



MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Program Policy &
Procedure Manual for
Area Agencies on Aging

LAST UPDATED 6/2023

BUREAU OF SENIOR PROGRAMS | 573-526-4542

Table of Contents

Section 1- Administration of the Area Agency on Aging.....	4
1.1 Employment Policies and Procedures.....	4
1.1.1 AAA Employee Background Screenings	4
1.2 Property Management Standards.....	4
1.2.1 Purchase of \$5,000 or over	4
1.2.2 Requirements for Purchases of Equipment or Capital Expenditures using Federal Funds ..	4
1.3 Waiting Lists.....	5
1.3.1 Development and Use of Waiting Lists.....	5
1.3.2 Removal of Persons from Waiting Lists	6
1.5 Targeting of Services.....	6
1.6 Oversight of Contracted Service Providers	7
1.7 Coordination with Other Service Providers in the Planning and Service Area	8
1.8 Program Development.....	8
1.8.1 Program Development.....	Error! Bookmark not defined.
1.9 EMERGENCY PREPAREDNESS / DISASTER RELIEF	8
1.10 CONFLICT OF INTEREST	10
1.11 Area Plans	11
1.11.1 Submitting a New Area Plan (Year 1).....	11
1.11.2 Submitting an Annual Update to an Area Plan (Years Two, Three, and Four).....	11
1.11.3 Area Plan Document Review Meeting	12
1.11.4 Submitting Updates throughout the Year.....	12
1.11.5 Minor Home Modification Waiver	13
1.11.6 Waiver to Expend More than \$5,000 on Equipment or Capital Expenditures	13
1.12 Annual AAA Monitoring Performed by SUA	14
1.13 Cost Sharing	14
1.14 Contributions	14
1.15 Participant Reprimand for Unruly Behavior	15
1.16 Incentives with OAA Funding.....	15
1.17 Steven’s Amendment and AAA Contract requirements regarding Publications, Press Releases, Request for Proposals, and Bid Solicitations	16
Section 2 Title III B Supportive Services	18
2.1 Access to Services	18
2.2 Contracted Supportive Services.....	18

2.3 Background Check Requirements	18
2.4 Consumer-Directed Services.....	18
2.5 Voucher Transportation Programs	19
2.6 Priority Legal Assistance Case Types.....	19
2.7 Attorney-Client Privilege.....	19
2.8 Legal Assistance Developer.....	20
2.9 Minimum Legal Assistance Expenditures.....	20
2.10 Information and Assistance	20
2.10.1 Information and Assistance/Referral Professional	21
2.11 Senior Center	22
2.11.1 Annual Fire Inspections.....	22
Section 3- Title III C Nutrition Services.....	24
3.1 Nutrition Requirements for Meals.....	24
3.2 Choice.....	26
3.3 Offer versus Serve.....	26
3.4 Nutrition Risk	27
3.5 Special Menus	27
3.6 Congregate Meal Availability Requirements	27
3.7 Restaurant Congregate Meal Program	28
3.8 Meal Cost	29
3.9 Oral Nutrition Supplements.....	30
3.10 Carryout Meals.....	31
3.11 Nutrition Education.....	32
Section 4- Title III D Highest Level Evidence-Based Disease Prevention and Health Promotion Services..	33
4.1 Evidence-Based Requirements	33
4.2 State Approval for Evidence-Based Programs	33
Section 5- Title III E National Family Caregiver	35
5.1 Caregiving Services Eligibility	35
5.2 Types of Caregiving Services	35
5.3 Access to Services	36
5.4 Contracted Caregiver Services	37
5.5 Background Check Requirements.....	37
5.6 Consumer-Directed Services.....	37
5.7 Prioritization of Services	37

5.8 Documentation of Services 38

Section 1- Administration of the Area Agency on Aging

1.1 Employment Policies and Procedures

POLICY

Each Area Agency on Aging (AAA) and Title III project, contractor, or grantee, maintains a system of personnel administration, which complies with all State and Federal statutes.

PROCEDURE

The contracted agency shall notify the State Unit on Aging (SUA) of an AAA director or project director vacancy through submission of an updated Area Plan Form III.5 Current Staff, AAA Board, and Advisory Council. The AAA shall update and submit the form again when it hires new staff to fill the vacant position.

1.1.1 AAA Employee Background Screenings

POLICY

The AAA shall ensure that upon hire and at least every two years thereafter, use of the Family Care Safety Registry (FCSR) and the Employment Disqualification List (EDL) to screen for criminal background or other disqualifications of all direct care employees.

PROCEDURE

The AAA will retain documentation that it has checked the EDL and FCSR upon hire and at least once every two years thereafter.

1.2 Property Management Standards

1.2.1 Purchase of \$5,000 or over

POLICY

Per 45 CFR 75.439 and 2 CFR 200.439, the AAA shall submit a waiver to the SUA for prior approval for purchasing equipment or capital investments for purchases of \$5,000 or more.

PROCEDURE

Per 45 CFR 75.439 and 2 CFR 200.439, the AAA shall complete Area Plan Form V.10 in its entirety and submit it to the SUA for prior approval of purchase with a total purchase price of \$5,000 or more.

1.2.2 Requirements for Purchases of Equipment or Capital Expenditures using Federal Funds

POLICY

AAAs shall follow Federal policy governing title, use, and disposition, for real and tangible personal property whose acquisition cost was borne in whole or in part as a direct charge to Title III funds.

PROCEDURE

- A. The Area Agency on Aging (AAA) shall follow all policies outlined in the United States Department of Health and Human Services (USDHHS) Federal Regulation 45.
- B. The Area Agency on Aging (AAA) shall follow all policies outlined in the Federal Register Office of Management and Budget (OMB) Uniform Guidance 2CFR Part 200.
- C. Area Agency on Aging (AAA) staff shall utilize documentation to maintain a physical inventory of equipment purchased with Title III funds in compliance with Federal regulations. The Area Agencies on Aging (AAA) may choose to use a hard copy or a computer-generated version of the

inventory, however, the computer-generated format must include all of the information that is pertinent to the Area Agencies on Aging (AAA) reporting requirements.

1.3 Waiting Lists

1.3.1 Development and Use of Waiting Lists

POLICY

The Area Agencies on Aging (AAA) shall develop and use waitlists based on the criteria below. The waitlist process will ensure that Older Americans Act (OAA) targeted populations are a priority and that people in emergencies where the health, safety, and welfare of the applicant is in jeopardy will be given priority.

CRITERIA:

- A. Waitlists will be established after all measures to increase service delivery have been reviewed and implemented where possible.
- B. Waitlist procedures must be consistent for all eligible consumers.
- C. Area Agencies on Aging (AAA) will develop a process to prioritize consumers for services based on an established priority-screening tool approved by the State Unit on Aging (SUA).
- D. The screening tool should reflect and appropriately screen the consumers based on the service being requested.
- E. Only those consumers meeting the eligibility requirements for the service will be put on a waitlist.
- F. Consumers should not be put on a waitlist if:
 1. The consumer is approved for a service and the service will begin within two weeks;
 2. Services being requested are outside the providers/AAA's service delivery area. These services shall be tracked under Services Unavailable;
 3. If the consumer is currently receiving a level of service but would like or need a higher level of service; and,
 4. The consumer needs a service on a specific date and it is not available on that date. These services shall be tracked under Services Unavailable.
- G. For services where clients are not placed on a waitlist, due to the reasons above, the provider will track the total number of individuals for whom services were unavailable by service type.
- H. If a consumer is on a waitlist for 6 months the consumer needs to be contacted to determine if the service is still needed or desired. The consumer will either be removed from the waitlist or reprioritized on the waitlist.

PROCEDURE

- A. The Area Agencies on Aging (AAA) will ensure that:
 1. Contractors are informed of and provided with the waitlist policies;
 2. Contracts contain stipulations requiring waitlists to be developed, maintained, and readily available to the Area Agencies on Aging (AAA) or State Unit on Aging (SUA);
 3. Area Agencies on Aging (AAA) on-site provider evaluations include a waitlist review; and,
 4. Waitlist information and services unavailable are entered into AgingIS monthly and all numbers are accurate and finalized quarterly.
- B. Waitlist Consumer Information to be included:
 1. Region number and name of the Area Agency on Aging (AAA) service provider or contractor;

2. Date placed on list;
 3. Service requested;
 4. Consumer name;
 5. Consumer telephone number;
 6. Reason for being placed on the waitlist;
 7. Follow-up contact dates;
 8. Date and the reason the individual was removed from the waitlist; and,
 9. Total number of days on the wait list (from initial date to service delivery).
- C. The supporting wait list documentation may be kept via hard copy or electronic means; however, electronic copies must be printable.

