roster for Registered Services (submitted monthly - see section 4C)

B. NAPIS CLIENT REGISTRATION FORM

The Administration on Aging has mandated the use of the NAPIS Client Registration form. The NAPIS Client Registration form is used to enter client data in the PeerPlace client tracking software used by all Minnesota Area Agencies on Aging. The client data is used to determine program utilization in the state and is necessary to document continued need for Older Americans Act funding from congress. Although clients may not be denied service should they refuse to complete the registration form, seniors and caregivers are encouraged to complete the form. The client registration form provides important information to enable us to serve our customers better.

1. Clients served for the first time should fill out the Participant Registration form. Project staff must determine eligibility according to Older Americans Act requirements.
2. Project staff may interview and complete the registration form for the client if he/she is not able to complete the registration form for him/herself. The client should sign and date the registration form. This allows the data to be used for aggregate statistical purposes. Individual, confidential or private data is not released to any other agencies or organizations without the individual's signed permission.
3. Client Registration forms must be updated yearly. The client may review a prior year's registration and make necessary changes and sign and date the form. Changes should be initialed. Every other year a new client registration form must be completed.

4. Clients are encouraged to complete all sections of the registration form except for the shaded areas.
5. Send NAPIS Client Registration Forms to the Area Agency along with the Monthly Activity Roster by the 10th of the month for the previous month's activities.

C. MONTHLY ACTIVITY ROSTER (for registered services)

The Monthly Activity Roster is provided by the Area Agency on Aging and is a means for collecting monthly service utilization information.

1. Only clients who have completed the Client Registration Form can be listed and counted on the Monthly Activity Roster. For contract funded services, reimbursement occurs for units of service with registered clients.
2. On the blank sheet of the Monthly Activity Roster, add the name(s) of new program clients served.
3. List the number of units of service provided under the date for each client.
4. Total the number of units for each client at the left side of the page.
5. Total the number of units for all clients for the month and put at the top of the page.
6. Send the Monthly Activity Roster to the Area Agency by the 10th of the month for the previous month's activities.

SECTION 5 – PROJECT AWARD REVISIONS

Whenever there is a substantial change in the fiscal and/or service delivery of an approved project, a proposal revision is required. The nature or extent of the change determines the action required.

A. REVISIONS THAT REQUIRE PRIOR AUTHORIZATION

Pursuant to Minnesota Board on Aging policy, any significant change in a Title III funded program's focus or direction (regardless of whether or not budget changes are involved) requires prior written authorization. All significant revisions must be submitted to the Arrowhead Area Agency on Aging for approval and be adequately detailed to justify the request.

1. The following types of revisions require approval by the Arrowhead Area Agency on Aging and possibly the Advisory Committee on Aging:
 - a. Increases in excess of 20% or \$1,000 (whichever is greater) in any cost category;
 - b. Significant changes in project objectives;
 - c. Significant changes in program content;
 - d. Any change in cost-sharing policy or procedure;
2. All project budget revisions shall adhere to the following procedure:
 - a. Discussion with Area Agency staff to outline the proposed changes in the program budget or plan and to receive verbal approval of the proposed change.

- b. Written request on budget change form obtained from Area Agency staff.
- c. Upon written approval of staff and/or Advisory Committee on Aging, grantee/contractor will revise budget pages of grant application and the budget justification page or price proposal for the contract.
- d. Some budget revisions will require the issuance of a revised NGA. Revisions may be approved anytime during the project year.

B. SUPPLEMENTAL AWARDS

The Area Agency on Aging may consider requests for supplemental awards if funds are available and the need for additional funds is apparent and urgent. Funds may be awarded in the form of a supplement to the original award. A supplemental award may be awarded only during the current project year.

1. A request for supplemental funds is made by a project in the form of a revised grant application or contract proposal. All figures stated in the budget sections must reflect the revised total budget.
2. A supplemental grant application or contract proposal is subject to the award process described in Section 1D.
3. For grants, a successful review is followed by the issuance of a revised “Notification of Grant Awarded” reflecting the entire award for the budget year and superseding any previous “Notification of Grant Awarded”. For contracts, a successful review is followed by the issuance of a “Contract Addendum”.

