

Par. 1. Material Transmitted and Purpose – Transmitted with the Manual Letter are changes to Service Chapter 650-25, State and Community Programs Funded under the Older Americans Act Policies and Procedures Manual. The old language is struck through, and the new language is highlighted and underlined in red.

The manual is being revised to clarify existing policies, include previously issued policies in the electronic format, and correct typographical errors.

Definitions 650-25-10

Add/revise the following:

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| <p>Aging & Disability Resource Center <u>LINK (ADRL)</u></p> | | <p>An entity established by a State as part of the State system of long term care, to provide a coordinated system for providing:</p> <ol style="list-style-type: none"> 1. comprehensive information on the full range of available public and private long term care programs, options, service providers, and resources within a community, including information on the availability of integrated long term care; 2. personal counseling to assist individuals in assessing their existing or anticipated long term care needs, and developing and implementing a plan for long term care designed to meet their specific needs and circumstances; and 3. consumers' access to the range of publicly supported long term care programs for which consumers may |
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| | | <p>be eligible, by serving as a convenient point of entry for such programs.</p> <p><u>An initiative designed to streamline access to long-term care services and supports for consumers of all ages, incomes, and disabilities, and their families through better coordination and strengthened partnering of existing systems of information, assistance, and access. North Dakota will develop 'no wrong door' models at the community level that can assist individuals in making informed decisions about their service and support options.</u></p> |
| <u>Aging & Disability Resource LINK (ADRL) Benefits Counseling</u> | | <p><u>The provision of information designed to help consumers learn about public and private benefits with referral to appropriate entities for access to needed benefits. ADRL Benefits Counseling is considered a part of the ADRL Options Counseling service.</u></p> |
| <u>Aging & Disability Resource LINK (ADRL) Futures Planning</u> | | <p><u>The process of assisting consumers in planning for their future long-term care needs with referral to appropriate entities for retirement planning, long-term care insurance, etc. ADRL Futures Planning is considered a part of the ADRL Options Counseling service.</u></p> |
| <u>Aging & Disability Resource- LINK Information and Referral/ Assistance (ADRL I & R/A)</u> | | <p><u>A one-on-one service that (a) provides consumers with information on opportunities and services available within their communities; (b) assesses problems and capabilities of the individuals; (c)</u></p> |

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| | | <u>links the consumers to the services and opportunities that are available; and (d) to the maximum extent practicable, establishes adequate follow-up procedures.</u> |
| <u>Aging & Disability Resource LINK (ADRL) Operating</u> | | <u>Day-to-day activities necessary to implement and maintain an ADRL.</u> |
| <u>Aging & Disability Resource LINK (ADRL) Options Counseling</u> | | <u>A person-centered, interactive, decision-support process whereby consumers, family members and/or significant others are supported in determining appropriate long-term care choices based on the consumer's needs, preferences, values, and individual circumstances.</u> |

Services/Program Service Standards 650-25-25-80

Revise second paragraph as follows:

Contract entities must meet minimum standards for each service of the program. The following Program Service Standards are included in this chapter: ADRL options counseling, family caregiver support services, health maintenance, legal, nutrition, outreach, and senior companion. Standards for other services are included with the Contract document.

Add new Service Standard as follows:

Aging & Disability Resource LINK (ADRL) Options Counseling Service Standard 650-25-26

ADRL Options Counseling is a person-centered, interactive, decision-support process whereby consumers, family members and/or significant others are supported in determining appropriate long-term care choices based on the consumer's needs, preferences, values, and individual circumstances. Options counselors ensure that consumers have considered a range of

possibilities when making a decision about long-term services and supports, and they encourage planning for the future.

The foundation for ADRL Options Counseling is a strong information and assistance system. It is important to keep in mind that information should be customized based on the needs and preferences communicated by the consumer, and the options available in the community.

Another building block of ADRL Options Counseling is person-centered planning. Within person-centered planning, the options counselor and the consumer work in full partnership to guarantee that the consumer's values, experience, and knowledge drive the creation of an action plan as well as the delivery of services. Person-centered planning requires that the options counselors respect the consumer's autonomy when choosing services, even if the options counselor disagrees with the consumer's choices.

Examples of when ADRL Options Counseling is appropriate include, but are not limited to: an individual who prefers to remain at home but needs supports to do so, or when a family caregiver needs help to continue providing care in the community.

Options counseling is not a long-term service. For the most part, ADRL intensive options counseling relationships are short term, usually no more than 90 days.

Six core competencies of options counseling have been identified by the Aging and Disability Resource Center Technical Assistance Exchange (ADRC-TAE):

1. Determining the need for options counseling;
2. Assessing needs, values and preferences;
3. Understanding and educating about public and private sector resources;
4. Facilitating self-direction/self-determination;
5. Encouraging future orientation; and
6. Following-up.

ADRL Options Counseling training addresses strategies for each of the core competencies.

Performance Standards 650-25-26-01 **Eligible Consumers 650-25-26-01-01**

1. Individuals 60 years of age and older.
2. Adults 18 years of age and older with a physical disability.

Location of Services 650-25-26-01-05

Initial contact may occur through telephone contact and is often the gateway to options counseling. ADRL Options Counseling usually occurs in a face to face interaction. In-person conversations can be more effective than telephone consultation, especially when it offers the opportunity to involve family members as well as the consumer.

ADRL Operating Activities 650-25-26-01-10

ADRL Operating is a billable unit of service that addresses staff time necessary to perform the day-to-day activities to implement and maintain an ADRL. Examples include answering the phone, data entry/billing, program marketing and promotion activities, training, travel time, etc.

ADRL Operating does not include ADRL activities outlined in the Service Delivery Procedures section 650-25-26-10.

Contract entities will be required to report completed ADRL Operating activities on a monthly basis. Reporting requirements will be outlined in the contractual document with the Department of Human Services.

ADRL Operating units of service must be entered in the SAMS data system by the 15th of the month following the activity.

Service Delivery Characteristics/Activities **650-25-26-01-15**

ADRL Information & Referral/Assistance (I & R/A) and ADRL Options Counseling must be delivered throughout the service area.

1. All requests for ADRL I & R/A must be responded to within two working days.

2. Provide ADRL I & R/A services. Requests for I & R/A may be received from an individual, family member, ADRL partner, another agency, etc. Determine if the request requires only I & R/A or if options counseling is needed. Completion of the ADRL Options Counseling Referral/Intake form may assist in making the determination.
 - a. If it is determined that only I & R/A is needed, information should be given or a referral(s) made. Services must be coordinated with other agencies to eliminate duplication and assure seamless access for optimal service delivery.
 - b. If it is determined that options counseling is needed, the ADRL Options Counseling Referral/Intake form must be completed. If completed by another staff person, the information must be forwarded to an options counselor.
 - c. Enter the ADRL Options Counseling Referral/Intake form information in the SAMS data system by the 15th of the month following service delivery.
3. If it is determined that ADRL Options Counseling is needed, the options counselor shall:
 - a. Complete the SAMS ADRL Options Counseling form. The options counselor must attempt to obtain necessary data to determine consumer needs, preferences, values, and individual circumstances using person-centered planning strategies.
 - b. Provide customized information and assistance based on information communicated by the consumer, allowing the consumer to explore alternatives and make independent choices of both the service(s) to be received and the entity to provide the service. Assist the consumer in planning for future long-term care support needs.
 - c. Develop an action plan.
 - d. Make referral(s), if indicated, to other agencies. Services must be coordinated with other agencies to eliminate duplication and assure seamless access for optimal service delivery.
 - e. Activities that include ADRL Benefits Counseling and/or ADRL Futures Planning must be recorded in the SAMS data system as one contact in Service Delivery.
 - f. Enter the completed SAMS ADRL Options Counseling form data, including the action plan, referrals, and narratives in the SAMS data system by the 15th of the month following service delivery.

4. A follow-up contact (face-to-face, telephone, written correspondence or e-mail) must be made within 30 days of the assessment to finalize the consumer action plan or assure the consumer has made a successful connection to the needed supports and is satisfied with the services and choice of service provider(s). All contacts must be documented in the narrative section of the SAMS ADRL Options Counseling form by the 15th of the month following service delivery. Documentation of each contact shall include:

- the specific purpose of the contact;
- a brief descriptive statement of the interaction including consumer satisfaction (if applicable), and any service needs identified;
- options discussed; and
- an action plan.

Documentation in the narrative section must support any subsequent contacts that are made.

5. At the time that all action steps are completed or if there is no activity within a six-month period, the SAMS ADRL Options Counseling record must be updated to reflect "inactive".
6. If, after the consumer record has been made inactive, a consumer and/or a new referral indicates the need for additional options counseling, the options counselor shall re-open the consumer record, review, and update the existing SAMS ADRL Options Counseling form, and complete the action steps as identified in Section 650-25-26-01-15(3)(ii-vi); (4); and (5).
7. A signed release of information document must be on file before information is shared or released.
8. Each case record must be maintained in an individualized file and secured in a locked file cabinet, a locked area, or an access coded computer program. At a minimum, the record should include the initial contact information, the SAMS ADRL Options Counseling form, all documentation, and the release of information form(s) as applicable.

Billable Unit of Service 650-25-26-05

For billing purposes, a ADRL Operating unit of service is based on a 15-minute increment.

The maximum amount of funding available for ADRL Operating activities is outlined in the contract entity's contractual document with the Department of Human Services.

ADRL Operating units of service must be entered in the SAMS data system by the 15th of the month following the activity.

When delivering individual ADRL consumer services, the contract entity must use the service billing unit system for each service procedure identified in the Service Delivery Procedures 650-25-26-10.

The following are not considered billable units of service: ADRL Information & Referral Activity (ADRL I & R/A) that does not result in options counseling; ADRL Benefits Counseling; or ADRL Futures Planning.

Each billable unit of service received by a consumer must be recorded in the consumer's individual record in the SAMS data system by the 15th of the month following service delivery.

