#### COMMENT DUE DATE: February 17, 2022

Date: January 18, 2022

Miranda Kieffer, Programs Administrator	405-209-7054
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Brandi Smith, Legal Secretary III	405-982-2703

It is important that you provide your comments regarding the **draft copy** of policy by the comment due date. Comments are directed to \*STO.LegalServices.Policy@okdhs.org. The proposed policy is **PERMANENT**.

#### SUBJECT:

Subchapter 10. Policies and Procedures Manual for Title III of the Older Americans Act of 1965, as Amended Part 5. Area Agencies on Aging 340:105-10-36 [AMENDED] Part 7. Program Standards for Services Funded Under Title III of the Older Americans Act of 1965, as Amended 340:105-10-50.1 [AMENDED] 340:105-10-51 [AMENDED] 340:105-10-57 through 340:105-10-59 [AMENDED] 340:105-10-61 [AMENDED] 340:105-10-70 through 340:105-10-72 [AMENDED] 340:105-10-75 [AMENDED] 340:105-10-77 [AMENDED] 340:105-10-79 [AMENDED] 340:105-10-80 [AMENDED] 340:105-10-82 through 340:105-10-83 [AMENDED] 340:105-10-86 [AMENDED] 340:105-10-89 [AMENDED] 340:105-10-90.1 [AMENDED] 340:105-10-91 through 340:105-10-93 [AMENDED] Part 9. Fiscal and Administrative Policies for Area Agencies on Aging and Title III Projects

340:105-10-101 [AMENDED] (Reference WF 22-105)

#### SUMMARY:

Proposed amendments to Chapter 105 Subchapter 10: (1) remove outdated, restrictive requirements, processes, and language; (2) add and adjust language for consistency with federal standards; (3) simplify current process requirements; and (4) cleanup language for improved clarity and readability.

**PERMANENT APPROVAL:** Permanent rulemaking is requested.

**LEGAL AUTHORITY:** Director of Human Services; Section 162 of Title 56 of the Oklahoma Statutes.

#### SUBCHAPTER 10. POLICIES AND PROCEDURES MANUAL FOR TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

# PART 5. AREA AGENCIES ON AGING

#### 340:105-10-36. Area Plan administration

Revised 9-15-22

(a) **Policy.** The Area Agency on Aging (AAA) has responsibility for carrying <u>carries</u> out all activities under the Area Plan on Aging.

(b) **Authority.** The authority for this Section is Section 306 and Section 212(b)(1) of the Older Americans Act, as amended, and Parts 1321.61 and 1321.53 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The AAA:

(1) develops and monitors a management plan for the Area Plan on Aging which includes:

(A) overall plan goals;

(B) measurable objectives which outline what will be done <u>outlining the plan</u> to reach the goal goals;

(C) action steps that describe how each objective will be is accomplished, such as specific tasks;

(D) staff assignments of responsibility for each objective; and

(E) target completion dates for the completion of action steps; and

(2) submits all required program and fiscal reports related to Area Plan activities to the State Agency Oklahoma Human Services Community Living, Aging and Protective Services;

(3) develops a Title III request for proposal (RFP) package and provide provides technical assistance on the applications to prospective grantees;

(4) reviews and approves Title III RFPs, except for-profit applications that must be reviewed and approved by the State Agency;

(5) monitors the program <u>Title III project programs</u> and fiscal reports of <u>Title III projects</u> in the planning and service area (PSA);

(6) conducts on-site quarterly assessments with each Title III project and forwards follow-up written reports to each project;

(7) provides technical assistance to the Title III projects as appropriate; and

(8) develops a policy and procedures manual for Title III projects in the PSA.

(d) **Cross references.** See OAC <u>Oklahoma Administrative Code</u> 340:105-10-31(a)(3), 340:105-10-33, and 340:105-10-34.

## PART 7. PROGRAM STANDARDS FOR SERVICES FUNDED UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS AMENDED

## 340:105-10-50.1. Title III services taxonomy

Revised <del>9-15-21</del> 9-15-22

(a) **Rule.** Parts B, C, D, and E of Title III of the Older Americans Act <u>(OAA)</u> of 1965, as amended, authorize the development of a variety of services to meet the needs of <u>qualified</u> older <u>participant</u> <del>persons</del>. A comprehensive <u>listing</u> <u>list</u> of services that may be

funded, service definitions, and service units are included in (1) through (15) (18) of this subsection.

(1) Personal care - one hour; provides personal assistance, stand-by assistance, supervision, or cues.

(2) Homemaker - one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; provides assistance preparing meals, shopping for personal items, using the phone, or doing light housework light housekeeping tasks in a gualified older participant's home and possibly other community settings. Tasks may also include preparing meals, shopping for personal items, managing money, or using the phone in addition to light housework.

(3) Chore - one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; provides assistance with heavy housework tasks in a qualified older participant's home and possibly other community settings. Tasks may also include, yard work, or sidewalk maintenance in addition to heavy housework.

(4) Home delivered meal - one meal; provides provided to a qualified person qualified older participant at his or her residence, served in a program meeting all OAA and legal requirements. a Each meal:

(A) complies with the most recent Dietary Guidelines for Americans published by the Assistant Secretary for Aging and the Secretary Secretaries of the Department of Health and Human Services and the United States Department of Agriculture;

(B) provides, when one meal is served, a minimum of 33 and 1/3 percent of the current dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;

(C) provides, when two meals are served together, a minimum of 66 and 2/3 percent of the DRI allowances; and

(D) provides, when three meals are served together, 100 percent of the DRI allowances.

(5) Adult day care or adult day health - one hour; provides personal care for dependent adults in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care or adult day health typically include social and recreational activities, training, counseling, and services, such as rehabilitation, medication assistance, and home health aide services for adult day health.

(6) Case management - one hour; provides assistance either in the form of access or care coordination in circumstances where the <u>qualified</u> older <u>person</u> <u>participant</u> is experiencing diminished functioning capacities, personal conditions, or other characteristics requiring the <u>service</u> provision of <u>services</u> by formal <u>service</u> from formal providers or family caregivers. Case management activities include:

(A) assessing needs;

(B) developing care plans;

(C) authorizing and coordinating services among providers; and

(D) providing follow-up and reassessment, as required.

(7) Congregate meal - one meal; provides provided to a qualified person older participant by a qualified nutrition project provider in a congregate or group setting, served in a program administered by the State Unit on Aging or Area Agency on Aging (AAA), and meeting all OAA and legal requirements. a Each meal that:

(A) complies with the most recent Dietary Guidelines for Americans, published by the Assistant Secretary for Aging and the Secretary Secretaries of the Department of Health and Human Services and the United States Department of Agriculture;

(B) provides, when one meal is served, a minimum of 33 and 1/3 percent of the DRI as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;

(C) provides, when two meals are served together, a minimum of 66 and 2/3 percent of the DRI allowances; and

(D) provides, when three meals are served together, 100 percent of the DRI allowances.

(8) Nutrition counseling - one session per participant hour, or partial hours may be reported to two decimal places, for example 0.25 hours; provides individualized guidance to a person gualified older participant who, or to his or her caregiver, when the qualified person is at nutritional risk because of health or nutrition history, dietary intake, medication use, or chronic illnesses, or to caregivers. Counseling is provided <u>A registered dietician provides</u> one-on-one by a registered dietician counseling and addresses the options and methods for improving nutrition status with a measurable goal.

(9) Assisted transportation - one one-way trip; provides assistance and transportation, including services or activities that provide or arrange for travel, including travel costs for individuals from one location to another. This service includes escort or other appropriate assistance to for a person gualified older participant who has difficulties, physical or cognitive, using regular vehicular transportation.

(10) Transportation - one one-way trip; provides transportation using a vehicle for a person who requires help in going participants with services or activities that provide or arrange for travel, including travel costs, from one location to another and does not include any other activity.

(11) Legal assistance - one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; an attorney provides legal advice and representation to qualified older participants with economic or social needs. Includes, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under a lawyer's direct supervision, and a non-lawyer's representation or counseling by an attorney or other person acting under the supervision of an attorney where permitted by law.

(12) Nutrition education - one session per participant; <u>a dietician or an individual with</u> <u>comparable experience oversees</u> a <u>targeted</u> program <del>promoting</del> <u>that promotes</u> better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information, <u>as it relates to nutrition</u>, information, <u>consistent with the current</u> <u>Dietary Guidelines for Americans</u>, and <u>provides</u> instruction to participants, caregivers, or both in a group or individual setting <del>overseen</del> by a dietitian or person of comparable <u>expertise</u>. <u>This service</u>:

(A) is approved by a registered dietician who answers participant questions related to nutrition education;

(B) occurs at least once per month;

(C) is provided to congregate and home delivered meal participants; and

(D) is documented on the Dietary Consultant's Report.

(13) Information and assistance - one contact; a one-on-one contact between a service provider and an older client participant or caregiver. Activities involving contact with multiple current or potential clients participants or caregivers, such as publications, publicity campaigns, and other mass media activities are not counted as a unit of service. Internet website hits are counted only when information is requested and supplied. This service for older Oklahomans:

(A) provides current information on <u>opportunities and</u> services available within their communities, <u>including information relating to assistive technology</u>;

(B) assesses the participant's problems and capacities;

(C) links them with to available opportunities and services available within their communities; and

(C)(D) establishes ensures, to the maximum extent practicable, qualified older participants receive the services they need, and are aware of the opportunities available to them, by establishing adequate follow-up procedures, to the maximum extent practicable; and

(E) serves the entire community of older individuals, particularly those

(i) with greatest social need;

(ii) with greatest economic need; and

(iii) at risk for institutional placement.

(14) Outreach - one contact; provides person participant with intervention initiated by an agency or organization for the purpose of identifying potential clients <u>qualified older</u> <u>participants</u> or their caregivers and encouraging their use of existing services and benefits. Outreach is a one-on-one contact between a service provider and <del>an older</del> <del>clients</del> <u>a participant</u> or caregiver. Activities involving contact with multiple current or potential <del>clients</del> <u>participants</u> or caregivers, such as publications, publicity campaigns, and other mass media activities, are not counted as a unit of service.

(15) <u>Health promotion - Evidence Based - one event; Title III-D programs or services</u> are Community Living, Aging and Protective Services (CAP) approved prior to implementation. Title III-D Evidence Based programs and activities meet highest-level criteria and include activities related to:

(A) preventing and mitigating of the effects of chronic disease (, including:

<u>(i) osteoporosis;</u>

<u>(ii) hypertension;</u>

<u>(iii) obesity;</u>

<u>(iv) diabetes, and</u>

(v) cardiovascular disease); and

(B) alcohol and substance abuse reduction;

(C) smoking cessation;

(D) weight loss and control;

(E) stress management;

(F) falls prevention;

(G) physical activity; and

(H) improved nutrition.

(16) Health promotion – non-evidence based – one event; activities related to heath promotion and disease prevention that do not meet the Administration on Aging or

Administration for Community Living definition for an evidence based program. Activities may include:

(A) health risk assessments;

(B) routine health screening;

(C) nutritional counseling;

(D) programs regarding physical fitness and therapy;

(E) home injury control services;

(F) screening for mental and behavioral health issue prevention;

(G) educational programs on preventive health services;

(H) medication management screening and education;

(I) information concerning age-related diseases and chronic disabling conditions;

(J) gerontological counseling; and

(K) counseling.