SECTION 6 – PROJECT AWARD SUSPENSION OR TERMINATION

A. GENERAL STATEMENT

1. Suspension consists of cessation of federal funding to a project for three consecutive months or less in any project year.
2. Termination consists of withdrawing federal funding to a project prior to the end of an approved project period or project budget year. When project operations have been suspended for more than three consecutive months in any project year, federal support is automatically terminated.
3. Federal support may be terminated without a prior period of suspension.

B. BASIS FOR SUSPENSION OR TERMINATION

1. Any project may be suspended or terminated for good cause.
2. Good cause is generally defined as evidence supporting the fact of potential harm to clients, serious or consistent lack of financial accountability or lack of service provision. Further, good cause may be defined as:
 - a. Repeated failure to comply with reporting requirements, including the accurate and timely submission of reports;
 - b. The recipient of award fails to comply with conditions under which the project proposal is approved;

- c. Program performance is inadequate;
- d. Non-federal resources (i.e., match) are not available;
- e. Misuse of funds is indicated by audit reports for previous project award; or
- f. Bankruptcy is declared by the sponsoring agency.

C. PROCEDURES FOR SUSPENSION OR TERMINATION ACTION

1. Notice

When the Area Agency Advisory Committee on Aging, any of its sub-committees, or Area Agency on Aging staff believe that good cause exists for suspension or termination, the project will be informed in writing of the grounds constituting good cause and will be requested to appear before the Advisory Committee at its next regularly scheduled meeting. In the event that conditions warrant speedy action, a special meeting may be called.

The Advisory Committee will review the status of the project. During the meeting the project will have an opportunity to present information on its behalf. Any action of the Advisory Committee must be approved by the ARDC Board of Directors.

2. Notice of Appeal

In any adverse action to a project, the project will have an opportunity to appeal the decision.

3. General Policies

Under federal and state rules and policies, there can be no federal participation in any cost accrued by a recipient of award during the period of project suspension.

In suspending or terminating project operation, the Arrowhead Regional Development Commission and its Area Agency on Aging division must determine the amount of unearned Title III funds on hand which must be returned to ARDC. If a project is suspended, the anticipated length of the project suspension and the amount of Title III funds on hand will determine whether the balance should be returned.

4. Conditions for Reinstatement

The Arrowhead Regional Development Commission may reinstate a suspended project if it determines that conditions warrant such action. Such reinstatement will be made by the issuance of a new "Notification of Grant Award". Federal participation in the project costs may resume immediately upon reinstatement but not for any cost accrued during the period of suspension. The obligational authority unearned at the time of suspension again becomes available for earning by the project at the previously established matching ratio.

If the Arrowhead Regional Development Commission receives a request to resume support for a project that was terminated, it must be determined that the reasons for which the support was terminated no longer exist. If ARDC decides to reinstate support, it will issue a new "Notification of Grant Award". The cost-sharing ratio, which applied at the time of termination, will apply at the time of reinstatement. The project year in which termination took place may be extended by no more than the length of the time necessary to give a total of 12 months to the project year. Any funds awarded in a reinstated project must be in the form of new obligational authority.

5. Project's Unused Funds

If support for a project is terminated in the same plan year in which awarded, the project funds for that plan year may be retained by the Arrowhead Regional Development Commission and may be obligated to other projects.

SECTION 7 – PROJECT ASSESSMENTS

A. ONGOING ASSESSMENTS

The Arrowhead Area Agency on Aging monitors grantee/contractor agency activities on an on-going basis.

1. The following activities are employed to monitor grants and contracts:

- a. Review of project financial reports including but not limited to: record of board fiscal actions and recording of transactions.
- b. Review of project service reports
- c. Periodic on-site visits by Arrowhead Area Agency on Aging staff
- d. Possible informal visits by Advisory Committee members
- e. Communications between Arrowhead Area Agency on Aging staff and project
- f. Special reports by project staff to the Advisory Committee on Aging
- g. Review of client satisfaction surveys and other measures related to achieving proposed program outcomes.