1.3.2 Removal of Persons from Waiting Lists

POLICY

Area Agencies on Aging (AAA) shall define and develop a process to ensure consumers are removed from the waitlist on an equitable basis.

PROCEDURE

- A. The criteria for removal may include the following:
1. Placed in services. The person is receiving services;
 2. The person requests removal. The person no longer desires the service;
 3. Service needs change. The person no longer needs the particular service for which they have been waiting;
 4. Loss of Contact. The person or family is unable to be contacted, after a reasonable number of attempts (e.g. telephone number is disconnected and/or the alternate contact person does not know the whereabouts of the person);
 5. No longer eligible. The person is no longer eligible for services (e.g. no longer a caregiver);
 6. Death;
 7. Service is no longer offered. The Area Agency on Aging (AAA), through established processes, decides that the service will no longer be offered; and,
 8. When a consumer is removed from a waitlist, include documentation as to the reason for removal.

1.5 Targeting of Services

POLICY

The Area Agencies on Aging (AAA) shall assure compliance with Federal and State requirements to target the following special populations of older adults:

- i. Greatest economic need;
- ii. Greatest social need;
- iii. Low-income minority;
- iv. Frail; and,
- v. Older adults residing in rural areas

PROCEDURE

- A. Include requirements for targeting in each Request for Proposal (RFP) package.
 - 1. Contract with service providers to include provisions assuring the required targeting of consumers; and,
 - 2. Evaluate the targeting of consumers by service providers at a minimum on an annual basis.
- B. Develop a plan in cases where appropriate targeting has not occurred or request a plan from the service provider, identifying how targeting requirements will be met in a specified period.
- C. Provide steps in the Area Agency on Aging's Area Plan that outlines specific steps to target consumers of the greatest economic and social need, low-income minority, frail, and rural consumers.

1.6 Oversight of Contracted Service Providers

POLICY

- A. The Area Agencies on Aging (AAA) shall conduct provider on-site monitoring and assessments as described in this Manual.
- B. The Area Agencies on Aging (AAA) shall develop monitoring and assessment methods and instruments appropriate for each of the services it provides.

PROCEDURE

On-site provider assessments by the Area Agencies on Aging (AAA) shall include a review of:

- A. Procedures manuals (both operational and fiscal), including Request for Proposal (RFP) processes (if applicable), with special attention to any changes since the last monitoring or assessment;
- B. Quality of services and client satisfaction, as defined in contract or grant;
- C. Efforts to reach targeted populations, including those in greatest need;
- D. Sample case files (selected randomly by Area Agencies on Aging (AAA));
- E. Service data entry records for reconciliation with billing documentation;
- F. Accounting processes for service units delivered and supporting documentation for billing;
- G. Cash handling processes, including appropriate requests for voluntary contributions;
- H. Tracking of program income, including expenditure;
- I. Fiscal audits (as appropriate);
- J. Service provider staff interviews;
- K. In-kind contribution valuation documentation (e.g. donated space/equipment; utilities);
- L. Personnel changes, including assurance that new staff have requisite qualifications, background checks (if appropriate), etc.;
- M. Capital expense and disposition (control) of property (if appropriate);
- N. Verification of routine notification to consumers regarding their rights in the complaint/appeal process;
- O. Complaint tracking mechanisms or logs and verification of availability and retention of these records;
- P. Stipulations regarding provider monitoring and on-site assessment requirements shall be included in contracts or grants; and
- Q. Compliance with State of Missouri statutes and Code of State Regulations.

1.7 Coordination with Other Service Providers in the Planning and Service Area

POLICY

The Area Agencies on Aging (AAA) shall perform activities that will maximize the availability of services to older adults residing in the Planning and Service Area (PSA), and reduce duplication.

PROCEDURE

- A. Identify Federal, State, and local programs that could impact persons in the Planning and Service Area (PSA).
- B. Research and obtain alternative funding that will support existing program services and/or the development of new services that will impact older adults within the Planning and Service Area (PSA).
- C. Participate in joint information sharing and planning interagency organizations.
- D. Extend Area Agencies on Aging (AAA) sponsored training opportunities for local health and social service agencies that serve and advocate for older adults.
- E. Extend Area Agencies on Aging (AAA) sponsored training opportunities for businesses and other private entities.

1.8 Program Development

POLICY

The Area Agencies on Aging (AAA) shall continue to establish new services for the improvement, expansion, or integration of new services to meet needs identified in the planning and service area if resources allow.

PROCEDURE

- A. Criteria for funding program development of services shall include, but not be limited to:
 1. Area Agency on Aging program development shall be based on needs identified during the Area Plan Needs Assessment.
 2. Area Agency on Aging program development shall contribute to the goals, objectives, and strategies of the approved Area Plan.

1.9 EMERGENCY PREPAREDNESS / DISASTER RELIEF

POLICY

- A. Emergency Preparedness and Continuity of Operations Planning (EP) will facilitate the continued health, safety, and welfare of consumers, especially consumers deemed “vulnerable” during declared emergencies. Area Agencies on Aging (AAA) shall designate staff as Emergency Preparedness and Continuity of Operations (EP) Coordinators. Emergency Preparedness and Continuity of Operations (EP) Coordinators are responsible for emergency preparedness and continuity of operations planning for the Area Agencies on Aging (AAA) and proactively bringing the likely needs of older adults in their regions to the attention of county emergency managers to ensure the health, safety, and welfare of Older Americans Act consumers. The Emergency Preparedness and Continuity of Operations (EP) Coordinator is the primary point of contact with the State Unit on Aging (SUA) and county emergency managers.
- B. Each county has a unit designated as the Office of Emergency Management (OEM). A plan manager within the county office is responsible for overseeing the county emergency preparedness and continuity of operations plans developed under the direction of the Missouri

State Emergency Management Agency (SEMA). The county emergency manager is the likely contact for coordination efforts by the Area Agencies on Aging (AAA) Emergency Preparedness and Continuity of Operations (EP) Coordinator.

- C. In the event of a disaster of such proportions that the President approves an Executive Order declaring any county within a Planning and Service Area (PSA) a “Federal disaster area”, the State Unit on Aging (SUA) may be notified by the Administration for Community Living (ACL) of the availability of “disaster funds”. These funds, if awarded, are typically granted without match requirements.

PROCEDURE

- A. Emergency Preparedness and Continuity of Operations (EP) Coordinators shall identify the community persons responsible for emergency planning and services in the Planning and Service Area (PSA); at a minimum, this includes the local Office of Emergency Management and county emergency managers. The Emergency Preparedness and Continuity of Operations (EP) Coordinator shall inform these officials of the role of Area Agencies on Aging (AAA), including, but not limited to, the services provided (by city), the size of the Older Americans Act (OAA) eligible population, and any special concerns such as isolated or frail older adults. Other entities that Area Agencies on Aging (AAA) may wish to consult include: the Council of Governments (COG); American Red Cross, Salvation Army, and Interfaith Task Forces;
- B. Emergency Preparedness and Continuity of Operations (EP) Coordinators will coordinate EP planning with nutrition project providers, transportation service providers, and the local emergency preparedness management organization(s). Area Agencies on Aging (AAA) will ensure that nutrition projects and transportation providers add documentation to their policy and procedures manuals to verify the completion of this planning. As appropriate, Emergency Preparedness and Continuity of Operations (EP) planning shall be made a part of contracts between Area Agencies on Aging (AAA) and providers.
- C. Emergency Preparedness and Continuity of Operations (EP) Coordinators shall plan for the availability of services to older adults in weather-related and other emergencies, where feasible and appropriate, within their Planning and Service Area (PSA).
- D. Emergency Preparedness and Continuity of Operations (EP) Coordinators shall implement the emergency plan when notified by State or local officials that an emergency has occurred or has been officially declared, and shall carry out the following activities as feasible and appropriate:
 - 1. Determine the impact of the emergency on the Area Agencies on Aging (AAA) network and the services provided;
 - 2. Make immediate arrangements to handle incoming calls from emergency officials, older adults, and their families;
 - 3. Communicate with the emergency manager of the affected area per the Area Agencies on Aging (AAA) Emergency Preparedness and Continuity of Operations (EP) Plan;
 - 4. Determine the special needs of vulnerable older adults known to the Area Agencies on Aging (AAA) and offer the resources of the Area Agencies on Aging (AAA) to assist with these special needs of vulnerable older adults;
 - 5. Provide information and referral to incoming inquiries including follow-up, as needed;
 - 6. Provide outreach and transportation services; and

7. Report to the State Unit on Aging (SUA) and Administration for Community Living (ACL) on emergency-related activities when requested by State Unit on Aging (SUA) and/or Administration for Community Living (ACL).
- E. Emergency Preparedness and Continuity of Operations (EP) Coordinators shall oversee the development of Area Agencies on Aging (AAA) Emergency Preparedness and Continuity of Operations (EP) coordination documents for inclusion in Area Agencies on Aging (AAA) policy and procedure manuals. This documentation shall include a list of the names and contact information of emergency managers and current information on the status of preparedness of the Area Agencies on Aging (AAA). This information shall be submitted to the State Unit on Aging (SUA) not later than March 1 of each year, along with the area plan, in a format requested by the State Unit on Aging (SUA).