(17) National Family Caregiver Support Program service categories are listed in (A) through (H) of this paragraph:

(A) Assistance: case management – one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; a service provided to a caregiver, and at his or her direction. Service is provided by a qualified case manager who delivers and coordinates the services. Caregiver case management includes:

(i) a comprehensive assessment of the caregiver's physical, psychological, and social needs;

(ii) the development and implementation of a service plan to mobilize and monitor the caregiver's formal and informal resources and services to meet the caregiver's identified needs. Caregiver case managers:

(I) coordinate caregiver resources and services with any other plans existing for various formal services;

(II) coordinate caregiver resources and services with the information and assistance services provided under the OAA;

(III) periodically reassess the caregiver's status and revises his or her plan; and

(V) advocates on the caregiver's behalf, according to his or her wishes, for needed services or resources.

(B) Assistance: information and assistance – one contact – this service:

(i) provides the individuals with current information about opportunities and services available to the individuals within their communities, including information relating to assistive technology;

(ii) assesses the problems and capacities of the individuals;

(iii) links the individuals to the available opportunities and services;

(iv) ensures, to the maximum extent practicable, individuals receive needed services and are aware of available opportunities by establishing adequate followup procedures; and

(v) serves the entire community of older individuals.

(vi) refers to individual, one-on-one contacts between a caregiver provider and an older client or caregiver. An activity that involves a contact with several current or potential clients or caregivers is not counted as a unit of information and

assistance. Internet website hits are counted only when information is requested and supplied.

(C) Counseling – one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; a service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers with degrees or credentials as required by state policy. Counselors are trained to work with older adults and families understanding and addressing complex physical, behavioral, and emotional problems related to caregiver roles. Counseling is a separate function apart from support group activities or training and includes counseling in individual or group sessions.

(D) Information services – per activity – a public and media activity that conveys information to caregivers about available services and can include in-person interactive presentations to the public; a booth or exhibit at a fair, conference, or other public event; and radio, TV, or website events. Information services are activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.

(E) Respite care – one hour, or partial hours may be reported to two decimal places, for example 0.25 hours; this service provides temporary, substitute supports or living arrangements for qualified older participants to provide a brief period of caregiver relief or rest. When the specific service units purchased via a direct payment, such as cash or voucher can be tracked or estimated, the service unit is reported by hour or partial hour. Types of respite care include:

(i) in-home respite service provided in the caregiver's or care receiver's home and allows the caregiver time away to do other activities;

(ii) out of home respite service provided in settings other than the caregiver's or care receiver's home, such as in adult day care, a senior center or in other non-residential settings where an overnight stay does not occur-; and

(iii) out of home overnight respite service provided in facilities such as nursing homes, assisted living facilities, and adult foster homes;

(F) Supplemental services – units and service in this category are determined by CAP and provides goods and services on a limited basis to complement the care provided by caregivers. The AAA contacts CAP prior to this category's use.

(G) Support groups – per session – a service that is led by a trained individual, moderator, or professional, as required by state policy, to facilitate caregivers to discuss their common experiences and concerns and to develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online.

(H) Training – one hour, or partial hours may be reported to two decimal places, for example 0.25 hours – a service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include using evidence-based programs and is conducted in-person or online in individual or group settings.

(18) Funded "Other" category - unit varies per service – a service provided using OAA funds under Titles III-B or C in whole or in part, that do not fall into previously defined

service categories and may include assistive technology, durable equipment, emergency response, consumable supplies, home modifications or repairs, elder abuse prevention, elder rights, health, outreach, public education, socialization, access not reported elsewhere, and others.

(A) Advocacy or representation - one hour; provides action taken on behalf of an <u>a</u> <u>qualified</u> older-<u>person</u> <u>participant</u> to secure the person's rights or benefits. Advocacy or representation includes receiving, investigating, and working to resolve disputes or complaints. It does not include services provided by an attorney or person under the supervision of an attorney.

(B) Education or training - one session; provides formal and informal opportunities for <u>qualified</u> older <u>persons</u> <u>participants</u> to acquire knowledge, experience, or skills-Includes individual individually or in group events designed to increase awareness.

(C) Health promotion - one event; provides Administration for Community Living approved evidence-based health promotion or disease prevention programs and activities to participants, caregivers, or both, in a group or individual setting. Wellness checks – one contact; individualized contact between two people via phone, text, email, webinar, video chat, or other means to provide a well-being check, reassurance, or socialization to a qualified older participant or family caregiver. The older adult is spoken to in order for the contact to be counted, regardless of the length of contact.

(D) Home repair - one job; provides minor repairs, modifications, or maintenance on a home owned and occupied by an eligible participant, up to \$250 annually, per participant.

(E) Coordination of services <u>Service coordination</u> - unit to be determined by Aging Services (AS) <u>CAP</u>; provides for the administration or delivery of a service for which direct cost is not <u>directly</u> funded by Title III. The Area Agency on Aging (AAA) <u>AAA</u> contacts AS <u>CAP</u> regarding use of this category.

(F) National Family Caregiver Support Program service categories are:

(i) information services - one activity; provides caregivers information on resources and services available to the public or persons within their communities. Information services are for activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities;

(ii) access assistance – one contact; assists caregivers in obtaining access to the services and resources available within their communities. To the maximum extent practicable, access assistance ensures persons receive the services needed by establishing adequate follow-up procedures. Internet website hits are counted only when information is requested and supplied;

(iii) counseling - one session per participant; assists caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles. This includes counseling to persons, support groups, and caregiver training of individual caregivers and families;

(iv) respite care - one hour; provides temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. When the specific service units purchased via a direct payment,

such as cash or voucher can be tracked or estimated, the service unit is reported by hour; otherwise, the unit of service is one payment. Respite care is:

(I) in-home respite, such as personal care, homemaker, and other in-home respite;

(II) respite provided by attendance of the care recipient at a senior center or other nonresidential program; or

(III) institution 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 to the caregiver or summer camp as a respite for grandparents caring for children; and

(v) supplemental services – provides services on a limited basis to complement the care provided by caregivers. The unit and service are determined by AS. The AAA contacts AS regarding use of this category.

(b) **Authority.** The authority for this Section is the Office of Management and Budget Notice of Action 0985-0008 and Sections 339 and 371 through 373 of the Older Americans Act.

#### (c) **Procedures.** The AAA:

(1) incorporates <u>rule</u> provisions <del>of the rule</del> into <del>its</del> <u>AAA</u> policies and procedures manual;

(2) provides technical assistance to prospective service project applicants regarding the rule in the development of services; and

(3) utilizes the rule as an indicator in the <u>service project proposal</u> evaluation <del>of service project proposals</del>.

(d) **Cross references.** Refer to Oklahoma Administrative Code 340:105-10-40 and 340:105-10-51.

## 340:105-10-51. General Title III service standards

#### Revised 9-15-22

(a) **Policy.** Parts B, C, D, and E of Title III of the Older Americans Act of 1965, as Amended, (OAA), provide funding for a variety of services to meet the needs of older persons. All services meet service specific standards and the general standards in this subsection.

(1) Project sponsors, who are the recipients of grant awards, serve all eligible persons in the project service area (PSA) and do not limit participation to their own membership or residents, such as church memberships or residents of a day care program. Project sponsors demonstrate to the Area Agency on Aging (AAA) a capacity for effective delivery of nutrition, supportive services, or both through the PSA. Project sponsors may be:

(A) public<del>,</del>;

(B) private for-profit, or nonprofit agencies or organizations;

(C) institutions;

(D) political subdivisions of the state; or

<u>(E)</u> Indian tribal organizations demonstrating to the Area Agency on Aging (AAA) a capacity for the effective delivery of nutrition, supportive services, or both, throughout the project service area (PSA). Project sponsors serve all eligible

persons in the PSA and do not limit participation to their own membership or residents, such as church memberships or residents of a day care program.

(2) Project services are provided to persons 60 years of age and older unless otherwise allowed for in the eligibility requirements of a specific service.

(3) Project services are located in communities with the greatest occurrence of older persons in greatest economic and social need with particular attention to low income minority persons and older persons residing in rural areas. The project <u>sponsor</u> documents in the written grant agreement with the AAA:

(A) assurance that, to the extent possible, the project serves low income minority persons and older persons residing in rural areas in accordance with according to their service needs need for services;

(B) specific objectives outlining how the project satisfies the <u>qualified older</u> <u>participants'</u> service needs of low income minority persons and older persons residing in rural areas served by the project. These objectives reflect the Area Plan objectives for targeting these persons;

(C) information on the extent the project met its objectives for serving low income minority persons and older persons residing in rural <u>qualified older participants</u> during the previous fiscal year, if previously funded; and

(D) other targeting activities required for specific funded services, as appropriate, such as targeting activities for outreach services.

(4) Projects provide recipients <u>qualified older participants</u> with the opportunity to contribute to <u>service cost</u> the cost of services, with the restrictions <u>guidelines</u> in (A) through (G) of this paragraph.

(A) Contributions are voluntary, and no otherwise eligible person is denied service because he or she chooses not to or cannot contribute to the service cost cost of services.

(B) Participants are advised of the opportunity to contribute to the <u>program</u> cost <del>of programs</del> through:

(i) individual consultation when they enter the program upon program entry, to include including a written suggested contribution schedule;

(ii) written brochures about the program and written schedules of <u>program</u> activities <del>of the program</del>; and

(iii) signs posted at the project site.

(C) The participant's <u>Participants'</u> privacy regarding contributions is protected at all times.

(D) The project advisory council develops a suggested contribution schedule for funded services and takes taking into consideration the income ranges of older persons in the community and the project's other income means of income. Means testing is not used to determine suggested contributions.

(E) Congregate and home delivered meals <u>meal</u> participants are allowed to use United States (U.S.) Department of Agriculture food benefits to contribute toward the cost of their meals <u>meal</u> costs.

(F) The project uses appropriate procedures to safeguard and account for all contributions.

(G) The project uses <u>the</u> participant contributions to expand <u>the</u> <del>funded services</del> respective service for which the participant contributed to. For example, if a

congregate site (C1) contribution was made, funds are used to expand that service.

(5) Projects conform to the Title III fiscal accounting and program reporting systems as implemented by Aging Services (AS) Community Living, Aging and Protective Services (CAP) and AAAs. All records are managed according to the guidelines in (A) through (E) of this paragraph. OAA grantees:

(A) maintain adequate and separate accounting and fiscal records, and account for all funds provided by any source to pay the cost of the for OAA funded project costs;

(B) permit audit, examination, or both, of all such records, procedures, and accounts at any reasonable time by authorized personnel of the U.S. Department of Health and Human Services, the Oklahoma Department of Human Services (DHS) (OKDHS), the State state Auditor and Inspector, and other appropriate state entities;

(C) allow authorized personnel open and complete access to the grantees' accounting records and practices, and to any other <u>service provider</u> items of the <u>service provider</u> pertinent to the <u>grant</u> performance or payment of the grant in order to audit, examine, and make excerpts of records;

(D) retain for at least three <u>seven</u> years all financial and program records, supporting documents, statistical records, and other records pertaining to the Title III services.

(i) In the case of litigation, claim negotiation, audit, or other pending action before the end of the three seven year period, the records are retained until such action is completed, and until all issues arising from it have been resolved, or until the end of the regular three seven year period, whichever is later.

(ii) Permanent records are maintained at the project office; and

(E) provide the appropriate security, confidentiality, and accommodations for the proper maintenance and organization of program records and reports.

(6) Where feasible and appropriate, projects make arrangements for the <u>service</u> availability of <u>services</u> to <u>qualified</u> older persons in weather related emergencies and other local and national emergencies, including terrorist acts and <del>flu</del> pandemics.

(7) Projects assist participants in taking to take advantage of benefits or services under other programs.

(8) Project staff reports to the appropriate officials any situation that places the participant, participant's household, or both, in imminent danger to the appropriate officials.

