

Par. 1. 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

Revise/delete/add the following:

Homebound		Unable to leave a place of residence due to limited mobility; emotional or psychological impairments that prohibit participation at a meal site <u>or health screening site; remote geographic location where no meal site or health maintenance site exists;</u> or a geographic location is so remote that transporting a client to and from a site is prohibitive.
<u>Modified Atmosphere Packaging (MAP) Meal</u>		<u>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.</u>

Outreach		A personalized approach to seeking out older individuals and identifying their service needs with an emphasis on referral and linkage to available services. Service activities also include determining eligibility for home-delivered meals service and escort/shopping assistance.
Supportive Services		Services funded under Title III - B of the Older Americans Act, including but not limited to outreach, health maintenance, transportation, information and assistance, <u>ADRL options counseling, assistive devices, senior companion services, tribal home visits,</u> and legal services.
<u>Tribal Home Visit</u>		<u>Periodic visits to isolated older individuals residing on a Reservation to monitor their health and well-being, and identify service needs with an emphasis on referral and linkage to available services.</u>

Direct Services 650-25-25-70

Revise first bullet as follows:

Aging Services Division provides the following direct services:

- Information and Assistance Services: Aging Services Division operates the North Dakota Aging and Disability Resource-~~LINK~~ Link, a toll free line that provides information and assists the caller in accessing programs and services across the state (North Dakota Department of

Human Services Manual Chapter pending [650-50, North Dakota Aging and Disability-LINK](#)).

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

Revise as follows:

Aging Services Division contracts through a request for proposal for provision of [ADRL options counseling](#), health maintenance, legal, [and](#) nutrition, ~~and outreach~~ services. Aging Services Division also contracts for the provision of senior companion services, ~~disease prevention and health promotion services~~, family caregiver support services, [tribal home visits](#), and other needed services as funding allows.

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 services, [and tribal home visits](#). Standards for other services are included with the Contract document.

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

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

Revise #3: **delete** letter e; **revise** lettering as follows:

- ~~a) 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.~~
- e** 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.

Revise #4: **insert** paragraph as follows:

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

If ADRL Benefits Counseling and/or ADRL Futures Planning are provided, the activity must be recorded in SAMS as a subservice of ADRL Options Counseling Follow-up Contact [Service Delivery Procedure #4].

Revise #5 and #6 as follows:

5. At the time that all action steps are completed or if there is no activity within a ~~six-month period~~ 90-days, the SAMS ADRL Options Counseling record must be updated to reflect "inactive"; the Narrative section must be updated to reflect that Options Counseling is no longer being provided. If the consumer is enrolled in other Title III or HCBS services, the record must remain active; the Narrative should be updated to reflect that Options Counseling is no longer being provided.
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)~~ (a-e); (4); and (5).

Billable Unit of Service 650-25-26-05

Revise the 5th paragraph; insert new paragraph as follows:

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

If ADRL Benefits Counseling and ADRL Futures Planning are provided, the activity must be recorded in SAMS as a subservice of ADRL Options Counseling Follow-up Contact [Service Delivery Procedure #4].

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

Revise #1: Add letter c as follows:

- c. If a consumer record is re-opened [Service Delivery Procedure #6], the ADRL Information & Referral/Assistance (ADRL I & R/A) [Service Delivery Procedure #1] may be billed in addition to the four units of service to re-open the consumer record, as applicable.

Revise #2: delete letter e; revise lettering as follows:

- ~~e) If provided, record ADRL Benefits Counseling and/or ADRL Futures Planning in the SAMS data system as one contact in Service Delivery.~~
- f e. 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.

Revise #4: Replace information in letter b; revise lettering as follows:

- b. If provided, ADRL Benefits Counseling and/or ADRL Futures Planning must be recorded in SAMS as a subservice of ADRL Options Counseling Follow-up Contact [Service Delivery Procedure #4].

~~c~~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.

d ~~e.~~ All contacts 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.

Revise #5 as follows:

At the time that all action steps are completed or if there is no activity within a ~~six-month period~~ 90-days, the SAMS ADRL Options Counseling record must be updated to reflect "inactive"; the Narrative section must be updated to reflect that Options Counseling is no longer being provided. If the consumer is enrolled in other Title III or HCBS services, the record must remain active; the Narrative should be updated to reflect that Options Counseling is no longer being provided.

Revise #6 letters a and e as follows:

- 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. If applicable, Service Delivery Procedure #1, [ADRL Information & Referral/Assistance (ADRL I & R/A)] may be billed in addition to the four units of service to re-open the consumer record.
- e) If provided, record ADRL Benefits Counseling and/or ADRL Futures Planning must be recorded in the SAMS data system as ~~one contact in Service Delivery~~ a subservice of ADRL Options Counseling Follow-up Contact [Service Delivery Procedure #4].