2. Grantee/contractor is also monitored for:

- Compliance with the laws, regulations and policies of the Administration on Aging, the Minnesota Board on Aging, and the Arrowhead Area Agency on Aging
- The need for technical assistance as requested by project staff or as assessed by Area Agency on Aging staff in areas where assistance may be beneficial or required
- Any areas requiring corrective action.

B. GENERAL ASSESSMENT

The Area Agency on Aging will conduct an assessment of the project as needed or as determined by Area Agency on Aging staff. It usually consists of a two to three hour visit and will involve Area Agency staff and/or Advisory Committee on Aging members. The assessment will include an interview with the project director and review of records. The assessment may include an observation of services by a visit to the service site or to a recipient's home if the service is delivered in the home. In-home site visits are enacted only with prior approval of the service recipient. The Arrowhead Area Agency on Aging conducts assessments of project agencies for the following purposes:

1. To enable Advisory Committee on Aging members and Arrowhead Area Agency on Aging staff to better understand the Title III project's overall purpose, method of operation, and client population;
2. To gain specific information about the program which would not be available through other sources such as the written application or quarterly reports;

3. To give projects an in-person opportunity to express their concerns, talk about successes and to request assistance if necessary;
4. To provide the Area Agency on Aging staff and Advisory Committee on Aging with general information on the service delivery, delivery system problems and successes, and information for use in developing future funding priorities and program recommendations.

C. FINANCIAL ASSESSMENT

The purpose of the financial assessment is to evaluate certain compliance and management aspects of the project operation. In most cases, this assessment is completed at the same time as the general assessment by the Area Agency grants manager.

D. ASSESSMENT PROCEDURES

1. All Title III projects are notified at least two (2) weeks prior to the date of the assessment visit.
2. The assessment is conducted using three forms: a program and services review, program assessment report and a program accessibility and civil rights compliance review.
3. The Area Agency staff will send the project a copy of any written assessment reports.
4. Assessment findings are kept on file at the Area Agency office along with follow up reports on corrective action, if needed.

SECTION 8 – AUDITS

Title III grantees/contractors that expend \$500,000 or more in federal funds are required to obtain an annual A-133 Audit **in accordance with the Single Audit Act of 1984, MBA audit policies and procedures and OMB Circular A-133 (or federal law or circular that supersedes Circular A-133)**. Medicare/Medicaid payments to a non-Federal entity for providing patient care services to Medicare eligible individuals are not considered Federal awards under this part.

Projects that do not expend \$500,000 or more annually are not required to perform the A-133 audit, the AAAA will review the program's final financial report along with project assessment results and other types of agency financial audits, e.g. IRS 990 Form, and Independent Auditor's Report and Financial Statements.

A. PURPOSE

The purpose of the audit/financial assessment is to attest to the financial position of the grantee/contractor, to determine how the project and its sub-grantee/contractors will discharge their financial responsibilities, and to evaluate certain compliance and management aspects of the project operation.

B. SCOPE

The scope of the audit or financial assessment is all program operations since the beginning of the project if it is the initial audit/assessment, or since the last audit/assessment if a prior audit/assessment has been performed. The audit/financial assessment covers financial and compliance elements.

C. AUDIT RESOLUTION PROCESS AND CLOSEOUT FOR EACH PROJECT PERIOD

1. Distribution

Grantees/contract recipients will submit two (2) copies of their A-133 audit to ARDC/AAAA within nine months after the end of the audit period or within 30 days of receipt from the auditor whichever is earlier. Other types of financial audits obtained by Title III grantees/contractors are to be shared with AAAA, as well, using the same timeframe.

2. Resolution Process

The purpose of the audit resolution process is to provide ARDC and the grantee/contractor an opportunity to come to an agreement on the audit findings or record and to allow the grantee/contractor to revise their final financial, if necessary, to reflect the audit statement.

Upon receipt of the audit report, the Arrowhead Area Agency on Aging staff will begin the audit resolution process as follows:

- a. The final financial report and project audit must be in agreement. The AAA will respond to the grantee/contractor as to the findings within the audit.
 - (1) Either they are in agreement and no revisions are necessary; or
 - (2) If differences are noted, project staff will work to resolve any differences noted within thirty (30) days.
- b. Once agreement is reached, grantee will revise the final financial report, if necessary. And, if necessary, a revised NGA will be issued to reflect audited carryover figure.