1.10 CONFLICT OF INTEREST

POLICY

Older Americans Act (OAA) programs shall have an obligation to conduct business in a manner that both recognizes and prohibits actual or potential conflict of interest.

- A. An actual or potential conflict of interest occurs when an AAA staff or board member is in a position to influence a decision that may result in a personal gain for that staff or board member or relative as a result of the AAA's business dealings. For this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.
- B. No "presumption of guilt" is created by the mere existence of a relationship with outside firms. However, if the staff or board members have any influence on transactions involving purchases, contracts, or leases, they must disclose to the AAA Director or Board President as soon as possible the existence of any actual or potential conflict of interest so that the designated policy can be followed.
- C. Members of the Area Agencies on Aging staff, board, or Advisory Councils who are board members of agencies, or otherwise affiliated with an agency, that have submitted applications for an award of funds to the Area Agencies on Aging (AAA) shall not take part in the review process that evaluates such applications and shall abstain from casting a vote to approve or disapprove of such application. Neither shall there be participation in any evaluation, assessment, or review of an Area Agency on Aging (AAA) grantee's operations on the part of an Area Agency on Aging, nor participation in any other activity that can be considered a conflict of interest because of such member's official relationship with the grantee organization.
- D. Members may still be involved in the review, evaluation, and assessment process for services where a conflict of interest does not exist.

PROCEDURE

To ensure that the Area Agencies on Aging (AAAs) are compliant with observance of conflict of interest policies, the following adherences shall be observed.

- A. No officer, employee, or other representatives of the AAA shall give the appearance of a conflict of interest under the Older Americans Act (OAA).

- B. Staff members of the State Unit on Aging (SUA) shall not serve on a policy board or advisory council of an Area Agencies on Aging (AAA) or other organization, which receives Older Americans Act (OAA) funds or has submitted a grant application or contract proposal for such funds.
- C. Members of Area Agencies on Aging Advisory Councils, who are also employees, board members, or serve on subcommittees of agencies that have submitted contract proposals to the Area Agency on Aging shall not take part in the process of evaluating applications or proposals in the service category in which the proposal was submitted, and shall abstain from voting to approve or disapprove of the proposal, as well all proposals in the service category in which the proposal was submitted.

1.11 Area Plans

1.11.1 Submitting a New Area Plan (Year 1)

POLICY

Per RSMo 192.2025, every four years, each AAA shall submit all area plan forms in compliance with the area plan instructions. These forms shall be submitted by March 1st in the calendar year the plan will take effect. For example, all forms for the four-year area plan that begins on July 1st of 2024 shall be submitted to the SUA by March 1, 2024.

PROCEDURE

- A. By January 1st of the calendar year that the four-year area plan is due, the SUA will provide each AAA with the Area Plan Instructions, Area Plan Forms, Area Plan Appendices, and the Allotment Table.
- B. When the AAA has completed a form or forms, the AAA will submit the form or forms to the appropriate AAA Area Plan folder on www.box.com. If the AAA needs access to the appropriate AAA Area Plan folder on www.box.com, the AAA shall contact the SUA.
- C. When the AAA submits a form or forms, the SUA will review the form within 15 calendar days. If the form is rejected, the SUA will respond to the AAA in writing within the same 15 calendar days to explain why the form is being rejected.
- D. Once all forms have been submitted and approved, the SUA will email the AAA director a letter stating that the Area Plan has been approved.

1.11.2 Submitting an Annual Update to an Area Plan (Years Two, Three, and Four)

POLICY

During years two, three, and four of a four-year area plan, each AAA shall submit updated versions of the required area plan forms in compliance with the area plan instructions. These forms shall be submitted by March 1st in the calendar year the updated area plan will take effect. For example, all forms for the area plan that will be updated on July 1 of 2025 shall be submitted to the SUA by March 1st of 2025.

PROCEDURE

- A. By January 1st of the calendar year that the area plan annual update is due, the SUA will provide each AAA with the Area Plan Instructions, Area Plan Forms, Area Plan Appendices, and the Allotment Table.

- B. When the AAA has completed a form or forms, the AAA will submit the form or forms to the appropriate AAA Area Plan folder on www.box.com. If the AAA needs access to the appropriate AAA Area Plan folder on www.box.com, the AAA shall contact the SUA.
- C. When the AAA submits a form or forms, the SUA will review the form within 15 calendar days. If the form is rejected, the SUA will respond to the AAA in writing within the same 15 calendar days to explain why the form is being rejected.
- D. Once all forms have been submitted and approved, the SUA will email the AAA director, chair/president of the board of directors of the AAA, and chair/president of the AAA Advisory Council a letter stating that the Area Plan has been approved.

1.11.3 Area Plan Document Review Meeting

POLICY

An AAA director may request an area plan document review meeting at any time during the year.

PROCEDURE

During this meeting, SUA staff will review any changes to the area plan forms, discuss which forms must be updated (if it is year two, three, or four of the area plan), and answer any questions the AAA director and/or AAA staff have about the area plan.

1.11.4 Submitting Updates throughout the Year

POLICY

The AAA shall report any changes that impact the accuracy of previously submitted area plan forms. These changes shall be reported to the SUA as quickly as possible.

PROCEDURE

- A. If the AAA director changes, Form I.1, I.1.1, and I.2 shall be updated.
- B. If the AAA address or counties served changes, Form I.1 shall be updated.
- C. If the AAA conducts a new needs survey or other needs assessment, Form II.1 shall be updated.
- D. If the AAA starts providing an OAA-funded program/service with a new contractor, Form III.2 shall be updated. Form III.4 shall be updated if the contractor is providing a new program/service or if the program/service was not previously provided through a contractor.
- E. If the AAA starts providing an OAA-funded program/service directly, Form III.4 shall be updated. The AAA shall ensure that a waiver (Form V.1 or V.4) has been submitted and approved to provide the OAA-funded program/service directly.
- F. If the AAA starts providing an OAA-funded program/service through a consumer-directed model, Form III.4 shall be updated.
- G. If the AAA hires a new AAA staff member or terminates an existing AAA staff member, Form III.5 shall be updated.
- H. If the AAA gains a new board member or loses an existing board member, Form III.5 shall be updated.
- I. If the AAA gains a new advisory council member or loses an existing advisory council member, Form III.5 shall be updated.
- J. If an OAA-funded senior center opens or is constructed, it shall be added to Form V.6 and Form V.7 shall be submitted.

- K. If an OAA-funded senior center closes, it shall be removed from Form V.6 and Form V.7 shall be submitted.
- L. If an OAA-funded senior center relocates, the address shall be updated on Form V.6 and Form V.7 shall be submitted.
- M. If an OAA-funded senior center is renovated, Form V.7 shall be submitted.
- N. If the AAA opens a new administrative office, Form V.11 shall be updated.

1.11.5 Minor Home Modification Waiver

POLICY

Each AAA may expend up to \$5,000 of OAA funding per client for minor home modifications without SUA approval. For each expenditure request between \$5,000 and \$10,000, the AAA shall submit Form V.9 for prior approval by the SUA Director.

PROCEDURE

Before funds are expended, the AAA shall complete all sections of Form V.9 to request the \$5,000 cap on home modifications be waived. The AAA shall submit the completed form to the SUA. The SUA will approve or deny the waiver request in writing. If the waiver request is approved, the AAA may expend the funds. If the waiver request is denied, the AAA may make corrections and resubmit the waiver. Funds may not be expended if the waiver request is not approved.

Home modifications must comply with all local, county, and state codes and ordinances. Family members may be reimbursed for completing home modifications if they have the necessary qualifications to complete the work required **and** their bid is the best and lowest.

1.11.6 Waiver to Expend More than \$5,000 on Equipment or Capital Expenditures

POLICY

Per 45 CFR 75.439 and 2 CFR 200.439, Purchases of equipment or capital expenditures over \$5,000 are only allowed as a direct expense with prior written approval from the State Unit on Aging Director. Purchase of equipment and capital expenditures are not allowed as indirect expenses. For each equipment or capital expenditure request over \$5,000, the AAA shall submit Form V.10 for prior approval by the SUA Director.