Family Caregiver Support Program Service 650-25-30

Service Activities 650-25-30-10

Combine #1 and #2; re-number.

1. Public Education/Outreach/Client Identification.
 - Booths at health fairs
 - Mailing out NDFCSP brochures
 - Posting NDFCSP flyers
 - Public service announcements advertising the NDFCSP and services
 - Church bulletin inserts
 - Media events which advertise the NDFCSP and services

- School newsletters/company employee newsletters advertising the NDFCSP and services
- Conduct outreach activities that will seek out and identify eligible caregivers in the community. Outreach activities must be coordinated with existing Older Americans Act outreach service contract entities-

~~2.~~ Public Education-

- Participate in coalitions and/or planning committees which focus on aging/caregiving services **service** needs, issues, events
- Public presentations regarding caregiving and grandparent issues
- Newsletters/newspaper articles which provide information on grandparent or caregiving issues
- Public caregiver trainings that focus on caregiving or grandparent issues; i.e. Dementia Training-

~~3.~~ 2. Information & Assistance.

- Provide information and assistance services to caregivers using the resources available through the North Dakota Aging and Disability Resource-LINK online database at www.carechoice.nd.gov.
- Phone calls requesting program information for new or prospective clients
- Send information to an individual caregiver or relative caregiver regarding services available in their community
- Assistance individuals to become enrolled as Qualified Service Providers (QSP)

~~4.~~ 3. Caregiver Assessments.

- Make home visits or arrange for visits in a location convenient for the caregiver; complete individual caregiver assessments on all eligible caregivers using the HFA Caregiver Assessment Tool which can be accessed through the web-based HFA data collection system. Caregiver assessments will identify needs of the individual caregiver including needs unique to individuals providing care while they are employed outside the home; to grandchildren not more than 18 years of age or are an individual with a disability; to individuals with Alzheimer's/dementia; to individuals with cognitive impairments; to individuals with developmental disabilities; to individuals with mental illness; to

individuals with physical disabilities; to individuals with substance abuse problems; and to individuals at the end of life.

- Caregiver assessments must be updated on an annual basis.

5.4. Caregiver Option Plan Design & Implementation.

- Using the results of the Caregiver Assessment Tool, design & implement individualized Caregiver Option Plans ([SFN 165](#)) that address the needs unique to the individual providing care. The Caregiver Option Plan (SFN 165) must identify services to be received, the entity providing the service, and expected outcomes.
- Caregiver Coordinators will allocate initial respite service funding for each caregiver based on a three month prorated amount of the current service cap. The Caregiver Option Plan will be reviewed by the Caregiver Coordinator quarterly (at a minimum) to evaluate respite care usage and need for additional respite funding. Allocations for respite services will be based on each caregiver's individual needs. The Caregiver Coordinator has the discretion to allocate initial respite funding which exceeds the prorated amount based on caregiver need. The Caregiver Coordinator also has the discretion to add to the respite funding allocation more frequently than quarterly based on caregiver need. The Caregiver Option Plan will not exceed the respite service cap established for the service period.
- A copy of the Caregiver Option Plan must be mailed to the caregiver after each review date.
- The effective date on the Caregiver Option Plan ([SFN 165](#)) will not exceed the 12 month enrollment period (July 1 to June 30).
- The Caregiver Coordinator may terminate the Caregiver Option Plan ([SFN 165](#)) if the caregiver has not accessed services within a review period (at a minimum of quarterly). The termination will be issued in writing with the use of the NDFCSP Notice of Service Denial, Closure or Termination ([SFN 331](#)).
- Caregiver Coordinators must monitor the Caregiver Option Plan ([SFN 165](#)) to assure caregiver goals and outcomes have been met. Caregiver Option Plans (SFN 165) must be updated when the effective date expires. Caregiver Option Plan (SFN 165) updates may be completed by meeting with or making phone contact with caregivers and acquiring signatures via the mail. Caregivers must receive a minimum of four contacts per year

with the Caregiver Coordinator which includes a face-to-face visit every 6 months.

- If the coordinator receives a report of a significant event involving an enrolled caregiver, a home visit will be required. Examples of a significant event may include: an adult protective services referral, concern regarding caregiver's ability to continue to provide care, complaint regarding respite provider. When there is a question regarding a significant event, the coordinator will review with the program administrator.

~~6.~~ 5. Individual Caregiver Counseling.