Service Delivery Procedures 650-25-26-10

The following service delivery procedures must be used for reimbursement through an Older Americans Act contract:

1. ADRL Information & Referral/Assistance (ADRL I & R/A) – 1 Unit of Service (only if activity results in ADRL Options Counseling).
 - a. Complete the ADRL Options Counseling Referral/Intake form. If completed by another staff person, the information must be forwarded to an options counselor.
 - b. Enter the ADRL Options Counseling Referral/Intake form information in the SAMS data system by the 15th of the month following service delivery.
2. ADRL Initial Options Counseling Assessment – 8 Units of Service
 - a. Complete the SAMS ADRL Options Counseling form. The options counselor must attempt to obtain data necessary to determine

- consumer needs, preferences, values, and individual circumstances using person-centered planning strategies.
- b. Provide customized information and assistance based on information communicated by the consumer, allowing the consumer to explore alternatives and make independent choices of both the service(s) to be received and the entity to provide the service. Assist the consumer in planning for future long-term care support needs.
 - c. Develop an action plan.
 - d. Make referral(s), if indicated, to other agencies. Services must be coordinated with other agencies to eliminate duplication and assure seamless access for optimal service delivery.
 - e. If provided, record ADRL Benefits Counseling and/or ADRL Futures Planning in the SAMS data system as one contact in Service Delivery.
 - f. Enter the completed SAMS ADRL Options Counseling form data, including the action plan, referrals, and narratives in the SAMS data system by the 15th of the month following service delivery.
3. ADRL Telephone Contact, E-mail, Written Correspondence, or Brief Face-to-Face Visit – 1 Unit of Service
- a. If needed to complete the ADRL options counseling process, a referral entity or consumer may be contacted via telephone, e-mail, written correspondence, or through a brief face-to-face visit (outside of the home) regarding a needed service or receipt of services.
 - b. Document in the Narrative section of the SAMS ADRL Options Counseling form the specific purpose of the contact and a brief descriptive statement of the interaction, including consumer satisfaction (if applicable) with the service by the 15th of the month following service delivery.

4. ADRL Options Counseling Follow-Up Contact – 2 Units of Service

- a. A follow-up contact (telephone, e-mail, written correspondence, or through a brief face-to-face visit) must be made within 30 days of the assessment to finalize the consumer action plan or assure the consumer has made a successful connection to the needed supports and is satisfied with the services and choice of service provider(s).
- b. Up to two additional contacts may be made. Documentation in the narrative section must support any subsequent contacts that are made. Billing for ADRL Options Counseling Follow-up Contact beyond the two additional contacts must be approved by the Options Counseling Program Administrator.
- c. All contacts must be documented in the narrative section of the SAMS ADRL Options Counseling form by the 15th of the month following service delivery. Documentation of each contact shall include:
 - the specific purpose of the contact;
 - a brief descriptive statement of the interaction including any service needs identified;
 - options discussed; and
 - an action plan.

5. ADRL Options Counseling Inactivity – 1 Unit of Service

At the time that all action steps are completed or if there is no activity within a six month period, the SAMS ADRL Options Counseling record must be updated to reflect “inactive”.

6. ADRL Options Counseling Re-Open Consumer Record – 4 Units of Service

- a. If, after the consumer record has been made inactive, a consumer and/or a new referral indicate the need for additional options counseling, the options counselor shall re-open the consumer record, review, and complete a reassessment using the SAMS ADRL Options Counseling form.

- b. Provide customized information and assistance based on information communicated by the consumer, allowing the consumer to explore alternatives and make independent choices of both the service(s) to be received and the entity to provide the service. Assist the consumer in planning for future long-term care support needs.
 - c. Develop an action plan.
 - d. Make referral(s), if indicated, to other agencies. Services must be coordinated with other agencies to eliminate duplication and assure seamless access for optimal service delivery.
 - e. If provided, record ADRL Benefits Counseling and/or ADRL Futures Planning in the SAMS data system as one contact in Service Delivery.
 - f. Enter the completed SAMS ADRL Options Counseling form data, including the action plan, referrals, and narratives in the SAMS data system by the 15th of the month following service delivery.
7. Disaster/Emergency Contact – 1 Unit of Service
- a. At the direction of the Aging Services Division, contact a consumer to assist in planning to assure the consumer's safety in the event of a disaster/emergency.
 - b. Document in the Narrative section of the SAMS ADRL Options Counseling form the specific purpose of the contact and a brief description of the consumer's plan for safety by the 15th of the month following service delivery.

Staffing Requirements 650-25-26-15

1. Minimum educational requirement: Bachelor's degree in a human service or related field, or three years experience working in a direct service capacity in a human service or related field;
2. Possess the knowledge of or willingness to learn of available community resources within the service area;
3. Possess the ability to develop rapport with older individuals and adults with physical disabilities;

4. Possess the ability to develop rapport with other agencies that provide assistance to older individuals and adults with physical disabilities;
5. Possess a valid driver's license and have access to an automobile;
6. Possess effective verbal, writing, and computer skills; and
7. Complete the Department's ADRL Options Counseling Training and participate in additional trainings as required.

Prohibited Activities 650-25-26-20

1. Activities that are provided by another entity in the community.
2. Breach of confidentiality.

Administrative Requirements 650-25-26-25

Administration 650-25-26-25-01

1. Develop and adhere to a written Program Policies and Procedures Manual to include, at a minimum, the following:
 - a. Defined service area.
 - b. Targeting methods for the following: older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas); older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency; and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and older individuals at risk for institutional placement.
 - c. Frequency, method, and timeframe for delivery of services as appropriate.

- d. Assure that service options are accessible to all eligible consumers, independent, semi-independent, and totally dependent, regardless of income levels.
- e. Procedures to assure the confidentiality of consumer specific information.
 - i. No information about a consumer is disclosed by the contract entity unless a release of information is received from the consumer or legal representative; disclosure is required by court order; or for program monitoring by authorized agencies.
 - ii. An appropriate release of information document is signed and on file before consumer records are released.
 - iii. All consumer specific information is maintained in a locked file, locked area, or an access coded computer program.
- f. Service contribution (program income) procedures that assure:
 - i. Clients are provided the opportunity to contribute to the cost of services received. Acceptable formats for receiving contributions include the following: a sealed envelope given to the options counselor or returned by mail. Any form of periodic correspondence resembling a billing for number of services received by a client is prohibited.
 - ii. No client is denied service due to inability or unwillingness to contribute.
 - iii. Measures are taken to protect the privacy of each client with respect to his or her contribution.
 - iv. Appropriate procedures are established to safeguard and account for all contributions. At a minimum, the following must be addressed: format used for receipt of funds, procedure for deposits, verification of receipt of funds, location of funds prior to deposit, and program staff who have access to the funds.
 - v. Service contributions for ADRL options counseling are used to expand ADRL options counseling services.

- g. Fiscal procedures that address receipt of Older Americans Act and related funds, deposit of funds, and payment process.
 - h. Written emergency disaster preparedness plan approved by the local governmental official(s) having responsibility for disaster planning and designate an individual who is responsible to carry out provisions of the plan.
 - i. Procedures to assure the provision of information and referral services.
 - j. Non-discrimination towards consumers.
 - k. Grievance procedures for consumers.
 - l. Referral process.
 - m. Records retention.
 - n. A plan to review and update manual as necessary but at least 90 days after the beginning of each contract period.
3. Initially and on an annual basis, provide or make available training to paid personnel concerning the provision of services to older individuals. At a minimum, paid personnel must receive training on the following: overview of the Older Americans Act, service contributions, review of applicable service standards or service requirements and necessary training to deliver the specific service, confidentiality, and fire safety.

Legal Requirements 650-25-26-25-05

Comply with all applicable federal and state laws, rules and regulations, and policies and procedures governing Older Americans Act programs.

1. Provide insurance as required in the Contract.

Planning/Evaluation Requirements 650-25-26-25-10

1. Assess/reassess needs of older individuals in the defined service area.
2. Coordinate services within the community to avoid duplication.

3. Evaluate overall program to determine whether or not services were delivered, at what cost; and to what extent goals/objectives were met.
4. Conduct service evaluations with provision for consumer input; develop and maintain a report of the findings for utilization in planning.
5. Use information to implement, continue, expand, or end a particular service or activity.
6. Participate in Department of Human Services/Aging Services Division evaluation activities as requested.

Advocacy Requirements 650-25-26-25-15

1. Provide leadership relative to aging issues on behalf of all older persons in the defined service area.
2. Evaluate and comment on local regulations and policies that affect older persons.
3. Maintain records that document advocacy efforts and outcomes.

Family Caregiver Support Program Service 650-25-30 Service Delivery Reporting Requirements 650-25-30-10-10

Revise #1; insert #4 and re-number #4 to #5.

Service activity reporting will include:

1. Case Management Units - 1 Unit of Service=15 minutes (Effective October 1, 2011)
 - Amount of time spent in direct contact (includes face-to-face, phone calls, emails or mailings) with enrolled caregivers, families, significant others or referrals for services
 - Amount of time spent travelling for home visits with caregivers
4. Consumer Groups Service Delivery Case Management and Travel Time - 1 Unit of Service = 15 minutes

- Record the amount of time spent providing, arranging and/or attending NDFCSP public education, outreach, information and assistance and support groups

5. 4- Disaster/Emergency Contact – 1 Unit of Service=1 contact

- Includes the number of contacts made with caregivers to discuss disaster/emergency preparedness and needs as directed by the Division Office

Administration 650-25-30-35-01

Revise #4 as follows:

4. Caregiver Coordinators must maintain a spreadsheet that contains the name of each participant, the amount of the service allocation, and the monthly expenditures during each service period. Caregiver Coordinators shall submit a copy of the NDFCSP expense spreadsheets to the Program Administrator no later than ~~15~~ **23** days after the end of the monthly service period.

Health Maintenance Program Service Standard 650-25-35 Delivery Characteristics 650-25-35-01-10

Revise #7 as follows:

7. Any alteration in the pattern of service delivery must be discussed with the Regional Aging Services Program Administrator prior to the change. All service delivery options should be considered/explored. After discussions have been held and an alternative plan has been agreed upon, the contract entity must complete and submit to Aging Services Division a revised Service Provision Form as outlined in Section 650-25-75-05-05 of the this service chapter.

Billable Unit of Service 650-25-35-05

Revise 2nd paragraph as follows:

Each billable unit of service received by a client must be recorded in the client's individual record in the web-based SAMS data system ~~on a monthly basis~~ by the 15th of the month following service delivery.

Administrative Requirements 650-25-35-25 Administration 650-25-35-25-01

Revise #1, letter e (i.), #2, and #3 as follows:

1. Develop and adhere to a written ~~Program manual of~~ **Policies and Procedures Manual** to include, at a minimum, the following:
 - e. Procedures to assure the confidentiality of client specific information.
 - i. No information about a client is disclosed by the contract entity unless ~~informed consent~~ **a release of information** is received from the client or legal representative; disclosure is required by court order; or for program monitoring by authorized agencies.
2. Provide or make available training to volunteers and paid personnel concerning the provision of services to older individuals. **Upon hire and annually thereafter**, ~~At a minimum~~, paid personnel/volunteers must receive training on the following: overview of the Older Americans Act, service contributions, review of applicable service standards or service requirements and necessary training to deliver the specific service, confidentiality, and fire safety.
3. Use of volunteers in the provision of services, as applicable. (Volunteer hours and the estimated cost **value** must be reported on the Monthly Data and Payment Report.