(9) Project staff ensures that signage is posted appropriately informing all persons that, with the exception of except law enforcement, no firearms are to be permitted within the project office, maintenance buildings, and all nutrition site-dining areas.

(10) Projects coordinate Title III services with other appropriate services in the community, including Title VI Native American nutrition programs. Appropriate coordination efforts include:

(A) joint planning;

(B) information sharing; and

(C) written agreement negotiation of written agreements.

(11) Projects establish and maintain an advisory council to advise the projects on all matters relating to the project services delivery of project services, per Oklahoma Administrative Code (OAC) 340:105-10-52.

(12) Projects ensure appropriate intake information is gathered on each participant.

(A) Participants For participants receiving Title III:

(i) personal care, homemaker, chore, home repair, home delivered meals, adult day health or adult day care, <u>outreach</u> or case management services, information is gathered on Form 02AG002E, Older Americans Act Assessment, Part I, and Form 02AG003E, Older Americans Act Assessment, Part II, <u>Title III</u> <u>Program Registration</u> and includes at <del>a</del> minimum <u>the participant's</u>:

(I) identifying information; name, address, and phone number;

(II) household composition age, sex, race, ethnicity, minority status, and date of birth with signature verification;

(III) ability to perform activities of daily living (ADLs); emergency contact's name, address, and phone number;

(IV) <u>household status</u>, including whether the participant lives alone or lives with others;

(V) special dietary needs for home delivered meals;

(VI) ability to perform <u>activities of daily living (ADL) and</u> instrumental <u>activities of daily living (IADL) ADLs</u>;

(VII) Nutrition Screening Checklist;

(<del>V)</del> (VIII) support system;

(VI) (IX) participant signature or witness signature when the participant is unable to sign;

(VII) (X) explanation of donation system;

(VIII) (XI) information release of information authorization; and

(IX) (XII) status related to poverty level;

(ii) congregate meals, nutrition counseling, assisted transportation, <del>outreach</del>, or information and assistance, information is gathered on Form 02AG002E, Part I, <u>Title III Program Registration</u> and includes at a minimum the <u>participant's</u>:

(I) identifying information; name, address, and phone number;

(II) household composition age, sex, race, ethnicity, minority status, and date of birth with signature verification;

(III) emergency contact's name, address, and phone number;

(IV) household status including whether the participant lives alone or lives with others;

(V) special dietary needs for congregate meals;

(VII) Nutrition Screening Checklist;

<u>(VIII)</u> participant signature or witness signature when the participant is unable to sign;

(IV) (IX) explanation of donation system;

 $(\forall)$  (X) information release of information authorization; and

(VI) (XI) status related to poverty level;

(iii) home delivered meals, congregate meals, case management, or nutrition counseling, project staff ensures Form 02AG002E, Part I, Determine your nutritional health, is completed; and

(iv) National Family Caregiver Support Program (NFCSP) services<sub> $\overline{1}$ </sub> information is gathered on an approved intake form <u>Title III Program Registration for both</u> caregiver and care recipient, and includes at a minimum:

(I) the family caregiver's identifying information;

(II) the caregiver's relationship to the care receiver;

(III) the care receiver's identifying information; and

(IV) a written description of the caregiver's current situation, including the care receiver's need for assistance due to inability to perform specific ADLs or the need for supervision due to Alzheimer's disease or other dementia.

(B) Project staff:

(i) obtains from participants of other Title III services not given in (A) of this paragraph, or their informants, only information necessary to provide the appropriate Title III service(s) and ensures the <u>participant</u> safety and well-being of participants;

(ii) ensures assessment procedures are conducted in a confidential manner, with only the intake person, the participant, and other persons approved by the participant in attendance; <u>and</u>

(iii) conducts an assessment of each participant upon the participant's entry into a Title III service with, at a minimum, annual reassessments<del>; and</del>

(iv) at a minimum, conducts a reassessment of in-home service participants every six months.

(C) Income source information is not required to receive Title III services and may only be used to assist the participant in determining eligibility for programs with income guidelines.

(13) Projects have procedures, approved by AAA, to ensure strict confidentiality is maintained regarding all participant information. Projects ensure identifying participant information is disclosed only when staff obtains the informed consent of the participant or the participant's legal representative. Exceptions to the rules in this paragraph include court orders, reporting possible neglect, abuse, or both, and monitoring project records by federal, state, and AAA officials.

(14) Project staff posts grievance procedures in a public area of <u>in</u> the project facility and complies with AAA grievance procedures for Title III participants.

(15) Projects comply with the Americans with Disabilities Act, Section 504 of The Rehabilitation Act of 1973, and Title VI of The Civil Rights Act of 1964. A public notice of civil rights compliance is posted in a public area in all project facilities and offices.

(16) Projects comply with the Oklahoma Open Meetings Act when conducting public meetings. Public meetings are held in handicap accessible facilities with provisions for interpreters, as needed.

(17) Project staff conducts ongoing public information activities to ensure the general public is aware of each project and the services it provides. All materials produced by, or for the project include a statement that:

(A) the project makes no distinctions on the grounds of race, color, sex, age, ancestry, national origin, religion, or disability; and

(B) a portion of the project costs are met by state and federal OAA funds from AAA and <del>DHS AS</del> <u>OKDHS CAP</u>.

(18) Project staff provides or arranges for orientation and ongoing training for all staff engaged in the project implementation of the project. Training is designed to enhance staff performance as related to each staff person's specific job responsibilities of each staff person. Projects authorize staff time to attend AAA and AS <u>CAP</u> sponsored training as funds permit. Minimum orientation or training topics include:

(A) the OAA, as amended, and related regulations;

(B) the DHS OKDHS Policies and Procedures Manual for Title III of the OAA, as amended;

(C) the AAA Title III policies and procedures manual;

(D) all program and fiscal reports, as appropriate;

(E) assessment procedures;

(F) the aging network; and

(G) specific job duties.

(19) Project staff participates in regularly scheduled <u>AAA</u> assessments and evaluations by the AAA.

(A) The AAA schedules assessments at least 30<u>-</u>calendar days in advance at a time mutually convenient for the AAA and the project.

(B) The AAA informs the project director of areas covered during the assessment.

(C) The project director makes arrangements for site visits as requested by the AAA requests.

(20) The project allows <u>AAA to make</u> unscheduled or unannounced visits by the AAA for the purposes of:

(A) investigating alleged problems;

(B) monitoring corrective action; or

(C) evaluating the projects normal daily activity of the project.

(b) **Authority.** The authority for this Section is Sections 1321.11, 1321.51, 1321.63(b), 1321.65, and 1321.67 and 75.307 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The AAA is required to:

(1) incorporate the standards into the AAA policies and procedures manual;

(2) provide training on the standards to Title III project directors and other appropriate staff;

(3) monitor the compliance of Title III projects with the standards; and

(4) provide ongoing technical assistance to Title III projects regarding the standards.

(d) **Cross references.** Refer to <del>Oklahoma Administrative Code</del> <u>(OAC)</u> 340:105-10-40, 340:105-10-50.1, and 340:105-10-52.

## 340:105-10-57. Outreach service standards

Revised 9-15-22

(a) **Policy.** The outreach service includes <u>Outreach</u> services that seek out and identify older individuals and assist them in gaining access to needed services eligible for assistance under the Older Americans Act and other programs, both public and private, and informs them of assistance availability. All <u>outreach service</u> providers of outreach service must comply with standards outlined in this Section and <u>in Oklahoma</u> Administrative Code (OAC) 340:105-10-51, 340:105-10-58 and 340:105-10-60.

(b) **Authority.** The authority for this Section is Section 306(4)(B) and Title 45 of the Code of Federal Regulations, Part 1321.17.

(c) **Procedures.** This Section is implemented by the Area Agency on Aging, <u>The AAA</u> is required to:

(1) incorporating incorporate the policy into its Title III policy and procedures manual;

(2) providing provide orientation to outreach staff on the policy;

(3) monitoring monitor compliance with the policy; and

(4) providing provide ongoing technical assistance to Title III projects regarding the policy.

(d) **Cross references.** See OAC 340:105-10-50.1(a)(14), 340:105-10-51, 340:105-10-54(a)(3), 340:105-10-58, 340:105-10-59, and 340:105-10-60.

## 340:105-10-58. Outreach service eligibility ■ 1

Revised 9-15-22

(a) **Policy.** All individuals age 60 years of age and older are eligible to receive outreach services. Special targeting objectives are developed to reach individuals:

(1) residing in rural areas;

(2) with greatest economic need, with particular attention to low income minority individuals;

(3) with greatest social need, with particular attention to low income minority individuals;

(4) with severe disabilities;

(5) with limited English speaking ability;

(6) with Alzheimer's disease or related disorders with neurological and organic brain dysfunction and the caretakers of such individuals;

(7) at risk for institutional placement, specifically including Holocaust survivors;

(8) living alone; and

 $\overline{(8)(9)}$  with impairments in activities of daily living (ADLs), instrumental activities of daily living (IADLs), or both.

(b) **Authority.** The authority for this Section is Section 306(a)(4) of the Older Americans Act of 1965, as amended.

(c) **Cross references.** See OAC 340:105-10-50.1(a)(14), 340:105-10-51, 340:105-10-54(a)(3), 340:105-10-57, 340:105-10-59, and 340:105-10-60.

## INSTRUCTIONS TO STAFF

1. Persons listed in <u>Oklahoma Administrative Code (OAC)</u> 340:105-10-58(a) complete the assessment procedures outlined in OAC 340:105-10-59 Instructions to Staff.

## 340:105-10-59. Outreach service assessment

Revised 9-15-22

(a) **Policy.** <u>Outreach services are defined as a one contact intervention the agency or organization initiates with individuals for the purpose of identifying potential participants or their caregivers and encouraging their use of existing services and benefits. Each person potential participant who desires wants to receive outreach service Older Americans Act services completes Form 02AG002E, Older Americans Act Assessment,</u>

Part I. Form 02AG002E <u>Title III Program Registration</u>. The outreach worker provides information about public and private non-Title III services, available assistance, provides the person information about the outreach service <u>services</u>, and other Title III of the Older Americans Act (OAA) of 1965 services, and allows staff to obtain <u>The outreach worker</u> obtains necessary information to better serve the <u>potential participant's</u> needs of the person as a service participant.

(b) **Procedures.** <u>At the initial interview, the outreach worker:</u>

(1) At the initial interview, the outreach worker discusses all aspects of program participation, including the opportunity to contribute to the cost of outreach costs and other Title III services, as appropriate;

(2) The outreach worker does not require written verification of any assessment information gathered to complete Form 02AG002E. Participant obtains the potential participant's assessment information includes:

(A) name, address, and telephone phone number;

(B) age, sex, race, <u>ethnicity, minority status</u>, <u>and</u> date of birth<del>, <u>and</u> with signature verification <del>of date of birth</del>;</del>

(C) <u>emergency contact's</u> name, address, and <u>telephone</u> <u>phone</u> number <del>of</del> <del>emergency contact(s)</del>;

(D) name, address, and telephone number of physician <u>household status</u>, including whether the potential participant lives alone or with others;

(E) special dietary needs, only when <u>the potential</u> participant is applying for congregate meals or home delivered meals services;

(F) diagnosed medical conditions;

(G) current medications;

(H) accommodations required for disabilities;

(I)(G) transportation resources;

(J)(H) Title III services requested or needed;

(K)(I) reasons for requesting outreach or other Title III services;

(L)(J) need for additional community resources;

(M)(K) income sources. Income source information is not required to receive Older Americans Act Title III services and may only be used to assist the <u>potential</u> participant in determining eligibility for programs with income guidelines; and (N)(L) status related to poverty level.

