



**Ventura County Human Services Agency,
Area Agency on Aging**

Fiscal Year July 2023-June 2024

646 County Square Drive, Suite 100
Ventura, California 93003-9086
(805) 477-7300 • (800) 510-2020

www.vcaaa.org

VCHSA-AAA Contractors Manual

Table of Contents

SECTION I: INTRODUCTION

WHO NEEDS TO READ THIS MANUAL?	1
VCHSA-AAA CONTACT INFORMATION	2
FUNDING SOURCES	4
PRIMARY RESPONSIBILITIES OF VCAAA REGARDING CONTRACTS	6

SECTION 2: GENERAL CONTRACT REQUIREMENTS

OVERVIEW, STAFFING LEVELS, SUBCONTRACTING	7
INDEMNITY AND INSURANCE REQUIREMENTS	8

SECTION 3: OTHER CONTRACT REQUIREMENTS

AMERICANS WITH DISABILITIES ACT COMPLIANCE	12
AVAILABILITY AND ELIGIBILITY FOR GRANT-FUNDED SERVICES.....	12
COST OF SERVICES TO PROGRAM PARTICIPANTS.....	14
ALLOWING PARTICIPANTS TO CONTRIBUTE	14
COOPERATION AND SERVICE COORDINATION.....	15
CONTRACTOR’S STATUS	15
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS	15
EMERGENCY CONTACT INFORMATION.....	16
GRIEVANCE PROCEDURES	16
INFORMATION INTEGRITY AND SECURITY	17
INQUIRIES AND COMPLAINTS REGARDING NATIONAL ORIGIN	18
LICENSING REQUIREMENTS	18
LIMITED ENGLISH-SPEAKING PROFICIENT PARTICIPANTS.....	18
LIVING WAGE ORDINANCE	19
LOBBYING CERTIFICATION.....	19
NONDISCRIMINATION COMPLIANCE	19
REPORTING ABUSE OF ELDER OR DEPENDENT ADULT – MANDATED REPORTER.....	19
SECURITY AWARENESS TRAINING	20
SECURITY INCIDENT REPORTING.....	20
SUPPLANTING	21
USE OF WAITLISTS.....	21
WAIVER REQUESTS	21

SECTION 4: SERVICE PERFORMANCE

SERVICE PERFORMANCE REQUIREMENTS	22
REQUESTING TECHNICAL ASSISTANCE WHEN NEEDED.....	22

SECTION 5: DATA AND PROGRAM REPORTING

REPORTING REQUIREMENTS.....	23
DATA COLLECTION – SERVICE UNITS.....	24
DATA VERIFICATION – SELF MONITORING OF SERVICE UNITS	24

SECTION 6: FISCAL, ACCOUNTING, RECORDKEEPING & AUDITS

HOW DO CONTRACTORS GET PAID?	25
MONTHLY EXPENDITURE REQUEST FOR FUNDS (RFF)	25
REQUIRED SOURCE DOCUMENTATION OF EXPENSES	25
MONITORING GRANT EXPENDITURES.....	27
MATCH REQUIREMENT	28
<i>Qualifications and Exceptions</i>	28
<i>Valuation of Donated Services</i>	28
<i>Valuation of Donated Supplies and Loaned Equipment or Space</i>	29
<i>Non-Utilization of Federal Funds for Local Match</i>	29
MAINTENANCE OF NON-FEDERAL SUPPORT FOR SERVICES.....	29
FISCAL DEFINITIONS	29
ACCOUNTING RECORDS, RECORDKEEPING, & RETENTION	30
AUDITS AND FINANCIAL CLOSEOUTS	31
FEDERAL AUDIT REQUIREMENTS	32
WHAT IF MY ORGANIZATION HAS BEEN AUDITED?.....	32
FISCAL CLOSEOUT	32
PURCHASE OF AND USE OF GIFT CARDS.....	33

SECTION 7: ASSESSMENTS AND MONITORING VISITS

PROGRAM ASSESSMENT	34
FISCAL ASSESSMENT	34
SITE VISITS BY ADVISORY COUNCIL MEMBERS	35
DIRECT CONTRACTOR PROGRAM REPORTING	35
PLANNING AND PROVIDER INPUT ON POLICY ISSUES	35

SECTION 8: GRANT MODIFICATIONS

PROJECT AMENDMENT REQUESTS.....	36
BUDGET REVISIONS	36

SECTION 9: EQUIPMENT

EQUIPMENT OVERVIEW	37
WHO OWNS THE EQUIPMENT PURCHASED WITH GRANT FUNDS?.....	37
DISPOSAL OF EQUIPMENT.....	37

SECTION 10: CORRECTIVE ACTION, SANCTIONS & CONTRACT TERMINATION

OVERVIEW OF CAP	39
CORRECTIVE ACTION PLAN (CAP) PROCEDURES AND GUIDELINES	39
SANCTIONS.....	40
FORMAL SANCTIONS.....	40
APPEALING A SANCTION	41
VCHSA-AAA-INITIATED TERMINATION OF THE CONTRACT	42
CONTRACTOR-INITIATED TERMINATION OF THE CONTRACT	43

APPENDIX 1

TITLE III REGISTERED AND NON-REGISTERED SERVICES.....	47
---	----

APPENDIX 2

TITLE III B “PRIORITY SERVICE” CATEGORIES.....	48
--	----

APPENDIX 3

TITLE III E (3E) FAMILY CAREGIVER SUPPORT PROGRAM	49
<i>Summary of Services</i>	49
<i>Definitions</i>	50
<i>Targeting Priorities</i>	51
<i>Costs Not Allowed</i>	52
<i>IHSS Clients and Respite</i>	52
<i>Veterans</i>	52
<i>Coordination Of Family Caregiver Respite Services</i>	53

APPENDIX 4

CDA SERVICE CATEGORIES AND DATA DICTIONARY	55
<i>Title III B, C, & D</i>	55
<i>FCSP – Caregivers of Older Adults</i>	62
<i>FCSP – Older Relative Caregivers</i>	67

APPENDIX 5

SENIOR NUTRITION PROGRAM GUIDELINES	74
<i>Meal Types, Care Plan Options and Eligibility Criteria</i>	80

APPENDIX 6

VENTURA COUNTY AREA AGENCY ON AGING (VCAAA)	82
<i>Mission, Vision and Values</i>	82
<i>Description of VCHSA-AAA</i>	83
<i>Visible Leadership</i>	84

APPENDIX 7

PROTECTION OF INFORMATION ASSETS	86
<i>Security Awareness Training</i>	88
<i>Security Incident Reporting</i>	88

APPENDIX 8

DISABILITIES: ACCESS TO PROGRAMS, SERVICES & ACTIVITIES	89
---	----

APPENDIX 9

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS.....	93
---	----

APPENDIX 10

TARGETING PRIORITIES FOR DELIVERY OF SERVICES.....	95
--	----

APPENDIX 11

TERMINOLOGY AND ACRONYMS.....	97
-------------------------------	----

APPENDIX 12

VCAAA SERVICE AREA BY ZIP CODE	98
--------------------------------------	----

APPENDIX 13

KEY ORGANIZATIONS – FEDERAL, STATE AND LOCAL	100
--	-----

APPENDIX 14

DEMOGRAPHICS, STATISTICS & OTHER RESOURCES	106
--	-----

TEMPLATE FOR NOTEBOOK SPINE (LAST PAGE OF DOCUMENT)

FORMS – All forms, except those related to fiscal, may be found in the ***VCHSA-AAA Data Reporting Manual for Title III B, Title III C, and Title III D Programs*** and the ***VCHSA-AAA Data Reporting Manual for FCSP (Title III E) Services***. Fiscal forms (budget, monthly expenditure request for funds spreadsheets, budget amendment requests, etc.) and monthly program report forms are provided by your Grants Administrator.

SECTION I: INTRODUCTION

WHO NEEDS TO READ THIS MANUAL?

In each Contractor organization, these individuals should read, in detail, this Contractor Manual and the annual grant contract:

- **Program Manager** – Person(s) responsible for administering/managing the grant-funded program.
- **Data Manager** – Person(s) responsible for collecting client level data and entering it into the respective data program (Q Case Management System or other database).
- **Fiscal Manager** – Person(s) responsible for the fiscal aspects (budget, reporting, etc.) of the grant-funded program.
- **Operations Manager/Site Coordinators** – Person(s) responsible for the day-to-day operations of the program if different from the program manager.

PREFACE

VCHSA-AAA has prepared this manual to assist the Contractor's administrative, fiscal and program staff to successfully manage their grant-funded programs. The manual contains the most frequently utilized procedures required to maintain a contractor's compliance with federal, state, County and VCHSA-AAA regulations and policies that govern grant-funded programs and services.