Planning/Evaluation Requirements 650-25-35-25-10

Add #6 to this section:

- 6. Participate in Department of Human Services/Aging Services Division evaluation activities as requested.**

Nutrition Program Service Standard 650-25-45

Performance Standards 650-25-45-01

Eligible Clients 650-25-45-01-01

Revise #1 and #3 as follows:

1. Individuals age 60 and older and their spouses, regardless of age. Individuals under age 60 (except for spouses) may receive service a meal only when it will not deprive an eligible client the opportunity to receive services a meal. Individuals under age 60 (except for spouses) must pay the full cost of the meal service unless one of the criteria listed below (2, 3, or 4) is met
3. Individuals with disabilities under age 60. The contract entity may make a ~~meal~~ nutrition services available to individuals with disabilities under age 60 who reside in a housing facility primarily occupied by older individuals where there is a Title III congregate meal site when provision of the service does not prevent the participation of individuals age 60 and older and their spouse. If home-delivered meals are offered at the meal site, the individual with a disability under age 60 must meet eligibility criteria as outlined in Section 650-24-45-01-10 (6). The individual is only eligible to receive nutrition services that are provided at the housing facility where he or she resides. Specific congregate housing facility meal sites must be are identified in the contract and in the entity's Program Policies and Procedures Manual.

Location of Services 650-25-45-01-05

Revise #1 and #2 as follows:

1. Congregate Meals – At a senior center or designated congregate setting (including schools and other facilities serving meals to children in order to promote intergenerational meal programs) that is in as close proximity as feasible to the majority of eligible individuals' residences s ~~with transportation furnished, where appropriate.~~ The meal site must meet ~~federal, state, and local~~ fire safety and sanitation codes and standards, be accessible to individuals with disabilities, and have planned access to a telephone.
2. Home-Delivered Meals – In the homes of eligible home-delivered meals clients.

Delivery Characteristics 650-25-45-01-10

Revise #1 as follows:

1. Contract entities must meet all applicable federal, state, and local laws and regulations regarding the safe and sanitary handling of food, equipment, supplies, and materials used in the storage, preparation, and delivery of meals and services to older persons. (Refer to the "North Dakota Requirements for Food and Beverage Establishments", North Dakota Administrative Code (NDAC) Chapter [33-33-04](#).)

Revise #2 (d-f), 3, insert new information for #4, re-number/revise #4 to #5, #5 to #6, #6 to #7, #7 to #8, #8 to #9, and #9 to #10 as follows:

2. Congregate and home-delivered meals may be provided as hot, or cold; home-delivered meals may be provided as hot, shelf stable, frozen, modified atmosphere packaging (MAP), or liquid nutritional supplements.

d. Frozen

- i. If commercially frozen meals are not used, frozen meals must be produced using rapid/blast freeze equipment and technology.
- ii. Label must include entrée selection, instructions for storage and reheating, and the date of expiration. The date of the expiration should be no longer than ~~six (6)~~ three months after the meal was rapid/blast frozen.
- iii. Working thermometers must be in place in all freezers. Frozen food must be maintained at zero degrees Fahrenheit or below.
- iv. Documentation of weekly monitoring of freezer temperatures ~~must be completed~~ of freezers.
- v. The provider must assure the client has the ability to store and prepare the frozen meal.
- vi. All frozen meals must be recorded only as a sub-service of home-delivered meals.

e. ~~Liquid~~ Nutritional Supplement

The provision of any ~~liquid~~ nutritional supplement must be based on a written diet order signed by a physician. ~~and should~~ The supplement must be part of a supervised nutrition intervention for clients that are only able to consume liquid food. ~~Liquid~~ Nutritional supplements are generally prescribed for a short-term basis; therefore, for clients that consume only liquids, the supplement is required to be supervised (preferably by a Registered Dietitian) which includes reviewing intake, toleration, and the need for continued usage of the supplement. Review of intake, toleration, and the need for continued usage must be completed every four to six ~~an initial follow-up assessment must be made within 4-6 weeks regarding continued usage. The goal is to have clients eating a mixture of solids and liquids in a meal to maintain muscle mass and overall body functioning. Subsequent reviews shall be made in conjunction with the completion of the Nutrition Screening Checklist (within a consecutive 12-month period for congregate meals clients; every 6 months for home-delivered meals clients). A current physician's order must be on file. Liquid supplements must be used prior to the date of expiration.~~

Nutritional supplements served in addition to a meal are not considered separate meals, no matter how many cans of supplement are provided. A nutritional supplement given in an amount that equals 1/3 DRI will not be considered a meal unless it is the only food provided and consumed as the meal. A supplement adds on to a meal, it does not serve as a meal. No matter how much a meal provides, adding supplements to that meal will only increase the nutritional value of that single meal.

Supplements are also available in a frozen state. The contract entity must check with the manufacturer/supplier for the recommended shelf life of thawed supplements if the discard date is not indicated on the package.

For billing purposes, a nutritional supplement is considered as one meal only if the client is unable to consume liquid food as indicated by a physician order and supervised by a Registered Dietitian.

f. Modified Atmosphere Packaging (MAP) Meal

Modified Atmosphere Packaging (MAP) is a technology that has been developed to ensure that packaged food products stay fresh and attractive for as long as possible. MAP extends the shelf life and preserves the quality of food without additives or preservatives. Shelf life of fresh food is significantly extended, while spoilage and waste are reduced.

If a MAP meal is used for the home-delivered meal service, the nutrition services contract entity must assure that the client has the ability to store and prepare the MAP meal.

3. The Older Americans Act authorizes the provision of congregate meals and home-delivered meals. There is no provision for carry-out or take-out meals. Meals must be provided five ~~(5)~~ or more days per week in the defined service area. Congregate meals must be served a minimum of three ~~(3)~~ days per week at each congregate meal site. A minimum of ~~(5)~~ five home-delivered meals must be made available per client per week in the client's home. Meals must be served during appropriate meal times. ~~If a holiday falls on a regular serving day, providers have the option of serving a meal on the same day as scheduled, offering a frozen or shelf stable meal, or serving a meal on another day in that week.~~

4. A contract entity may choose not to serve congregate meals on holidays. The contract entity must identify the specific holidays a site(s) will be closed in their Program Policies and Procedures Manual. Site closures must also be included in the menus, the contract entity's newsletter (if applicable), and posted in a visible location at the meal site.

For home-delivered meals, an alternative option (i.e. shelf stable, frozen, or modified atmosphere packaging (MAP) meal) must be made available to avoid an interruption of service to the home-delivered meals client.

5. ~~4.~~ Congregate meal service must address the following:

- a. All eligible congregate meals clients who participate or plan to participate shall be requested to provide baseline data as outlined in the ~~web-based~~ SAMS Congregate Meals Assessment Program

Registration form. The contract entity should must attempt to obtain all data requested in the assessment. NAPIS Contact information, demographic data, and the Nutrition Screening Checklist are required for federal reporting purposes. Contacts may be documented in the Narrative section of the SAMS Congregate Meal Assessment Program Registration form, as appropriate. The Nutrition Screening Checklist must be reviewed and updated in the ~~web-based~~ SAMS data system within a consecutive 12-month period for congregate meals clients. If the consumer resides within the service area as identified in the contract entity's Contract with the Department, a Consumer Record must be created and completed in SAMS. This assures compliance with federal reporting requirements under NAPIS and the State Program Report. Non-compliance may result in non-payment for services.

A SAMS Consumer Group posting should be used only for those eligible consumers that are one time guests.

- b. Clients who request service may be required to sign up in advance of the date the service is desired ~~per the~~ as identified in the contract entity's Program Policies and Procedures Manual.
- c. Copies of the menu, and voluntary contribution information must be publicly displayed at all congregate meal sites.
- d. Adaptive equipment to meet special needs must be available.
- e. Food not requiring refrigeration may be taken home by participants.
- f. For safety reasons, a provider may choose to deliver a meal to a congregate client during inclement weather and/or disaster situations. The contract entity should include this in their ~~written~~ Program Policies and Procedures Manual under 'procedures to assure service delivery in weather-related emergencies' and 'written emergency disaster preparedness plan' [Reference: Section 650-25-45-30-01(1)(~~h~~) and (j) of this service chapter].

If a ~~provider~~ contract entity chooses to deliver a meal to a congregate client during inclement weather/disaster situations, the meal should be recorded in the SAMS service delivery as a

congregate meal.

6. ~~5.~~ Home-delivered meals criteria include:

a. Client must be homebound because of physical incapacity, mental or social conditions, or isolation. A person is considered homebound when one or more of the following exist:

- Limited physical mobility;
- Emotional or psychological impairments that prohibit participation at a congregate site; or
- Remote geographic location where no congregate meal site exists; or
- Remote geographic location that prohibits accessing the meal site due to transportation issues ~~transporting the client to and from a congregate site.~~

The only exceptions to the home-delivered meal criteria are provisions for meals in weather-related emergencies and other disasters:

- If a provider delivers a meal to a congregate client during inclement weather [Reference: OAA Policies and Procedures Section 650-25-45-01-10(4)(f)]; or
- If provisions for the delivery of a frozen, modified atmosphere packaging (MAP), or shelf stable meal for a congregate client as an emergency meal are included in the contract entity's Program Policies and Procedures Manual assuring service delivery in weather-related emergencies and in their disaster preparedness plan.

b. Eligibility for home-delivered meals must be determined ~~by the Older Americans Act Outreach Services contract entity for the service area using the web-based SAMS Outreach/HDM Assessment~~ Home-Delivered Meal Program Registration form. Initial determination of eligibility may be accomplished by telephone. Within two weeks of after beginning meal service, a home visit and the ~~web-based SAMS Outreach/HDM Assessment~~ Home-Delivered Meal Program Registration form must be completed to verify eligibility. The Nutrition Services contract

entity may accept program registration information from another Older Americans Act entity. Information must be recorded in the SAMS data system. Documentation must include verification of eligibility for individuals under the age of 60. ~~The Nutrition Services contract entity must be notified in writing of eligibility status and nutritional risk status (as determined by the Nutrition Screening Checklist).~~

For continued home-delivered meal service, redetermination of eligibility a client must be re-assessed completed at least every six (6) months, or sooner, as needed. Redetermination can be accomplished through a home visit or by telephone. At a minimum, one home visit must occur within a consecutive 12-month period. The reassessment redetermination must be documented in the web-based SAMS data system.