(3) The outreach worker or other appropriate project staff conducts a face-to-face, <u>person-centered</u> re-assessment assessment interview with the <u>potential</u> participant. Re-assessments are required every six months for some Title III services, such as home delivered meals.

(c) **Authority.** The authority for this Section is Section 1321.11(a) of Title 45 of the Code of Federal Regulations.

(d) **Cross references.** See OAC <u>Oklahoma Administrative Code</u> 340:105-10-50.1(a)(14), 340:105-10-51, 340:105-10-54(a)(3), 340:105-10-57, 340:105-10-58, and 340:105-10-60.

**340:105-10-61. Information and assistance services** <u>Revised 9-15-22</u> (a) **Policy.** All providers of information and assistance (I & A) services providers comply with standards listed in <u>Oklahoma Administrative Code (OAC)</u> 340:105-10-50.1(a)(13), 340:105-10-51 and 340:105-10-61 through 340:105-10-63. I & A services for older persons include services:

(1) providing <u>participants with</u> current information on <u>opportunities and</u> services available within their communities, <u>including information relating to assistive</u> <u>technology</u>;

(2) assessing the participant's problems and capacities;

(3) linking older persons the participant to the available opportunities and services available within their communities; and

(3)(4) establishing adequate follow-up procedures, to the maximum extent practicable, ensuring participants receive the services needed and are aware of opportunities available; and

(5) serving the entire community of older individuals, particularly those:

(A) with greatest social need;

(B) with greatest economic need; and

(C) at risk for institutional placement.

- (b) Authority. The authority for this Section is the Office of Management and Budget Notice
- of Action 0985-0008 and Section 102(29) of the Older Americans Act of 1965, as amended.
- (c) **Procedures.** The Area Agency on Aging implements this Section by:

(1) incorporating the provisions in this Section into its Title III policies and procedures manual;

(2) providing technical assistance to prospective service project applicants regarding the policy in the service development of services; and

(3) utilizing the policy as an indicator in the evaluation of service project proposals.

(d) **Cross references.** See OAC 340:105-10-50.1(a)(13), 340:105-10-51, 340:105-10-54(a)(3), 340:105-10-62, and 340:105-10-63.

# 340:105-10-70. Congregate meals service assessment

Revised 9-15-22

(a) **Policy.** Each person who desires to participate in the congregate meals service must complete and sign Form 02AG002E, Older Americans Act Assessment, Part I <u>Title III</u> <u>Program Registration</u>. Form 02AG002E <u>Title III Program Registration</u> provides the person potential participant with service information about the service and allows staff to obtain necessary information to better serve the <u>potential participant's</u> needs of the person as a service participant.

# (b) **Procedure**.

(1) At the initial interview, the outreach worker or site manager discusses all aspects of program participation, including the opportunity to contribute to the <u>meal</u> cost of <del>meals</del> and possible eligibility for home delivered meals.

(2) The outreach worker or site manager assists the <u>potential</u> participant in completing Form 02AG002E <u>Title III Program Registration</u>. The project does not require written verification of age eligibility unless project management has reasonable cause to question the accuracy of the <u>potential participant's reported</u> age <del>provided by the participant or the participant's representative on Form 02AG002E</del>. Participant Potential participant assessment information includes:

(A) name, address, and telephone phone number;

(B) age, sex, race, <u>ethnicity, minority status</u>, <u>and</u> date of birth<del>, and</del> <u>with</u> signature verification <del>of date of birth</del>;

(C) <u>emergency contact's</u> name, address, and telephone <u>phone</u> number of <u>emergency contact(s)</u>;

(D) name, address, and telephone number of physician; the potential participant's household status, including whether he or she lives alone or lives with others;

(E) special dietary needs;

(F) diagnosed medical conditions;

(G) current medications;

(H) accommodations required for disabilities;

(H)(G) reasons for requesting congregate meals service;

(J)(H) transportation resources;

(K)(I) need for additional community resources;

 $\overline{(L)}(J)$  income sources. Income source information is not required to receive Older Americans Act Title III services and may only be used to assist the <u>potential</u> participant in determining eligibility for programs with income guidelines; and  $\overline{(M)}(K)$  status related to poverty level.

(3) The project conducts a face-to-face re-assessment <u>annual assessment</u> interview with the participant. Re-assessments are required every six months for some Title III services, such as home delivered meals.

(c) **Authority.** The authority for this Section is Section 1321.11(a) of Title 45 of the Code of Federal Regulations.

(d) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(7), 340:105-10-51, 340:105-10-68, 340:105-10-69, 340:105-10-71 through 340:105-10-80, and 340:105-10-86.

## 340:105-10-71. Congregate meals service facilities

Revised <del>9-15-21</del> <u>9-15-22</u>

(a) **Policy.** Each congregate meals service provider secures and maintains adequate facilities for the preparation and delivery of the meals service, nutrition education, and funded supportive services.

(b) **Authority.** The authority for this Section is <u>Section 307 and 331 of the Older</u> <u>Americans Act.</u> Part 1321.11(a) of Title 45 of the Code of Federal Regulations, and Section 1247 of Title 21 of the Oklahoma Statutes, as amended (21 O.S. § 1247), and 21 <u>O.S. § 1247 with 56 O.S. §163.1</u>.

(c) **Procedures**.

(1) The grantee agency locates congregate meals service sites in areas accessible to the target group of eligible persons in a community and, where possible, within walking distance for concentrations of from where such persons congregate.

(A) There is a minimum of at least one Title III congregate nutrition site per county at all times; and,.

(B) When there is one Title III congregate nutrition site in a county, good-faith efforts are made to provide transportation assistance to potential participants from other parts of the county to that site.

(2) The grantee agency arranges for all applicable health, fire, safety, and sanitation inspections for project offices and congregate meals sites in the manner described in (A) through (F) of this paragraph.

(A) The fire and safety inspections are conducted annually by local fire officials or other <u>another</u> designated local official in the absence of a local fire marshal using established local standards.

(B) In the absence of local standards, standards developed and adopted by Oklahoma Human Services (OKDHS), with the cooperation of the State Fire Marshal state fire marshal and the Oklahoma State Department of Health, are applicable. ■ 1

(C) Standards are based <del>upon the</del> <u>on the site's</u> use and occupancy <del>of the site</del> by Title III funded projects and are adequate to protect the health and safety of participants.

(D) County health department sanitation inspections are completed at least annually.

(E) All inspection reports are on file with the grantee agency.

(F) The grantee agency responds, as directed by the inspecting agency, to all cited deficiencies.

(3) The Area Agency on Aging annually conducts evaluations for Americans with Disabilities Act (ADA) compliance at all project offices and congregate meals sites. The grantee agency ensures that project facilities comply with 21 O.S. § 1247, as amended, that mandates all public facilities be smoke free and posts such designation as required by law.

(4) The project arranges for the separation of <u>separates</u> dining and food preparation areas at sites where food is prepared and served in the same facility.

(5) Where feasible, the project provides ample space and time for the <u>support service</u> provision <del>of supportive services</del>, per Oklahoma Administrative Code (OAC) 340:105-10-54.

(6) The project provides appropriate furnishings for older persons, including sturdy tables and chairs, and arranges the furnishings to provide adequate aisle space for persons using mobility aids, such as walkers and wheelchairs.

(7) The project provides table settings that are approved by the project advisory council. When disposable dinnerware is used, it is sturdy to prevent spillage, leakage, and breakage.

(8) The project posts, in conspicuous locations, information regarding:

(A) the <u>participants'</u> rights of eligible persons <u>right</u> to equal opportunity and <u>equal</u> access to services;

(B) the <u>meal's</u> full cost <del>of the meal to be paid by</del> ineligible persons <u>pay</u>, such as visitors younger than 60 years of age, who are served meals;

(C) the suggested <u>participant</u> contribution for eligible participants toward the <u>meal's</u> cost of the meal, as determined by the project or site advisory council <u>determines</u>. All participant contributions are for the <u>meal</u> cost of the meal and are not solicited for other items, such as utilities and coffee;

(D) menus for a minimum of one week in advance;

(E) participant grievance procedures for participants;

(F) an evacuation plan;

(G) a toll free information and assistance phone number;

(H) a current health inspection certificate from the local health department;

(I) a Smoke Free Facility sign;

(J) a summary of the site or project, if applicable; and

(K) an emergency management plan including at minimum, the location of the nearest emergency shelter(s) available to participants.

(d) **Cross references.** Refer to OAC 340:105-10-50.1(a)(7), 340:105-10-51, 340:105-10-54, 340:105-10-68 through 340:105-10-70, 340:105-10-72 through 340:105-10-80, and 340:105-10-86.

#### INSTRUCTIONS TO STAFF 340:105-10-71

Revised 9-15-21

1. Standards developed and adopted by Oklahoma Human Services with the cooperation of the State Fire Marshal state fire marshal and the Oklahoma State Department of Health as applicable are listed in (1) - (22) of this Instruction.

(1) A sufficient number of exits are made available. Any space providing seating for 50 or fewer has at least one exit that exits directly to the outside. Any space providing seating for more than 50 has at least two exits remotely located from each other.

(A) Exit doors swing in the direction of travel. Exit doors remain unlocked during Title III program hours of operation.

(B) Exit signs are illuminated and have an audible component. When the exit door is not visible from inside the space, directional exit signs mark the path of travel to the exit.

(2) Panic hardware is installed on exit doors for occupant loads of 100 or more persons. An evacuation plan is posted.

(3) Pathways are accessible and clear of obstructions.

(4) The building in which the program is housed is clearly numbered, the exterior well lighted, and appropriate program signage is visible. The building number is visible from the street.

(5) Fire extinguishers are inspected and charged yearly. Fire extinguishers are located in an appropriate place, and staff and volunteers are trained in their use. Extinguisher locations are plainly marked. The number of fire extinguishers is appropriate for the size of the facility.

(6) Fire drills are conducted and documented quarterly and evacuation time is appropriate. Employees and volunteers are trained in drill procedures.

(7) Tornado drills are conducted and documented annually. Employees and volunteers are trained in drill procedures.

(8) Electrical outlets are appropriate for use, free of damage, and not overloaded. Extension cords are used properly and outlets and switch plates are covered.

(9) Wiring is free of damage and located so as to be trip-free.

(10) Heating and air conditioning are in good working condition, and are properly cleaned and maintained. The fuel supply is safe, and the heater closet is not used for storage.

(11) Flammable liquids are used and stored properly. They are stored away from the means of egress.

(12) Walking and working surfaces are clean, dry, and unobstructed.

(13) Outside storage is accomplished in such a way that trash is stored in proper containers and grounds maintenance is conducted to prevent a hazardous or unsafe environment.

(14) Kitchen floors are free of slip and trip hazards. Cloth, paper, and other combustibles in the kitchen are stored away from open flames. Staff and volunteers are aware of, and practice safety requirements.

(15) Food products are stored separately from cleaning products.

(16) Cooking appliances are vented, properly separated from combustibles, with filters cleaned and washed regularly, and have no grease accumulation.

(17) The hood extinguishing system contains the correct number of properly located, secure, open nozzles. The fuel shutoff is connected, the manual pull is accessible and clear, the heads and hood are clean, and the inspection tag is current.

(18) The water heater(s) contains a pop off valve. Water heaters, furnaces, and heating units are checked by a qualified service person once per year. Heating units are properly vented and enclosed. Closets where heating units or water heaters are located are not used for storage.

(19) Smoke Free Facility is clearly marked and enforced.

(20) Hazardous materials are stored properly, with an information sheet available. The responding fire station is informed of hazardous materials. (21) The road(s) leading to the facility is readily accessible

(21) The road(s) leading to the facility is readily accessible.