This manual replaces all previous VCHSA-AAA Contractor Manuals. However, it is not a replacement for program-specific manuals and regulations issued by the State of California such as the Long-Term Care Ombudsman Program manual, California Statewide Guidelines for Legal Assistance manual, Senior Employment Community Services Program (SCSEP) handbook, etc.

Contractors are welcome to review all applicable regulations in the VCHSA-AAA's office where complete copies of federal and state legislation and regulations are available.

Note: Contractor, contractor and service provider may be used interchangeably in this document. The terms have the same meaning regardless how and when they are used.

VCHSA-AAA CONTACT INFORMATION

Address:	Ventura County Human Services Agency, Area Agency on Aging 855 Partridge Drive, Ventura, CA 93003-9086
FAX - Main:	(805) 477-7312 (HICAP: 477-7341) (MSSP: 477-7313)
Phone - Main:	(805) 477-7300
Phone - Toll Free:	For Information and Assistance: (800) 510-2020 or (805) 477-7300. Calls made to “800” prefix may not be toll-free, dependent on originating calls “out-of-area” prefix.
Website:	vcaaa.org

AREAS OF RESPONSIBILITY	CONTACT
<i>Fiscal & Contracts</i>	
Overall Responsibility for Contracts and Fiscal Budgets; Annual reports and Single Audi	Brian Murphy, Fiscal & Contracts Manager Phone: (805) 477-7315 Email: brian.murphy@ventura.org
Approval of Contractors’ monthly expenditure request for funds; audit of proof of expenses (contract resolution). FEMA and other program billing	Tony Allen, CPA, Senior Accountant Phone: (805) 477-7335 Email: tony.allen@ventura.org
All document data entry in FMS; Payments to vendors and Contractors; expense claims; Vendor/Contractor insurance coverage, contract renewals, approvals, deposits, cash receipts.	Connie Riedmiller, Senior Fiscal Assistant Phone: (805) 477-7345 Email: connie.riedmiller@ventura.org
Payments to vendors and Contractors; expense monitoring; contract renewals, RFF approvals, deposits, program quarterly billing, cash receipts, VCAAAF and trust account tracking.	Claudia Castaneda, Senior Accounting Technician Phone: (805) 477-7346 Email: claudia.castaneda@ventura.org
<i>Grants, Programs & Planning</i>	
All Area Plan grant-related programs: Title IIIC Senior Nutrition Program (home-delivered and congregate meals);; Title IIIE; Title IIIB; Annual Program onsite assessments; Strategic Plan	Alyssa Corse, Grants Administrator Phone: (805) 477-7311 Email: alyssa.corse@ventura.org
Senior Nutrition Program – Nutrition Education and Counseling; Annual Kitchen Inspections; Temperature Logs, Alternate Menus, Farmers’ Market Vouchers	Patti Jaeger, Registered Dietitian Phone: (805) 477-7339 Email: senior.nutrition@ventura.org
Senior Nutrition Program – Nutrition Education and Counseling, Temperature Logs, Alternate Menus, SNAP-Ed classes.	Teresa Diaz, Registered Dietitian Phone: (805) 477-7339 Email: Dietitian.RealFood@ventura.org
Senior Nutrition Program – Nutrition Education and Counseling; SNAP-Ed classes	TBH, Registered Dietitian Phone: (805) 477-7300 Email:
Senior Community Services Employment Program (SCSEP)	Monique Nowlin, Deputy Director AAA

“Q” Data Base System	
Training; questions; problem resolution; data management including collection, verification, monitoring, quarterly and annual reporting to CDA - Q for Senior Nutrition & other Contractor users	Martin Marquez, Data Integrity/Facilities Manager Phone: (805) 477-7308 Email: martin.marquez@ventura.org
Elderhelp, Care Management & VCHSA-AAA In-Service Programs	
Multipurpose Senior Services Program (MSSP) Care Management	Gray Wilking, Program Manager Phone: (805) 477-7336 Email: gray.wilking@ventura.org
Alzheimer’s Disease & Related Dementia (ADRD), Program to Encourage Active, Rewarding Lives (PEARLS) Title 3B Case Management	Giovanny Ortiz, ADRD Case Manager Phone: (805) 477-7318 Email: giovanny.ortiz@ventura.org , Jason Sagar, Program Manager Phone: (805) 477-7334 Email: haleh.hashemzadeh@ventura.org
Information & Assistance, EHP Medi-Ride, General Questions about all direct-service programs	Denise Noguera, Call Center Manager Phone: (805) 477-7352 Email: denise.noguera@ventura.org
Elder Abuse XE Program, FAST, 3B Case Management	Genesis Estrada, DA Elder Abuse Program Coordinator Phone: (805) 477-7332 Email: genesis.estrada@ventura.org
Elderhelp (EHP) Services; EHP Transportation Tickets; EHP Medi-Ride; ADA & Senior Transportation	Maricela Pardo, Program Coordinator Phone: (805) 477-7334 Email: maricela.pardo@ventura.org
Family Caregiver Resource Center services in the Santa Clara Valley (Santa Paula, Fillmore, Piru) and Spanish-speaking caregivers countywide	Cristian Rivas, Family Caregiver Case Manager Phone: (805) 477-7337 Email: cristian.gibson@ventura.org
California Advancing and Innovating Medi-Cal (CalAIM) Medically supportive food tailored to the client’s health condition	Cherie Chavez, Program Manager Phone: 805-477-7353 Email: Cherie.Chavez@ventura.org

FUNDING SOURCES

KNOW THE DOLLAR AMOUNT, SOURCE OF FUNDS AND MATCH FOR YOUR GRANT AND THE CFDA NUMBER. The funding source and CFDA* number for your grant is listed on the first page of your contract.

Older Americans Act (OAA) Federal Funding Sources with Descriptions, CFDA Numbers and Minimum Required In-Kind or Cash Match			
OAA Funding Source	Description	CFDA NO.*	Minimum Match In-Kind or Cash**
Title III B (3B)	Supportive Services, Senior Support Line, Transportation	93.044	10%***
Title III C (3C)	Nutrition Services [Congregate Meals (C1) and Home-Delivered Meals (C2)]	93.045	10%
Title III D (3D)	Disease Prevention and Health Promotion Services	93.043	10%
Title III E (3E)	Family Caregiver Programs	93.052	25%
Title V (T5)	Senior Community Services Employment Program (SCSEP). <i>Unlike other OAA programs, SCSEP program guidelines are developed by the U.S. Department of Labor.</i>	17.235	≈ 11.78%
Title VII-A (7A)	Prevention of Elder Abuse-Ombudsman Program Only	93.042	10%
Title VII-B (7B)	Prevention of Elder Abuse, Neglect and Exploitation	93.041	10%
HICAP	State Health Insurance Assistance Program	93.324	N/A

* **CFDA = CATALOG OF FEDERAL DOMESTIC ASSISTANCE**

** **In-kind contribution** means the value of non-cash contributions donated to support the project or program (e.g., property, service, etc.). **Matching contributions** are local cash and/or in-kind contributions by the Contractor or other local resources that qualify as match for the contract. **Non-matching contributions** are local funding that does not qualify (e.g., federal or other grant funds) as match and/or is not being budgeted as match (e.g., federal funds, overmatch, etc.). See [Section 6](#) for more information on match requirements.

*** **Title III B Match** – The Title III B 10% match no longer includes Ombudsman.

PRIMARY RESPONSIBILITIES OF VCAAA REGARDING CONTRACTS

The VCHSA-AAA staff and its Advisory Council look forward to the success of your project and the benefits that seniors throughout the county will enjoy because of it. In helping you succeed, VCHSA-AAA maintains primary responsibility for:

1. Grants management oversight. The VCHSA-AAA staff person assigned to manage your grant will track contracted units of service and ensure that you are meeting your grant objectives, which were specified in your grant application and the request for proposal.
2. Annual monitoring assessments will be conducted by:
 - The VCHSA-AA Grants Administrator – The monitoring process will assess the status of your grant, any compliance issues, and any concerns that you may have. Prior to the visit, your organization may be asked to complete and return a Contractor Self-Assessment Tool form. The person(s) responsible for implementing the grant should participate in the assessment. The grants administrator may also request that the individual in your organization who is responsible for the administration of the grant and/or the preparation of fiscal and program reports participate. During the assessment, the grants administrator will ask questions regarding the grant and will subsequently prepare a monitoring assessment report.
 - The Fiscal Manager – The fiscal manager or other fiscal staff member may conduct a site visit to review all fiscal reports related to the grant. Contractors will be notified in advance if the fiscal officer intends to conduct a fiscal review. Please refer to the [Assessments and Monitoring](#) section of this manual for more information.
3. Coordination of annual direct Contractor reporting forums (to be held at the option of VCHSA-AAA).
4. Program and technical assistance, including assistance for the “Q” Case Management System (if applicable). The VCHSA-AAA grants administrator, fiscal staff and Data Integrity Manager will serve as resources for you as the need arises.
5. Reporting units of service to the appropriate state agency. Reported units of service will be compiled and sent to the State of California each quarter. In most cases Contractors are responsible for their own data entry and tracking of service units.
6. Payment of funds. VCHSA-AAA staff will process your requests for funds in a timely manner.
7. Payment of funds is on a reimbursement basis. Contractors must spend funds before requesting reimbursement for funds. It is a contractual requirement that *program income* be spent on program expenses before grant funds will be reimbursed.