- Identify and arrange for payment for qualified professionals to complete up to 4 sessions during a 12 month enrollment period of individual or family counseling of eligible caregivers. If it can be demonstrated that the caregiver has an extraordinary need for additional counseling beyond the 4 sessions, a written request must be submitted to the Program Administrator. A one-time extension of the minimum 4 sessions will be considered on a case-by-case basis. Caregivers who require on-going counseling will be referred as needed. A qualified professional includes a psychologist, licensed social worker, and counselors as defined by North Dakota Century Code. Caregiver Coordinators will locate resources/individuals in the community that provide counseling that may include but are not limited to the following areas:

- Caregiver Stress and Coping
- End of Life Issues / Grief Counseling
- Family Relations / Dynamics
- Substance Abuse
- Decision Making and Problem Solving
- Rates for qualified professionals to provide caregiver-counseling services shall not exceed the current Human Service Center statewide rate for individual or family therapy.

~~7.~~ 6. Community & Program Development.

- Facilitate development/maintenance of caregiver support groups. Create/maintain working partnerships with other agencies and organizations that provide services to support caregivers.

- Reimbursement may be provided for start-up costs for support groups that have a caregiver component for a period of up to 6 months. The goal is to encourage each group to become self-sustaining. Educational materials may be provided as needed.
- Be a resource for caregiving issues in the community.
- Provide leadership relative to caregiver issues on behalf of eligible caregivers.

8.7. Individualized Caregiver Training.

- Identify and arrange payment for qualified professionals to complete individualized caregiver training that meets the needs of the eligible caregiver. Caregiver Coordinators will locate qualified professionals that may include but not be limited to nurses, occupational therapists, physical therapists, and dietitians. Whenever possible the training should be held in the home where care is being provided.
- Individualized caregiver training rates for qualified professionals / agencies shall not exceed the maximum Medicaid rate for that service (as established by DHS Medical Services Division). Rates for training needs that are not a covered service under Medicaid shall be negotiated by the Caregiver Coordinator with program approval from Aging Services Division.
- Training may include but not be limited to the following areas:
 - Generally accepted practices of personal care task and personal care endorsements
 - Assistive technology
 - Planning for long term care needs
 - Health and nutrition counseling
 - Behavior management
 - Financial literacy
- Identify and refer eligible caregivers to the Older Americans Act legal services contract entity to explore the need for a health care directive for the older individual for whom care is provided. The NDFCSP care recipient completing the health care directive must be 60 and older. The caregiver and care recipient must agree to complete education about the rights and responsibilities of completing a health care directive and acting as an agent.

- Individualized caregiver training rates for qualified professionals to complete a health care directive and educate the caregiver and the care recipient may not exceed \$250.
- For the provision of the department approved caregiver dementia trainings, the caregiver coordinator will schedule training sessions with the department approved provider. The trainings will be limited to caregivers enrolled in the FCSP and at least one of their providers. A copy of the list of caregivers and respite providers attending department approved dementia trainings must be sent to the Program Administrator.

~~9.~~ 8. Respite Care.

- Identify and arrange for payment of a qualified respite care provider for the temporary relief of the primary caregiver. A qualified respite care provider may include an individual, registered nurse, licensed practical nurse, certified nurse assistant who is enrolled as a respite care qualified service provider (QSP) with the Department of Human Services, ~~or~~ an adult or child day care facility, a licensed adult or child foster care home, long term care facility, or a qualified family member who is related to the individual receiving care. Biological, adoptive parents and stepparents are not eligible to receive NDFCSP respite care payments when caring for their own biological, adopted or stepchildren. Qualified respite providers who choose to provide enhanced Alzheimer's and related dementia respite must also have completed the caregiver dementia training approved by the Department of Human Services.
- Caregiver Coordinators will be responsible to insure individual and agency QSPs enrolled with the Department of Human Services receive payment from the NDFCSP for respite services at a same rate as the current 15 minute unit rate established by the Medical Services Division. If verification is needed for a particular QSP provider's established 15 minute unit rate, Caregiver Coordinators should consult with the Program Administrator.
- Respite care that will be provided in the home of a qualified service provider (QSP) cannot be authorized until the Caregiver Coordinator has made a visit to the home and completed a Respite Home Evaluation ([SFN 549](#)) with the QSP.

The SFN 549 is not required when respite services are being provided in the home of a qualified family member or in a licensed adult or child family foster care home.