3. Audit Clearance and Project Period Closeout

- a. For programs with A-133 Audits, the Arrowhead Area Agency on Aging will send an audit resolution letter clearing the project audit for the project year(s) under review.
- b. For programs not required to have A-133 Audits, the Arrowhead Area Agency on Aging will review the program's final financial report and project assessment results. If these are acceptable and consistent, the AAAA will send the project a project period closeout letter for the year(s) under review.

SECTION 9 – FINAL PROJECT CLOSEOUT

Upon completion or termination of the project, the AAAA staff will notify the grantee/contractor of the final project closeout procedure. The project closeout process will include a final performance report, equipment inventory (if needed), and the completion of auditing requirements.

SECTION 10 – APPLICABLE LAWS AND SUPPORTING DOCUMENTS

The AAAA adopts by reference the following principle law and other source documents which govern the award and implementation of Older Americans Act grants/contracts. Grant law, particularly federal grant law, is diverse, complex, and continually evolving. In instances where they appear to be contradictory, conflicting or divergent in their requirements, the Minnesota Board on Aging is the final authority in interpreting these documents.

- a) Older Americans Act of 1965 and Native Americans Programs Act of 1974, (Public Law 89-73) and any amendments thereto as may be promulgated in law by the Congress of the United States. As amended in 2006 (http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx)
- b) U.S. Department of Health and Human Services, Office of Human Development Services, 45 Consolidated Federal Regulation (CFR), Parts 1321, 1326 and 1328, Grants for State and Community Programs on Aging; and Grants to Indian Tribes and Organizations Serving Older Native Hawaiians for Supportive and Nutrition Services, and any amendments or revisions as issued thereto by the Department of Health and Human Services, Administration on Aging.
- c) 45 CFR, Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, and any amendments or revisions as issued thereto by the U.S. Department of Health and Human Services, Administration on Aging (http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)
- d) Part III, U.S. Department of Labor, Employment and Training Administration 20 CFR, Part 626, 627, 628, 631, and 637, Job Training Partnership, and any amendments or revisions as issued thereto by the Department of Labor (http://www.dol.gov/dol/cfr/Title_20/Chapter_V.htm)
- e) Office of Management and Budget (OMB) Circular A-87, Cost Principles for State and Local Governments, and any amendments or revisions as issued thereto by the Office of Management and Budget (OMB) (http://www.whitehouse.gov/omb/circulars_a087_2004/)
- f) OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments, and any amendments or revisions issued thereto by the OMB (<http://www.whitehouse.gov/omb/circulars/a102/a102.html>)
- g) OMB Circular A-110, Grants and Agreements with Institutes of Higher Education and Other Non-Profit Organizations and any amendments or revisions thereto as issued by OMB (<http://www.whitehouse.gov/omb/circulars/a110/a110.html>)
- h) OMB Circular A-122, Cost Principles for Non-Profit Organizations, and any amendments or revisions thereto as issued by OMB (http://www.whitehouse.gov/omb/circulars/a122/a122_2004.html)
- i) OMB Circular A-133, Audits of Institutions of Higher Education and Other Non-Profit Institutions and any amendments or revisions thereto as issued by OMB (http://www.whitehouse.gov/omb/circulars/a133_compliance_supplement_2013)
- j) The Civil Rights Act of 1991, Title I, and any amendments or revisions thereto as issued by the Congress of the United States (<http://www.eoc.gov/policy/cra91.html>)
- k) Americans with Disabilities Act of 1990, as amended (PL 101-336), 42 USC, Section 12101 et seq., and any amendments or revisions thereto as issued by the Congress of the United States (<http://www.eoc.gov/policy/ada.html>)
- l) The Arrowhead AAA (<http://www.arrowheadaging.org>)