PROCEDURE

Before funds are expended, the AAA shall complete all sections of Form V.10 to request the \$5,000 cap on equipment or capital expenditures be waived. The AAA shall submit the completed form to the SUA. The SUA will approve or deny the waiver request in writing. If the waiver request is approved, the AAA may expend the funds. If the waiver request is denied, the AAA may make corrections and resubmit the waiver. Funds may not be expended if the waiver request is not approved.

1.12 Annual AAA Monitoring Performed by SUA

POLICY

At least annually, the SUA will perform annual, on-site monitoring of each AAA in Missouri. Each AAA director shall have access to the checklist used by SUA staff to evaluate documents submitted for annual, on-site monitoring.

PROCEDURE

- A. In June, SUA staff will work with each AAA director to schedule a date for annual, on-site monitoring.
- B. At least thirty days before the on-site monitoring, SUA staff will have a document request call with the AAA director and any other applicable staff to review which documents the AAA needs to submit for the annual, on-site monitoring. The document request file will be uploaded to www.box.com for the AAA director and relevant staff to access. The document request file and any notes from the call will also be emailed to the AAA director. These documents should be submitted to the SUA by the assigned due date (fifteen to twenty days before the on-site monitoring).
- C. Ten to Fifteen days before the on-site monitoring, SUA staff will email a second document request (if needed) to the AAA director or other designated staff. These documents should be submitted to the SUA by the assigned due date (five to ten days before the on-site monitoring).
- D. On the day of on-site monitoring, SUA staff will ask questions and review comments related to the programs and services being monitored.
- E. Within three business days of the on-site monitoring, SUA staff will send a follow-up email with any document that is still needed and/or any questions that have not yet been answered. Any documents and/or answers should be provided by the due date.
- F. Once SUA staff have completed the monitoring summary, it will be sent to the AAA director, chair/president of the board of directors, and chair/president of the advisory council.

1.13 Cost Sharing

POLICY

The State of Missouri does not allow cost sharing for any Older American Act Funding or general revenue funded programs or services.

PROCEDURE

The AAA shall not use any means testing or require participants to help pay for the cost of the programs or services they are receiving.

1.14 Contributions

POLICY

AAAs shall regularly ask all participants to contribute to the cost of the programs and services they are receiving per 19 CSR 15-7.010(15). However, no participant should be denied access to a program or service or treated differently regardless of whether or not they donate towards the service.

PROCEDURE

During intake, participants should be told the average cost of the services they are receiving, their ability to contribute to the services, and that no program or service will be denied due to their inability to contribute.

1.15 Participant Reprimand for Unruly Behavior

Occasionally the AAA or Senior Center may encounter participants who are violating the rules of the office or center, are being verbally or physically abusive or aggressive, or are otherwise causing others in the office or center to feel unsafe or unwelcome.

POLICY

Each AAA shall have a written client reprimand policy which outlines the steps that the AAA or their center will take to remedy the situation up to and including revoking the participant's privilege of attending activities in the office or center.

PROCEDURE

Each AAA must follow their written policy when dealing with a difficult participant. Participants may only be denied entry to the AAA or a senior center if the AAA or center has a written policy allowing them to do so.

1.16 Incentives with OAA Funding

Gift items, giveaways, and prizes may be used in limited circumstances to meet the programmatic goals of the OAA. If an AAA chooses implement an incentive program:

- A. All costs of the incentive program must meet Federal Cost Principles when purchased with OAA funds (i.e., costs are reasonable, allowable, and allocable).
- B. The program must adhere to all Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards found at and other applicable federal laws and regulations.
- C. State, local, and tribal policies, procedures, and requirements may be more restrictive than OAA and other federal laws, regulations and policies, and these state and local restrictions must be adhered to.
- D. Consideration should be given to purpose of the incentive, how it will be used effectively, sustainability, evaluation, and equity.

POLICY

Missouri SUA will allow the use of incentives in some circumstances, with prior SUA approval. The incentives cannot be gift cards or cash. In order for an AAA to implement an incentive program of any kind, prior written approval from the Chief of the Bureau of Senior Programs and the DSDS Director must be obtained.

PROCEDURE

AAAs wishing to implement an incentive program must submit a request to the Chief of the Bureau of Senior Programs with the following information completed:

- A. **Proposed Incentive** (i.e., what incentive will be provided?)

- B. **Justification** (i.e., what is the purpose for the incentive and what is the specific reason for selecting this incentive? What evidence indicates that an incentive is needed, and what evidence suggests that the selected incentive will be effective at achieving the desired result?)
- C. **Anticipated gains** (i.e., explain how providing such an incentive will defray societal costs or have a positive return on investment, for example by increasing overall participation. Additionally, describe potential unintended negative consequences and how those are outweighed by the benefits)
- D. **Defined amount** (e.g., cost per person and total allocated funding for the recipient incentives)
- E. **Qualifications for issuance** (i.e., what makes a person eligible for the incentive? Does it take into consideration issues related to equity in your community?)
- F. **Method of issuance and tracking** [i.e., how will the incentive be delivered? Does the proposed plan and implementation align with any relevant policies and procedures governing your organization (e.g., procurement, ethics, etc.)? How will the budget and supply be tracked?]
- G. **Method of evaluation** (i.e., how will the incentive plan be evaluated for effectiveness?)

The Bureau Chief will review the request and if all of the information is included and the proposal is reasonable, allowable, and allocable, the request will be forwarded to the DSDS Director for review and approval.

1.17 Steven's Amendment and AAA Contract requirements regarding Publications, Press Releases, Request for Proposals, and Bid Solicitations

POLICY

DSDS Office of General Counsel has confirmed that both Steven's Amendment and the AAA contract Section 12 require the AAA to disclose the percentage, the dollar amount of the project paid for with federal funds, and the percentage and dollar amount paid for with nongovernmental funds. The AAA contracts also require the AAA to reference both the contract number and the Department in any publications or press releases and obtain approval from the Department for any press releases or publications when state funds are used for the project.

For your information, we have provided a compliant example below. For more information on Stevens Amendment, you can review a Grants Management report from the United States Government Accountability Office at <https://www.gao.gov/assets/gao-19-282.pdf>.

Compliant Example to meet Steven's Amendment and AAA Contract Requirements

The total cost of the ABC program is \$1,250,000. \$1,000,000 (80%) is funded through Contract #DH000000000 from the Missouri Department of Health and Senior Services and the U.S. Department of Health and Human Services, Administration on Community Living. The other \$250,000 (20%) is funded through non-Federal resources.

PROCEDURE

DSDS has determined that only publications that include DSDS specific data or the DSDS logo need to be reviewed before publication. Publications that include DSDS specific data or the DSDS logo should be sent to the BSP Bureau Chief for review before publication. However, DSDS is willing to review any publication the AAA may want to be reviewed by the SUA.

Section 2 Title III B Supportive Services

2.1 Access to Services

POLICY

The area agency on aging shall have a program in place to facilitate access to supportive services, nutrition services, or other services provided by the AAA following local, state, and federal regulations.

PROCEDURE

Every fourth year, the AAA will submit an Area Plan for their planning and service area (PSA), which details the supportive services provided. Information will be updated as programs and contractors change, with a thorough review annually.

2.2 Contracted Supportive Services

POLICY

Supportive services secured through a contract shall meet the applicable requirements of 19 CSR 15-7.021.

PROCEDURE

The AAA will annually monitor each contractor to ensure that each requirement is being met for each authorized driver. The State Unit on Aging (SUA) will monitor each AAA annually to confirm this process has been completed.

2.3 Background Check Requirements

POLICY

The AAA will ensure that upon hire and at least every two years thereafter, all contractors shall use the Family Care Safety Registry and the Employment Disqualification List to screen for criminal background or other disqualifications of all direct care employees.

PROCEDURE

When conducting contractor monitoring, the AAA will review background check dates and other documentation to ensure that the information is not more than 2 years old.

2.4 Consumer-Directed Services

POLICY

AAAs employing a consumer-directed services model for services will ensure that all OAA and DSDS requirements are in place.

PROCEDURE

AAAs must ensure that each of the following is provided to the participant:

- A. AAA (or other designated representative) works with the participant to plan, budget, and purchase supportive services
- B. Participants are provided with such information and assistance as are necessary, and appropriate, to enable the individual to make informed decisions about options

- C. AAA (or other designated representative) assesses the needs, capabilities, and preferences of the participant concerning such services, and the individual's ability to direct and control the receipt of such services
- D. Based on the assessment in (c), the AAA (or designated representative) develops the plan with the participant and the participant's family, caregiver, or legal representative.