SECTION 2: GENERAL CONTRACT REQUIREMENTS

OVERVIEW, STAFFING LEVELS, SUBCONTRACTING

THE CONTRACT SIGNED BETWEEN THE COUNTY OF VENTURA AND THE CONTRACTOR SHOULD BE READ IN DETAIL. THIS CONTRACTORS MANUAL IS INCORPORATED INTO THE CONTRACT BY REFERENCE.

Overview – VCHSA-AAA issues two types of contracts: 1.) Vendor (to provide services on demand) and 2.) Contractor or “Grantee” (to provide grant-funded services typically specified in a request for proposal). The contract made between VCHSA-AAA and each contractor may include exhibits containing service requirements, other requirements (specific to the program being funded or the service being provided), assurances and contingencies.

The contract contains many specific items that will not be mentioned in this Contractors Manual but that may apply to any organization. The contract made between VCHSA-AAA, and each contractor includes Agreements and Assurances, service requirements, other requirements and *contingencies* as well as the project application and VCHSA-AAA approved budget. The latter two documents are not attached to the contract but are incorporated by reference.

Every contract contingency must be fulfilled to the satisfaction of VCHSA-AAA before any payment will be authorized to a Contractor. VCHSA-AAA will notify each Contractor in writing when the Contractor has satisfied all contingencies. NOTE: The performance by the Contractor prior to receiving written notification of the satisfaction of contingencies from VCHSA-AAA is at the Contractor’s sole risk.

All Contractors

- Are required to provide the services specified in the contract and related Scope of Work.
- Will be held to the number and types of service units, including the unduplicated client count contained in the contract service requirements. *An unduplicated client count is calculated on the client only and not on the service or number of services provided.*
- Are subject to certain non-negotiable requirements including the requirements stipulated in the original Request for Proposal or Invitation for Bid.

Staffing Levels – All Contractors must maintain adequate staffing levels to perform at the contracted level. Contractor is expected to actively seek qualified older persons for paid positions on the project and make provisions for volunteer opportunities for older persons.

Subcontracting – Any subcontracts to provide program services under the grant contract must be approved in writing by a VCHSA-AAA -designated representative and will have no force or effect until so approved. A copy of any executed subcontract or

assignment must be forwarded and approved by the VCHSA-AAA Fiscal & Contracts Manager before the beginning of the subcontract or assignment. Subcontracts will be subject to the provisions of the grant contract including insurance requirements. The Contractor is responsible for monitoring the performance of the subcontractors and for ensuring that subcontractors are compliant with grant contract requirements including insurance requirements.

Any Contractor that uses a subcontractor for any portion of the project retains the prime responsibility for carrying out all of the terms of the grant contract, including, but not limited to, the responsibility for preserving the State's copyrights and rights in data, for handling property (see [Equipment](#) section) and the responsibility for ensuring the availability and retention of records of subcontractors and assignments in accordance hereto.

No subcontract or assignment utilizing grant funds shall be entered into for a term extending beyond the ending date of the grant contract.

Purchase of items such as standard commercial supplies, office space, or printing services do not require a subcontract and do not require prior VCHSA-AAA approval.

INDEMNITY AND INSURANCE REQUIREMENTS

All Contractors are required to indemnify and hold harmless the County of Ventura, and VCHSA-AAA. This shall be evidenced by a certificate of insurance naming the County and VCHSA-AAA or a letter from the Contractor evidencing the self-insured status of the Contractor. This is a non-negotiable requirement of the County of Ventura and cannot be waived.

If there is a difference between the insurance requirements specified in the grant contract and the Contractors Manual (which can occur due to changing requirements from year to year) the contract requirements supersede the requirements in the Contractors Manual.

Indemnity Requirements

1. All activities and/or work covered by the contract shall be at the risk of the Contractor alone. The Contractor agrees to defend, indemnify and hold harmless the CDA, VCHSA-AAA, and County of Ventura including all of its boards, districts, agencies, departments, officers, employees, agents and volunteers, against any and all claims and losses, lawsuits, judgments, debts, demands and liability, injuries or death of persons and/or damages to property arising directly or indirectly out of the obligations herein described or undertaken, or out of operations conducted or subsidized in whole or in part by Contractor and Contractor's subcontractors or agents, save and except claims or litigation arising through the sole negligence or wrongdoing and/or sole willful misconduct of VCHSA-AAA and the County of Ventura.
2. The Contractor, solely at its own cost and expense, will provide cleanup of any premises, property or natural resources contaminated or polluted due to Contractor

activities. Any fines, penalties, punitive or exemplary damages assigned due to contamination or polluting activities of the Contractor will be borne entirely by the Contractor. Any Contractor receiving more than \$100,000 in funding shall comply with all orders or requirements issued under the following laws: Clean Air Act, as amended (42 U.S.C. 1857), Clean Water Act, as amended (33 U.S.C. 1368), Federal Water Pollution Control Act, as amended (33 U.S.C. 1251 et seq.), and Environmental Protection Agency Regulations (40 CFR, Part 15 and Executive Order 11738).

3. If, in the performance of the contract, the Contractor chooses to associate, subcontract with, or employ any third person in carrying out its responsibilities under the contract, any such third person shall be entirely and exclusively under the direction, supervision and control of the Contractor.
4. Contractor is an independent contractor and shall hold VCHSA-AAA and the County of Ventura harmless from any and all claims that may be made against VCHSA-AAA or the County of Ventura based upon any contention by any third party that an employer-employee relationship exists by reason of the grant contract. VCHSA-AAA is not required to make any deductions from the compensation payable to Contractor under the provisions of the grant contract. Contractor shall be solely responsible for self-employment social security taxes, income taxes and any other taxes levied against it. Contractor does not assign such obligation to VCHSA-AAA for collection or administration except as may be required by federal and state statutes.
5. Contractor, and the agents and employees of Contractor, in the performance of the grant contract, duties, and obligations, and in the exercise of the rights granted under the grant contract shall act in an independent capacity and not as officers or employees or agents of VCHSA-AAA the County of Ventura or the State of California.
6. If, in the performance of the grant contract, Contractor chooses to associate, subcontract with, or employ any third person in carrying out its responsibilities under the grant contract, any such third person shall be entirely and exclusively under the direction, supervision, and control of Contractor. All terms of association, subcontract, or employment, including hours, wages, working conditions, discipline, hiring and discharging, or any other terms of association, subcontract or employment or requirements of law, shall be determined by Contractor, and VCHSA-AAA shall have no right or authority over such persons or the terms of their association, subcontract, or employment, except as provided in the grant contract. Neither Contractor nor any such person shall have any claim under the grant contract or otherwise against VCHSA-AAA for sick leave, vacation pay, retirement benefits, social security benefits, workers' compensation, disability, unemployment insurance benefits, or employee benefits of any kind.