Older Americans Act - Title III Service Definitions

Service Name	Unit of Service	Service Definition
Self-Directed Supportive Services (3B service)	N/A	Services and supports directly chosen and purchased by an individual through using an individual budget allocation to meet their identified supportive service needs.
Chore (3B service)	1 hour	Assistance such as heavy housework (including but not limited to washing floors, windows and walls; basic home maintenance; or moving or removal of large household furnishings and heavy appliances), yard work or sidewalk maintenance for a person.
Homemaker (3B service)	1 hour	Assistance such as preparing meals, shopping for food and other personal items, managing money, answering or making telephone calls or doing light housework (including but not limited to laundry).
Home Modification (3B service, 3E Supplemental)	1 project	Physical adaptations to the home and vehicle that are necessary to ensure the health and safety of an individual or that enables the individual to function with greater independence in their home.
Technology (3B service, 3E Supplemental)	1 project	Technology that enables an individual or family caregiver to improve their ability to perform activities of daily living; perceive, control, interact or communicate with their environment; monitor for safety or self-management of chronic conditions; or facilitate safe medication use.
Transportation (3B service)	1 one-way trip	Provision of a means for going from one location to another. Does not include other activity.
Assisted Transportation (3B service)	1 one-way trip	Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using private or public transportation. The trip may include assisting the older individual in preparation for the trip, assisting the older individual from their place of residence into the transportation vehicle, assisting the older individual from the transportation vehicle to the destination (such as the doctor's office), staying with the older individual at the point of destination, assisting the older individual from the destination into the transportation vehicle, assisting the individual from the transportation vehicle into their place of residence and carrying packages into the residence.

Service Name	Unit of Service	Service Definition
Counseling (3B service)	1 session	Via interview, discussion or supportive listening to advise and to enable the other person and/or their family to resolve problems or to relieve temporary stress. May be done on a 1-to-1 basis or on a group basis.
Consultation (3B service)	1 hour	Assistance provided to an individual who is seeking support services to enable them to live independently in their own home. May include assistance in setting goals, identifying needs, determining potential sources of support (informal and formal), and determining if private pay for services is an option. This assistance may also include support planning (the development and implementation of a self-directed service option) and/or the development of a risk management action plan.
Legal Assistance (3B service)	1 hour	Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Does not include legal education.
Legal Education (3B service)	1 session	A presentation to inform older persons of their legal rights/benefits and how to access the legal system.
Guardianship (3B Service)	1 contact	Performing legal & financial transactions on behalf of a client based upon a legal transfer or responsibility (e.g. as part of protective services). Includes conservatorship.
Personal Care (3B Service)	1 hour	Providing personal assistance, stand-by assistance, supervision or cues for persons having difficulties w/1 or more of the following ADL: eating, dressing, bathing, toileting, transfer in/out of bed, grooming, bed mobility or walking.
Information and Assistance (3B service)	1 contact	<p>A service for older individuals that:</p> <ul style="list-style-type: none"> (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available;

Service Name	Unit of Service	Service Definition
Information and Assistance (3B service) cont.		<p>(D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p> <p>Information and assistance topics include, but are not limited to: Medicare, long- term care insurance, prescription drug programs, forms assistance and pension rights. Information and assistance services can be provided through county coordinators on aging, Senior Linkage Line®, or individual advocacy.</p>
Outreach (3B service)	1 contact	<p>Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits. [NOTE: service units for outreach refer to individual, 1-on-1 contacts between a service provider and an elderly client or 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 outreach.]</p>
Visiting (3B service)	1 visit	<p>Providing regular visits to isolated, homebound or institutionalized elderly to reduce their isolation and loneliness. Letter writing, reading letters and conversation and typical activities of friendly visitors.</p>
Telephone Reassurance (3B service, 3E Supplemental)	1 call	<p>Regular telephone contacts w/isolated older persons or family caregivers to insure continued well-being of the individual and to provide social contact.</p>
Education/Training (3B service)	1 session	<p>Providing formal or informal opportunities for individuals to acquire knowledge, experience or skills. Includes individual or group sessions designed to increase awareness in such areas as crime or accident prevention; promote personal enrichment, for example, through continuing ed; to increase or gain skills in a specific craft, trade, job or occupation. Does not include wages or stipends.</p>
Special Access (3B Service)	1 hour	<p>Activities that link elders to community and government services that are not easily accessible due to language and/or cultural barriers.</p>