- Respite Home Evaluations ([SFN 549](#)) are valid for no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a qualified service provider (QSP), whichever comes first. The QSP expiration date can be obtained from Aging Services Division. A copy of the evaluation form must be provided to the QSP and the original should be maintained in the provider's file.
- Individual [i.e. qualified family members and qualified service provider (QSP)] rates for respite care services shall not exceed the current Medicaid QSP rate. Providers who have an individual QSP rate different from the state Medicaid QSP rate shall be paid at their established individual rate, not the maximum Medicaid QSP rate. A qualified family member is: the spouse or one of the following relatives, or the current or former spouse of one of the following relatives, of the elderly or disabled person: parent, grandparent, adult child, adult sibling, adult grandchild, adult niece, or adult nephew. (Current or former spouse refers to in-law relationships.)
- Agency unit respite rates shall not exceed the current maximum rate for the service under Medicaid. Agency providers who have an agency QSP rate different from the state Medicaid QSP rate shall be paid at their established agency rate, not the maximum Medicaid QSP rate.
- Payment for overnight/24-hour, in-home respite provided by an enrolled QSP, qualified family member or agency shall not exceed the current Medicaid hospital swing bed rate. Payment for one day of respite care cannot exceed the current Medicaid hospital swing bed rate whether or not the person received overnight care.
- Overnight / 24 hour respite care provided in a hospital swing bed or long-term care facility shall not exceed the current Medicaid swing bed rate.
- Overnight respite care services for eligible grandchildren may be provided in a licensed child foster care home. Approval from the local county social service case manager working with the child foster care home must be obtained prior to making arrangements for respite services.

- A caregiver is eligible to receive funding for respite services if they are providing 24-hour care and the care recipient has two or more activities of daily living (ADL) limitations or a cognitive impairment which makes it unsafe for them to be left alone.
- A caregiver who does not live with the care recipient but is providing care and assistance to the care recipient on a daily basis, does not meet the eligibility requirements to receive routine respite care services from the program. Payment for respite care services could be considered should the caregiver have need of extended time away from the care recipient (based on care recipient's specific needs). Eligibility must be based on the coordinator's assessment insuring the care recipient meets all other program eligibility and services provided by the caregiver enables the care recipient to remain in the community.
- Authorization or use of respite services for time while the caregiver is at work is prohibited.
- Caregivers are not eligible to receive NDFCSP services if they or the care recipient are receiving state, federal, or county funded services available through existing Home and Community Based Services (HCBS) programs. If the only HCBS service a caregiver is accessing is Homemaker Services, the coordinator will explore, with the caregiver, eligibility for additional HCBS programs prior to making a decision regarding NDFCSP eligibility. If the caregiver is eligible only for Homemaker Services and all other FCSP eligibility criteria have been met, the caregiver may be enrolled to access NDFCSP services.
- Primary caregivers who are being paid by private arrangement or by a public funded program to provide care are not eligible to receive NDFCSP respite services.
- Respite care for caregivers who qualify for NDFCSP respite care services and pay privately for respite service or who receive respite from a source other than a public funded program; i.e. Hospice, Veteran's Services, etc, may receive additional respite through the NDFCSP if there is a documented need for additional services based on the caregiver assessment. The amount of additional respite care authorized should be carefully considered and should coincide

with the program purpose of respite care that is occasional and intermittent.

- Caregivers who are caring for an individual with Alzheimer's disease or a related dementia are eligible to receive enhanced respite funding. The caregiver and at least one of their respite care providers will be required to attend the caregiver dementia training approved by the Department of Human Services.
- Funding for respite service available to a primary caregiver cannot exceed the established service cap for respite care service in a twelve-month period (July 1 to June 30). The Aging Services Division determines the service cap based on the percentage of Medicaid provider rate increases which are established during the ND legislative session. Updated service cap information will be issued as changes occur. Allocations for respite care services must be prorated on a three month allocation or, if less than three months, the number of months the Caregiver Option Plan is in effect. Respite service funding on the Caregiver Option Plan will be allocated on a three month prorated basis. Coordinators will review the Caregiver Option Plan at a minimum of every three months to assess caregiver use of respite funding. The Coordinator will make adjustments to respite service allocations based on expended funding, which may include an increase or reduction of funding. Respite care service allocation may exceed the quarterly prorated cap if the caregiver's need has been established and documented in the caregiver record and does not exceed the twelve month service cap.
- Individuals providing care for a person with Alzheimer's disease or a related dementia are eligible to receive an enhancement of \$600 over the established service cap for the enrollment period if they and at least one of their respite providers have successfully completed the approved caregiver dementia training.
- Services available to a primary caregiver may exceed the service cap established for the enrollment if it can be demonstrated that the caregiver has an extraordinary need that significantly increases the caregiver's responsibilities and not providing the additional respite may place the care recipient at imminent risk of institutional placement. A written request to exceed the established service cap must be sent to

the Aging Services Division NDFCSP Program Administrator for approval. Approval will be determined on a case-by-case basis and is limited to a one-time allocation. Individuals who receive Alzheimer's disease or related dementia enhanced respite service funding are not eligible to receive an additional respite allocation beyond the service cap established for the enrollment period.

~~10.~~ 9. Supplemental Services.