Insurance Requirements

Contractor, at its sole cost and expense, shall obtain and maintain in full force during the term of the grant contract, adequate liability insurance to cover all activities of

Contractor necessary to fulfill Contractor's obligations under the grant contract. It is understood and agreed that VCHSA-AAA reserves the right to determine the type and extent of insurance that may be required:

1. Prior to commencement of any contract, contractor shall provide the VCHSA-AAA proof of the following insurance:
 - (a) Commercial General Liability "occurrence" coverage in the minimum amount of \$1,000,000 combined single limit (CSL) bodily injury & property damage each occurrence and \$2,000,000 aggregate, including personal injury, broad form property damage, products/completed operations, broad form blanket contractual and \$50,000 fire legal liability.
 - (b) Commercial Automobile Liability coverage in the minimum amount of \$1,000,000 CSL bodily injury & property damage, including owned, non-owned, and hired automobiles. Also, to include Uninsured/Underinsured Motorists coverage in the minimum amount of \$100,000 when there are owned vehicles. Contractor must have on file evidence of auto insurance in the minimum amount of \$100,000 CSL bodily injury & property damage for all employees and volunteers associated with the contract.
 - (c) Workers' Compensation coverage, in full compliance with California statutory requirements, for all employees of Contractor and Employer's Liability in the minimum amount of \$1,000,000.
 - (d) Professional Liability coverage in the minimum amount of \$1,000,000 each occurrence and \$2,000,000 aggregate. Does not apply to all contractors.
2. All insurance required shall be primary coverage in respect to the Area Agency and the County of Ventura, and any insurance or self-insurance maintained by the Area Agency and the County of Ventura shall be in excess of Contractor's insurance coverage and shall not contribute to it.
3. The County of Ventura and the Ventura County Human Services Agency, Area Agency on Aging are to be named as Additional Insured with respect to work done by Contractor under the terms of this Agreement on all policies required (except Workers' Compensation).
4. Contractor agrees to waive all rights of subrogation against the County of Ventura and the Ventura County Human Services Agency, Area Agency on Aging for losses arising directly or indirectly from the activities and/or work performed by Contractor under the terms of this agreement (applies only to Commercial General Liability and Workers' Compensation).
5. The Area Agency is to be notified immediately if any aggregate insurance limit is not met. Additional coverage must be purchased to meet requirements.
6. Policies will not be canceled, non-renewed, or reduced in scope of coverage at any time that said policies are required by this agreement until after 30 days' written notice has been given to the Area Agency and approved in writing by the Area

Agency. If the reason for cancellation is non-payment of the insurance premium, 10 days' written notice is acceptable.

7. Contractor agrees to provide the Area Agency with the following insurance documents on or before the effective date of this contract:
 - (a) Certificates of Insurance for all required coverages. The Area Agency shall be named the certificate holder and the address must be listed on the certificate.
 - (b) Additional Insured endorsements naming the Area Agency and the County of Ventura and authorized with a signature by the insurance carrier.
 - (c) Waiver of Subrogation endorsement (aka: Waiver of Transfer Rights of Recovery Against Others, Waiver of Our Right to Recover from Others).
8. If Contractor fails to maintain insurance as required, Area Agency shall have the right, but not the duty, to purchase any such required insurance on Contractor's behalf (a) utilizing grant funds and/or (b) with Contractor obligated to reimburse Area Agency promptly for all such costs not paid by Area Agency directly out of grant funds. Failure to maintain adequate insurance and/or bonds pursuant to Article XVI(a) hereof shall constitute a material breach for which the Area Agency may terminate this Agreement effectively by giving written notice to Contractor, or as other indicated in said notice. Insurance coverage in the minimum amounts set forth herein shall not be construed to relieve Contractor from liability in excess of such coverage, nor shall it preclude Area Agency from taking such other actions as are available to it under any other provisions of this Agreement or otherwise by law.
9. If the Professional Liability coverage is "claims made," Contractor must, for a period of three (3) years after the date when contract is terminated, completed or non-renewed, maintain insurance with a retroactive date that is on or before the start date of this agreement OR Contractor must purchase an extended reporting period endorsement (tail coverage). The Area Agency may withhold final payments due until satisfactory evidence of the tail coverage is provided by Contractor to the Area Agency.

SECTION 3: OTHER CONTRACT REQUIREMENTS

AMERICANS WITH DISABILITIES ACT COMPLIANCE

Contractor must comply with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 USC §§ 12101 et seq.) Refer to [Appendix 8, Disabilities](#).

AVAILABILITY AND ELIGIBILITY FOR GRANT-FUNDED SERVICES

Programs funded through VCHSA-AAA using Older Americans Act (federal) and/or Older Californians Act (State) monies must be made available as follows:

Title III B: Supportive Services

A variety of services including, but not limited to personal care, homemaker, chore, adult day health care, case management, assisted transportation, transportation, legal assistance, information and assistance, outreach, outreach, services that promote or support social connectedness and reduce negative health effects associated with social isolation, and long-term care ombudsman advocacy. As defined in the Older Americans Act Performance System (OAAPS) categories and the National Ombudsman Reporting System (NORS). [OAA § 321(a)]

Age requirement: 60 years or older

Income requirement: None

Title III C1 and C2: Senior Nutrition – Congregate Meals

Age requirement and eligibility: Individuals 60 years or older; the eligible participant's non-senior spouse; a non-senior individual with a disability who resides in a housing facility where the congregate meal is served; a disabled individual who resides at home with and accompanies an older individual who participates in the program; a volunteer under age 60, if doing so will not deprive an older individual 60 or older of a meal.

Income requirement: None

Title III C2: Senior Nutrition – Home-Delivered Meals

Age requirement and eligibility: Individuals 60 years or older who are frail as defined by 22 CCR 7119, homebound by reason of illness or disability, or otherwise isolated (These individuals shall be given priority in the delivery of services.); a spouse of a person in 22 CCR 7638.7(c)(2), regardless of age or condition, if an assessment concludes that is in the best interest of the homebound older individual; an individual with a disability who resides at home with older individuals, if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.

Income requirement: None

Other requirements: A recipient of home-delivered meals must also be physically unable to drive or use Dial-A-Ride to attend a congregate meal site. The eligible individual's spouse or roommate with disabilities qualifies to receive home-delivered meals at the same suggested donation rate.

Title III D: Health Programs and Medication Management

Age requirement: 60 years or older

Income requirement: None

Title III E: Family Caregiver Services Program – Caring for Elderly Services

Age requirement: Caregivers must be aged 18 or older and must be unpaid informal providers of care for a person who is:

1. Aged 60 years or older; or
2. Aged 18 or older with one or more of the following conditions:
 - a. Alzheimer’s Disease or related disorder with neurological and organic brain dysfunction;
 - b. Vascular or mixed dementia;
 - c. Lewy Body Disease or Pick’s Disease/front temporal dementia;
 - d. Mild cognitive impairment (*excludes* individuals with developmental disabilities);
 - e. Parkinson’s Disease, Huntington’s Disease or Multiple Sclerosis;
 - f. Normal pressure hydrocephalus;
 - g. Traumatic brain injury (e.g., bleeding into brain or space around brain; a blood clot pressuring brain; or concussion);
 - h. Creutzfeldt-Jakob disease (“Mad Cow” disease); or
 - i. Wernicke Korsakoff syndrome/alcoholic encephalopathy

Title III E: Family Caregiver Services Program – *Caring for Child Services*

Age requirement: Aged 55 or older

Other requirements: Caregiver must:

- Be the unpaid informal provider of care for a person who is aged 18 or younger;
- Reside with the child; Child is defined as an individual who is not more than eighteen (18) years of age.
- Be a grandparent, step-grandparent or other older relative caregiver* of the child by blood, marriage or adoption;
- Be serving as the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the child’s primary caregiver;
- Must have either a legal relationship (such as legal custody or guardianship) or raising the child informally.

***Older relative caregiver** means a caregiver who –

- a. Is age 55 or older; and
- b. Lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;
- c. In the case of a caregiver for a child –
 1. Is the grandparent, step grandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child;
 2. Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and
 3. Has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally
- d. In the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability. [OAA § 372(a)(3)]

Title V: Senior Community Services Employment Program (SCSEP)

Age requirement: 55 years or older. Veterans receive preference.

Income requirement: No more than 125% of the federal poverty level. (Some sources of income are excluded in calculating the income level.) Proof of income is required.

Title VII B: Prevention of Elder Abuse

Age requirement: 60 years and older

Income requirement: None

FTA (Federal Transportation Agency): Medi-Ride Transportation Services for Seniors and Adults with Disabilities

Age requirement: 18 years or older

Income requirement: None

Other requirements: A recipient of Medi-Ride transportation to and from non-emergency appointments must be ADA certified disabled.

COST OF SERVICES TO PROGRAM PARTICIPANTS

Grant-funded programs must be made available for free to those who meet the age, income and other requirements listed in the section above.

Means tests shall not be used by any Contractor for any Title III or Title VII services nor shall services be denied to any Title III or Title VII client that does not contribute toward the cost of the services received.

ALLOWING PARTICIPANTS TO CONTRIBUTE

Contractors must provide older persons and caregivers receiving grant-funded services the opportunity to contribute to all or part of the costs of the social services provided. Methods used to solicit voluntary contributions for Title III and Title VII services shall be non-coercive and confidential. Donation letters sent to clients for Title III and Title VII services shall stipulate that contributions are voluntary and not required to receive service.

A Contractor may develop a “suggested contribution” amount that can be posted prominently in the program service area. Each post should identify the client service and the suggested amount to be donated for each service or program. *Nutrition projects please refer to the VCHSA-AAA Senior Nutrition Program Handbook (incorporated into this manual).*

When developing the amount to list as a suggested donation, consumer input and the income ranges of the client should be taken into consideration. Total service cost should also be a factor.