2.5 Voucher Transportation Programs

POLICY

AAAs using a voucher system for participant transportation needs will have a system in place to ensure that participants can access transportation on demand.

PROCEDURE

AAAs can issue vouchers as a means of reimbursement for transportation in a private vehicle or public transportation. Vouchers may be issued for:

- A. Mileage expenses for using a personal vehicle
- B. Mileage expenses to a friend or family member for use of their vehicle
- C. Mileage expenses to a volunteer driver
- D. Mileage expenses to a transportation network company (Uber, Lyft, etc.) that uses private drivers to provide transportation
- E. Trip expenses on public transportation (Bus passes, MetroLink, etc.)

2.6 Priority Legal Assistance Case Types

POLICY

AAAs will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, and protective services, defense of guardianship, abuse, neglect, and age discrimination.

PROCEDURE

AAAs shall implement procedures at the local level to ensure that at least **51%** of legal assistance units are in the priority legal assistance categories.

The SUA will track this data through the State Program Report annually.

2.7 Attorney-Client Privilege

POLICY

AAAs and the SUA will not require any provider of legal assistance to reveal any information that is protected by the attorney-client privilege.

PROCEDURE

AAAs shall not require any data reports that connect the identity of the participant to the type of legal assistance that the participant received. Data for the State Program Report will be aggregated per ACL guidelines and include all required data elements.

The SUA shall not require any data reports that connect the identity of the participant to the type of legal assistance that the participant received. Data for the State Program Report will be aggregated following ACL guidelines and include all required data elements.

2.8 Legal Assistance Developer

POLICY

The SUA shall have a staff member who serves as the legal assistance developer.

PROCEDURE

The legal assistance developer shall coordinate, to the greatest extent possible, with ombudsmen services through the adoption of a memorandum of understanding that shall be reviewed annually.

2.9 Minimum Legal Assistance Expenditures

POLICY

AAAs shall expend at least one percent of their annual OAA Title III B allotment on legal assistance.

PROCEDURE

AAAs shall report the amount expended during the prior state fiscal year on their annual area plan update. This information will be submitted on Form III.3 Prior Year Supportive Expenditures for Priority Services.

2.10 Information and Assistance

POLICY

The Area Agencies on Aging (AAA) shall provide Information and Assistance services sufficient to ensure that all aging Missourians and adults with disabilities have reasonably convenient access to information about the services available within their geographic region. Such services are related to in-home care, housing, transportation, and nutrition per local, state, and federal regulations.

PROCEDURE

Information and Assistance services shall meet the minimum requirements of 19 CSR 15-4.295.

- A. Identify target groups within the project area having the greatest need for services;
- B. Develop a plan for informing and serving the identified target group, establishing measurable objectives;
- C. Establish liaison with other information and assistance programs including services available through the Social Security Administration;
- D. Develop a plan for record keeping which includes data from the nature of requests received, the agencies to which the contact was referred, and the service to which the caller was directed or referred;
- E. Maintain a file of current resources and services available to the target population;
- F. Utilize staff specially trained to inform older adults or their advocates of the services available;
- G. Develop a plan to provide services in the language spoken by the target population, if other than English; and
- H. Establish a plan for the follow-up referrals.

2.10.1 Information and Assistance/Referral Professional

POLICY

The AAA shall have staff who serve as the Information and Assistance/Referral Professionals. I&A/R staff shall be composed of competent, ethical, qualified individuals, paid or volunteer. I&A/R staff provide current information on services available to individuals within their communities and assess problems and capacities.

PROCEDURE

The information and assistance staff shall be sufficient in number to carry out administrative and service responsibilities. Service responsibilities shall include:

- A. Maintaining an up-to-date resource file which shall be updated periodically;
 1. Records shall be maintained of all transactions. Reports shall be in a manner that identification of older adults who use the service is not revealed or accessible to anyone other than staff members assisting them.
- B. Providing information to all inquirers;
- C. Providing referral and follow-up as needed;
 1. In the event a referral is made which requires follow-up, a client intake form shall be started. Client intake instruments shall have the capacity to gather at least the following information:
 - i. Family name, address, apartment, street, city or town, county, zip code, and telephone number;
 - ii. Name of primary inquirer for which services are sought (if other than caller);
 - iii. Problem(s);
 - iv. Service needed; organizations to which inquiry was referred;
 - v. Nature of request (information or referral, or both); and
 - vi. Means of contact (letter, telephone, walk-in).
 2. If follow-up is provided, the results of the follow-up shall indicate the final disposition and a notation shall be made as to whether the service is:
 - i. Completed;
 - ii. Ongoing; or
 - iii. Incomplete because of, but not limited to:
 - a) Insufficient availability of service;
 - b) Inquirer's refusal to accept available service;
 - c) Inquirer's refusal or unwillingness to contact service; or
 - d) Failure of the inquirer to meet eligibility requirements (income, residence, or age)
- D. Conducting public information and education activities; and
- E. Collecting data on inquirers and maintaining confidential, accurate, and up-to-date records.

Training shall be provided to all I&A/R staff, paid and volunteer, to ensure adequate delivery of information and assistance services. Training shall consist of the following components:

- A. The role, purpose, and function of the information and assistance service;
- B. Skills training in the areas of interviewing techniques, attitudes, listening, communications, proper telephone usage, assessment techniques, information and assistance procedures, follow-up, data reading, maintenance of records, and use of resource files;

- C. Recognizing abuse/neglect and exploitation of older adults and procedures for reporting to the division's hotline;
- D. On-the-job training which should consist of a program of increasing levels of involvement in handling inquiries, beginning with observation and ending with full responsibility for handling inquiries; and
- E. In-service training provided regularly, which should include the refinement and updating of the staff's understanding and knowledge of appropriate topics, including the operation of human service systems (legal, health, aging, welfare, governmental, education, advocacy, and the like), and shall address techniques that assist staff in maintaining appropriate personal perspective.

2.11 Senior Center

POLICY

The term senior center shall include any location where congregate meals are served and other supportive services are provided. Types of senior centers include multipurpose senior center, focal point, satellite, and other.

- A. Multipurpose senior center: A community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental and behavioral health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.
- B. Focal point: A facility established to encourage the maximum collocation and coordination of services for older individuals that has been designated in Area Plans for comprehensive service delivery.
- C. Satellite: a center that is "under" another center and only provides partial services such as only congregate meals and recreation.
- D. OTHER: A facility that does not meet one of the other definitions. Must provide explanation of what services the facility provides.

PROCEDURE

All senior centers in the AAA's PSA shall be included on Form V.6 of the Area Plan. When a senior center is opened, relocated, renovated, constructed, or terminated, the AAA shall complete Form V.7 of the Area Plan.

2.11.1 Annual Fire Inspections

POLICY

Each senior center (multipurpose, focal point, satellite, and other – even if meals are only served once or twice a week) shall have an annual fire inspection in accordance with 19 CSR 15-7.010 (5)(D). If the AAA contracts with a senior center to perform services, this requirement shall be specifically outlined in the contract.

PROCEDURE

The senior center or AAA shall contact local fire services to determine if the local fire services can provide a fire inspection for the center. If local fire services are unable to provide a fire inspection, the senior center or AAA shall contact the Division of Fire Safety at 573-751-2930 or inspect@dfs.dps.mo.gov to schedule a fire inspection. If the senior center or AAA is still unable to get a

fire inspection scheduled, staff shall contact the Bureau of Senior Programs to explain what actions have been taken. The Bureau of Senior Programs will provide technical assistance.

Section 3- Title III C Nutrition Services

3.1 Nutrition Requirements for Meals

POLICY

Each Title III C meal provided by an AAA or nutrition service contractor shall meet the requirements in OAA Sec. 339(2)(A) and 19 CSR 15-4.245(6). This applies to both home-delivered meals and congregate meals.

PROCEDURE

Nutrition providers shall demonstrate compliance with OAA requirements by using computer nutrient analysis software or a meal pattern.

Per 19 CSR 15-4.245(6)(D), the nutrition professional retained by the AAA shall review and certify that all menus meet the requirements in 19 CSR 15-4.245(6). A sample of this documentation will be reviewed during annual monitoring conducted by the SUA.

Meals created using nutrient analysis shall meet the following requirements. Targets may be met as a monthly average, with the flexibility to be within the acceptable range specified. Acceptable ranges are based on a +/- 10% deviation from the DRI target amount.