(22) The facility is located with reasonable access to adequate water supply.

## 340:105-10-72. Congregate meals project staffing requirements

Revised 9-15-22

(a) **Policy.** Each congregate meals project maintains sufficient staff to carry out the required service activities.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The congregate meals project is required to: <u>complies with guidelines</u> in (1) through (4) of this subsection.

(1) employ a <u>A</u> full-time director is employed who is empowered with authority to

conduct the project's daily management and administrative functions of the project;

(2) obtain the <u>The project obtains</u> nutrition consultation services of <u>from</u> a licensed registered dietitian (RD) as either an employee or independent consultant, unless provided by the area agency on aging <u>Area Agency on Aging</u> (AAA) or through a statewide contract.

(A) A paid caterer or certified dietary manager is not acceptable in this position. If obtaining the services of a licensed RD consultant exceeds is obtained for a period exceeding three months, the nutrition project or AAA:

(i) provides documentation of hiring efforts in the form of newspaper advertisements and job announcements to Aging Services Division (ASD) Community Living, Aging and Protective Services (CAP);

(ii) requests in writing a temporary waiver for an additional <u>time</u> period <del>of time</del>, not to exceed three months; and

(iii) submits a revised budget reflecting the reallocation of funds not used while the position was vacant.

(B) The AAA shall notify <u>notifies</u> ASD <u>CAP</u> contract monitor(s) within 72 hours following the loss of RD services by project or AAA.

(C) The state RD shall be is contacted to approve menu substitutions in the absence of an RD.

(D) The RD verifies by signature on Form 02AG025E, the Dietary Consultant's Report, performance of the required consultation activities, including: ■ 1

(i) limiting site visits to one per day per RD;

(ii) visiting each site at least every other month for a minimum total of six site visits per year;

(iii) monitoring food service to include, including food temperature and portion measurement of food temperatures and portion sizes, and assessment of and assessing food quality and adherence to contract specifications;

(iv) training staff and volunteers in areas of food service management, nutrition, food safety, and sanitation;

(v) assessing participant satisfaction and preferences;

(vi) reviewing menu and commodity utilization;

(vii) approving and coordinating monthly nutrition education programs;

(viii) monitoring perpetual inventory;

(ix) documenting site recommendations for improvement;

(x) documenting on the date of the site visit date the number of:

(I) reservations;

(II) meals prepared;

- (III) meals served;
- (IV) leftovers; and

(V) menu substitutions; and

(xi) providing individual consultation <u>nutrition counseling</u> for participants whose <u>nutritional total nutrition</u> score on Form 02AG002E, Part I, Older Americans Act Assessment, page 4, Determine your nutritional health, <u>the Title III Program</u> Registration form is six or more to:

(I) <u>Counseling for</u> congregate meals participants, upon is provided with the participant's approval; and

(II) <u>counseling for homebound meal participants</u>, is provided where feasible, and upon with the participant's approval;.  $\blacksquare 2$ 

(3) providing a <u>A</u> nutrition project consultation is provided at least quarterly that includes:

(A) assessing food preferences;

(B) preparing menus and documenting nutrition analysis to meet one third recommended dietary allowance for each meal<del>; and <u>.</u></del>

(4) <u>determining Determine</u> appropriate staffing patterns for each meal site in the project service area. AAAs are the final authority on appropriate staffing patterns in the Title III projects.

(d) **Cross references.** See <u>Oklahoma Administrative Code</u> OAC 340:105-10-50.1(a)(4) and (7), 340:105-10-51, 340:105-10-68 through 340:105-10-71, 340:105-10-73 through 340:105-10-80, and 340:105-10-86.

# INSTRUCTIONS TO STAFF 340:105-10-72

## Revised 9-15-22

- The registered dietitian (RD) consultant submits Form 02AG025E, Dietary Consultant's Report, to the project director or AAA Area Agency on Aging director, as appropriate, for approval and signature. The signed Form 02AG025E Dietary Consultant's Report is submitted monthly to Community Living, Aging and Protective Services Division (ASD).
- 2. The nutrition project provides the RD, at a minimum, a quarterly report of participants whose nutritional nutrition score is six or more. The RD documents individual consultation, mailing of educational materials, or denial of consultation on Form 02AG025E the Dietary Consultant's Report or as an attachment to Form 02AG025E.
- 3. <u>Nutrition counseling units may be reported for partial hours to two decimal places, for example 0.25 hours for 15 minutes.</u> <u>Nutrition counseling is a standardized service defined by the Academy of Nutrition & Dietetics providing individualized guidance to caregivers or project participants at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or mediation use. The RD provides one-on-one counseling and addresses the options and methods for improving nutrition status with a measurable goal.</u>

## 340:105-10-75. Congregate meals planning

## Revised 9-15-22

(a) **Policy.** The congregate meals project conducts appropriate meal planning for the congregate meals service <u>and consults</u> with the consultation of persons competent in the fields of nutrition, food service, and the needs of older persons.

(b) **Authority.** The authority for this Section is Section 339 of the Older Americans Act of 1965, as Amended and Section 1321.11 of Title 45 of the Code of Federal Regulations.

## (c) **Procedures.** Menus:

(1) are prepared or approved by a <u>A</u> registered dietitian (RD) <u>prepares and approves</u> <u>congregate meals project menus</u> who and considers the <u>project participants'</u> special needs <del>of older persons</del> when doing so. The RD ensures each meal served contains at least:

(A) one-third of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences; and

(2) <u>Menus</u> are planned on a <u>three or</u> six month basis with a minimum four-week cycle with seasonal changes <u>based on either meal pattern plan portions or weekly average</u> <u>nutritional analysis</u>. Nutritional adequacy is documented with computer analysis and

meal pattern by the <u>The</u> RD <u>reviews menus for minimum nutrient or meal pattern</u> <u>standards, depending on the chosen menu plan option.</u> Only one method of meal <u>plan option will be</u> is accepted per three or six-month period.

(A) Maintenance of Project participants' optimal nutritional status is maintained through menu planning is reflected in menus that have moderate in fat, salt, and simple sugars sugar levels and are high in fiber.

(B) Form 02AG018E, The Project Menu Plan – Nutrition Program for the Elderly, is submitted quarterly to the area agency on aging Area Agency on Aging (AAA) and is available to the Community Living, Aging and Protective Services (AS) (CAP) RD for random review upon request;

- (3) are signed by the The RD signs menus and posted posts them at the nutrition site;
- (4) <u>Menus</u> reflect:

(A) special diets to meet the <u>qualified older participants'</u> medical needs of eligible participants. When special diets are provided to meet the medical needs of eligible participants:

(i) a valid written physician's order is on file for each participant receiving a special diet. The physician's order indicates <u>whether</u> the participant is restricted to the special diet and the duration of the special diet. If the participant is consuming a liquid supplement in addition to a meal, the supplement is not reimbursed through the Nutrition Services Incentive Program as a separate meal; and

(ii) special diets are planned and prepared under the <u>RD</u> supervision <del>of the RD</del>; and

(B) where feasible, religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of participants at a congregate meals site  $\frac{1}{2}$ .

(5) <u>Meals</u> are served as <u>per the</u> planned <u>menu</u> unless the RD reviews and approves an appropriate substitution <u>before meals are served</u>. A complete menu move from one day to another <u>in the same calendar week</u> does not constitute a substitution. When substitutions are made, the project maintains and submits to <del>AS</del> <u>CAP</u> at the end of each month the:

(A) <u>substitution</u> date of substitution;

(B) original menu item(s); and

(C) substituted menu item(s); and

(D) method of RD confirmation. Confirmation is accepted by phone, in-person signature, or email.

(6) <u>Menus</u> are based on accurate production forecasting that does not include a margin for oversized portions or second servings <u>helpings</u>. Leftover <u>Staff</u>, <u>participants</u>, and volunteers do not take leftover foods are not taken from the kitchen by staff, participants, or volunteers; however, food already on the line or steam table is offered as second helpings to participants on clean trays. participants Participants may take the remainder of their noon meals from the dining site in their own containers;

(7) <u>Servings of milk are included on menus and the serving size is one-half pint</u> equivalent of fortified whole, skim, or low fat milk or buttermilk. A variety of milks are provided where feasible.

(8) <u>Menus</u> may include, where feasible, provisions for the celebration of to celebrate special occasions for participants, such as birthdays and holidays<del>; and</del>.

(8)(9) allow for food Food items within the meat, vegetable and fruit, <u>bread</u>, and dessert groups <u>are allowed</u> to vary for the same days of the week, from week-to-week, in order to provide a variety of foods and nutrients.

(d) **Cross references.** Refer to Oklahoma Administrative Code 340:105-10-50.1(a)(4) and (7), 340:105-10-51, 340:105-10-68 through 340:105-10-74, 340:105-10-76 through 340:105-10-80, and 340:105-10-86.

# INSTRUCTIONS TO STAFF 340:105-10-75

## Revised 9-15-22

1. Menus are developed according to using the meal pattern Meal Pattern Plan or Weeking Average Nutritional Analysis that includes: in Appendix.

(1) meat or meat alternate group that is three ounces cooked edible portion of meat, fish, fowl, luncheon meats, eggs, or cheese. Meat alternates may be used occasionally and may include cooked dried beans or peas;

(2) vegetable and fruit group that is two, one-half cup servings of any vegetable or fruit. Fruit used as a dessert is not counted toward the two servings. Full strength fruit or vegetable juices may be counted toward the required servings. Cooked dry beans and peas may be used as vegetables or meat alternates but cannot be counted as both;

(3) bread or bread alternate group that is one serving of enriched or whole grain breads, biscuits, muffins, rolls, sandwich buns, cornbread, or other hot breads. Bread alternates may include enriched or whole grain cereals or cereal products, such as spaghetti, macaroni, dumplings, pancakes, and waffles;

(4) fat exchange group that is one teaspoon of butter or margarine;

(5) dessert group that is one, one-half cup or equivalent serving of desserts, such as puddings, gelatin desserts, ice cream, ice milk, sherbet, cake, pie, cookies, and fruit juices. Fresh or unsweetened fruit is offered, where feasible, to those participants who want to limit calories;

(6) milk group that is one-half pint of fortified whole, skim, or low fat milk or buttermilk. A variety of milks are provided where feasible;

(7) optional beverages. Appropriate servings of coffee, tea, or decaffeinated beverages may be provided. Optional beverages are not provided with project funds; and

(8) other foods. Appropriate servings of other foods may be added to the meal to provide personal satisfaction and additional nutrition. Vitamins and mineral supplements are not provided with project funds.

# 340:105-10-77. Congregate meals food preparation and service

## Revised 9-15-22

(a) **Policy.** All preparation and serving of food service for the Congregate Meals Program meet all applicable state and local fire, health, sanitation, and safety regulations. Food preparation and delivery is performed in the most cost efficient manner possible.

(b) **Authority.** The authority for this Section is Section 339 of the Older Americans Act of 1965, as amended and the Oklahoma State Department of Health Food Service Establishment Regulations found at, per Oklahoma Administrative Code (OAC) <u>310:257-1-1 through 310:257-17-44</u>, including time and temperature delivery requirements, per OAC 310:257-5-9, 310:257-5-52, and 310:257-5-62. <u>Any apparent conflict of laws between these cited sources is resolved by upholding the stricter of the policies</u>.

## (c) Procedures.

(1) Projects with multiple serving sites make every effort to consolidate all meal preparation at one facility. Such consolidation is undertaken only when delivery distances and holding times make it feasible.

(2) The project director or designee arranges for all appropriate fire, health, safety, and sanitation inspections and responds appropriately to all identified deficiencies.

(3) All food preparation staff work under the supervision of a certified food handler who ensures the application of hygienic techniques and practices in food preparation and service.