Documentation must include verification of continued eligibility for individuals under the age of 60. ~~The Outreach Services contract entity must notify (in writing) the Nutrition Services contract entity of continued eligibility or the need to discontinue service provision.~~

- c. Initially and on an annual basis the Nutrition Services contract entity must provide copies and review content of the menu, voluntary contribution information, and home-delivered meals policies and procedures with the client. The contract entity is encouraged to provide available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
 - d. The Nutrition Services contract entity must limit the amount of time meals spend in transit before they are consumed.
7. ~~6.~~ Nutrition education must be provided to both congregate and home-delivered meals clients by the Nutrition Services contract entity. A licensed registered dietitian or person with comparable expertise shall provide input regarding the content of the nutrition education prior to presentation or distribution of materials.
- a. Nutrition education shall be provided at each congregate meal site on a semi-annual basis (minimum). Nutrition related

presentations, videos, food demonstrations, and cooking classes are acceptable formats for the provision of the service, all of which may be augmented with printed materials. Documentation indicating the meal site, date, presenter, topic presented, number of clients receiving nutrition education, and the number of service units must be maintained. To record Service Delivery in the SAMS [data](#) system, a separate Consumer Group should be created for each meal site. Each client attending a presentation equals one unit of service.

- b. Nutrition education for home-delivered clients must be carried out on a semi-annual basis (minimum). Printed materials are an acceptable format for the provision of the service. A copy of the printed nutrition education material and documentation of the date of distribution, number of clients receiving the service must be maintained. To record Service Delivery in the SAMS [data](#) system, a separate Consumer Group should be created for each meal site. Each client receiving the printed material equals one unit of service.
- c. Expenses for the provision of nutrition education are included in the unit cost of a congregate and home-delivered meal and are not a separate billable unit.
- d. Units of service and the estimated cost must be reported on the Monthly Data & Payment Report.

~~7.~~ **8.** All congregate and home-delivered meals clients must be screened for nutritional risk using the Nutrition Screening Checklist, which is a part of the ~~web-based SAMS Congregate Meals Assessment form~~ [Program Registration form](#) and the ~~web-based SAMS Outreach/HDM Assessment~~ [Home-Delivered Meal Program Registration](#) form. (~~Screening for home-delivered meals clients will be completed by the Outreach Services contract entity as addressed in 5 b).~~)

- a. For congregate meals clients, the screenings must be conducted a minimum of one time within a consecutive 12-month period. ~~Clients should be encouraged to 're-check' their nutritional scores as indicated: Score of 0-2 should recheck in 6 months; score of 3-5 should recheck in 3 months; score of 6 or more are at high nutritional risk and should be referred to their physician or licensed registered dietitian to discuss nutritional concerns and~~

ways to improve their nutritional health (see information in 7 c below).

- b. For continued receipt of home-delivered meals, redetermination of eligibility must occur every six months or sooner as applicable. Redetermination must include completion of the Nutrition Screening Checklist and ADL/IADL's. The redetermination may be conducted through a home visit or by telephone. At a minimum, one home visit must occur within a consecutive 12-month period. If additional services are indicated, a referral should be made to the appropriate agency and/or to the regional ADRL.
 - c. ~~b.~~ Screening results for all clients must be recorded in the web-based SAMS assessment forms data system. Clients should be encouraged to 're-check' their nutritional scores as indicated: Score of 0-2 should recheck in 6 months; score of 3-5 should recheck in 3 months; score of 6 or more are at high nutritional risk and should be referred to their physician or licensed registered dietitian to discuss nutritional concerns and ways to improve their nutritional health (see information in 7 d).
 - d. ~~c.~~ Clients who screen 'at high nutritional risk' shall be referred to a doctor or licensed registered dietitian dietitian for follow-up and possible nutrition counseling. ~~The Outreach Services contract entity shall notify (in writing) the Nutrition Services contract entity of home-delivered meals clients who screen 'at high nutritional risk'.~~ The Nutrition Services contract entity shall make a referral to the licensed registered dietitian providing services to the Nutrition Services contract entity or to the client's physician. Documentation of the referral or referral attempt must be recorded in the Narrative section of the applicable web-based SAMS assessment meal registration form.
9. ~~8.~~ Nutrition counseling for congregate and home-delivered meals clients identified at high nutritional risk through the Nutrition Screening Checklist can only be provided by a licensed registered dietitian. All nutrition counseling must be recorded as Service Delivery for each individual client in the SAMS data system.
- a. For recording purposes, a unit of service is one session.

- b. Expenses for the referral/provision of nutrition counseling are not a separate billable unit.
- c. Units of service and the estimated cost must be reported on the Monthly Data & Payment Report.

10. ~~9.~~ Any alteration in the pattern of service delivery must be discussed with the Regional Aging Services Program Administrator prior to the change. All service delivery options should be considered and/or explored.

After discussions have been held and an alternative plan has been agreed upon, the contract entity must complete and submit a revised Service Provision Form to Aging Services Division as outlined in Section 650-25-75-05-05 of ~~the~~ this service chapter.

Billable Units of Service 650-25-45-05

Revise this section as follows:

1. For billing purposes, one congregate meal equals one unit of service.
2. For billing purposes, one home-delivered meal equals one unit of service.
 - a. All frozen meals must be recorded only as a sub-service of home-delivered meals. If a frozen meal is prepared for consumption at a congregate site, the meal must be recorded in SAMS Service Delivery as Congregate Meal with the subservice Hot/Cold Meal.
 - b. A nutritional supplement is considered as one meal if the client is only able to consume liquid food as indicated by a physician order and supervised by a Registered Dietitian.

Each billable unit of service received by a client must be recorded in the client's individual record in the ~~web-based~~ SAMS data system ~~on a monthly basis~~ by the 15th of the month following service delivery.

Congregate and home-delivered meal registrations and the provision of nutrition education and nutrition counseling are considered part of nutrition services and are not billable units of service.

Menu Planning 650-25-45-10

Revise the first lines of #1 and #2 as indicated; **insert** information in #4(a); **revise** the chart in #5; and **revise** #9 as follows:

1. All meals provided must conform:
2. Dietary **R**eference **I**ntakes (DRIs) are quantitative estimates of nutrient intakes for use in planning and assessing healthy diets. The DRIs include several nutrient based reference value sets including:
4. Contract entities that do not use the menus developed by the South Dakota Division of Adult Services and Aging must address the following:
 - a. Develop menus that comply with the most recent Dietary Guidelines for Americans (DGs) and meet current DRI recommendations. North Dakota will follow guidelines used by South Dakota in the development of menus to meet current DRI requirements. Guidelines for nutrient values are listed in #5.
5. The following guidelines for nutrient values must be used in developing menus:

| Nutrient | Value |
|--|--------------|
| Basic Components | |
| *denotes required | |
| *Calories (kcal) | 735.00 |
| Water | 1233.30 |
| *Protein (g) actual is 18.8 - our goal is based on 17% of calories and wt/ht/activity of reference person (75 yo male 68" 153#) Lightly Active | 31.24 |
| Carbohydrates (g) based on 53% of calories | 97.40 |
| *Dietary Fiber (g) | 10.29 |
| *Fat (g) based on 30% of calories - can be lower | 24.50 |
| Net Carbs | 87.11 |

| | |
|--|---------|
| Vitamins | |
| *Vitamin A RAE | 300.00 |
| *Vitamin B-6 (mg) | 0.60 |
| *Vitamin B-12 (mcg) | 0.80 |
| *Vitamin C (mg) | 30.00 |
| Vitamin D E (mg) (or 200 IU) | 5.00 |
| Folate DFE (mcg) | 133.30 |
| Minerals | |
| *Calcium (mg) | 400.00 |
| *Magnesium (mg) | 140.00 |
| Iron (mg) | 2.70 |
| *Sodium (mg) goal: 800 or less in future | 1000.00 |
| Potassium (mg) goal: 1567.0 in future | 1250.00 |
| *Zinc (mg) | 3.75 |

Contract entities should strive to meet nutrient values on a daily basis. Averaging of nutrient values over a 5-day or 7-day period is allowable.

9. ~~Older Americans Act~~ Nutrition Services contract entities providers are prohibited from providing vitamin and/or mineral supplements to clients.

Nutrition Services Incentive Program (NSIP) Funds 650-25-45-15

Insert 650 in the second paragraph of this section as indicated:

Additional information regarding NSIP funds is located in [Section 650-25-80-05](#). Nutrition Services Incentive Program (NSIP).

Administrative Requirements 650-25-45-30

Administration 650-25-45-30-01

Revise #1; insert letter d, insert letter p; re-number/revise d through q; revise #2 and #3 accordingly.

1. Develop and adhere to a written Program manual of Policies and Procedures Manual to include, at a minimum, the following:
 - d. Criteria for eligible nutrition clients, as applicable [Section 650-25-45-01-01 and Section 650-25-45-01-10(5)(b)].
 - e. ~~d.~~ Service options are accessible to all eligible clients, independent, semi-independent, and totally dependent, regardless of income levels.
 - f. ~~e.~~ Procedures to assure the confidentiality of client specific information.
 - i. No information about a client is disclosed by the contract entity unless informed consent a release of information is received from the client or legal representative; disclosure is required by court order; or for program monitoring by authorized agencies.
 - ii. An appropriate release of information document is signed and on file before client records are released.
 - iii. All client specific information is maintained in a locked file, locked area of access coded computer program.
 - g. ~~f.~~ Service contribution (program income) procedures that assure:
 - i. Clients are provided the opportunity to contribute to the cost of services received. Acceptable formats for receiving contributions include the following: a locked box in a private area; sealed envelope with on-site deposit in a locked box in a private area or return by mail; and self punch meal tickets. Any form of periodic correspondence resembling a billing for number of services received by a client is prohibited.

- ii. No client is denied service due to inability or unwillingness to contribute.
- iii. A suggested contribution schedule that considers the income ranges of older individuals may be developed. Means tests shall not be used for any service supported by Older Americans Act funds.
- iv. Each service provider must choose to do one of the following: 1) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service, with information indicating that clients may, but are not required to contribute for the nutrition service; or 2) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service and the suggested contribution, with information indicating that clients may, but are not required to contribute for the nutrition service.
- v. Measures are taken to protect the privacy of each client with respect to his or her contribution.
- vi. Appropriate procedures are established to safeguard and account for all contributions. At a minimum, the following must be addressed: format used for receipt of funds, procedure for deposits, verification of receipt of funds, location of funds prior to deposit, and program staff who have access to funds.
- vii. Ineligible participants are required to pay the full cost of the nutrition service.
- viii. Service contributions for nutrition services are used to expand nutrition services.
- ix. Service contributions for nutrition services may include food stamps.
- ~~h.-g.~~ Fiscal procedures that address receipt of Older Americans Act and related funds, deposit of funds, and payment process.
- ~~i.-h.~~ Procedures to assure service delivery in weather-related emergencies.