Each senior should have a private, free and voluntary opportunity to contribute to the cost of the service received. For example:

- In-home services: labeled envelopes which may be filled and sealed.
- Senior center services: a sealed or locked box with a slot in the top placed in the service area and labeled “Donations.”

For Contractors processing contributions that amount to \$20 or more per day, a locked contribution box must be used and the following procedures applied.

1. The contribution boxes must be opened in the presence of two (2) persons. If contributions through the mail are typically more than \$20 a day, a person independent of other financial duties should open the mail and prepare a record of the donations received.
2. The contributions must be counted by two (2) persons with the second person verifying the count made by the first.
3. The count sheets should be prepared and signed by both persons.
4. Contributions must be stored in a locked space immediately after the count and deposited in the bank daily. A duplicate deposit slip should be obtained from the bank.
5. The daily deposit may be waived where contributions are less than \$20 a day, but an accumulated amount of over \$100 should be deposited daily.

COOPERATION AND SERVICE COORDINATION

All Contractors are required to cooperate fully with VCHSA-AAA in any efforts toward developing a comprehensive and coordinated system of services for the elderly and to participate in joint planning efforts and service, which may include the shared use of grant-funded equipment, service coordination and other activities as may be determined by VCHSA-AAA to attain this goal. As a part of the aging network, each Contractor is required to cooperate with efforts to develop:

Coordination: Activities which bring district programs, service organizations or activities into an interconnected system with mutually agreed upon objectives and beneficial linkages with common goals.

Comprehensive and Coordinated Service System: A program of interrelated social and nutrition services designed to meet the needs of older persons in Ventura County.

Maximum Use of Funds and Resources: Maximize senior service to targeted clients, thus making maximum use of the available federal, state and local level funds and resources.

CONTRACTOR'S STATUS

The Contractor agrees to maintain a sound financial status during the terms of the grant contract. Any Contractor that is a private for-profit corporation, Joint Powers Agreement (JPA) or private nonprofit corporation must be in good standing with the Secretary of State of California and shall maintain that status throughout the term of the Agreement. Failure to maintain good standing shall result in suspension or termination of the grant contract until satisfactory status is restored.

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

Contractor certifies to the best of its knowledge and belief, that it or its agents:

1. Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
2. Have not, within a three-year period preceding the grant contract, been convicted of, or had a civil judgment rendered against them, for commission of fraud or a criminal

offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlements, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (a)(2) of this certification; and,
4. Have not, within a three-year period preceding the grant contract, had one or more public transactions (federal, state, or local) terminated for cause or default.

Contractor shall report immediately to VCHSA-AAA in writing any incidents of alleged fraud or abuse. Contractor will maintain any records, documents, or other evidence of fraud and abuse until otherwise notified by VCHSA-AAA.

EMERGENCY CONTACT INFORMATION

Contractors are required to keep an emergency contact list on file with their VCHSA-AAA grants administrator. It must be updated annually. This list is kept in confidence and referred to only in case of an emergency. In the event of a disaster or emergency, the VCHSA-AAA Grants Administrator or other designated VCHSA-AAA staff person will be your contact person for assistance.

GRIEVANCE PROCEDURES

Contractor is required to establish a written grievance procedure for reviewing and attempting to resolve complaints of older individuals (California Code of Regulations Section 7400(a)(2)). At a minimum the process shall include all the following:

- (a) Time frames within which a complaint will be acted upon.
- (b) Written notification to the complainant of the results of the review, including a statement that the complainant may appeal to VCHSA-AAA if dissatisfied with the results of the Contractors' review.
- (c) Confidentiality provisions to protect the complainant's rights to privacy. Only information relevant to the complaint may be released to the responding party without the older individual's consent.

Contractor is required to notify all older individuals of the grievance process through its organization as well as VCHSA-AAA. Contractor may notify older individuals by the following methods:

- (a) Posting notification of the process in visible and accessible areas, such as the bulletin boards in senior centers. For areas in which a substantial number of older individuals are non-English speaking, the notification shall also be posted in the primary language of a significant number of older individuals. The term "substantial number" and "significant number" shall be determined by VCHSA-AAA.
- (b) Advising homebound older individuals of the process either orally or in writing upon the Contractor's contact with the individuals.

Complaints may involve, but not be limited to, any or all of the following: amount or duration of a service; denial or discontinuance of a service or dissatisfaction with the service being provided or with the service provider; complaints regarding an issue of professional conduct that is under the jurisdiction of another entity, such as the California Medical Board or the State Bar Association; or failure of the Contractor to comply with the terms of this contract. Sections 9102 and 9105, Welfare and Institutions Code. Reference 42 U.S.C. 3026(a) (6) (P) and 3027 (a) (43).

INFORMATION INTEGRITY AND SECURITY

The Contractor shall have in place operational policies, procedures, and practices to protect State information assets, (i.e., public, confidential, sensitive and/or personal information) as specified in the State Administrative Manual, § 5300 to 5365.3; Cal. Gov. Code § 11019.9, DGS Management Memo 06 12; DOF Budget Letter 06-34; and CDA Program Memorandum 07-18 Protection of Information Assets. Information assets include (but are not limited to):

1. Information collected and/or accessed in the administration of the State programs and services.
2. Information stored in any media form, paper or electronic.

Contractor shall protect from unauthorized disclosure the names and other identifying information concerning persons receiving services pursuant to this agreement, except for statistical information not identifying any participant. This provision shall remain in force even after termination of the contract. Contractor shall not use such identifying information for any other purpose than carrying out Contractor's obligations under this agreement. Identifying information shall include, but not be limited to, name, identifying number, social security number, state driver's license or state identification number, financial account numbers, symbol or other identifying characteristic assigned to the individual, such as fingerprint, voiceprint or a photograph.

Contractor will not, except as otherwise specifically authorized or required by this agreement or court order, disclose any identifying information obtained under the terms of this agreement to anyone other than the Area Agency and/or the California Department of Aging without prior written authorization from the Area Agency and/or the California Department of Aging. Contractor may be authorized, in writing, by a participant to disclose identifying information specific to the authorizing participant.

Contractor may allow participants to authorize the release of information to specific entities but shall not request or encourage any participant to give blanket authorization to sign a blank release, nor shall Contractor accept such from any participant.

Contractor is required to use 128-Bit encryption for any data collected under this Agreement that is confidential, sensitive, and/or personal including data stored on portable computing devices (including but not limited to, laptops, personal digital assistants, and notebook computers) and/or portable electronic storage media (including but not limited to, discs and thumb/flash drives, portable hard drives). The Contractor shall ensure that personal, sensitive and confidential information is protected from inappropriate or unauthorized access or disclosure in accordance with applicable laws, regulations and State policies. The requirement to protect information shall remain in force until superseded by laws, regulations or policies.

Contractor agrees to comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA) to the extent applicable and to make all reasonable efforts to implement HIPAA requirements.

For more information, refer to Appendix 7, Protection of Information Assets, which includes information on Security Awareness Training and Incident Reporting.

INQUIRIES AND COMPLAINTS REGARDING NATIONAL ORIGIN

Contractor must designate an employee to whom initial complaints or inquiries regarding national origin can be directed. The name of the individual shall be provided to the VCHSA-AAA Grants Administrator within 30 days of this contract being in effect. Any subsequent changes in the designation must be reported as soon as possible.

Complaints relating to national origin discrimination shall be handled by the Contractor. If the complaint is not resolved the complainant shall be provided with the name and phone number of the person of VCHSA-AAA who handles complaints regarding national origin.

Alyssa Corse, Grants Administrator is the designated staff person at VCHSA-AAA to handle these types of complaints. She can be reached at (805) 477-7311 or Alyssa.Corse@ventura.org. If a complaint is made by a program participant alleging discrimination based upon a violation of State of Federal Law (22 CCR 98211, 98310, 98340), the Contractor agrees to notify VCHSA-AAA immediately.

LICENSING REQUIREMENTS

Contractor represents or warrants that it possesses or will possess all necessary licenses, permits, inspections, notices, and certificates required to provide the services which are the subject of the grant contract prior to the commencement date of the agreement.

LIMITED ENGLISH-SPEAKING PROFICIENT PARTICIPANTS

Contractor agrees to provide VCHSA-AAA with the following information regarding program participants: Number or proportion of Limited English-speaking Proficient (LEP) persons likely to be encountered by the program; frequency with which LEP individuals come in contact with the program; and the nature and importance of the services provided to people's lives.

Contractor shall take reasonable steps to ensure that "alternative communication services" are available to non-English speaking or LEP beneficiaries of services under the grant contract. "Alternative communication services" include, but are not limited to, the provision of services and programs by means of the following: Interpreters or bilingual providers and provider staff, contracts with interpreter services, use of telephone interpreter lines, sharing of language assistance materials and services with other providers, translated written information materials, including but not limited to, enrollment information and descriptions of available services and programs and referral to culturally and linguistically appropriate community service programs.