- Identify and arrange for up to \$300 per household per twelve-month enrollment period (July 1 to June 30) in reimbursement for assistive devices not available through the Aging Services Assistive Devices contract and incontinent supplies. Consideration will be given to a one-time additional allocation of \$200 for supplemental services if it can be demonstrated the caregiver has an extraordinary need. Additional allocation requests must be submitted in writing to the Program Administrator and approvals shall be determined on a case-by-case basis.
- Assistive safety devices include adaptive and preventive health aids that will assist individuals and/or their caregivers in their activities of safe daily living. Nutritional supplements are not covered under Supplemental Services.
- Incontinent supplies include pads, diapers, and other protection products.
- Caregivers who receive services through other county, state or federal funded services are not eligible to receive NDFCSP Supplemental Services.

~~11.~~ 10. Disaster/Emergency Planning

- At the direction of the Aging Services Division, contact a caregiver to assist in planning to assure the caregiver and care recipient's safety in the event of a disaster/emergency.
- Document in the Narrative Section of the HFA FCSP Assessment for the stated purpose of the contact and a brief description of the caregiver's plan for safety.

Service Activity Reporting Requirements 650-25-30-10-10

Revise #3 as follows:

3. Consumer Groups Service Delivery Units - 1 Unit of Service=1 contact
Includes number of individuals who received services or who attended events provided in the areas of:
 - Information and Assistance- individuals not enrolled in FCSP
 - Public Education/**Outreach/Training**
 - ~~Outreach/Client Identification~~
 - Support Groups
 - Case Management Units , which also includes Travel Time, for Consumer Group Activities
 - To include the amount of coordinator's time spent collectively with all Consumer Group activities
 - To include other coordinator activities not associated with a specific caregiver, i.e. program provider sign up and renewal paperwork

Prohibited Activities 650-25-30-20

Add #10.

10. Provision of continued enrollment of caregivers who temporarily relocate their residence (2 months or longer) outside of North Dakota. An individual who meets the FCSP eligibility criteria may be enrolled in the FCSP and receive services during the period of time they physically reside in the state.

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

Revise #1 as follows:

1. The SAMS **Health Maintenance Assessment** form was designed to assist the health care professional to determine the need for health maintenance services. Only trained health care professionals (as outlined in Section 650-25-35-15 Staffing Requirements) may conduct health maintenance assessments. At a minimum, the NAPIS data (Sections I.

General Information and Section II. Demographics) of the SAMS Health Maintenance Assessment form must be completed and entered in the SAMS web-based reporting system, as the data is required for federal reporting purposes. The health care professional may elect to assess a client using the entity's own assessment forms or use the SAMS Health Maintenance Assessment form to complete the assessment process. Documentation (in the Narrative section of the SAMS Health Maintenance Assessment form) should indicate if the contract entity is using their form to assess a client. If a client could benefit from nutrition or other support services, a referral should be made to an appropriate ~~Older Americans Act Outreach Services~~ contract entity.

Information obtained on the SAMS Health Maintenance Assessment form must be reviewed and updated in the SAMS data system (under Assessments, select Copy) within a consecutive 12-month period.

Billable Unit of Service 650-25-35-05

Insert paragraph 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.

Contract entities must record the type of health maintenance service provided in the Subservice section of SAMS Service Delivery.

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.

Nutrition Program Service Standard 650-25-45

Eligible Clients 650-25-45-01-01

Revise #1; **replace** language in #2; **revise** #3 (to correct typo); **re-number** as follows:

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. A home-delivered meal may be provided to the spouse of an eligible client, regardless of the spouse's age or condition, when

receipt of the meal is in the best interest of the eligible home-delivered meals client. ~~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. Individuals under age 60 (except for spouses) must pay the full cost of service unless one of the criteria listed below (3, 4, or 5) is met.
3. ~~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.
4. ~~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-~~10~~-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 identified in the contract and in the entity's Program Policies and Procedures Manual.
5. ~~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.

Delivery Characteristics 650-25-45-01-10

Revise #6 as follows: **replace** language of 6 b and **insert** as follows; **revise** lettering.

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; or
- Remote geographic location where no congregate meal site exists; or
- Remote geographic location that prohibits accessing the meal site due to transportation issues.

b. A home-delivered meal may be provided to the spouse of an eligible client, regardless of the spouse's age or condition, when receipt of the meal is in the best interest of the eligible home-delivered meals client.

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(5)(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.~~ c. Eligibility for home-delivered meals must be determined using the SAMS Home-Delivered Meal Program Registration form. Initial determination of eligibility may be accomplished by telephone. Within two weeks after beginning meal service, a home visit and the SAMS 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.

For continued home-delivered meal service, redetermination of eligibility must be completed every six 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 redetermination must be documented in the SAMS data system. Documentation must include verification of continued eligibility for individuals under the age of 60.

- e. **d.** 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. **e.** The Nutrition Services contract entity must limit the amount of time meals spend in transit before they are consumed.