- j. ~~h.~~ Written emergency disaster preparedness plan approved by the local governmental official(s) having responsibility for disaster planning and designate an individual who is responsible to carry out provisions of the plan.
 - k. ~~j.~~ Procedures to assure the provision of information and referral services.
 - l. ~~k.~~ Non-discrimination towards clients.
 - m. ~~l.~~ Grievance procedures for clients.
 - n. ~~m.~~ Records retention.
 - o. ~~n.~~ Reporting food-borne illness.
 - p. Holiday meal policy.
 - q. ~~o.~~ A plan to review and update manual as necessary but at least 90 days after the beginning of each contract period.
2. Provide or make available training to volunteers and paid personnel concerning the provision of services to older individuals. Upon hire and annually thereafter, ~~At a minimum~~, paid personnel/volunteers must receive training on the following: overview of the Older Americans Act, service contributions, review of applicable service standards or service requirements and necessary training to deliver the specific service, confidentiality, and fire safety.
 3. Use of volunteers in the provision of services, as applicable. (Volunteer hours and the estimated ~~cost~~ value must be reported on the Monthly Data & Payment Report.)

Planning/Evaluation Requirements 650-25-45-30-10

Add #6 as follows:

6. Participate in Department of Human Services/Aging Services Division evaluation activities as requested.

Add new service standard:

Nutrition Program Service Standard 650-25-46

The purposes of nutrition services are:

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

Nutrition services include congregate and home-delivered meals, nutrition screening, nutrition education, nutrition counseling, and provide a link to other social and supportive services. Priority for services shall be given to:

- older individuals residing in rural areas;
- older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
- older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, older individuals residing in rural areas);
- older individuals with severe disabilities;
- older individuals with limited English proficiency;
- older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals; and
- older individuals at risk for institutional placement.

Performance Standards 650-25-46-01

Eligible Clients 650-25-46-01-01

1. Individuals age 60 and older and their spouses, regardless of age. Individuals under age 60 (except for spouses) may receive a meal only when it will not deprive an eligible client the opportunity to receive a meal. Individuals under age 60 (except for spouses) must pay the full cost of service unless one of the criteria listed below (2, 3, or 4) is met.
2. Volunteers under age 60 providing meal services during meal hours. The contract entity may make a meal available if a specific criterion is included in the entity's Program Policies and Procedures Manual.
3. Individuals with disabilities under age 60. The contract entity may make nutrition services available to individuals with disabilities under age 60 who reside in a housing facility primarily occupied by older individuals where there is a Title III congregate meal site when provision of the service does not prevent the participation of individuals age 60 and older and their spouse. If home-delivered meals are offered at the meal site, the individual with a disability under age 60 must meet eligibility criteria for home-delivered meals as outlined in Section 650-25-46-01-10 (6). The individual is only eligible to receive nutrition services that are provided at the housing facility where he or she resides. Specific housing facility meal sites must be identified in the contract and in the entity's Program Policies and Procedures Manual.
4. Individuals under the age of 60 with disabilities residing with eligible clients. The contract entity may make a meal available to an individual with a disability who resides at home with an eligible individual if specific criteria are included in the entity's Program Policies and Procedure Manual.

Location of Services 650-25-46-01-05

1. Congregate Meals – At a senior center or designated congregate setting (including schools and other facilities serving meals to children in order to promote intergenerational meal programs) that is in as close proximity as feasible to the majority of eligible individuals' residences. The meal site must meet state and local fire safety and

sanitation codes and standards, be accessible to individuals with disabilities, and have planned access to a telephone.

2. Home-Delivered Meals – In the homes of eligible home-delivered meals clients.

Delivery Characteristics 650-25-46-01-10

1. Contract entities must meet all applicable state and local laws and regulations regarding the safe and sanitary handling of food, equipment, supplies, and materials used in the storage, preparation, and delivery of meals and services to older persons. (Refer to the “North Dakota Requirements for Food and Beverage Establishments”, North Dakota Administrative Code (NDAC) Chapter 33-33-04.)
2. Congregate meals may be provided as hot or cold; home-delivered meals may be provided as hot, shelf stable, frozen, modified atmosphere packaging (MAP), or nutritional supplements.
 - a. Hot Food
 - i. Hot food must be served at 135 degrees Fahrenheit or higher.
 - ii. Document daily monitoring of hot food temperatures for each meal site.
 - iii. The hot food portion of a home-delivered meal must be packaged at 135 degrees Fahrenheit or higher and delivered within a two-hour time frame unless packaged and stored in a manner that will maintain the food temperature throughout the route (i.e. a plug-in-heating unit).
 - b. Cold Food
 - i. Cold food must be served at 41 degrees Fahrenheit or less.
 - ii. Document daily monitoring of cold food temperatures for each meal site.
 - iii. Working thermometers must be in place in all refrigerators/ walk-in coolers. Refrigeration temperatures must be maintained between 35-41 degrees Fahrenheit.

- iv. Document weekly monitoring of temperatures of refrigerators/ walk-in coolers.
 - v. The cold food portion of a home-delivered meal must be packaged at 41 degrees Fahrenheit or less and delivered within a two-hour time frame unless packaged and stored in a manner that will maintain the food temperature throughout the route (i.e. a plug-in cooling unit).
- c. Shelf Stable
- Label must include entrée selection, and the date of expiration.
- d. Frozen
- i. If commercially frozen meals are not used, frozen meals must be produced using rapid/blast freeze equipment and technology.
 - ii. Label must include entrée selection, instructions for storage and reheating, and the date of expiration. The date of the expiration should be no longer than three months after the meal was rapid/blast frozen.
 - iii. Working thermometers must be in place in all freezers. Frozen food must be maintained at zero degrees Fahrenheit or below.
 - iv. Document weekly monitoring of temperatures of freezers.
 - v. The provider must assure the client has the ability to store and prepare the frozen meal.
 - vi. All frozen meals must be recorded only as a sub-service of home-delivered meals.
- e. Nutritional Supplement
- The provision of any nutritional supplement must be based on a written diet order signed by a physician. The supplement must be part of a supervised nutrition intervention for clients that are only able to consume liquid food. Nutritional supplements are generally prescribed for a short-term basis; therefore, for clients that consume only liquids, the supplement is required to be

supervised (preferably by a Registered Dietitian) which includes reviewing intake, toleration, and the need for continued usage of the supplement. Review of intake, toleration, and the need for continued usage must be completed every four to six weeks. The goal is to have clients eating a mixture of solids and liquids in a meal to maintain muscle mass and overall body functioning.

Nutritional supplements served in addition to a meal are not considered separate meals, no matter how many cans of supplement are provided. A nutritional supplement given in an amount that equals 1/3 DRI will not be considered a meal unless it is the only food provided and consumed as the meal. A supplement adds on to a meal, it does not serve as a meal. No matter how much a meal provides, adding supplements to that meal will only increase the nutritional value of that single meal. Supplements are also available in a frozen state. The contract entity must check with the manufacturer/supplier for the recommended shelf life of thawed supplements if the discard date is not indicated on the package.

For billing purposes, a liquid supplement can be considered as one meal only if the client is unable to consume liquid food as indicated by a physician order and supervised by a Registered Dietitian.

f. Modified Atmosphere Packaging (MAP) Meal

Modified Atmosphere Packaging (MAP) is a technology that has been developed to ensure that packaged food products stay fresh and attractive for as long as possible. MAP extends the shelf life and preserves the quality of food without additives or preservatives. Shelf life of fresh food is significantly extended, while spoilage and waste are reduced.

If a MAP meal is used for the home-delivered meal service, the nutrition services contract entity must assure that the client has the ability to store and prepare the MAP meal.

3. The Older Americans Act authorizes the provision of congregate meals and home-delivered meals. There is no provision for carry-out or take-out meals. Meals must be provided five or more days per week in the defined service area. Congregate meals must be served a

minimum of three days per week at each congregate meal site. A minimum of five home-delivered meals must be made available per client per week in the client's home. Meals must be served during appropriate meal times.

4. A contract entity may choose not to serve congregate meals on holidays. The contract entity must identify the specific holidays a site(s) will be closed in their Program Policies and Procedures Manual. Site closures must also be included in the menus, the contract entity's newsletter (if applicable), and posted in a visible location at the meal site.

For home-delivered meals, an alternative option (i.e. shelf stable, frozen, or modified atmosphere packaging (MAP) meal) must be made available to avoid an interruption of service to the home-delivered meals client.

5. Congregate meal service must address the following:

- a. All eligible congregate meals clients who participate or plan to participate shall be requested to provide baseline data as outlined in the SAMS Congregate Meal Program Registration form. The contract entity must attempt to obtain all data requested in the assessment. Contact information, demographic data, and the Nutrition Screening Checklist are required for federal reporting purposes. Contacts may be documented in the Narrative section of the SAMS Congregate Meal Program Registration form, as appropriate. The Nutrition Screening Checklist must be reviewed and updated in the SAMS data system within a consecutive 12-month period for congregate meals clients.

If the consumer resides within the service area as identified in the contract entity's Contract with the Department, a Consumer Record must be created and completed in SAMS. This assures compliance with federal reporting requirements under NAPIS and the State Program Report. Non-compliance may result in non-payment for services.

A SAMS Consumer Group posting should be used only for those eligible consumers that are one time guests.

- b. Clients who request service may be required to sign up in advance of the date the service is desired as identified in the contract entity's Program Policies and Procedures Manual.
- c. Copies of the menu and voluntary contribution information must be publicly displayed at all congregate meal sites.
- d. Adaptive equipment to meet special needs must be available.
- e. Food not requiring refrigeration may be taken home by participants.
- f. For safety reasons, a provider may choose to deliver a meal to a congregate client during inclement weather and/or disaster situations. The contract entity should include this in their Program Policies and Procedures Manual under 'procedures to assure service delivery in weather-related emergencies' and 'written emergency disaster preparedness plan' [Reference: Section 650-25-46-30-01(1)(i) and (j) of this service chapter].

If a contract entity chooses to deliver a meal to a congregate client during inclement weather/disaster situations, the meal should be recorded in the SAMS service delivery as a congregate meal.

6. Home-delivered meals criteria include:

- a. Client must be homebound because of physical incapacity, mental or social conditions, or isolation. A person is considered homebound when one or more of the following exist:
 - Limited physical mobility;
 - Emotional or psychological impairments that prohibit participation at a congregate site;
 - Remote geographic location where no congregate meal site exists; or
 - Remote geographic location that prohibits accessing the meal site due to transportation issues.