Contractor shall notify its employees of clients' rights regarding language access and Contractor's obligation to ensure access to alternative communication services where determined appropriate.

LIVING WAGE ORDINANCE

Your contract is subject to the County of Ventura Living Wage Ordinance. The Ordinance requires the payment of a living wage and accompanying paid time off to all covered employees engaged in providing services pursuant to a service contract. Exclusions and exemptions from this ordinance: contracts subject to federal or state laws (e.g., Prevailing Wage Construction contracts), contracts with a 501(c)(3) nonprofit organization, government entity, financial/banking institution, contracts for professional services (consultant, doctor, etc.), contracts with a small employer (employs less than five full-time persons), an entity operating under a collective bargaining agreement, in-home support service workers, board and care services, and printing/copying services.

LOBBYING CERTIFICATION

Contractor certifies to the best of its knowledge and belief that:

1. No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of a federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, or an officer or employee of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying" in accordance with its instructions. The form is available upon request from VCHSA-AAA.
3. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. This certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

NONDISCRIMINATION COMPLIANCE

Contractor agrees to comply with all federal and state statutes relating to nondiscrimination, including those contained in the Contractor Certification Clauses (CCC1005) which is hereby incorporated by reference. See [*Appendix 13, Key Organizations and Regulations*](#).

REPORTING ABUSE OF ELDER OR DEPENDENT ADULT – MANDATED REPORTER

A mandated reporter who has observed, suspects, or has knowledge of an incident that reasonably appears to be physical abuse (including sexual abuse), abandonment, isolation, financial abuse, abduction, or neglect (including self-neglect) of an elder or dependent adult, or is told by the individual that he or she has experienced behavior

constituting physical abuse, abandonment, isolation, financial abuse, abduction, or neglect, is required to report the known or suspected instance of abuse by telephone immediately or as soon as practicably possible, and by written report sent within two working days to the appropriate agency:

- Adult Protective Services (APS), phone (805) 654-3200, if abuse occurred in a private residence, apartment, hotel or motel, or homeless shelter.
- Long Term Care Ombudsman, phone (805) 646-1986, if abuse occurred in a nursing home, adult residential facility, adult day program, residential care facility for the elderly or adult day health care center.

Information, forms (Soc 341 and Soc 342) and instructions for reporting abuse can be viewed and downloaded from California Department of Social Services at:

<http://www.cdss.ca.gov/Reporting/Report-Abuse>

WHO IS MANDATED TO REPORT ABUSE?

A mandated reporter is any person who has assumed full or intermittent responsibility for care or custody of an elder or dependent adult, whether or not that person receives compensation including:

- HSA-VCAAA Staff
- Health practitioners (physician, dentist, counselor, etc.)
- Clergy members
- Officers and staff of financial institutions
- Local law enforcement and fire departments
- Employee of a county adult protective services agency
- Staff of a public or private facility that provides care or services for elder or dependent adults including clinics, 24-hour health facilities, adult daycare providers/centers, Alzheimer Daycare Resource Centers, independent living centers, schools, camps, community and residential care facilities, foster homes, respite care facilities, regional centers for persons with developmental disabilities, vocational rehabilitation facilities and work activity centers
- **Staff of agencies providing publicly funded in-home supportive services, nutrition services, or other home and community-based support services, home health agencies, and Area Agencies on Aging**
- Staff of State Department of Social Services and State Department of Health Services licensing divisions and County welfare departments
- Offices of patients' rights advocates and clients' rights advocates, including attorneys
- Local and State Long-Term Care Ombudsman Offices
- Offices of public conservators, public guardians, and court investigators
- Humane societies and animal control agencies
- Offices of environmental health and building code enforcement, and
- **Any other protective, public, sectarian, mental health, or private assistance or advocacy agency or person providing health services or social services to elders or dependent adults, or a coroner.**

SECURITY AWARENESS TRAINING

Refer to Appendix 7, Protection of Information Assets

SECURITY INCIDENT REPORTING

Refer to Appendix 7, Protection of Information Assets

SUPPLANTING

Funds made available under the grant contract shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government to provide Title III (excluding III E), Title VII, or Community-Based Services Programs.

Funds made available under Title III E ***shall supplement and not supplant*** other services that may directly or indirectly support informal caregiving, such as Medicaid waiver programs (e.g., MSSP, etc.), or other caregiver services such as those provided through Caregiver Resource Centers, In-Home Support Services and other Title III funded providers.

USE OF WAITLISTS

Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional, and economic needs. (A prioritization tool, approved by VCHSA-AAA must be used).

Indicating factors include:

- For Social Need: Isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.
- For Functional Need: Handicaps (as defined by the Rehabilitation Act of 1973 or the Americans with Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.
- For Economic Need: Eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold]
- Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.

WAIVER REQUESTS

A service provider may request a waiver of the requirements listed in this Contractors Manual by submitting a written request to VCHSA-AAA stating the reasons for the waiver. VCHSA-AAA will review the waiver request, and if it is within its jurisdiction, VCHSA-AAA will either approve or deny the waiver request based on whether it believes the waiver will enable the service provider to carry out its functions and responsibilities more effectively. VCHSA-AAA will respond in writing to the request within sixty (60) calendar days of receipt of the request.

SECTION 4: SERVICE PERFORMANCE

SERVICE PERFORMANCE REQUIREMENTS

These requirements are included in the grant contract. If a Contractor's contracted service levels for any quarter falls below ninety (90) percent of the contracted level of units of service or exceeds the contracted level by more than fifteen (15) percent for the quarter or fails to meet the quality performance standards specified in the contract, the Contractor is subject to corrective action.

In the event of the performance deviations listed above, VCHSA-AAA will require the Contractor to submit a Corrective Action Plan, which must be approved by VCHSA-AAA. The plan must include specific actions to be taken to correct the problem(s), and a timetable for each action. (See Section 10 on *Corrective Action*).

REQUESTING TECHNICAL ASSISTANCE WHEN NEEDED

Contractors are expected to communicate problems, successes, issues, etc. with their grant's administrator, and should request technical assistance for program, fiscal or data matters whenever needed. VCHSA-AAA staff is available and willing to provide technical assistance to service providers who request such assistance. Technical assistance may also be provided by VCHSA-AAA, when VCHSA-AAA determines that the service provider needs assistance in a particular area. Examples of technical assistance include, but are not limited to:

- a. Assistance with financial or program reporting.
- b. Clarification of service definitions.
- c. Improving quality of service delivery.
- d. Assistance in complying with VCHSA-AAA assessment recommendations.
- e. Assistance in meeting the objectives of the contract.

To request assistance, the service provider may contact the appropriate VCHSA-AAA staff. VCHSA-AAA will provide assistance at a time and place convenient to the service provider and will continue to provide the assistance until both the service provider and VCHSA-AAA are satisfied, and the subject matter in question has been resolved. In certain circumstances, VCHSA-AAA may find it necessary to refer the service provider to a third party for specialized assistance. In such cases, the service provider will be responsible for all costs incurred, unless otherwise stated in a written agreement with VCHSA-AAA. Finally, during the contract year, VCHSA-AAA may survey service providers to determine appropriate countywide subject areas for technical assistance which may be provided to groups in a training format at various locations throughout the county.

Contractors have an opportunity to request technical assistance at any time, using the Monthly Program Report Form. The reporting procedures, monitoring, assessment, evaluation and direct program reporting are all opportunities for the Contractor or VCHSA-AAA to recognize the need and ensure the receipt of technical assistance.