Nutrient	Target Value (1/3 DRI)	Acceptable Range
Calories	600 calories	540-660 calories
Protein	17 g	≥ 15.3 g
Carbohydrate	82.5 g	67.5-97.5 g*
Fiber	8 g	≥ 7.2 g
Fat	20-35% of total calories	18-38.5% of total calories
Saturated Fat	< 10% of total calories	< 11% of total calories
Calcium	400 mg	≥ 360 mg
Sodium	766 mg	≤ 1100 mg
Potassium	1000 mg	≥ 900 mg
Vitamin B-12	0.8 mcg	≥ 0.72 mcg
Vitamin D	200 iu	≥ 180 iu

*Acceptable range based on AMDR 45-65%

Meals created with a meal pattern shall meet the following requirements.

Component	Dairy	Protein	Fruits/Vegetables	Grains
Required amount per meal	One one-cup equivalent	Two to three one-ounce equivalents	One to two one-cup equivalents	One to two one-ounce equivalents
Examples	Examples of a one-cup equivalent: 1 cup milk 1 cup yogurt 1 cup fortified soymilk 1.5 ounces of natural cheese such as cheddar 2 ounces of processed cheese.	Examples of a one-ounce equivalent: 1-ounce lean meats 1-ounce poultry 1-ounce seafood 1 egg ¼ cup cooked beans ¼ cup cooked tofu 1 tablespoon nut or seed butter ½ ounce nuts ½ ounce seeds	Examples of a one-cup equivalent: 1 cup raw vegetable 1 cup raw fruit 1 cup cooked vegetable 1 cup cooked fruit 1 cup vegetable juice 1 cup fruit juice 2 cups leafy salad greens ½ cup dried fruit ½ cup dried vegetable	Examples of a one-ounce equivalent: ½ cup cooked rice ½ cup cooked pasta ½ cup cooked cereal 1-ounce dry pasta 1-ounce dry rice 1 medium (1-ounce) slice of bread 1 medium (1 ounce) tortilla 1 medium (1 ounce) flatbread 1 ounce of ready-to-eat cereal (about 1 cup of flaked cereal)
Additional requirements and explanation	A. The use of nonfat or low-fat products is recommended to control the total fat content of the meal. B. Dairy may include lactose-free dairy options C. Other products sold as “milk” but made from plants (e.g., almond, rice, coconut, oat, and hemp “milk”) may contain calcium and be consumed as a source of calcium, but they are not included as part of the dairy group because their overall nutritional content is not similar to dairy milk and fortified soy beverages.	D. Legumes (beans and peas) may be considered part of this group OR the vegetable group, but not both groups simultaneously. E. The use of low-sodium protein products is encouraged.	F. Legumes (beans and peas) may be considered part of this group OR the protein group, but not both groups simultaneously. G. A variety of vegetables from all sub-groups is strongly recommended (dark green, red & orange, legumes, starchy, other). H. The use of no to low-sodium frozen, fresh, and canned vegetables is encouraged.	I. Whole-grains must be offered at least 5 times per week. For meal programs serving less than 5 days per week, half of grains offered shall be whole grains.

3.2 Choice

POLICY

Nutrition providers are encouraged to provide opportunities for choice in their menus. If more than one menu item is offered, then the item with the lower nutrient value will be counted toward the monthly nutrient average in computer analysis. If using a meal pattern, then both meals must meet the guidelines.

PROCEDURE

Ways that choice may be offered include providing more than one meal during meal service, providing more than one component that participants can choose from (e.g. chicken and pork or lima beans and broccoli), or allowing participants to pre-select meals from a list.

3.3 Offer versus Serve

POLICY

The nutrition program shall offer participants all menu items; however, participants may decline to accept any element of the planned meal.

PROCEDURE

- A. **When serving cafeteria-style:** Participants shall be offered each component of the meal. Participants may refuse any component of the meal; however, additional servings of a different component shall not be offered. For example, a vegetable may be replaced with another vegetable but could not be replaced with a protein or dairy.
- B. **When serving restaurant-style:** Participants shall be offered the complete meal. Participants may request certain items be left off their meal.
- C. **When serving family-style:** Participants shall have access to the complete meal. Serving utensils that encourage portion control shall be used. Participants do not have to select each component of the meal.
- D. **When offering a self-serve salad bar as a side option:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Participants shall be provided with a smaller dish. Serving utensils that encourage portion control shall be used. Self-serve salad bars offered as a side option shall include enough offerings for the participant to choose at least two servings of fruit and/or vegetables. Additional options should be considered in combination with the entrée. For example, if only one serving of grain was offered with the entrée, then a grain option may be included on the salad bar.
- E. **When offering a self-serve salad bar as a meal option:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Participants shall be provided with a full-size dish. Serving utensils that encourage portion control shall be used. Self-serve salad bars offered as a meal option shall include enough offerings for the participant to choose a meal that meets the requirements of the meal pattern (one serving of dairy, two to three ounces of protein, two to three servings of fruits and vegetables, and one to two servings of grains). Participants shall be provided examples of options that meet the nutritional requirements. This can be posted on the buffet or provided as a handout to the participants.
- F. **When offering a self-serve buffet as a meal:** Nutrition providers shall use a meal pattern to demonstrate compliance with the meal. Dishes and serving utensils that encourage portion control shall be used. Self-serve buffets shall include enough offerings for the participant to choose a meal that meets the requirements of the meal pattern (one serving of dairy, two to

three ounces of protein, two to three servings of fruits and vegetables, and one to two servings of grains). Participants shall be provided examples of options that meet the nutritional requirements. This can be posted on the buffet or provided as a handout to the participants.

3.4 Nutrition Risk

POLICY

The AAA or nutrition service contractor shall conduct the DETERMINE your Nutrition Health checklist at least annually for all participants receiving home-delivered meals. The AAA or nutrition service contractor shall offer to conduct the DETERMINE your Nutrition Health checklist annually for all congregate meal participants.

PROCEDURE

For home-delivered meal participants, the DETERMINE your Nutrition Health checklist shall be conducted during intake before the participant begins receiving meals and at least once every twelve months after intake as long as the participant is receiving home-delivered meals.

For congregate meal participants, the DETERMINE your Nutrition Health checklist shall be offered within one week of the participant's first meal and at least once every twelve months after their first meal as long as the participant is participating in the congregate nutrition program. Congregate meal participants may refuse the DETERMINE your Nutrition Health checklist and still participate in the congregate meal program.

For all home-delivered and congregate meal participants who complete the DETERMINE your Nutrition Health checklist, the score, and date of assessment shall be recorded in AgingIS. AAAs should have a procedure for responding to a participant with a high nutrition risk score. This could include providing assistance applying for food assistance, providing nutrition education, and providing nutrition counseling, or helping the participant plan to discuss their nutrition risk with their medical provider.

For all congregate meal participants who refuse to complete the DETERMINE your Nutrition Health checklist, the date of refusal shall be recorded in AgingIS.

3.5 Special Menus

POLICY

AAAs shall have a policy that addresses under what circumstances special menus will be provided and how they will determine what is reasonable.

PROCEDURE

The AAA shall provide its policy related to special menus during annual monitoring from the SUA.

3.6 Congregate Meal Availability Requirements

POLICY

AAAs shall provide congregate meals at least five days a week. This requirement will be determined on a per-county basis; a congregate meal must be available in each Missouri County and the City of St. Louis at least five days a week. This can be accomplished through one location providing congregate meals at

least five days a week or multiple locations in the county providing congregate meals for a total of at least five days a week.

PROCEDURE

AAA shall provide information about the days per week a congregate meal is provided at each congregate site in the area plan (Form V.6). If congregate meals are not provided at least five days a week in a county, the AAA shall submit a waiver (Form V.5) explaining why it is not feasible to provide congregate meals five days per week in that county. The SUA will then review and accept or reject the waiver.

3.7 Restaurant Congregate Meal Program

POLICY

The SUA will offer technical assistance for AAAs to implement a restaurant congregate meal program in its PSA. AAAs are not required to offer a restaurant congregate meal program.

PROCEDURE

If an AAA chooses to implement a restaurant congregate meal program, the AAA shall communicate with the SUA throughout implementation. The AAA may follow the following procedure.