Revise #7a as follows:

- a. Nutrition education shall be provided at each congregate meal site on a semi-annual basis (minimum). Nutrition related presentations, **printed materials**, 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.

Billable Units of Service 650-25-45-05

Replace language in #2a and revise lettering:

2. For billing purposes, one home-delivered meal equals one unit of service.
 - a. Nutrition providers must record the type of home-delivered meal provided in the Subservice section of SAMS Service Delivery.
 - b. ~~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.
 - c. ~~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.

Menu Planning 650-25-45-10

Revise #7 as follows:

7. All menu changes/substitutions must be documented on the menu for site review. In making substitutions, consideration must be given to assure dietary compliance is met 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.

Delete entire service standard:

Nutrition Program Service Standard 650-25-46

Delete entire service standard:

Outreach Program Service Standard 650-25-50

Senior Companion Service Standard 650-25-55

Administration 650-25-55-10-01

Revise #1e (i) and (iv) as follows:

- e. Service contribution (program income) procedures that assure:
 - i. ~~Clients~~ **Recipients of the senior companion service** 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 senior companion volunteer or return by mail. Any form of periodic correspondence resembling a billing for number of services received by a client is prohibited.
 - iv. Each service provider must choose to do one of the following:
 - 1) Provide to clients served at home, the full cost of the ~~outreach~~ **senior companion** service, with information indicating that clients may, but are not required to contribute for the senior companion service; or 2) Provide to clients served at home, the full cost of the senior companion service and the suggested contribution, with information indicating that clients may, but are not required to contribute for the senior companion service.

Insert new Program Service Standard as follows:

Tribal Home Visit Service Standard 650-25-61

Tribal home visits are periodic visits to isolated older individuals residing on a Reservation to monitor their health and well-being, and identify service needs with an emphasis on referral and linkage to available services.

Priority for services must 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 650-25-61-01

Eligible Clients 650-25-61-01-01

Individuals 60 years of age and older.

Location of Services 650-25-61-01-05

A tribal home visit must occur in the individual's home.

Service Delivery Characteristics/Activities 650-25-61-01-10

Tribal home visits must be delivered throughout the Reservation.

1. Identify and contact targeted older individuals on the Reservation.
2. Receive referrals, make home visits, identify possible service needs, and make appropriate linkage(s) to services.
3. All referrals must be contacted within two working days.
4. 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.

5. For all clients receiving the service, the SAMS Tribal Home Visit Registration Form must be completed and data entered in the SAMS system. The contract entity should attempt to obtain all data requested on the form. NAPIS data is required for federal reporting purposes. Each visit must be documented in the Narrative section of the SAMS Tribal Home Visit Registration form. The documentation shall include:
- the specific purpose of the home visit;
 - a brief descriptive statement of the interaction; and
 - outcome of the interaction.

Information obtained on the SAMS Tribal Home Visit Registration Form must be reviewed and updated in the SAMS data system (under Assessments, select Copy) within a consecutive 12-month period.

6. All contacts (telephone calls, e-mail and other written correspondence, and face-to-face visits) must be documented in the Narrative section of the SAMS Tribal Home Visit Registration form. Each contact must have a specific purpose. The documentation shall include:
- the specific purpose of the contact;
 - a brief descriptive statement of the interaction; and
 - outcome of the interaction.
7. Per client billing for a tribal home visit may occur only one-time during a thirty-day period.
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.
9. A signed release of information document must be on file before information can be shared or released.
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/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 650-25-61-05

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 (650-25-61-10).

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

Service Delivery Procedures 650-25-61-10

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

1. Tribal Home Visit – 4 Units of Service
 - a. Conduct a visit in the client's home. Complete the SAMS Tribal Visit Registration form to register the client in SAMS.
 - b. If needed services are identified, make appropriate referrals; obtain a release of information, if applicable.
 - c. Document the following in the Narrative section of the SAMS Tribal Visit Registration form:
 - the specific purpose of the home visit;
 - a brief descriptive statement of the interaction; and
 - outcome of the interaction.

2. Telephone Contact, E-mail, Written Correspondence, or Brief Face-to-Face Visit – 1 Unit of Service
 - a. Contact the referral entity or client via telephone, e-mail, written correspondence, or through a brief face-to-face visit regarding the referral, receipt of services, or follow-up.
 - b. Document the following in the Narrative section of the SAMS Tribal Visit Registration form:

- the specific purpose of the contact;
- a brief descriptive statement of the interaction; and
- outcome of the interaction.

Staffing Requirements 650-25-61-15

1. Possess the knowledge of or willingness to learn of available community resources within the service area;
2. Possess the ability to develop rapport with older individuals;
3. Possess the ability to develop rapport with other agencies that provide assistance to older individuals;
4. Possess the ability to identify service needs and make appropriate referrals.
5. Possess effective verbal, written, and computer skills.