(4) Tested, quality recipes, adjusted to yield the number of servings needed, must be are used to achieve the consistent and desirable quality and quantity of meals. Uniform, standardized recipes that provide for required amounts per serving are used when feasible.

(5) Meal service is designed so that hot food is available for at least one-half hour after serving begins to enable individuals qualified older participants who arrive late to receive a meal.

(6) Holding time from the completion of food preparation until all meals are served at each site shall may not exceed four hours.

(7) Temperatures are taken and documented daily before foods are removed from the stove or oven. Satellite nutrition sites record food temperatures immediately upon arrival at the site.

(8) Temperatures of hot and cold foods are taken and documented daily after food is placed on the steam table or immediately before serving. If <u>When</u> temperatures fall below the recommended level, foods are heated to the proper temperature. Foods are not reheated on a steam table as they may reach temperatures that are too hot to be eaten safely and may suffer in quality and consistency.

(9) Daily temperatures of hot and cold foods are documented in writing and kept at the Title III senior nutrition site and made available for random review by the site manager, Area Agency on Aging staff, consulting dietitian, and state dietitian.

(d) **Cross references.** Refer to OAC 340:105-10-50.1(a)(4) and (7), 340:105-10-51, 340:105-10-68 through 340:105-10-76, 340:105-10-78 through 340:105-10-80, and 340:105-10-86.

## 340:105-10-79. Nutrition Services Incentive Program (NSIP)

Revised 9-15-22

(a) **Policy.** NSIP rewards, through cash or commodities, the effective performance of Title III-C nutrition projects in the efficient delivery of for efficiently delivering nutritious meals to <u>qualified</u> older persons <u>participants</u>. Title III-C nutrition projects maintain certification of eligible participants for NSIP.

(b) **Authority.** The authority for this Section is Section 311 of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection. Projects:

(1) <u>Projects</u> and their respective vendors apply to the appropriate state distributing agency for certification as eligible participants in NSIP;

(2) and vendors <u>Vendors and projects</u> accept, store, and use donated food commodities as supplied to them. Donated commodities, and cash in lieu of commodities, may are only be used in the meal preparation of meals funded through Title III-C.

(A) Vendors allow credit for the amount of commodities used during each billing period.

(B) The amount of credit per pound is determined by <u>Community Living</u>, Aging <u>and</u> <u>Protective</u> Services <del>Division</del> (ASD) (CAP) and Support Services <del>Division</del> Commodity Distribution Unit (CDU) of the</del> Oklahoma <del>Department of</del> Human Services (OKDHS) <u>determines the amount of credit per pound</u>;

(3) develop Projects develop management procedures pertaining to handling food commodities;

(4) document Documenting recruitments include:

(A) NSIP foods utilized in each day's menu;

(B) participant eligibility, on required State Agency OKDHS forms, to obtain NSIP support for eligible meals. Eligible meals are those meals served to eligible participants in accordance with, per Oklahoma Administrative Code (OAC) 340:105-10-69(a)(1) and 340:105-10-83(a). The participant's eligibility and meal reimbursement documentation is recorded on:

(i) <u>Title III Program Registration</u> Form 02AG002E, Older Americans Act Assessment, Part I;

(ii) Form 02AG016E, Nutrition Project Attendance Form, or comparable ASD <u>CAP</u> pre-approved form; and

(iii) Activity Roster activity roster generated by the Advanced Information Manager (AIM) program current nutritional participants in the database;

(C) the number of meals served at nutrition sites.

(i) The number of meals served is reported on Form 02AG019E, Number of Meals Served.

(ii) Form 02AG019E, and all required documentation, is submitted to ASD <u>CAP</u> no later than the tenth day of the month following the report month; and ■ 1

(D) age eligibility, only when project management has reasonable cause to question the accuracy of age provided by the participant or the participant's representative provides on <u>Title III Program Registration</u> Form 02AG002E; and.

(5) receive <u>CAP provides projects with</u> NSIP cash or cash and commodity allocations of food commodities from ASD <u>CAP</u> based on the number of eligible meals actually served in the previous year in relationship to the total number of meals actually served by all Title III-C projects. <u>Commodities are distributed</u> <u>OKDHS CDU distributes</u> commodities to the projects by OKDHS CDU.

(d) **Cross references.** See OAC 340:105-10-50.1(a)(4) and (7), 340:105-10-51, 340:105-10-68 through 340:105-10-78, and 340:105-10-80.

#### INSTRUCTIONS TO STAFF 340:105-10-79 Revised 6-01-07

1. Documentation of meals served, on a monthly basis, includes, at a minimum:

(1) nutrition project name;

(2) Area Agency on Aging name;

(3) site and county location;

(4) month and year;

(5) number of eligible meals budgeted for the month;

(6) number of eligible meals served during the month;

(7) number of eligible meals budgeted to date;

(8) number of eligible meals served to date;

(9) average number of meals budgeted per day;

(10) average number of days served per month;

(11) total number of meals prepared each day, and a monthly total;

(12) number of congregate meals served each day to eligible participants 60 years of age or older, and a monthly total;

(13) number of congregate meals served each day to eligible participants under 60 years of age, such as spouses and adult disabled children, and a monthly total;

(14) total number of congregate meals served each day to eligible participants, (12) and (13) of this Instruction, and a monthly total;

(15) number of home delivered meals served each day to eligible participants 60 years of age or older, and a monthly total;

(16) number of home delivered meals served each day to eligible participants younger than 60 years of age, such as spouses and adult disabled children, and a monthly total;

(17) total number of home delivered meals served each day to eligible participants, (15) and (16) of this Instruction, and a monthly total;

(18) number of congregate meals served each day to guests younger than 60 years of age, and a monthly total;

(19) number of congregate meals served each day to volunteers younger than 60 years of age, and a monthly total;

(20) number of congregate meals served each day to staff younger than 60 years of age, and a monthly total;

(21) total number of meals served each day, (14), (17), (18), (19), and (20) of this Instruction, and a monthly total; and

(22) number of other meals served each day, and a monthly total.

#### 340:105-10-80. Supportive social services for nutrition projects

Revised 9-15-22

(a) **Policy.** Each nutrition project provides all supportive services feasible within the project's resources but must include, at a minimum, <del>outreach services and</del> nutrition education for each nutrition site. Other services that may be provided are transportation, health screenings, consumer education, benefits counseling, recreation, and similar

services. The project refers participants to other community services, as appropriate. ■ 1

(b) **Authority.** The authority for this Section is Sections 305(2)(F), 307(a)(16), and 321(a), of the Older Americans Act of 1965, as amended.

(c) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(4) and (7), 340:105-10-51, and 340:105-10-68 through 340:105-10-79.

# INSTRUCTIONS TO STAFF <u>340:105-10-80</u>

1. Supportive social services for the nutrition projects are implemented as stated in (1) - (3) of this Instruction.

(1) The project provides or arranges for ongoing outreach services at each nutrition site <del>which are</del> sufficient to cover the project's service area.

(2) New project participants are assessed for service needs during the initial interview and are offered assistance in obtaining desired services, as appropriate.

(3) The project makes every effort to coordinate with other community services and to offer on-site space for services that benefit the project participants, such as Low Income Home Energy Assistance Program (LIHEAP) and Food Stamp Program Supplemental Nutritional Assistance Program applications, health insurance counseling, consumer education presentations, and health screenings.

# 340:105-10-82. Home delivered meals service standards

Revised 9-15-22

(a) **Policy.** The home delivered meals service includes the provision of providing at least one hot or other appropriate meal to eligible homebound persons in their own home five or more days per week. except <u>Possible exceptions</u> in rural areas where such frequency is not feasible, as are defined by the Assistant Secretary for Aging of the Administration for Community Living on Aging by regulation, and <u>Oklahoma Human Services approves</u> a lesser frequency is approved by the State Agency. All home delivered meals service providers of home delivered meals service must comply with applicable standards outlined in <u>Oklahoma Administrative Code (OAC)</u> 340:105-10-51, 340:105-10-68, and 340:105-10-74 through 340:105-10-79.

(b) **Authority.** The authority for this Section is Section 336 of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The procedures for implementing this Section include the Area Agency on Aging:

(1) incorporating the provisions in this Section into the Title III policies and procedures manual;

(2) providing orientation on the policy to home delivered meals service staff;

(3) monitoring compliance with the policy; and

(4) providing ongoing technical assistance to Title III projects regarding the policy. (d) **Cross references.** See OAC 340:105-10-50.1(a)(4), 340:105-10-51, 340:105-10-68, 340:105-10-70, 340:105-10-74 through 340:105-10-79, and 340:105-10-83 through 340:105-10-86.

## INSTRUCTIONS TO STAFF 340:105-10-82

1. <u>Meal delivery routes are documented</u>. <u>Meal type, menu plan, and frequency of delivery is identified</u>.

(1) Providers may have multiple meal delivery routes. Different meal routes may contain different meal types, menu plans, and frequency of delivery, but all are clearly identified and submitted to the Community Living, Aging and Protective Services (CAP) registered dietitian (RD).

(2) Any variance to daily delivery is approved by the State Unit on Aging and the CAP RD.

(3) Meals are delivered to the eligible participant or to a person at the participant's <u>home.</u>

#### 340:105-10-83. Home delivered meals service eligibility

Revised 9-15-22

(a) **Policy.** The Area Agency on Aging (AAA) establishes eligibility requirements for home delivered meals participants which include, at a minimum: ■ 1

(1) persons age 60 years or older who are disabled <u>have a disability</u>, are homebound, and who have no one available to provide <u>meal preparation</u> assistance with meal preparation. Homebound means a person is unable to leave home without the another person's assistance of another person;

(2) disabled persons with a disability who are under age 60 years of age who and reside with eligible participants; and

(3) spouses of home delivered meals participants if <u>when</u>, according to AAA criteria, receipt of the meals is in the best interest of the participants.

(b) **Authority.** The authority for this Section is Title 45 of the Code of Federal Regulations, Part 1321.11.

(c) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(4), 340:105-10-51, 340:105-10-68, 340:105-10-70, 340:105-10-74 through 340:105-10-79, 340:105-10-82, and 340:105-10-84 through 340:105-10-86.

#### INSTRUCTIONS TO STAFF <u>340:105-10-83</u> Revised 9-15-22

1. Home delivered meals service eligibility is implemented as stated in (1) - <u>through</u> (4) of this Instruction.

(1) Persons who wish to receive home delivered meals service complete the assessment process outlined in OAC Oklahoma Administrative Code 340:105-10-70.

(2) Participants are evaluated at least every six months each annual assessment to determine continued eligibility.

(3) Persons who are no longer homebound are referred to the Congregate Meals Program if congregate meals program when feasible.

(4) Project staff verify with all agencies involved with participants, such as Eldercare or Department of Human Services programs, that a home delivered meal is no longer needed, before discontinuing the service. Documentation of the agency contacts are maintained along with the participant's assessment information.

# **340:105-10-86.** Congregate and home delivered meals site change of status Revised 9-15-22

(a) **Policy.** Any site <u>status</u> change <u>of status</u>, such as a <u>permanent</u> site opening, closing, or relocating, <u>or a temporary emergency status change</u> in the congregate and home delivered meals programs is based upon objective, quantifiable, sociodemographic, and needs assessment data.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection.

(1) Thirty Sixty calendar days prior to the <u>a nutrition site's status</u> change of status of a nutrition site, the Area Agency on Aging (AAA) submits to <u>Community Living</u>, Aging <u>and Protective</u> Services Division (ASD) (CAP) a letter of request for change of site status, with packet including the completed Change of Status form, current health department and fire inspection reports for the site, and <del>an</del> the project's previously <u>submitted data</u> analysis including AAA feedback of data considered by the project in recommending each proposed change. ■ 1

(A) When a new site is opened, or an existing site is relocated into a different city <u>or county</u>, the analysis includes an evaluation of sociodemographic data for the entire planning and service area (PSA).