SECTION 5: DATA AND PROGRAM REPORTING

REPORTING REQUIREMENTS

Contractors are required to submit all VCHSA-AAA requested reports in a timely manner including monthly program and fiscal, quarterly data verification, client surveys, self-assessments and year-end closeout reports; and, if applicable, to enter required data into AssureCare Q database (or ODIN for Ombudsman services) in a timely manner. Failure of a Contractor to provide timely and accurate reports and data entry is sanctionable under VCAAA policies. **Contractors must submit reports to VCHSA-AAA as shown below.**

TITLE OF REPORT	REQUIREMENT
ALL CONTRACTORS: Monthly Program Report (MPR) and Monthly Expenditure/Request for Reimbursement (RFF)	Signed monthly program reports (MPRs) must be received by the 10th day following the month of service. Scanned copies of these signed reports may be received via email. Signed monthly Expenditure Request for Reimbursement (RFF) reports must be received by the 20TH day following the month of service. Scanned copies of these signed reports may be received via email. Original signed hardcopies of fiscal reports (RFFs) must be received no later than the end of the month , but Contractors are encouraged to submit them sooner.
TITLE III B GRANTS: Registered Service Client Information (INTAKE FORM*)	Contractors providing a NAPIS Registered Service ¹ (or if requested to do so by VCHSA-AAA) Only one form per client should be completed per fiscal year. Contractor must retain the original Intake Forms in their files with copies of the monthly program report. The number of new unduplicated clients shown on the monthly program report must match the number of monthly Intake Forms.
TITLE III E GRANTS: Family Caregiver / Receiver Profile (INTAKE FORM)	Title III E Contractors must complete this form for a new unduplicated client. Only one form per client should be completed per fiscal year. Contractor must retain the original Intake Forms in their files with copies of the monthly program report. The number of new unduplicated clients shown on the monthly program report must match the number of monthly Intake Forms. (Excluded from this requirement are Contractors providing services in which only aggregate monthly totals are reported.)
TITLE III E GRANTS: Family Caregiver Support Program (ELIGIBILITY ASSESSMENT FORM)	Title III E Contractors must complete this form for a new unduplicated client . Only one form per client should be completed per fiscal year. Contractor must retain the original Eligibility Assessment Form(s) in their files with copies of the monthly program report. The number of new unduplicated clients shown on the monthly program report must match the number of monthly Eligibility Assessment Forms. (Excluded from this requirement are Contractors providing services in which only aggregate monthly totals are reported.)
TITLE III C GRANTS – Senior Nutrition Program	Please refer to Appendix 5 , Senior Nutrition Program Guidelines
Special Reports	As required by VCHSA-AAA – Contractors will be advised if these are necessary.

¹ NAPIS Registered Service typically refers to Programs 01 through 09; however, the VCHSA-AAA will specify in the Request for Proposal if your grant project is considered a Registered Service. Refer to [Appendix 4](#) for NAPIS Programs.

TITLE OF REPORT	REQUIREMENT
-----------------	-------------

*For Contractors entering data into Q: Intakes contain client information needed to create a client profile

NOTE: Consult with your Grants Administrator regarding the format in which the reports should be submitted. For example, Contractors are required to submit electronic copies of RFFs followed by a hard copy of the report with original signatures; electronic submission of some reports in pdf format may be permitted.

Monthly program reports must be received by VCHSA-AAA by the **10th day** following the month of service. If the 10th of a month falls on a weekend or holiday, the reports must be in VCHSA-AAA office by the first working day following the weekend or holiday. If a report cannot be submitted on time, Contractor must notify their VCAA grants administrator. **Unless a late submittal is approved by VCHSA-AAA, sanctions may be imposed.**

DATA COLLECTION – SERVICE UNITS

Contractors must comply with the record keeping procedures required by VCHSA-AAA, which are dictated by the California Department of Aging (CDA) and the National Aging Program Information System (NAPIS). Requirements include the following:

- (a) The collection of all input units of service must be recorded and retained by the contractor (Contractor).
- (b) Services, as reported, must comply with the requirements in the grant contract, which will be consistent with the service/program definition contained in the original Request for Proposal or Invitation for Bid process and the Contractor’s grant application.

Contractors entering data into the Q system are expected to complete all entries by the 10th day following the month of service. See the separate VCHSA-AAA Provider Data Reporting Manuals for information related to using the Q system as well as more detailed information as to what is required to be collected and reported.

DATA VERIFICATION – SELF MONITORING OF SERVICE UNITS

A “verification of data” form may be sent to each Contractor after the close of each quarter. This form shows the number of service units that the Contractor has reported for the quarter according to VCHSA-AAA’s records. It is imperative that the person responsible for administering the grant carefully reviews the data reported on the form, makes any necessary changes, signs the form and returns it to VCHSA-AAA by the stated due date.

At a minimum, the Contractor should monitor its service unit performance by reviewing this form. The data verified on this form is uploaded to the State and is a monitoring tool used by their Grants Administrator.

SECTION 6: FISCAL, ACCOUNTING, RECORDKEEPING & AUDITS

HOW DO CONTRACTORS GET PAID?

Payment of funds is on a reimbursement basis. Contractors must spend funds before requesting reimbursement for funds. Payments will be made in accordance with the provisions of your grant contract and Authorized Total Budget. The funds to be paid by VCHSA-AAA to your organization are federal and/or state funds and must be spent in accordance with the Authorized Total Budget. You must obtain prior written approval for any budget modifications from your Grants Administrator. (See Section 8: Grant Modifications.)

MONTHLY EXPENDITURE REQUEST FOR FUNDS (RFF)

Contractors must submit a Monthly Expenditure Request for Funds (RFF) and attach proof of expenditures. All costs presented on a monthly RFF claim must be supported by documentation, regardless if they are classified as grant costs, in-kind, match, non-match, income.

REQUIRED SOURCE DOCUMENTATION OF EXPENSES

Below are examples of expenses and their corresponding source documents, copies of which must accompany each RFF.

Expense	Source Documentation
Staff Salaries	<ol style="list-style-type: none">1. Employee timecards, reflecting allocated hours, signed by employee and supervisor.2. Employee payroll report reflecting the total hours worked from the timecard for both “hourly” and “salaried” staff.3. Calculation sheet reflecting the total claimed on the RFF. The components of these calculations should be traced back to the payroll reports and the timecards.<ul style="list-style-type: none">➤ On and after January 1, 2023, the minimum wage for all industries shall not be less than fifteen dollars and fifty cents (\$15.50) per hour.➤ For all employers, the minimum wage shall be as follows: from January 1, 2023, to December 31, 2023, inclusive — — fifteen dollars & fifty cents (\$15.50) per hour.
Volunteers	<p>Please see Valuation of Donated Services in this section for Volunteer job description valuations. Support documentation should include:</p> <ol style="list-style-type: none">1. Documentation reflecting the names, job description, dates, and total hours of volunteer service for each monthly RFF.2. A schedule with the calculation of each volunteer job description total hours, multiplied by the hourly value = Total Volunteer Cost claimed on the monthly RFF.3. A Schedule of Volunteer Hours and Value Claimed may be submitted to meet these requirements.
Supplies	<ol style="list-style-type: none">1. Copies of itemized invoices and payment receipts.2. Invoices/receipts should be grouped by the line category on the RFF. For example, all office supply receipts should be

	stapled together with a calculator tape (or other substitute) totaling the amount on the RFF.
Equipment Purchases	Copies of itemized invoices and receipts. A description of item purchased, make/model, and serial number (if applicable) be written on the documentation. All equipment must be preapproved by VCHSA-AAA
Travel and Training	Itemized invoices and receipts; mileage logs, flyers/brochures, and certificates issued as a result of the training (if applicable). Note: a) There must be some description/justification/explanation why this travel/training/conference/seminar will benefit the program and should be paid for with program funds. b) The mileage rate for EMPLOYEES must be the current IRS Standard Mileage Rate, NOT rounded. For VOLUNTEERS the mileage rate must be the IRS Charitable mileage rate or greater. VOLUNTEERS may waive to be reimbursed their mileage costs.
Rent, utilities, other expenses	<ol style="list-style-type: none"> 1. Invoices and proof of payment/receipts. 2. If applicable. If program is allocated a percent of the total organization rent expense, utilities cost, etc. a calculation sheet reflecting the expenses claimed on the RFF must be stapled to the rent, utility, etc. invoices. 3. If approved by VCAHSA-AAA Fiscal, a signed/dated Schedule of Allocated Budgeted Expenditures may be submitted monthly.

Along with source documentation, it is critical that your organization have a mechanism (such as a spreadsheet) showing the allocation of funds from VCHSA-AAA grant and other sources. Original signed RFFs with attachments are required to begin the review/payment process. It is important to mail these originals to VCHSA-AAA Fiscal on the same day you scan/email them to VCHSA-AAA Fiscal. Once claimed costs are verified by VCHSA-AAA Fiscal and all issues are resolved, the approved RFF will be entered into the County Auditor-Controller financial system for payment. Payment should be received within 7-10 working days. Note: Payment may be delayed by any issues raised/inquiries by the County Auditor-Controller.

Please note that costs incurred by any Contractor must be verifiable and must be allowable as outlined in Office of Management and Budget (OMB) circulars.

How Many Dollars Can a Contractor Request on a Monthly RFF?

In recent years, Contractors could request one-twelfth of the Authorized Total Budget each month. *This method can continue; however, VCHSA-AAA will NOT reimburse for 1/12 of the grant amount if the actual year-to-date expenses are less than the amount being requested.*

The VCHSA-AAA prefers that the RFF be based on actual expenses. However, this does not work well for every Contractor; thus, Contractors should consult with their VCHSA-AAA grants administrator if reporting actual expenses is a problem.