Prohibited Activities 650-25-61-20

1. Breach of confidentiality.

Administrative Requirements 650-25-61-25

Administration 650-25-61-25-01

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. Service options are accessible to all eligible clients, independent, semi-independent, and totally dependent, regardless of income levels.
- e. 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, 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 worker 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. 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) Provide to clients served at home, the full cost of the service, with information indicating that clients may, but are not required to contribute for the service; or 2) Provide to clients served at home, the full cost of the service and the suggested contribution, with information indicating that clients may, but are not required to contribute for the 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. Service contributions for tribal home visits are used to expand the service (tribal home visits).
- g. Fiscal procedures that address receipt of Older Americans Act and related funds, deposit of funds, and payment process.
- h. Procedures to assure the provision of information and referral services.
- i. Non-discrimination towards clients.
- j. Grievance procedures for clients.
- k. Referral process.
- l. Records retention.
- m. 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 650-25-61-25-05

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 650-25-61-25-10

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 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.

SAMS Reporting 650-25-70-01

Revise paragraphs two and six as follows:

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 Tribal Home Visits Outreach Services.

In addition, a SAMS Service Progress Report must be generated in the SAMS data system for Health Maintenance Services ~~and Outreach Services~~. The SAMS 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.

State Program Report 650-25-70-10

Delete/revise as follows:

The Administration on Aging established the National Aging Program Information System (NAPIS), which requires the State to submit an annual performance report. This reporting system includes the State Program Report (SPR). The State Program Report is generated from data elements gathered from the SAMS ~~2000~~ database.

Contract entities not using the ~~web-based SAMS 2000-reporting~~ data system will be required to report data for the State Program Report on the form titled "State Program Report for Older Americans Act Contract Entities not using SAMS ~~2000~~." Data for the State Program Report is based on the Federal Fiscal Year (October 1 through September 30).

Subcontract 650-25-75-05-01

Revise paragraph three and **insert** paragraph as follows:

Through the procurement process, the Subcontracting and the Subcontracting Certification Forms will be forwarded to entities for completion and submission to Aging Services Division. Throughout the contract term, contract entities are responsible for updating and resubmission of any information contained on the forms, including any

updated attachments to the forms. For any new subcontractors, including the substitution of one subcontractor for another, the contract entity must submit the following: Identifying Data Form that indicates the reason for resubmission; the Subcontracting Form; and the Subcontracting Certification Form(s), including a copy of the Secretary of State registration and any required license(s).

Upon receipt of resubmission forms, the documents will be reviewed; acknowledgement of receipt and/or approval will be indicated by signature of the Director of Aging Services Division on the Identifying Data Form. A copy of the signed Identifying Data Form will be forwarded to the contract entity.

The new form(s) will become a part of the contract.

Service Provision Form 650-25-75-05-05

Revise the first paragraph and **insert** new paragraph as follows:

The Department of Human Services, Aging Services Division, requires the completion and submission of a Service Provision Form (applicable to nutrition, ~~outreach~~, and health services). The form(s) outlines communities, sites, frequency, etc., for the specific funded service.

Through the procurement process, Aging Services Division will forward the Service Provision Form to entities for completion and submission to Aging Services Division. Throughout the contract term, contract entities are responsible for updating and resubmission of any information contained on the Service Provision Form. The contract entity must submit the following: Identifying Data Form that indicates the reason for resubmission; and the updated Service Provision Form(s).

Upon receipt of resubmission forms, the documents will be reviewed; acknowledgement of receipt and/or approval will be indicated by signature of the Director of Aging Services Division on the Identifying Data Form. A copy of the signed Identifying Data Form will be forwarded to the contract entity.

The new form(s) will become a part of the contract.

Identifying Data Form 650-25-75-05-10

Revise paragraph three and **insert** paragraph as follows:

The Identifying Data Form must also be submitted with the resubmission of the ~~Subcontractor~~ **Subcontracting** Form, the Subcontractor Certification Form(s), and the Service Provision Form(s). The Identifying Data Form must indicate the reason for resubmission of the specific form(s).

Upon receipt of resubmission forms, the documents will be reviewed; acknowledgement of receipt and/or approval will be indicated by signature of the Director of Aging Services Division on the Identifying Data Form. A copy of the signed Identifying Data Form will be forwarded to the contract entity.

The new form(s) will become a part of the contract.

Add the following two new sections:

Program Requirements Form 650-25-75-05-15

The Department of Human Services, Aging Services Division, requires the completion and submission of a Program Requirements Form. The form provides acknowledgement of review and understanding of program requirements, as well as acknowledgement that assessments and reviews will be conducted.