- A. Initiate a strategic planning process.
 1. Get a planning team together. This may include internal staff such as dietitians, nutrition program staff, etc. This may also include external staff such as local restaurants, state restaurant associations, local grocery store leaders, current participants, community service providers, senior-focused entities, etc.
 2. Identify the expertise the team needs:
 - i. Knowledge of the local restaurant landscape
 - ii. Knowledge of community
 - iii. Marketing/communications and outreach expertise
 3. Host a strategy session with your team
 4. Establish your target population
- B. Conduct an environmental scan.
 1. Identify available restaurants; understand regional tastes, local expectations around portion sizes, and grocery stores with kitchens.
 2. Identify a range of reasonable meal costs across your local community. Review published menus and call local food retailers.
 3. Based on what you learned in the environmental scan, create a contract template.
- C. Engage potential contractors.
 1. Follow procurement procedures in 45 CFR Part 75 and 2 CFR 200 to find one or more restaurants to contract with.
 2. Find restaurants that serve meals within the desired price point or those willing to agree to a mutually beneficial price.
 3. Look to find partners in areas of need as well.
- D. Submit a waiver to DSDS for any CSRs that may need to be waived for the program.
- E. Create a monitoring plan for how the AAA will determine risk, what monitoring will include, and how risks, concerns, and lack of following the state and federal rules, statutes, and other requirements will be handled.

- F. Create a voucher process that includes:
 1. A way to register participants for the program. This registration should ensure that the participant is eligible.
 2. A way for the participant to receive a voucher or ticket to access meals.
 3. A way to accept contributions from participants.
 4. A way to verify when the meal was provided and that it was provided to the registered participant.
 5. A way to reimburse the restaurant for only the meals that were provided through the program.
 6. How gratuity and purchasing extra meals or sides will be handled by the restaurant.
- G. Work with the restaurant and the AAA's nutrition professional to create a menu that follows the OAA nutrition requirements through nutrition analysis or a menu pattern.
- H. Contract with the identified contractor. The contract should include, but is not limited to:
 1. A description of the voucher program that will be used and any responsibilities of the contractor associated with it.
 2. When meals are available and how eligible participants can access them.
 3. The reimbursement rate per meal.
 4. The dietary guidelines and approval process for menus.
 5. All regulations that the restaurant will be required to follow.
 6. Any additional services the restaurant will provide or allow to be provided on location (i.e. nutrition education, presentations, etc.).
 7. Requirements for communication with the AAA.
 8. Requirements for invoicing and payment.
- I. Launch pilot.
 1. Communicate with the restaurant regularly to ensure the program is running according to the contract.
 2. Track data from the program.
 3. Communicate with DSDS to help create standard policies and procedures for future restaurant congregate meal programs.
- J. Monitoring
 1. Monitor all involved parties (restaurant, community partners who are helping with vouchers, etc.) at least annually to ensure that all general and nutrition services requirements are being met.
 2. Additional monitoring should include monthly reports, periodic site visits, and participant feedback review/surveys.

3.8 Meal Cost

POLICY

Each AAA shall have a written procedure for determining the cost of a meal prepared by the AAA. The procedures should take into consideration inventory, labor, transportation, overhead, and any other expenses incurred in preparing the meal.

PROCEDURE

AAA shall provide the written procedure for all meals provided in its PSA during annual monitoring. AAA shall provide the meal cost and how it was calculated for the senior center sample that was selected for annual monitoring.

POLICY

AAAs who procure prepared meals shall include in the request for bids a requirement that the applicant specifies how the cost of the meal was determined.

PROCEDURE

AAAs will include a requirement in all requests for bids, quotes, etc. that the applicant include a breakdown of costs in their response to demonstrate how the cost of the meal was determined.

3.9 Oral Nutrition Supplements

POLICY

If an AAA chooses to provide oral nutrition supplements (ONS) to participants using OAA funding, the AAA shall follow the Oral Nutrition Supplements Procedure. ONS include liquid nutrition supplements, powdered nutrition supplements that must be mixed with milk or water, and any other nutrition supplements that are not classified as conventional, prepared foods. ONS does not include nutritional supplements in pill, capsule, or tablet form.

PROCEDURE

ONS may be purchased using Title III C, Title III B, or Title III E funds. The chart below provides guidance on when ONS can be provided, what OAA funding sources are allowable, how to count the units and expense, and whether the ONS can be counted as part of a meal unit. ONS by itself is never counted as an NSIP meal unit. If the ONS is provided as part of a meal, in certain situations (see chart), the ONS + the meal may be counted as one meal unit.

Situation	Allowable Funding Source	How to Count the Units and Expense	NSIP
Provide ONS to a participant who is not receiving congregate or HDMs	III B	Each ONS would be counted as one unit of other service*	This would not count as an NSIP meal
Provide ONS to a participant who is receiving congregate or HDMs (not part of a meal)	III B	Each ONS would be counted as one unit of other service*	This would not count as an NSIP meal
Provide ONS as an option to replace a liquid portion of a congregate or HDM. The meal + original liquid must meet DRIs and DGAs	III C	The cost of the ONS would be added to the meal cost it is being provided with. The ONS would be included in the unit for the meal	The ONS + the meal would count as one NSIP meal
Provide ONS to a caregiver	III E	The ONS would be counted under supplemental services**	This would not count as an NSIP meal

*ONS is considered consumable supplies in the other services definition. This definition can be found in the Area Plan Instructions Appendix 1 Definitions FY23 Final. The definition is located in row 13 of the III B Services tab.

**ONS is considered nutritional supplies in the supplemental services (Caregiver) definition. This definition can be found in the Area Plan Instructions Appendix 1 Definitions FY23 Final. The definition is located in row 13 of the III E Family Caregiver Services tab.

3.10 Carryout Meals

POLICY

A carryout meal is defined as a meal that a non-homebound participant receives at a congregate setting but does not consume in the congregate setting. This can include drive-thru meals and to-go meals. If an AAA chooses to provide carryout meals, the SUA will monitor for compliance with the carryout meals procedure during annual programmatic monitoring.

PROCEDURE

If an AAA chooses to provide carryout meals,

- A. The AAA shall complete a general waiver request (form V.5), requesting that the SUA waive the homebound requirement for eligibility listed in CSR 19 15-4.240(5)(B).
 1. In Section 1 of the waiver request, the AAA shall provide a written description of
 - i. How the carryout meal program will be provided
 - ii. The locations where carryout meals will be available
 - iii. How participants will be prioritized if there is a waiting list. This shall include higher prioritization of homebound clients. Prioritization of wait lists should also prioritize those with greatest social and economic need.*
 2. In Section 2 of the waiver request, the AAA shall explain how offering a carryout meals program best serves eligible older adults with greatest economic and social need.

If the general waiver request (form V.5) to provide carryout meals is approved,

- B. The AAA shall include carryout meals in its area plan.
- C. The meal units shall be counted as HDM. If OAA funding is used to provide the carryout meals, Title III C-2 funding shall be used.
- D. All carryout meal participants shall complete the DETERMINE your Nutritional Health Checklist.
- E. If a waitlist is established for HDMs, the AAA shall prioritize participants who are homebound over participants who receive carryout meals.

*Sample prioritization tool (Each AAA may choose to use this tool or may choose to create its own)

<p>Home Delivered Meal Prioritization Tool</p> <p>1. Are you able to get to the congregate meal site? Yes _____ (0 points) No _____ (2 points)</p> <p>2. Are you comfortable eating in a congregate setting? Yes _____ (0 points) No _____ (1 point)</p> <p>3. DETERMINE Score: 0-2 _____ (0 points) 3-5 _____ (1 point) 6+ _____ (2 points)</p> <p style="text-align: right;">Total Points: _____</p> <p style="text-align: center;">Participants with higher points receive higher priority for HDMs.</p>

3.11 Nutrition Education

Policy

Each AAA shall have a nutrition education policy. This policy shall explain how nutrition education will be provided in the PSA. The policy should explain how often nutrition education should be conducted, who should conduct it, and if the AAA has established any additional requirements.

Procedure

The AAA shall provide its policy related to nutrition education during annual monitoring from the SUA.

Section 4- Title III D Highest Level Evidence-Based Disease Prevention and Health Promotion Services

4.1 Evidence-Based Requirements

POLICY

AAAs will use ACL's definition of evidence-based when selecting evidence-based disease prevention and health promotion services to provide using Title III D funding.

PROCEDURE

A disease prevention and health promotion program shall meet one of the following requirements before an AAA provides it using Title III D funding.

- A. Be listed on [National Council on Aging's website](#) as an evidence-based program. If using this requirement, the program must be listed on the AAA's Area Plan on Form III.4. If it is provided through a contractor, the contractor must be listed on Form III.2 of the AAA's Area Plan.
- B. Be considered an "evidence-based program" by any operating division of the U.S. Department of Health and Human Services (HHS) and be shown to be effective and appropriate for older adults. If using this requirement, the AAA must complete the Application for State Approval for Older Americans Act Title III-D Funding for Evidence-Based Programs. If the application is approved, the program must be listed on the AAA's Area Plan on Form III.4. If it is provided through a contractor, the contractor must be listed on Form III.2 of the AAA's Area Plan.
- C. Meet the five criteria listed in ACL's definition of evidence-based programs. If using this requirement, the AAA must complete the Application for State Approval for Older Americans Act Title III-D Funding for Evidence-Based Programs. If the application is approved, the program must be listed on the AAA's Area Plan on Form III.4. If it is provided through a contractor, the contractor must be listed on Form III.2 of the AAA's Area Plan.