Service Name	Unit of Service	Service Definition
Adult Day Care/Adult Day Health (3B service)	1 hour	Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a 24-hour day. Services offered in conjunction w/adult daily care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health.
Home Delivered Meals (3C-2 service)	1 meal	Provision, to an eligible client or other eligible participant at the client's place of residence. A meal which: <ul style="list-style-type: none"> a. complies with the most recent Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b. provides to each participating individual a minimum of one-third of the Dietary Reference Intakes, established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is served, two-thirds if two meals are served, and 100 percent if 3 meals are served; and c. meets all of the requirements of the Older Americans Act and State/Local laws.
Congregate Meals (3C-1 service)	1 meal	Provision, to an eligible client or other eligible participant in a congregate or group setting. A meal which: <ul style="list-style-type: none"> a. complies with the most recent Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture); b. provides to each participating individual a minimum of one-third of the Dietary Reference Intakes, established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if one meal is served, two-thirds if two meals are served, and 100 percent if 3 meals are served; and c. meets all of the requirements of the Older Americans Act and State/Local laws.

Service Name	Unit of Service	Service Definition
Self-Directed Nutrition (3C-1, 2 service)	N/A	Services and supports directly purchased by an individual through the use of an individual budget allocation to meet their identified nutrition needs.
Nutrition Counseling (3C-1, 2 service)	1 session per participant	Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, chronic illnesses, medications use, or to caregivers, and addresses options and methods for improving nutritional status. Counseling is performed by a licensed dietician or other licensed professional in accordance with state law and policy.
Self-Directed Health Promotion Services (3D service)	N/A	Services and supports directly chosen and purchased by an individual through using an individual budget allocation to meet their identified health promotion service needs.
Evidence-Based Health Promotion Program (3D service)	1 session	<p>Evidence-based programs to educate older adults about chronic disabling conditions, prevention and reduction of effects, alcohol and substance abuse reduction, smoking cessation, weight loss and control and stress management. Programs must meet AoA's highest tier of evidence.</p> <p>AoA's Highest Tier Criteria:</p> <ul style="list-style-type: none"> •Undergone Experimental or Quasi-Experimental Design; and •Level at which full translation has occurred in a community site; and •Level at which dissemination products have been developed and are available to the public.
Health Assessment/ Screening (3B, 3D service)	1 hour	Administering standard exams, procedures or tests for the purpose of gathering info about a client to determine need and/or eligibility for services. Preadmission screening, routine health screening (blood pressure, glaucoma, cholesterol, cancer, vision, hearing & diabetes) and mental health screening activities are included. Assessments/screenings must be conducted by a credentialed health professional to meet AoA's minimal tier of evidence.

Service Name	Unit of Service	Service Definition
Home Injury Control Services (3D service)	1 hour	Screening of high-risk home environments & provision of educational programs on injury prevention (including fall & fracture prevention) in the home environment. This funding is for screening & education. It may not be used to pay for home modification & repair (e.g. building ramps, specialized equipment, etc.). Home Injury Control Services must be conducted by a credentialed professional to meet AoA's minimal tier of evidence.
Medication Management and Screening (3D service)	1 hour	Services to prevent incorrect medication and adverse drug reactions. Allowable services include: (1) Group education sessions to increase awareness about proper medication usage, safety and storage issues, drug interactions, side effects and other related information and (2) 1-to-1 medication screening and counseling sessions to review medications, identify drug interactions, potential side effects and address individual questions and concerns and referral to physicians. These services must be conducted by a credentialed health professional to meet AoA's minimal tier of evidence.
Nutrition Education (3C, 3D service)	1 session per participant	A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting. Sessions must be conducted by a credentialed professional to meet AoA's minimal tier of evidence.
Self-Directed Caregiver Support Services (3E service)	N/A	Services and supports directly chosen and purchased by an individual through using an individual budget allocation to meet their identified caregiver support service needs.
Caregiver Counseling (3E service)	1 session per participant	Services under this category assist family caregivers in making decisions and solving problems related to their caregiving roles. This includes: individual or family counseling, support groups, training and education, and self-directed support services. These services may be provided in person, by telephone or via the internet depending on the needs of the caregiver/s. 1. Individual or Family Counseling: Assistance provided to caregivers in making decisions and solving problems related to their caregiver roles. Counseling may include: identification of needs and preferences; development of