The only exceptions to the home-delivered meal criteria are provisions for meals in weather-related emergencies and other disasters:

- If a provider delivers a meal to a congregate client during inclement weather [Reference: OAA Policies and Procedures Section 650-25-46-01-10(4)(f)]; or
- If provisions for the delivery of a frozen, modified atmosphere packaging (MAP), or shelf stable meal for a congregate client as an emergency meal are included in the contract entity's Program Policies and Procedures Manual assuring service delivery in weather-related emergencies and in their disaster preparedness plan.

b. Eligibility for home-delivered meals must be determined by the Older Americans Act Outreach Services contract entity for the service area using the SAMS Outreach/HDM Assessment form. Initial determination of eligibility may be accomplished by telephone. Within two weeks after beginning meal service, a home visit and the SAMS Outreach/HDM Assessment form must be completed to verify eligibility. Documentation must include verification of eligibility for individuals under the age of 60. The Nutrition Services contract entity must be notified in writing of eligibility status and nutritional risk status (as determined by the Nutrition Screening Checklist).

For continued home-delivered meal service, a client must be reassessed at least every six months, or sooner, as needed. The reassessment must include completion of the Nutrition Screening Checklist and the ADL/IADLs. The reassessment may be conducted through a home visit or by telephone. At a minimum, one home visit must occur within a consecutive 12-month period. The reassessment must be documented in the SAMS data system. Documentation must include verification of continued eligibility for individuals under the age of 60. The Outreach Services contract entity must notify (in writing) the Nutrition Services contract entity of continued eligibility or the need to discontinue service provision.

c. Initially and on an annual basis the Nutrition Services contract entity must provide copies and review content of the menu,

- voluntary contribution information, and home-delivered meals policies and procedures with the client. The contract entity is encouraged to provide available medical information approved by health care professionals, such as informational brochures and information on how to get vaccines, including vaccines for influenza, pneumonia, and shingles, in the individuals' communities.
- d. The Nutrition Services contract entity must limit the amount of time meals spend in transit before they are consumed.
7. Nutrition education must be provided to both congregate and home-delivered meals clients by the Nutrition Services contract entity. A licensed registered dietitian or person with comparable expertise shall provide input regarding the content of the nutrition education prior to presentation or distribution of materials.
- a. Nutrition education shall be provided at each congregate meal site on a semi-annual basis (minimum). Nutrition related presentations, videos, food demonstrations, and cooking classes are acceptable formats for the provision of the service, all of which may be augmented with printed materials. Documentation indicating the meal site, date, presenter, topic presented, number of clients receiving nutrition education, and the number of service units must be maintained. To record Service Delivery in the SAMS data system, a separate Consumer Group should be created for each meal site. Each client attending a presentation equals one unit of service.
- b. Nutrition education for home-delivered clients must be carried out on a semi-annual basis (minimum). Printed materials are an acceptable format for the provision of the service. A copy of the printed nutrition education material and documentation of the date of distribution, number of clients receiving the service must be maintained. To record Service Delivery in the SAMS data system, a separate Consumer Group should be created for each meal site. Each client receiving the printed material equals one unit of service.
- c. Expenses for the provision of nutrition education are included in the unit cost of a congregate and home-delivered meal and are not a separate billable unit.

- d. Units of service and the estimated cost must be reported on the Monthly Data & Payment Report.
8. All congregate and home-delivered meals clients must be screened for nutritional risk using the Nutrition Screening Checklist, which is a part of the SAMS Congregate Meal Program Registration form and the SAMS Outreach/HDM Assessment form. (Screening for home-delivered meals clients will be completed by the Outreach Services contract entity as addressed in 6 b).
- a. For congregate meals clients, the screenings must be conducted a minimum of one time within a consecutive 12-month period. Clients should be encouraged to 're-check' their nutritional scores as indicated: Score of 0-2 should recheck in 6 months; score of 3-5 should recheck in 3 months; score of 6 or more are at high nutritional risk and should be referred to their physician or licensed registered dietitian to discuss nutritional concerns and ways to improve their nutritional health (see information in 8 c below).
- b. Screening results for all clients must be recorded in the SAMS data system.
- c. Clients who screen 'at high nutritional risk' shall be referred to a doctor or licensed registered dietitian for follow-up and possible nutrition counseling. The Outreach Services contract entity shall notify (in writing) the Nutrition Services contract entity of home-delivered meals clients who screen 'at high nutritional risk'. The Nutrition Services contract entity shall make a referral to the licensed registered dietitian providing services to the Nutrition Services contract entity or to the client's physician. Documentation of the referral or referral attempt must be recorded in the Narrative section of the applicable SAMS registration/assessment form.
9. Nutrition counseling for congregate and home-delivered meals clients identified at high nutritional risk through the Nutrition Screening Checklist can only be provided by a licensed registered dietitian. All nutrition counseling must be recorded as Service Delivery for each individual client in the SAMS data system.

- a. For recording purposes, a unit of service is one session.
 - b. Expenses for the referral/provision of nutrition counseling are not a separate billable unit.
 - c. Units of service and the estimated cost must be reported on the Monthly Data & Payment Report.
10. Any alteration in the pattern of service delivery must be discussed with the Regional Aging Services Program Administrator prior to the change. All service delivery options should be considered and/or explored.

After discussions have been held and an alternative plan has been agreed upon, the contract entity must complete and submit a revised Service Provision Form to Aging Services Division as outlined in Section 650-25-75-05-05 of this service chapter.

Billable Units of Service 650-25-46-05

1. For billing purposes, one congregate meal equals one unit of service.
2. For billing purposes, one home-delivered meal equals one unit of service.
 - a. All frozen meals must be recorded only as a sub-service of home-delivered meals. If a frozen meal is prepared for consumption at a congregate site, the meal must be recorded in SAMS Service Delivery as Congregate Meal with the subservice Hot/Cold Meal.
 - b. A nutritional supplement is considered as one meal if the client is only able to consume liquid food as indicated by a physician order and supervised by a Registered Dietitian.

Each billable unit of service received by a client must be recorded in the client's individual record in the SAMS data system by the 15th of the month following service delivery.

Congregate meal registration and the provision of nutrition education and nutrition counseling are considered a part of the nutrition services and are not billable units of service.

Menu Planning 650-25-46-10

1. All meals provided must:

- a. Comply with the most recent Dietary Guidelines for Americans (DGs), published by the Secretary and the Secretary of Agriculture; and
- b. Provide a minimum of 33 1/3 percent of the dietary reference intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences, if the project provides one meal per day. A minimum of 66 2/3 percent of the allowances must be provided if the project provides two meals per day. If the project provides three meals per day, 100 percent of the allowances must be provided). The DGs describe food choices that promote good health. The DRIs help assure that nutrient needs are met.

2. Dietary Reference Intakes (DRIs) are quantitative estimates of nutrient intakes for use in planning and assessing healthy diets. The DRIs include several nutrient based reference value sets including:

- a. Estimated Average Requirement (EAR): "the average daily nutrient intake level estimated to meet the requirements of half the healthy individuals in a particular life stage and gender group";
- b. Recommended Dietary Allowances (RDA): "the average daily nutrient intake level sufficient to meet the nutrient requirements of nearly all (97 to 98%) healthy individuals in a particular life stage and gender group";
- c. Adequate Intake (AI): "a recommended average daily nutrient intake level based on observed or experimentally determined approximations or estimates of nutrient intake by a group (or groups) of healthy people that are assumed to be adequate – used when RDA cannot be determined";
- d. Tolerable Upper Intake Level (UL): "the highest average daily nutrient intake level that is likely to pose no risk of adverse health effects to almost all individuals in the general population.

As intake increases above the UL, the potential risk of adverse effects may increase"; and

- e. Acceptable Macronutrient Distribution Range (AMDR): "range of intake for a particular energy source (macronutrients include carbohydrates, proteins, fats) that is associated with reduced risk of chronic disease while providing intakes of essential nutrients. If an individual consumes in excess of the AMDR, there is a potential of increasing the risk of chronic diseases and/or insufficient intakes of essential nutrients.
3. The South Dakota Division of Adult Services and Aging developed recipes and menus that meet current DRI requirements. The menus were developed and nutritional analyses completed by Adele Huls, PhD, RD, LMNT, LN.

The recipes and menus are posted on the South Dakota website and are available for use by North Dakota providers. The recipes and menus can be accessed at:

<http://dss.sd.gov/elderlyservices/services/seniormeals/menusandrecipes.asp>

4. Contract entities that do not use the menus developed by the South Dakota Division of Adult Services and Aging must address the following:
 - a. Develop menus that comply with the most recent Dietary Guidelines for Americans (DGs) and meet current DRI recommendations. North Dakota will follow guidelines used by South Dakota in the development of menus to meet current DRI requirements. Guidelines for nutrient values are listed in #5.
 - b. Use a cycle menu format (minimum of four weeks) that is rotated at set intervals and reflects seasonal availability of foods.
 - c. To the maximum extent practicable, consider the special dietary needs arising from health requirements, religious requirements, or ethnic backgrounds of eligible clients.
 - d. The cycle menus, recipes, and nutritional analysis must be submitted to Aging Services Division through the request for proposal process and/or upon request. The submitted materials

must be signed by the contract entity's licensed registered dietitian or licensed nutritionist.

5. The following guidelines for nutrient values must be used in developing menus:

| <u>Nutrient</u> | <u>Value</u> |
|---|---------------------|
| <u>Basic Components</u> | |
| <u>*denotes required</u> | |
| <u>*Calories (kcal)</u> | <u>735.00</u> |
| <u>Water</u> | <u>1233.30</u> |
| <u>*Protein (g) actual is 18.8 - our goal is based on 17% of calories and wt/ht/activity of reference person (75 yo male 68" 153#) Lightly Active</u> | <u>31.24</u> |
| <u>Carbohydrates (g) based on 53% of calories</u> | <u>97.40</u> |
| <u>*Dietary Fiber (g)</u> | <u>10.29</u> |
| <u>*Fat (g) based on 30% of calories - can be lower</u> | <u>24.50</u> |
| <u>Net Carbs</u> | <u>87.11</u> |
| <u>Vitamins</u> | |
| <u>*Vitamin A RAE</u> | <u>300.00</u> |
| <u>*Vitamin B-6 (mg)</u> | <u>0.60</u> |
| <u>*Vitamin B-12 (mcg)</u> | <u>0.80</u> |
| <u>*Vitamin C (mg)</u> | <u>30.00</u> |
| <u>Vitamin D (mg) (or 200 IU)</u> | <u>5.00</u> |
| <u>Folate DFE (mcg)</u> | <u>133.30</u> |
| <u>Minerals</u> | |
| <u>*Calcium (mg)</u> | <u>400.00</u> |
| <u>*Magnesium (mg)</u> | <u>140.00</u> |
| <u>Iron (mg)</u> | <u>2.70</u> |
| <u>*Sodium (mg) goal: 800 or less in future</u> | <u>1000.00</u> |
| <u>Potassium (mg) goal: 1567.0 in future</u> | <u>1250.00</u> |
| <u>*Zinc (mg)</u> | <u>3.75</u> |

Contract entities should strive to meet nutrient values on a daily basis. Averaging of nutrient values over a 5-day or 7-day period is allowable.