(B) When an existing site is relocated within the local area, or is closed, or has a temporary emergency status change, the sociodemographic data evaluation of sociodemographic data may be limited to the local area of potential impact.

(2) The analysis <u>CAP Change of Status for new site requests</u>, relocation requests, and closure requests includes for each proposed change:

(A) reason(s) for each proposed change;

(B) existing meal services for older persons in the PSA or local area, for each change;

(C) all potentially eligible areas within the PSA with no current services, for opening or relocating outside the local area;

(D) a list and ranking of all unserved areas in the <u>priority</u> order of their priority for future funding for <u>when</u> opening or relocating outside the local area;

(E) the number and proportion of minority, low income, and older persons in greatest economic or social need for each currently served and currently unserved area, for each change;

(F) the total number of persons age 60 years or older in the total PSA, and in each current and prospective service area, for each change;

(G) a revised grant to include the budget justification for each change. The budget justification includes, at a minimum, the number of meals funded and served, a thorough explanation regarding substantial over or under serving of meals, and a meal cost evaluation;

(H) the proposed date of each change;

(I) transportation services available for older persons affected by each change;

(J) nutrition project advisory council and governing board recommendations for each change; and

(K) any other information ASD <u>CAP</u> deems necessary to evaluate the proposed expansion status change.

(3) Upon review of <u>After reviewing</u> the analysis, <u>ASD CAP</u> may disapprove or conditionally approve the request for site change. When a site is conditionally approved, the new site <u>must pass passes</u> an Americans with Disabilities Act (ADA) inspection, conducted by an AAA or <del>ASD CAP</del>, to complete the approval process. <u>A</u> copy of ADA inspections through AAAs is provided to CAP prior to approval.

(4) The Change of Status form for temporary emergency status changes includes for each proposed change:

<u>(A) reason(s);</u>

(B) existing meal services for qualified older participants in the PSA or local area; (C) all potentially eligible areas within the PSA with no current services, for opening or relocating outside of the local area;

(D) the number and proportion of minority, low income, and older persons in greatest economic or social need for each currently served and currently unserved area;

(E) the proposed date of each change;

(F) transportation services available for older persons affected by each change;

(G) any other information CAP deems necessary to evaluate the proposed change of status.

(5) Temporary emergency status changes are only approved for 30-calendar days. Prior to the end of the 30-calendar day approval, an extension for up to an additional 30-calendar days may be requested in writing to CAP. The written request must include an update of efforts taken to resolve the issue causing the temporary emergency status change. No more than two extensions of the original approval may be approved for a total of 90-calendar days. When additional time is needed, a new change of status packet is completed and submitted for consideration. When an approved temporary emergency change of status needs to be changed to a permanent change of status, a new change of status packet is completed and submitted.

(d) **Cross references.** See <u>Oklahoma Administrative Code</u> OAC 340:105-10-50.1(a)(4) and (7), 340:105-10-51 through 340:105-10-52, 340:105-10-68, 340:105-10-71, 340:105-10-74 through 340:105-10-79, and 340:105-10-82 through 340:105-10-85.

# INSTRUCTIONS TO STAFF 340:105-10-86

# Revised 9-15-22

1. When immediate action is required under unusual circumstances, the Area Agency on Aging contacts <u>Community Living</u>, Aging <u>and Protective</u> Services <del>Division (ASD)</del> as soon as a plan of action is in place to negotiate deadlines for proposed changes.

# 340:105-10-89. Disease prevention and health promotion services

# Revised 9-15-22

(a) **Policy.** The Area Agency on Aging (AAA) makes <u>awards</u> grants to local entities to provide disease prevention and health promotion services and information at multipurpose senior centers, congregate meal sites, through home delivered meals

programs, or other appropriate sites. Disease prevention and health promotion services include:

(1) health risk assessments;

(2) routine health screening, such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;

(3) nutritional counseling and educational services for older persons and their primary caregivers;

(4) health promotion programs, including programs relating to prevention and reduction of preventing and reducing the effects of chronic disabling conditions, such as osteoporosis; <u>or</u> cardiovascular disease; <u>and promoting</u> dental care; alcohol and substance abuse reduction; smoking cessation; weight loss and control; and stress management;

(5) programs regarding physical fitness, group exercise, and music, art, and dance movement therapy, including programs for multigenerational participation provided by:

(A) an <u>a higher education</u> institution of higher education;

(B) a local educational agency, as defined in Section 1471 of the Elementary and Secondary Education Act of 1965; or

(C) a community-based organization;

(6) home injury control services, including screening of high risk home environments and provision of educational programs on injury prevention, such as fall and fracture prevention;

(7) screening for the <u>depression</u> prevention <del>of depression</del>, <u>community mental health</u> <u>services</u> coordination <del>of community mental health services</del>, provision of educational activities, and referral to psychiatric and psychological services;

(8) educational programs on the availability, benefits, and appropriate use of preventive health services covered under Title XVIII of the Social Security Act;

(9) medication management screening and education to prevent incorrect medication and adverse drug reactions;

(10) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

(11) gerontological counseling; and

(12) counseling regarding social services and follow-up health services based on any of the services described in (1) through (11) of this subsection.

(b) **Authority.** The authority for this Section is Sections 102(12), 361, and 362 of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection. The AAA:

(1) receives input from other entities in the planning and service area (PSA) involved with disease prevention and health promotion regarding targeting of <u>AAA</u> funds;

(2) considers <u>use of using</u> funds to expand successful disease prevention and health promotion activities currently funded by Title III-B or other sources in the community, such as annual health fairs or periodic health screenings at nutrition sites;

(3) seeks technical assistance, as appropriate, from the State Agency Oklahoma Human Services (OKDHS) Community Living, Aging and Protective Services (CAP) staff; and

(4) submits a plan to the State Agency OKDHS CAP to include:

(A) services funded. Services funded do not include those for which payment may be made under Titles XVIII and XIX of the Social Security Act;

(B) projected expenditures for each service; and

(C) specific objectives to target services to the medically underserved older persons in the planning and service area (PSA) <u>PSA</u>. The definition of medically underserved used to allocate the funding is stated in the Area Plan area plan and chosen from:

(i) the definition outlined by the Public Health Service Bureau of Health Care Delivery, Department of Health and Human Services;

(ii) a definition developed by the Oklahoma State Department of Health; or

(iii) any other definition in keeping with the intent of assisting medically underserved older persons.

(d) **Cross references.** See OAC <u>Oklahoma Administrative Code</u> <del>340:105-10-50.1(a)(15)(C)</del> <u>340:105-10-50.1(a)(15-16)</u> and 340:105-10-51.

# 340:105-10-90.1. National Family Caregiver Support Program

Revised 9-15-22

(a) **Policy.** The Area Agency on Aging (AAA) awards grants to entities to provide support services, including information and assistance, counseling, support groups, respite, and other home—and community-based services to families caring for their frail older members. The National Family Caregiver Support Program (NFCSP) also recognizes the needs of a grandparent <del>or</del>, step-grandparent, or other older person who is a relative caregiver of a child or <del>other older</del> person <del>who is a relative caregiver of a child who is</del> not more than 18 years of age or who is a person with a disability. NFCSP services include:

(1) information to caregivers about available services; <u>caregiver assistance</u>: <u>case</u> <u>management</u>;

(2) assistance to caregivers in gaining access to services; <u>caregiver assistance</u>; <u>information and assistance</u>;

(3) individual counseling, organization of support groups, and training to assist caregivers in areas related to their caregiver roles of: counseling;

(A) health;

(B) nutrition;

(C) financial literacy;

(D) decision making; and

(E) problem solving;

(4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and information services;

(5) supplemental services, on a limited basis, to complement the care provided by caregivers. respite care, including:

(A) in-home respite;

(B) out-of-home respite; and

(C) out-of-home overnight respite;

(6) supplemental services;

(7) support groups; and

(8) training.

(b) **Authority.** The authority for this Section is the Office of Management and Budget Notice of Action 0985-0008 and Public Law 109-365, Grants for State and Community Programs on Aging. Sections 371 through 374 of the Older Americans Act of 1965, as amended,

(c) **Procedures.** The <u>AAA</u> requirements for implementing this Section are outlined in (1) <u>through (9) of</u> this subsection. The AAA:

(1) incorporates the provisions Provisions of this Section are incorporated into the Title III policies and procedures manual;.

(2) provides technical <u>Technical</u> assistance is provided to prospective and funded Title III projects regarding this rule;

(3) <u>AAA</u> monitors Title III project compliance according to <u>Oklahoma Administrative</u> <u>Code (OAC) 340:105-10-43</u>, except on specific projects where the <u>State Agency</u> <u>Oklahoma Human Services</u> has agreed with the AAA to provide a <u>direct</u> service <u>or a</u> <u>direct service waiver</u> and <u>in that case</u> monitoring the AAA is not required to monitor <u>compliance</u>. The project:

(A) gathers information on an approved intake form, including, at a minimum:

(i) the family caregiver's identifying information;

(ii) the caregiver's relationship to the care receiver;

(iii) the care receiver's identifying information; and

(iv) a written description of the caregiver's current situation, including the care receiver's need for assistance due to inability to perform specific activities of daily living (ADLs) or need for supervision due to Alzheimer's disease or other neurological and organic brain dysfunction or disability;

(B) conducts a reassessment of NFCSP service recipients annually, at a minimum, to evaluate service provision and update participant status;

(C) ensures the participant safety and protection of the participants; and

(D) receives in-service training each fiscal year specifically designed to increase the project's knowledge and understanding of the programs and participants served;

(4) targets services <u>Services are targeted</u> to caregivers who are older persons in greatest social and economic need, giving priority is given to:

(A) family caregivers providing care for persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(B) grandparents or older persons who are relative caregivers providing care for a person or child with a severe disability;

(5) may provide support <u>Support</u> services <u>may be provided</u> to caregivers providing care for frail older family members who are 60 years or older and unable to perform at least two ADLs without substantial human assistance or require substantial supervision due to a cognitive or other mental impairment. ADLs include:

(A) dressing;

(B) bathing;

(C) eating;

(D) transferring;

(E) toileting; and

(F) walking;

(6) may provide support <u>Support</u> services <u>may be provided</u> on a limited basis to grandparents and older persons who are relative caregivers of a child who is 18 years of age or younger.

(A) Child means a person who is not older than 18 years of age or who is a person with a disability.

(B) Grandparent or older person 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:

(i) lives with the child;

(ii) is the <u>child's</u> primary caregiver <del>of the child</del> because the biological or adoptive parents are unable or unwilling to serve as the <u>child's</u> primary caregiver <del>of the child</del>; and

(iii) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally;.

(7) <u>AAA</u> ensures the cost of carrying out the program meets the requirement of a minimum non-federal share of 25 percent. The non-federal share is provided from state and local sources;

(8) may not use funds <u>Funds are not used</u> to supplant, replace, or in substitution for <u>substitute</u>, any funds expended under any federal, state, or local law for the same purposes; and <u>substitute</u>.

(9) <u>AAA</u> considers awarding funds to expand successful caregiver activities currently in communities, such as respite providers, support groups, outreach, information and assistance, adult day services, counseling, and case management.

(d) **Cross references.** See OAC <u>Oklahoma Administrative Code</u> 340:105-10-37, 340:105-10-38, 340:105-10-40, 340:105-10-41, 340:105-10-43, 340:105-10-44, and 340:105-10-50.1(a)(15)(F) 340:105-10-50.1(a)(17).