Service Name	Unit of Service	Service Definition
<p>Caregiver Counseling (3E service) cont.</p>		<p>individualized approaches and plans; problem solving; decision support; service planning and coordination; access assistance and referrals; exploring personal lifestyle and the impact of caregiving on health status, relationships and finances; and developing an informal support network.</p> <p>Support may also be provided as education, skills development including self-advocacy, coping and disease management; self-care skills, managing difficult behavior; coaching skills such as cognitive reframing, crisis management, problem solving, family meetings and resource information.</p> <p>Organizations funded for this service will conduct a caregiver assessment on those caregivers receiving ongoing support. This assessment will address the caregiver's needs, risk factors, strengths and abilities, and informal support network, as well as key domains and constructs outlined in Caregiver Assessment: Principles, Guidelines and Strategies found at: http://www.caregiver.org/caregiver/jsp/content/pdfs/v1_census.pdf . The assessment tool should include a validated stress/burden and depression measure with follow up strategies and support to improve individual outcomes. Providers of this service should meet state Title III-E Caregiver Consultant standards and competencies [Revised 08.17.10], complete the Caregiver Coaching/Consulting basic training using state owned curriculum, and participate in state or locally sponsored caregiver support service training.</p> <ol style="list-style-type: none"> 2. Support Groups: Group sessions that offer caregiver education, information about community resources, or emotional support and networking with other caregivers. Title III-E funded support groups must include an educational component as a part of sessions. 3. Caregiver Training and Education: Individual or group sessions (Registered service) that build caregiver capacity to provide, manage, and cope with caring for an older adult or other eligible person, and promote or preserve their own health and well-being. These services may include training or education on managing risk factors (e.g., caregiver stress

Service Name	Unit of Service	Service Definition
Caregiver Counseling (3E service) cont.		and depression), caregiver role development and identity change, family dynamics, direct care skills, disease management, managing difficult behaviors, communicating with health care providers, navigating health and long-term care systems, building a support network, and financial and legal issues.
Respite (3E service)	1 hour	<p>Services that offer temporary, substitute care, supervision, support, or living arrangements to older persons in order to provide a brief period of relief or rest for informal caregivers. Respite Care includes: (1) in-home respite; (2) out-of-home respite; and (3) facility-based respite.</p> <ol style="list-style-type: none"> 1. In-home: This includes personal care, homemaker, chore, companion, supervision, or nursing care provided by an organization or agency. Trained volunteers may be utilized to provide companionship respite (e.g., assistance with meals, medications reminders and general supervision). Respite volunteers are screened, trained and matched with older adults and supervised by provider. 2. Out-of-Home Non-Facility: This option may be provided on a group or individual basis and include licensed Adult Day Services, licensed adult foster care, services by a family, friend, neighbor, or volunteer in a non-licensed private residence, or escorted transportation to medical appointments or community activities. 3. Facility-based: This includes services provided in a licensed nursing facility, hospital, or registered housing site that has services provided by a licensed home care agency.
Supplemental Services (3E service)	N/A	Services provided on a limited basis to ease the burden of care or to complement the care provided by caregivers. (Note: Funding limited to no more than 20% of Title III-E allocation.)
Access Assistance (3E service)	1 contact	Service that assists caregivers in obtaining access to available services and resources within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up

Service Name	Unit of Service	Service Definition
		<p>procedures. Information and assistance to caregivers is an access service, that:</p> <ul style="list-style-type: none">a. provides individuals with information on services available within the communities;b. links individuals to the services and opportunities that are available within the communities; andc. establishes adequate follow-up procedures. <p>Internet web site hits are to be counted only if information is requested and supplied. These caregiver-related services include outreach, transportation, assisted transportation, legal assistance, and other professional business services required for accessing self-directed services.</p>
Information Services (3E service)	1 activity	Service for caregivers that provides the public and individuals with information about available resources and services statewide. Note: service units are for activities directed at large audiences of current or potential caregivers (e.g. large group sessions, distribution of consumer materials, media campaigns, caregiver fairs or conferences).