6. A meal pattern is a menu-planning tool that ensures the number/numbers of servings per food group are met at each meal. **Meal patterns do not ensure that nutrient requirements are met; therefore, computer-assisted nutrient analyses must be run** (see #5).

The following meal pattern is based on the 2005 Dietary Guidelines for Americans and the Food Guide Pyramid.

| <u>FOOD GROUP</u> | <u>SERVINGS PER MEAL</u> | <u>PORTION SIZE</u> |
|-----------------------------------|--------------------------|--|
| <u>Bread or Bread Alternative</u> | <u>2 servings</u> | <u>1 serving = 1/2 cup cooked pasta, rice or cereal; 1 slice of bread (1 oz.) or equivalent combinations</u> |
| <u>Vegetable</u> | <u>2 servings</u> | <u>1 serving = 1/2 cup or equivalent measure (may serve an additional vegetable instead of a fruit)</u> |
| <u>Fruit</u> | <u>1 serving</u> | <u>1 serving = 1/2 cup or equivalent measure (may serve an additional fruit instead of a vegetable)</u> |
| <u>Milk or Milk Alternative</u> | <u>1 serving</u> | <u>1 serving = 1 cup (8 oz) or equivalent measure</u> |
| <u>Meat or Meat Alternative</u> | <u>1 serving</u> | <u>1 serving = 2 oz or equivalent measure</u> |
| <u>Fats</u> | <u>1 serving</u> | <u>1 serving = 1 teaspoon or equivalent measure</u> |
| <u>Dessert</u> | <u>1 serving</u> | <u>1 serving = 1/2 cup (optional)</u> |

7. Menu changes must be documented and approved by a licensed registered dietitian or licensed nutritionist. It is recommended that a list of approved substitutions be maintained at the meal site.

8. Provision of a special or therapeutic diet to a client requires a signed physician's order. Menus must be planned with the advice of a licensed registered dietitian to establish appropriate nutritional therapy.
9. Nutrition Services contract entities are prohibited from providing vitamin and/or mineral supplements to clients.

Nutrition Services Incentive Program (NSIP) Funds 650-25-46-15

Nutrition Services Incentive Program (NSIP) funds must be used to purchase food grown in the United States of America for meals provided during the federal fiscal year for which the funds were authorized.

Additional information regarding NSIP funds is located in Section 650-25-80-05. Nutrition Services Incentive Program (NSIP).

Staffing Requirements 650-25-46-20

1. The contract entity must establish and administer the nutrition services program with the advice of the following:
 - Licensed registered dietitians or individuals with comparable expertise, including a licensed nutritionist, a dietary technician, or a certified dietary manager;
 - Meal participants; and
 - Individuals who are knowledgeable with regard to the needs of older individuals.

Prohibited Activities 650-25-46-25

1. Unapproved substitutions that alter the DRI nutrient values/goals.
2. Utilization of home canned, home prepared, or preserved food.
3. Provision of therapeutic diets without the advice of a physician or licensed registered dietitian to establish appropriate medical nutritional therapy.

Administrative Requirements 650-25-46-30

Administration 650-25-46-30-01

1. Develop and adhere to a written Program Policies and Procedures Manual to include, at a minimum, the following:

- a. Defined service area.
- b. Targeting methods for the following: older individuals residing in rural areas; older individuals with greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas); older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency; and older individuals residing in rural areas); older individuals with severe disabilities; older individuals with limited English proficiency; older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and older individuals at risk for institutional placement.
- c. Frequency, method, and timeframe for delivery of services as appropriate.
- d. Criteria for eligible nutrition clients, as applicable [Section 650-25-46-01-01 and Section 650-25-46-01-10(5)(b)].
- e. Service options are accessible to all eligible clients, independent, semi-independent, and totally dependent, regardless of income levels.
- f. Procedures to assure the confidentiality of client specific information.
 - i. No information about a client is disclosed by the contract entity unless a release of information is received from the client or legal representative; disclosure is required by court order; or for program monitoring by authorized agencies.

- ii. An appropriate release of information document is signed and on file before client records are released.
- iii. All client specific information is maintained in a locked file, locked area of access coded computer program.
- g. Service contribution (program income) procedures that assure:
 - i. Clients are provided the opportunity to contribute to the cost of services received. Acceptable formats for receiving contributions include the following: a locked box in a private area; sealed envelope with on-site deposit in a locked box in a private area or return by mail; and self punch meal tickets. Any form of periodic correspondence resembling a billing for number of services received by a client is prohibited.
 - ii. No client is denied service due to inability or unwillingness to contribute.
 - iii. A suggested contribution schedule that considers the income ranges of older individuals may be developed. Means tests shall not be used for any service supported by Older Americans Act funds.
 - iv. Each service provider must choose to do one of the following: 1) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service, with information indicating that clients may, but are not required to contribute for the nutrition service; or 2) Publicly display at service locations and provide to clients served at home, the full cost of the nutrition service and the suggested contribution, with information indicating that clients may, but are not required to contribute for the nutrition service.
 - v. Measures are taken to protect the privacy of each client with respect to his or her contribution.
 - vi. Appropriate procedures are established to safeguard and account for all contributions. At a minimum, the following must be addressed: format used for receipt of funds,

- procedure for deposits, verification of receipt of funds, location of funds prior to deposit, and program staff who have access to funds.
- vii. Ineligible participants are required to pay the full cost of the nutrition service.
 - viii. Service contributions for nutrition services are used to expand nutrition services.
 - ix. Service contributions for nutrition services may include food stamps.
- h. Fiscal procedures that address receipt of Older Americans Act and related funds, deposit of funds, and payment process.
 - i. Procedures to assure service delivery in weather-related emergencies.
 - j. Written emergency disaster preparedness plan approved by the local governmental official(s) having responsibility for disaster planning and designate an individual who is responsible to carry out provisions of the plan.
 - k. Procedures to assure the provision of information and referral services.
 - l. Non-discrimination towards clients.
 - m. Grievance procedures for clients.
 - n. Records retention.
 - o. Reporting food-borne illness.
 - p. Holiday meal policy.
 - q. A plan to review and update manual as necessary but at least 90 days after the beginning of each contract period.
2. Provide or make available training to volunteers and paid personnel concerning the provision of services to older individuals. Upon hire and annually thereafter, paid personnel/volunteers must receive training on the following: overview of the Older Americans Act, service contributions, review of applicable service standards or service

requirements and necessary training to deliver the specific service, confidentiality, and fire safety.

3. Use of volunteers in the provision of services, as applicable. (Volunteer hours and the estimated value must be reported on the Monthly Data & Payment Report.)

Legal Requirements 650-25-46-30-05

1. Comply with all applicable federal and state laws, rules and regulations, and policies and procedures governing Older Americans Act programs.
2. Provide insurance as required in the Contract.

Planning/Evaluation Requirements 650-25-46-30-10

1. Assess/reassess needs of older individuals in the defined service area.
2. Coordinate services within the community to avoid duplication.
3. Evaluate overall program to determine whether or not services were delivered, at what cost; and to what extent goals/objectives were met.
4. Conduct service evaluations with provision for client input; develop and maintain a report of the findings for utilization in planning.
5. Use information to implement, continue, expand, or end a particular service or activity.
6. Participate in Department of Human Services/Aging Services Division evaluation activities as requested.

Advocacy Requirements 650-25-46-30-15

1. Provide leadership relative to aging issues on behalf of all older persons in the defined service area.
2. Evaluate and comment on local regulations and policies that affect older persons.
4. Maintain records that document advocacy efforts and outcomes.

Outreach Program Service Standard 650-25-50 Delivery Characteristics 650-25-50-01-10

Revise #2 and #8 as follows:

2. All contacts, including telephone calls, must be documented in the Narrative section of the ~~web-based~~ SAMS Outreach/HDM Assessment form. Each contact must have a stated specific purpose. The documentation shall include:

- the stated specific purpose of the outreach contact;
- a brief descriptive statement of the outreach interaction, including any service needs identified, alternatives explored, service delivery options offered;
- the services accepted or refused by the client; and
- the client's choice of provider(s).

8. Any alteration in the pattern of service delivery must be discussed with the Regional Aging Services Program Administrator prior to the change. All service delivery options should be considered and/or explored.

After discussions have been held and an alternative plan has been agreed upon, the contract entity must complete and submit a revised Service Provision Form to Aging Services Division as outlined in Section 650-25-75-05-05 of the this service chapter.

Billable Units of Service 650-25-50-05

Revise as follows:

For billing purposes, the contract entity must use the service billing unit system for each service procedure identified in the Service Delivery Procedures Section of this Standard (650-25-50-06).

~~For escort/shopping assistance service activity, a unit of service for billing purposes is 15 minutes. A unit of service begins when the outreach worker leaves his/her office/home and ends upon return to the office/home. Shopping for multiple clients must be pro-rated to each client. Voice messaging, time documenting outreach interactions, training, and other administrative functions are not billable units. Expenses for these functions should be included in the unit cost.~~

Each billable unit of service received by a client must be recorded in the client's individual record in the ~~web-based~~ SAMS data system ~~on a monthly basis~~ by the 15th of the month following service delivery.

Service Delivery Procedures 650-25-50-06

Revise #1(f), #2(b), #3(b), #4(b), and #5(a & b); **delete** #6 and #7; **re-number** #8 to #6 and revise (a & b); and **delete** #9 as follows:

The following service delivery procedures must be followed for reimbursement through an Older Americans Act contract:

1. Initial Outreach Assessment – 8 Units of Service
 - f. Enter assessment data in the SAMS ~~web-based~~ data system. Document the following in the Narrative section of the SAMS Outreach/HDM Assessment form: the ~~stated~~ specific purpose of the outreach contact; a brief descriptive statement of the outreach interaction including any identified service needs; alternatives explored; service delivery options offered; services accepted or refused by the client; and the client's choice of provider(s). If applicable, document how/why a client who is under the age of 60 is eligible to receive home-delivered meals.
2. 30-Day Follow-up In-Home Contact and/or In-Home Follow-up Contact – 2 Units of Service
 - b. Document in the web-based Narrative section of the SAMS Outreach/HDM Assessment form the ~~stated~~ specific purpose of the outreach contact and a brief descriptive statement of the outreach interaction, including client satisfaction with service(s).
3. Outreach Canvassing Face-to-Face Contact – 2 Units of Service
 - b. If applicable, make appointment to and/or complete SAMS Outreach/HMD ~~HMD~~ HDM Assessment form.
4. Outreach Reassessment (In-Home) – 4 Units of Service
 - b. Enter reassessment data in the SAMS ~~web-based~~ data system. Document the following in the Narrative section of the Assessment form: the ~~stated~~ specific purpose of the outreach contact; a brief

descriptive statement of the outreach interaction including any identified service needs; alternatives explored; service delivery options offered; services accepted or refused by the client; and the client's choice of provider(s).