## 340:105-10-91. Homemaker service standards

Revised 9-15-22

(a) **Policy.** The homemaker service provides assistance to persons 60 years of age or older with:

- (1) preparing a meal;
- (2) shopping for personal items;
- (3) managing money;
- (4) using the telephone; or
- (5) doing light housework, which is limited to:
  - (A) dusting;
  - (B) vacuuming;
  - (C) mopping floors;

(D) cleaning bathroom and kitchen;

(E) making beds; and

(F) maintaining safe environment.

(b) **Authority.** The authority for this Section is the Federal Register Office of Management and Budget Notice of Action 0985-0008 and Section 1321.11 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The requirements for implementing the homemaker service standards are outlined in this subsection.

(1) The Area Agency on Aging (AAA):

(A) incorporates the homemaker service standards into the Title III policies and procedures manual;

(B) provides technical assistance to homemaker service providers regarding the standards; and

(C) utilizes the standards as an indicator in the <u>service provider proposal</u> evaluation <del>of service provider proposals</del> and in the assessment of funded projects.

(2) The service provider:

(A) verifies, by completing Forms 02AG002E and 02AG003E, Older Americans Act Assessment, Parts I and II <u>Title III Program Registration</u>, participants who receive homemaker services have:

(i) functional, physical, or mental impairments, or limitations preventing them from providing the service for themselves; and

(ii) an unavailable or insufficient informal support network, for example, family, friends, or neighbors, capable of meeting their needs;

(B) initiates a written service plan for each participant based on the <u>Title III Program</u> <u>Registration</u> results of Form 02AG002E;

(C) ensures all staff <del>persons receive</del> <u>receives</u> in-service training at least twice each fiscal year specifically designed to increase their knowledge and understanding of the program and participants and to improve their skills at <u>service provision</u> tasks <del>performed in the provision of service</del>. Comprehensive records identifying dates of training and topics covered are maintained in each employee's personnel file. An individualized in-service training plan is developed for each staff <del>person</del>, when performance evaluations indicate a need;

(D) conducts home visits to each participant at least twice each fiscal year to evaluate service provision; and

(E) checks references on all homemakers.

(d) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(2), and 340:105-10-51.

## 340:105-10-92. Chore service standards

#### Revised 9-15-22

(a) **Policy.** The chore service provides assistance to persons 60 years of age or older who have difficulty with one or more of the instrumental activities of daily living <u>(IADL)</u>, which are: heavy housework, yard work, or sidewalk maintenance.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations.

#### (c) **Procedures**.

(1) **Service provider.** The service provider:

(A) verifies that the participant receiving chore service has a functional, physical, or mental impairment that prevents the participant from providing the service <u>IADL</u>

for <u>his or her</u> self, and that an informal support network, for example, family, friends, or neighbors capable of meeting the participant's needs, is unavailable or insufficient. This information is verified by the completion of Forms 02AG002E and 02AG003E, Older Americans Act Assessment, Parts I and II completing Title III Program Registration;

(B) initiates a written service plan for each participant based on the results of Form 02AG002E Title III Program Registration;

(C) conducts home visits to each participant at least twice each fiscal year to evaluate service provision;

(D) ensures the <u>participant</u> safety and protection <del>of the participant</del> at all times in the <u>chore service</u> provision <del>of chore services</del>, for example, not spraying chemicals around a participant who has breathing problems;

(E) may use up to \$150 per participant annually from funds awarded for the chore service program to purchase materials and disposable supplies for completion of chore tasks;

(F) ensures all staff <del>persons receive</del> <u>receives</u> in-service training at least twice each fiscal year <del>that</del> is specifically designed to increase their knowledge and understanding of the program and participants and improve their skills at <u>service</u> <u>provision</u> tasks <del>performed in the provision of service</del>.

(i) Comprehensive records identifying dates of training and topics covered are maintained in each staff person's personnel file.

(ii) An individualized in-service training plan is developed for each staff <del>person</del> when performance evaluations indicate a need; and

(G) checks references on all chore service staff persons.

#### (2) Area Agency on Aging (AAA). The AAA:

(A) incorporates the chore service standards into the AAA Title III policies and procedures manual;

(B) provides technical assistance to chore service providers regarding the standards; and

(C) uses the standards as an indicator in the <u>service provider proposal</u> evaluation of service provider proposals and in the assessment of funded projects.

(d) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(3) and 340:105-10-51.

#### 340:105-10-93. Personal care service standards

#### Revised 9-15-22

(a) **Policy.** The personal care service provides hands on assistance, stand by assistance, supervision, or cues for persons 60 years of age or older who have difficulties with one or more of the activities of daily living, which are: include eating, dressing, grooming, bathing, toileting, and mobility, including walking, using a wheelchair, or transferring from one place to another. Personal care services may only be provided by licensed home health care agencies or otherwise licensed or certified health agencies.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations.

## (c) Procedures.

(1) **Personal care service provider.** The personal care service provider:

(A) verifies that the participant receiving personal care service has a functional, physical, or mental impairment that prevents preventing the participant from providing the service for <u>his or her</u> self, and that an informal support network, for example, family, friends, or neighbors capable of meeting the participant's needs, is unavailable or insufficient. This information is verified by the completion of Forms 02AG002E and 02AG003E, Older Americans Act Assessment, Parts I and II completing Title III Program Registration; and

(B) initiates a written service plan for each participant based on the results of Form 02AG002E Title III Program Registration.

## (2) Area agency on aging (AAA). The AAA:

(A) incorporates the personal care standards into the AAA Title III policies and procedures manual;

(B) provides technical assistance to personal care service providers regarding the standards; and

(C) uses the standards as an indicator in the <u>service provider proposal</u> evaluation of <u>service provider proposals</u> and in the <u>funded projects</u> assessment of funded projects.

(d) **Cross references.** See OAC Oklahoma Administrative Code 340:105-10-50.1(a)(1) and 340:105-10-51.

#### PART 9. FISCAL AND ADMINISTRATIVE POLICIES FOR AREA AGENCIES ON AGING AND TITLE III PROJECTS

#### 340:105-10-101. Request for proposal procedures

<u>Revised 9-15-22</u>

(a) **Policy.** All Older Americans Act pass through funds are awarded in an open, competitive, and fair manner via the request for proposal (RFP) process. Awards are made to applicants whose proposals include all components of the service(s) outlined in the RFP and who best meet the <u>RFP</u> specifications of the RFP.

(1) The Area Agency on Aging (AAA) board of directors:

(A) is directly responsible for reviewing proposals and awarding funds. This responsibility may not be delegated;

(B) may not award funds to the AAA or to another subdivision of the sponsoring agency under the auspices of the same board of directors; and

(C) may not award funds to board members or the agencies or organizations they represent.

## (2) Awarding funds through the RFP process during the plan year is required when:

(A) funds are allocated to the AAA at the beginning of the fiscal year;

(B) there is significant expansion of a service(s) already funded;

(C) funding a new service(s); or

(D) funding of an existing service is transferred from a defunct or terminated grantee.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations and Section 212(b)(1) of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection.

(1) To initiate RFP, the AAA:

(A) develops specifications for each service to be procured that clearly define <u>defining</u> the service and how units of service are measured. The specifications include the minimum units of services to be provided, the minimum unduplicated number to be served, if required, and geographic service areas as appropriate;

(B) develops an RFP guide and grant application package;

(C) announces the <u>funding</u> availability of funds and documents the announcement in newspapers in the planning and service area (PSA), and concurrently sends a news release to the editor of at least three newspapers and to existing and potential service providers known to the AAA in the PSA.

(i) The announcement runs at least two times in daily papers or two weeks in weekly papers prior to the closing of the application period and in a sufficient number of papers to ensure complete coverage within the PSA.

(ii) The announcement begins at least 21<u>-</u>calendar days prior to the closing of the application period and is repeated at least once no less than five<u>-</u>calendar days prior to the date of the proposers' conference.

(iii) All announcements include:

(I) a listing of services <u>funding is available</u> for <del>which funding is available</del> and the geographic areas that <del>must be</del> <u>are</u> covered for each service;

(II) the address at which where service specifications and the proposal guide may be obtained;

(III) the closing date and time for application submittal;

(IV) the name and telephone <u>phone</u> number of a person to contact for additional information; and

(V) the date, time, and location of the proposers' conference, and notification that attendance at the conference is required in order to be considered for funding; and

(D) mails copies of the RFP guide upon request;

(E) conducts a conference for proposers prior to the deadline for submitting applications and requires applicants to attend the conference in order to be considered for funding. At a minimum, the information discussed during the conference includes:

(i) the RFP guide and all requirements pertaining to submitting an application; and

(ii) all responsibilities associated with the acceptance of accepting Title III funds, including applicable federal and state statute, policy, certifications, and assurances;

(F) provides other reasonable technical assistance to applicants who request assistance, in writing, no later than seven-calendar days prior to the <u>application</u> <u>period</u> closing of the application period;

(G) informs the State Agency <u>Oklahoma Human Services Aging Services</u> (OKDHS) Community Living, Aging and Protective Services (CAP) following the close of the proposers' conference if <u>closing when</u> there are no applicants for a service; and (H) at the close of the application period, evaluates and rates all proposals according to standard criteria based on requirements of the RFP guide. The AAA disqualifies incomplete proposals from evaluation and funding.

(2) The AAA advisory council reviews the proposals and makes recommendations on funding to the AAA board of directors. All decisions related to funding recommendations are conducted in accordance with applicable state and federal conflict of interest laws. The advisory council review is conducted during a scheduled meeting with a quorum present.

(3) The AAA board of directors:

(A) or a subcommittee of the board, reviews all proposals and the recommendations of the AAA staff and advisory council;

(B) approves funding of not for profit proposals that best meet or exceed the service specifications and the requirements of the RFP guide. The State Agency shall review and approve all profit-making proposals. All decisions related to granting awards are made in accordance with applicable state and federal conflict of interest laws, and documented through signed resolutions and meeting minutes of meetings. All decisions are acted on as a board with at least a quorum present at a meeting. The AAA board of directors may not delegate its responsibilities related to granting awards;

(C) issues notification of grant awards (NGAs) to not for profit applicants who are approved for funding and to profit-making applicants with State Agency approval; and

(D) provides an opportunity for appeal to applicants whose to appeal denied proposals for funding are denied, per <u>Oklahoma Administrative Code (OAC)</u> 340:105-10-102.

(4) If <u>When</u> no complete proposals are submitted for a service(s) or if <u>when</u> the AAA board of directors determines that no proposals for a service(s) meet the specifications of the RFP, the AAA, with <u>State Agency</u> <u>OKDHS CAP</u> approval, has the option of:

(A) reprogramming the funds and issuing a new RFP for a different service(s); or

(B) requesting authority to provide a direct service as provided in OAC 340:105-10-41; or

(C) revising the initial specifications for the same service(s) and reissuing a new RFP; and

(D) initiating community development activities to create a potential <u>service</u> provider <del>of the service(s)</del> as specified in the RFP and, in the interim, requesting approval from the State Agency <u>OKDHS CAP</u> to temporarily provide the service as a direct service.

(5) When an Older Americans Act Title III funded project elects to voluntarily terminate the contract before the end of a grant year, procedures must be are followed as outlined on Form 02AG006E, the Voluntary Withdrawal of Title III Project. Form 02AG006E The Voluntary Withdrawal of Title III Project must be is acknowledged, signed, and included as part of the original grant application.

(d) **Cross references.** See OAC 340:105-10-40, 340:105-10-102, and 340:105-10-104(c)(7).