4.2 State Approval for Evidence-Based Programs

POLICY

The SUA shall approve or deny any Application for State Approval for Older Americans Act Title III D Funding for Evidence-Based Programs that is submitted by a Missouri AAA.

PROCEDURE

If a Missouri AAA wants to get an evidence-based disease prevention and health promotion program approved for Title III D funding and it is not listed on National Council on Aging's website as an evidence-based program, they shall use the following procedure.

- A. The AAA shall complete an Application for State Approval for Older Americans Act Title III D Funding for Evidence-Based Programs and submit it to the senior program specialist for Title III D.
- B. The senior program specialist will review the application and supporting documents. The senior program specialist may ask for additional information if there are parts of the application that are unclear.
- C. Once the senior program specialist has reviewed the application, the application will be reviewed by the Bureau of Senior Programs Bureau Chief and the Division of Senior and Disability Services Deputy Director and Director.

- D. Once all parties have reviewed the application and asked any questions for clarification, the application will be approved or denied.
- E. If the application is denied, the senior program specialist will return the application with a written explanation.
- F. If the application is approved, the senior program specialist will return the application with the signed approval.

Once a program is approved, it may be provided through any AAA in Missouri using Title III D funding.

Section 5- Title III E National Family Caregiver

5.1 Caregiving Services Eligibility

POLICY

The National Family Caregiver Support Program (NFCSP) was established with the reauthorization of the Older Americans Act in 2000. The goal of the National Family Caregiver Support Program (NFCSP) is to provide services to caregivers of older adults and grandparents raising grandchildren to enhance caregiving skills and alleviate the stresses associated with being a caregiver. Providers shall ensure that caregivers who receive services funded through the National Family Caregiver Support Program (NFCSP) meet the eligibility criteria applicable to each service.

PROCEDURE

AAAs and/or subcontractors must ensure service recipients fall within one of the following categories:

- A. Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older
- B. Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders
- C. Older relatives (not parents) age 60 and older providing care to children under the age of 18
 1. Relative may be defined by blood marriage or adoption
 2. Grandparents and step-grandparents are eligible, but not the only category of eligible relatives
 3. This can be via legal relationship (legal custody, guardianship, or adoption) or by raising the child informally
 4. Caregivers cease to be eligible for services when the children in their care reach their 18th birthday unless they qualify under one of the other categories
- D. Older relatives, including parents, age 60 and older providing care to adults ages 18-59 with disabilities
 1. Could be the parent, grandparent, or other relative by blood, marriage, or adoption of the individual with disabilities

5.2 Types of Caregiving Services

POLICY

The III E National Family Caregiver Support Program (NFCSP) provides grants to states and territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.

AAAs are allowed to provide five types of services under the NFCSP:

- A. information to caregivers about available services
- B. assistance to caregivers in gaining access to the services
- C. individual counseling, organization of support groups, and caregiver training
- D. respite care (inside or outside the home)
- E. supplemental services (on a limited basis) including personal care items, incontinence products, durable medical equipment, and minor home modifications

PROCEDURE

AAAs shall provide at least one of the above types of service to eligible caregivers, which shall be documented in their Area Plan and accounted for in AgingIS.

- A. Prior reauthorizations of the OAA included caps on supplemental services, but these caps do not appear in recent reauthorizations. There is no cap on the amount or percentage of III E funds that can be spent on supplemental services
- B. Prior reauthorizations of the OAA included caps for funding older relative caregiver services, but these caps do not appear in recent reauthorizations. There is no cap on the amount or percentage of the funds that can be spent for older relative caregiver services
- C. Many of the services allowable under III E (such as respite care) are also allowable under other funding streams (such as III B).
 1. AAAs must keep in mind that III E NFCSP funds are for supporting the *caregiver*, not the *care recipient*.
 2. AAAs must code the service provided to the appropriate funding source in AgingIS
- D. Services should be short-term/time-limited, not regular and ongoing
- E. Respite care
 1. can include summer camps and extension programs for children in the care of older relatives
 2. can take place inside or outside the home
- F. Supplemental services should complement the care being given
 1. Home modifications could be used for safety purposes, including ensuring that the older relative caregiver's home is safe for the placement of a child
 2. It is preferred that transportation be authorized under other funding streams but could be utilized on a temporary/one-time basis to assist the caregiver in transporting a care recipient to a doctor's appointment
 3. It is preferred that nutrition be authorized under other funding streams, but it would be possible to provide nutrition assistance in instances such as
 - i. to send extra home-delivered meals on occasion so the caregiver and care recipient can eat together,
 - ii. to supply one-time groceries or nutritional supplements if no other funding is available,
 - iii. to pay for children's school lunch programs (as the payer of last resort),
 - iv. or as caregiver training or nutrition education programs with food provided as part of the instructional activity

5.3 Access to Services

AAAs shall have a program in place to facilitate access to caregiver services following local, state, and federal regulations.

PROCEDURE

Every fourth year, the AAA will submit an Area Plan for their planning and service area (PSA), which details all caregiver services provided. Information will be updated as programs and contractors change, with a thorough review each year.

5.4 Contracted Caregiver Services

POLICY

Caregiver services secured through a contract shall meet the applicable requirements of 19 CSR 15-7.021.

PROCEDURE

The AAA will annually monitor each contractor to ensure that each requirement is being met. The State Unit on Aging (SUA) will monitor each AAA annually to confirm this process has been completed.

5.5 Background Check Requirements

POLICY

The AAA will ensure that upon hire and every two years thereafter, all contractors shall use the Family Care Safety Registry and the Employment Disqualification List to screen for criminal background or other disqualifications of all direct care employees.

PROCEDURE

When conducting contractor monitoring, the AAA will review background check dates and other documentation to ensure that the information is not more than 2 years old.

5.6 Consumer-Directed Services

POLICY

AAAs employing a consumer-directed model for caregiver services will ensure that all DSDS requirements are in place.

PROCEDURE

AAAs must ensure that each of the following is provided to the participant:

- A. AAA (or other designated representative) works with the participant to plan, budget, and purchase supportive services
- B. Participants are provided with such information and assistance as are necessary, and appropriate, to enable the individual to make informed decisions about options
- C. AAA (or other designated representative) assesses the needs, capabilities, and preferences of the participant for such services, and the individual's ability to direct and control the receipt of such services
- D. Based on the assessment in (c), the AAA (or designated representative) develops the plan with the participant

5.7 Prioritization of Services

POLICY

The family caregiver support program provides a multifaceted system of support services for family caregivers and for grandparents or older individuals that are relative caregivers. Priority for services shall be given to those subgroups outlined in the Older Americans Act, namely:

- A. Caregivers residing in rural areas.

- B. Caregivers 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).
- C. Caregivers 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).
- D. Older relative caregivers of children (not more than 18 years of age) with severe disabilities.
- E. Older relative caregivers of individuals with disabilities (ages 19-59) who have severe disabilities.
- F. Caregivers with limited English proficiency.
- G. Caregivers of individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, regardless of the age of the individual with dementia.
- H. Caregivers of individuals at risk for institutional placement.

PROCEDURE

AAAs shall implement procedures at the local level to ensure that caregivers in the above subgroups are prioritized in the receipt of services.

The SUA will track this data through the State Program Report annually.

5.8 Documentation of Services

POLICY

The Area Agencies on Aging (AAA) shall ensure that providers of caregiver services maintain documentation supporting services delivered to caregivers.

PROCEDURE

Caregivers receiving counseling, respite care, or supplemental services shall be registered in the State Unit on Aging (SUA) approved data system. Registration of a caregiver includes:

- A. Collection of demographic information including name, address, ethnicity or race, poverty status, living situation, and rural status.
- B. Association of the caregiver to a care recipient in the SUA-approved data system.
- C. The care recipient shall be either an individual over the age of 60 who relies on the caregiver for services; or, a relative, under the age of 18 who is being raised by an individual 60 years or older.
- D. Neither the caregiver nor the care recipient is required to provide the information above, however the Area Agency on Aging (AAA) is required to report services provided through Title III-E in the SUA-approved data system (AgingIS) and documentation shall be retained by the provider agency identifying that the eligibility requirements for caregiver services have been met.
 - 1. The value of hours that the unpaid family caregivers report cannot be used as an in-kind match for III-E funds
 - 2. The caregiver assessment does not need to be documented, but case management assessments must be documented