5. Reassessment for Continued HDM Eligibility: (In-Home) – 4 Units of Service or Telephone Contact – 2 Units of Service
 - a. For continued receipt of home-delivered meals, the client must be reassessed every six (6) months or sooner as applicable, to assure continued eligibility. The reassessment may be conducted through a home visit or by telephone. At a minimum, one home visit must occur within a consecutive 12-month period. Review existing client data in the SAMS Outreach/HDM Assessment form to assure it is correct. Re-assessment must include completion of the Nutrition Screening Checklist and ADL/IADL's. Determine if additional services are needed and make appropriate referrals.
 - b. Enter reassessment data in the SAMS ~~web-based~~ data system. Document the following in the Narrative section of the SAMS Outreach/HDM Assessment form: the stated specific purpose of the outreach contact; a brief descriptive statement of the outreach interaction including any identified service needs; alternatives explored; service delivery options offered; services accepted or refused by the client; and the client's choice of provider(s). If applicable, document how/why a client who is under the age of 60 is eligible to receive home-delivered meals.
- ~~6. Initial Congregate Meal Assessment (applicable only if the outreach worker is assisting a client to complete assessment information and Nutrition Screening Checklist) – 2 Units of Service~~
 - ~~a. Interview client to complete assessment using the SAMS Congregate Meal Assessment form.~~
 - ~~b. Enter assessment data in the SAMS web-based data system. Document in the Narrative section of the SAMS Congregate Meal Assessment the stated purpose of the contact; why the client needs assistance, and a brief descriptive statement of the interaction.~~
 - ~~c. If additional needs are identified, schedule home visit to conduct an initial outreach assessment using Outreach/HDM assessment form.~~

- ~~d. Notify the Nutrition Service contract entity in writing, of the nutritional risk status (as determined by the Nutrition Screening Checklist).~~
- ~~7. Annual Congregate Meal Reassessment (applicable only if the outreach worker is assisting a client to complete assessment information and Nutrition Screening Checklist) – 1 Unit of Service~~
 - ~~a. Review/update assessment data as applicable. The Nutrition Screening Checklist must be completed within a consecutive 12-month period.~~
 - ~~b. Enter assessment data in the SAMS web-based data system. Document in the Narrative section of the SAMS Congregate Meal Assessment the stated purpose of the contact, why the client needs assistance, and a brief descriptive statement of the interaction.~~
 - ~~c. If additional needs are identified, schedule home visit to conduct an initial outreach assessment using Outreach/HDM assessment form.~~
 - ~~d. Notify the Nutrition Service contract entity in writing, of the nutritional risk status (as determined by the Nutrition Screening Checklist).~~
8. **6.** Telephone Contact, E-mail, Written Correspondence, Text Message, or Brief Face-to-Face Visit [Outside of the Home] (respond to referral/30 day follow-up, linkage to service) – 1 Unit of Service
 - a. Contact the referral entity or client via telephone, e-mail, written correspondence, text message, or through a brief face-to-face visit (outside of the home) regarding the referral or receipt of services.
 - b. Document in the web-based Narrative section of the SAMS Outreach/HDM Assessment form the stated **specific** purpose of the outreach contact and a brief descriptive statement of the outreach interaction, including client satisfaction with service(s).
- ~~9. Escort/Shopping Assistance – see Section 650-25-50-05.~~

Service Activities 650-25-50-10

Revise #4, delete #5 and #6, re-number #7 to #5 and revise, and re-number #8 to #6.

5. Determine eligibility for the home-delivered meals service. Initial determination of eligibility may be accomplished by telephone. The Outreach Services contract entity must immediately notify the

Nutrition Services contract entity of preliminary approval for receipt of home-delivered meals. Within two weeks of beginning meal service, a home visit and the SAMS [Outreach/HDM Assessment form](#) must be completed to verify eligibility. The Nutrition Services contract entity must be notified in writing of eligibility status and nutritional risk status (as determined by the Nutrition Screening Checklist). For continued home-delivered meal service, a client must be reassessed at least every six months or sooner, as needed. The reassessment must include completion of the Nutrition Screening Checklist and the ADL/IADLs. The reassessment may be conducted through a home visit or by telephone. At a minimum, one home visit must occur within a consecutive 12-month period. The reassessment must be documented in the SAMS data system. The Outreach Service contract entity must notify (in writing) the Nutrition Services contract entity of continued eligibility or the need to discontinue service provision.

- ~~6. Assist clients who are unable to self complete the Congregate Meal Assessment including the nutrition screening checklist. Document in the Narrative Section of the web-based SAMS Congregate Meal Assessment form, the stated purpose of the outreach contact, why the client needs assistance, and a brief descriptive statement of the outreach interaction. If additional needs are identified, schedule a home visit to conduct an initial outreach assessment using the Outreach/HDM Assessment form.~~
- ~~7. Provide or arrange for escort/shopping assistance. Escort/shopping assistance consists of accompanying and personally assisting, or arranging for someone to accompany and personally assist, a client with physical or cognitive difficulties to obtain a service outside the home environment. The escort/shopping assistance service activity was developed as a safety net and is a service of last resort. It cannot be authorized if there is another service delivery option. When arranging for escort/shopping assistance, availability of family members, friends, and volunteer organizations, and retail businesses to provide the service must be considered and accessed when possible. Documentation must reflect these efforts. The escort shall accompany and assist the client in a safe and patient manner and remain with the client for the duration of the escort/shopping assistance trip. Shopping assistance is limited to shopping for groceries and other essential items. If a client is~~

~~homebound, the worker may shop for allowable items. The transportation provided as a part of this service should be coordinated with the established transit service provider.~~

- ~~7.~~ **5.** Identify and document unmet service needs. Contact client for follow-up (on-site home visit or via telephone contact) within ~~thirty~~ **30** days after assessment to assure identified unmet service needs have been addressed and that the client is satisfied with the service and choice of provider.
- ~~8.~~ **6.** Adhere to the contract entity's written referral process as stated in the contract entity's Policies and Procedures Manual to coordinate service provision with other agencies.

Administrative Requirements 650-25-50-25 Administration 650-25-50-25-01

Revise #1(e), #2 and #3 as follows:

1. Develop and adhere to a written Program manual of Policies and Procedures Manual to include, at a minimum, the following:
 - e. Procedures to assure the confidentiality of client specific information.
 - vi. No information about a client is disclosed by the contract entity unless ~~informed consent~~ a release of information is received from the client or legal representative; disclosure is required by court order; or for program monitoring by authorized agencies.
2. Provide or make available training to volunteers and paid personnel concerning the provision of services to older individuals. Upon hire and annually thereafter, ~~At a minimum~~, paid personnel/volunteers must receive training on the following: overview of the Older Americans Act, service contributions, review of applicable service standards or service requirements and necessary training to deliver the specific service, confidentiality, and fire safety.
3. Use of volunteers in the provision of services, as applicable. (Volunteer hours and the estimated ~~cost~~ value must be reported on the Monthly Data and Payment Report.

Planning/Evaluation Requirements 650-25-50-25-10

Add #6 to this section:

6. Participate in Department of Human Services/Aging Services Division evaluation activities as requested.

Program Reporting Requirements 650-25-70

Delete and **revise** as follows:

~~Program reporting requirements will be identified in each specific contract.~~

Contract entities may be required to submit program reports. Content of the report and timeframes will be identified in the specific program service standard, Sections 650-25-70-01, Section 650-25-70-05, and/or the contract.

SAMS ~~2000~~ Reporting 650-25-70-01

Revise as follows:

SAMS ~~2000~~ is a web-based data management system used to comply with Administration on Aging reporting requirements as well as integrate data collection with other federal and state funded home and community-based services.

Contract entities providing the following services are required to submit program reports using the SAMS data system: ADRL Services; Health Maintenance Services; Nutrition Services; and Outreach Services.

~~The SAMS 2000 Handbook for Older Americans Act Providers outlines step-by-step instructions for client registration, assessment, recording service delivery, and developing reports.~~

~~Instructions for completion of a SAMS assessment are outlined in the User's Guide for Completion of Older Americans Act SAMS Assessments.~~

Instructions for use of the SAMS data system can be accessed at: www.synergysw.com/support/login.php. Each user must create a user ID to access the standard user manuals. A Help button is in place in the database to assist the user and can be used any time when logged into the system.

Periodic SAMS trainings and on-going technical assistance are provided by Aging Services Division. Contract entities can request specific trainings on SAMS usage and reporting.

A SAMS 2000 Agency Summary Report must be generated in the ~~web-based~~ SAMS data system to complete information for the [Monthly Data & Payment Report \(SFN 269\)](#) (235 kb), also generated in the ~~web-based~~ SAMS data system. The SAMS 2000 Agency Summary Report must be attached to the Monthly Data & Payment Report and submitted no later than thirty days after the end of the monthly service period.

In addition, a SAMS 2000 Service Progress Report must be generated in the ~~web-based~~ SAMS data system for Health Maintenance Services and Outreach Services. The SAMS 2000 Service Progress Report must be attached to the Monthly Data & Payment Report, and submitted no later than thirty days after the end of the monthly service period.

Contract entities may be required to develop and submit additional reports upon request.

~~Any additional reporting requirements will be identified in each specific contract.~~

Contract 650-25-75-05

Insert the following as the second paragraph:

Funds are awarded through the issuance of a contract document depending upon the service requirements.

A contract entity must provide the service(s) throughout the contract period.

A contract may be terminated with or without cause upon thirty (30) days written notice by either party.

Failure to perform the work or comply with the terms of the contract may result in non-payment, recapture of funds, or contract termination.

Subcontract 650-25-75-05-01

Delete the last part of the second paragraph as follows:

The Department of Human Services, Aging Services Division, requires the completion and submission of a Subcontracting Form that identifies each subcontractor and the percentage of work being performed by each. Aging Services Division also requires the completion and submission of a Subcontractor Certification Form ~~that certifies each subcontractor's compliance with North Dakota's laws and regulations, commitment to render the services, and registration, if applicable, with the North Dakota Secretary of State and holding of any required licenses.~~

Effective Date: January 1, 2012