Through the procurement process, Aging Services Division will forward the Program Requirements Form to entities for completion and submission to Aging Services Division. Throughout the contract term, contract entities are responsible for updating and resubmission of any change in the individual who acknowledges review and understanding of program requirements, as well as acknowledges that assessments and reviews will be conducted. The contract entity must submit the following: Identifying Data Form that indicates the reason for resubmission; and the updated Program Requirements Form.

Upon receipt of resubmission forms, the documents will be reviewed; acknowledgement of receipt and/or approval will be indicated by signature of the Director of Aging Services Division on the Identifying Data Form. A copy of the signed Identifying Data Form will be forwarded to the contract entity.

Project Management Form 650-25-75-05-20

The Department of Human Services, Aging Services Division, requires the completion and submission of a Project Management Form. The form identifies the following:

- a. the legal entity;
- b. principle officers and board members by name and title; and
- c. staff members involved in operating the project including a narrative description of the type of work performed and relevant credentials, including education and experience, and the full-time equivalent (FTE) percent of project time commitment for each.

An organizational chart (diagram form) that shows the structure of the organization, illustrating staff by name and title, lines of authority, and a current review date must be attached.

Through the procurement process, Aging Services Division will forward the Project Management Form to entities for completion and submission to Aging Services Division. Throughout the contract term, contract entities are responsible for updating and resubmission of the names and titles of principle officers, board members, and key staff, including any updated attachments to the form. The contract entity must submit the following: Identifying Data Form that indicates the reason for resubmission; and the updated Project Management Form, including a copy of the updated organizational chart.

Upon receipt of resubmission forms, the documents will be reviewed; acknowledgement of receipt and/or approval will be indicated by signature of the Director of Aging Services Division on the Identifying Data Form. A copy of the signed Identifying Data Form will be forwarded to the contract entity.

Program Income 650-25-80-15

Insert new paragraph after second paragraph as follows:

Program income is used within each service period towards meeting the expenses of the service provided, therefore allowing for the provision of

additional service units. Program income can only be expended for the service from which it was generated except for congregate and home delivered meals where it can be used for either service.

Program income cannot be used to meet non-federal cash match requirements.

Additional Local Funds 650-25-80-21

Delete as follows and change semicolon to a period:

Additional local funds may be needed to meet the cost of providing services throughout the contract term.

Additional local funds should include only those costs associated with defined units of service/service delivery procedures as included in each service standard. Including costs outside of the scope of the service would present an inflated unit cost. Examples of undefined units of service/service delivery procedures are as follows:

- costs associated with wound care/dressing changes should not be included in additional local costs for health maintenance services;
- costs associated with the provision of ineligible meals should not be included in additional local costs for nutrition services;
- ~~costs associated with provision of senior health insurance counseling should not be included in additional local costs for outreach services.~~

Additional local funds must be recorded on the Monthly Data & Payment Report as outlined in Section 650-25-85-01 of this manual.

Compensation 650-25-80-25

Insert new paragraph after the fourth paragraph as follows:

The Nutrition contract entity will receive NSIP compensation as outlined in [Section 650-25-80-05](#), Nutrition Services Incentive Program.

The State will make payment within 30 days after the receipt of the request for reimbursement and required reporting, except that no payment will be

made until the reimbursement and required reporting have been approved by the State.

Non-payment or recapture of payment may result if the contract entity fails to meet terms identified in the Contract.

Fiscal Reporting Requirements 650-25-85

Insert new paragraph after the second paragraph as follows:

Availability of an advance payment prior to performance for a contracted service will be addressed in the Request for Proposal or through separate correspondence.

The State will make payment within 30 days after the receipt of the request for reimbursement and required reporting, except that no payment will be made until the reimbursement and required reporting have been approved by the State.

Monthly Data & Payment Report (SFN 269) 650-25-85-01

Revise/add new paragraph as follows; **insert** paragraph between Row C and Row D:

The Monthly Data & Payment Report (SFN 269) is available in the web-based SAMS 2000 report section and as a PDF fillable form on-line at www.nd.gov/eforms. The report is due at Aging Services Division no later than 30 days after the end of the identified service period.

Required SAMS program reports as well as any other data outlined in each specific contract, must be submitted with the Monthly Data & Payment Report (SFN 269).

The State will make payment within 30 days after the receipt of the Monthly Data & Payment Report and required reporting, except that no payment will be made until the reimbursement and required reporting have been approved by the State.

Row C - Volunteers: Record the number of hours provided during the service period and the dollar value of the hours.

Next Row: Record the type of service provided using the Report Service Delivery section in SAMS; select the filter for the provided service.

Row D - Unduplicated Individuals Served: Represents the unduplicated number of persons served for the service period. This number is generated automatically in SAMS and will auto-fill into the SAMS report form; the number must be manually entered in the PDF fillable on-line form.

Effective Date: January 1, 2013