MONITORING GRANT EXPENDITURES

➔ **Contractors must monitor grant spending! Expenditures must match the line item on the Contractor's Authorized Total Budget or most recent approved budget amendment.** If there is an expenditure variation of more than ten (10) percent in any line item in a Contractor's Authorized Total Budget, the Contractor must contact the grants administrator and submit an amended budget. Changes in line items must be relevant to your service contact and must be approved in advance by VCAA grants administrator.

➔ Contractors must monitor the expenditure of funds to ensure that funds are NOT expended before the end of the fiscal year.

➔ Contractors are expected to spend all funds by June 30 (unless contracted otherwise).

➔ If a Contractor is overspending, VCHSA-AAA will hold 25% of the grant award until the fourth quarter of the fiscal year. A Contractor that exceeds the 75% cap of expenditures before March 31 will not receive additional funds until the fourth quarter.

➔ Contractors are urged to closely monitor the pace of how many service units are being provided and the dollars being spent. The below shown chart can be used as a rule of thumb in monitoring units and expenditures.

Portion of Fiscal Year Completed	Month	Target Percentages for the Number of Service Units to be Provided and Grant Funds to be Expended by Month End
1/12th	JULY	8% of the FY
2/12ths	AUGUST	16% of the FY
3/12ths	SEPTEMBER	25% of the FY 1 st Quarter Ends
4/12ths	OCTOBER	33% of the FY
5/12ths	NOVEMBER	42% of the FY
6/12ths	DECEMBER	50% of the FY 2 nd Quarter Ends
7/12ths	JANUARY	58% of the FY
8/12ths	FEBRUARY	67% of the FY
9/12ths	MARCH	75% of the FY 3 rd Quarter Ends
10/12ths	APRIL	83% of the FY
11/12ths	MAY	92% of the FY
12/12ths	JUNE	100% of the FY 4 th Quarter Ends

NOTE: If there is an increase of 15% or decrease of 10% (for expenditures or service units being provided), immediate action must be taken to correct the problem. An excessive demand for services may require a Contractor to develop a waiting list.

Example: A Contractor has an annual contract to provide 1,600 service units of Respite for \$40,000. Thus, the Contractor's goal or target by the end of the first quarter (July through September) is to provide 400 units (25% of 1,600 units) of respite and expend \$10,000 (25% of \$40,000).

MATCH REQUIREMENT

Each service provider is required to provide Local Match in an amount not less than 10% of the total net costs for each service (check your contract for the exact requirement). Minimum matching requirements are calculated on net costs, which are total costs less program income, non-matching contributions and State funds. The Local Match requirement may be met either by allowable cost (non-federal cash) or third-party in-kind contributions. Third-party in-kind contributions are property or services which benefit a contracted service, and which are contributed by non-federal third parties without charge to the service provider.

Qualifications and Exceptions

- 1) Except as provided by federal statute, the Local Match requirement may not be met by costs borne by another federal grant. Current federal statute allows the use of General Revenue Sharing and Community Development Act funds to count towards satisfying the Local Match requirement.
- 2) Neither costs nor the values of third-party in-kind contributions may count toward satisfying the Local Match requirement if they have or will be counted toward satisfying a Local Match requirement of another federal grant or contract, or any other federal funds.
- 3) Cash and third-party contributions counting towards satisfying a matching requirement must be verifiable from the records of the service provider. These records must show how the value placed on third-party in-kind contributions was determined.
- 4) To the extent feasible, volunteer services shall be supported by the same methods that the organization uses to support the allow-ability of its regular personnel costs.
- 5) Third-party in-kind contributions shall count towards satisfying a Local Match requirement only where, if the service provider receiving the contributions were to pay for them, the payments would be allowable costs.

Valuation of Donated Services

- 1) Volunteer Services – Unpaid services provided to a service provider by individuals shall be valued at rates consistent with those ordinarily paid for similar work in the service provider's organization. If the service provider does not have employees performing similar work, the rate shall be consistent with those ordinarily paid by other employers for similar work in the same labor market. In either case, a reasonable amount for fringe benefits may be included in the valuation. *
- 2) Employees of Other Organizations – When an employer other than the service provider furnishes free-of-charge the services of an employee in the employer's normal line of work, the services shall be valued at the employer's regular rate of pay exclusive of the employer's fringe benefits and overhead costs. If the services are in a different line of work, paragraph (1) of this section shall apply.

*To determine the value of a volunteer's time if the service provider does not have employees performing similar work, these resources may be helpful:

- Bureau of Labor Statistics wages listed for "*Major Occupational Groups in Oxnard-Thousand Oaks-Ventura, CA*" at: http://www.bls.gov/oes/current/oes_37100.htm this website lists a variety of occupations and the current median wage, etc.
- County of Ventura's Human Resources website: <http://agency.governmentjobs.com/ventura/default.cfm?action=agencyspecs>
- County of Ventura's Living Wage Ordinance website: <http://www.livingwage.geog.psu.edu/counties/06111>

Valuation of Donated Supplies and Loaned Equipment or Space

- 1) If a third party donates supplies, the contribution shall be valued at the market value of the supplies at the time of contributions.
- 2) If a third party donates the use of equipment or space in a building but retains title, the contribution shall be valued at the fair rental rate of the equipment or space.

Non-Utilization of Federal Funds for Local Match

1. Non-federal resources used to match other federal grants or contracts may not be used to match Title III funds.
2. Federal cash or in-kind resources acquired during current or prior years may not be used to match funds provided under Title III unless otherwise specifically authorized by federal statute.
3. Non-federal resources shall be accepted as part of the Contractor match or cost sharing only when they are not borne by the federal government directly or indirectly under any other program.

MAINTENANCE OF NON-FEDERAL SUPPORT FOR SERVICES

Contracted funds are not used to replace funds from non-federal sources. During the course of the grant, Contractors are expected to continue to seek or initiate efforts to obtain support from private sources and other public organizations for contracted services.

FISCAL DEFINITIONS

Catalog of Federal Domestic Assistance or CFDA – see [Funding Sources](#) in Section 1 of this document.

In-Kind Contributions mean the value of non-cash contributions donated to support the project or program (e.g., property, service, etc.).

Matching Contributions means local cash and/or in-kind contributions made by the Contractor, a subcontractor, or other local resources that qualify as match for the Contract funding. Cash and/or in-kind contributions may count as match, if such contributions are used to meet program requirements. Any matching contributions (cash or in-kind) must be verifiable from the records of the Contractor or a subcontractor. Matching contributions must be used for allowable costs in accordance with the Office of Management and Budget (OMB) cost principles.

Non-Matching Contributions means local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g., federal funds, overmatch, etc.).

One-Time-Only Funds means:

- a. Titles III and VII federal funds allocated to the AAA in a State fiscal year that are not expended or encumbered for services and administration provided by June 30 of that fiscal year as reported to the California Department of Aging (CDA) in the Area Plan Financial Closeout Report. [22 CCR 7314(a)(6)]
- b. Title III and VII federal funds recovered from an AAA as a result of a fiscal audit determination and resolution by CDA. [22 CCR 7314(a)(7)]
- c. Supplemental Title III and Title VII program funds allocated by the Administration on Aging to CDA as a result of the federal reallocation process. [22 CCR 7314(a)(8)]

Program Income means revenue generated by the Contractor or subcontractor from contract-supported activities and may include:

- a. Voluntary contributions received from a participant or responsible party as a result of services.
- b. Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under this Agreement.
- c. Royalties received on patents and copyrights from contract-supported activities.
- d. Proceeds from sale of items purchased under a contract agreement.

If a Contractor generates program income, it must be reported and expended under the same terms and conditions as the program funds from which it is generated. Program income must be used to expand services and be used to pay for current allowable costs of the program in the same fiscal year that the income was earned.

For programs funded by Title III B, Title III C, Title III D, Title III E, Title VII Ombudsman and Title VII Elder Abuse Prevention programs, **program income must be spent before contract funds and may reduce the total amount of contract funds payable to Contractor.** Program income may not be used to meet the matching requirements of this contract.

ACCOUNTING RECORDS, RECORDKEEPING, & RETENTION

Accounting Records

Each Contractor must maintain accounting records for all funds received that are separate from any other funds administered by the Contractor pursuant to the grant contract. This will include project income and all matching funds indicated in the grant application. The Contractor is required to expend the same solely for the purpose of the project and must refund to VCHSA-AAA any unencumbered amounts upon termination or completion of the subject project. The Contractor must also account for all other non-cash items reflected in the budget of the grant application. In the event the Contractor receives payment for a service for which reimbursement is disallowed by VCHSA-AAA or to VCHSA-AAA by CDA or the Federal Administration on Aging, the Contractor must promptly refund the disallowed amount to VCHSA-AAA upon request.

Recordkeeping

Contractor shall maintain complete records (which shall include, but not be limited to: accounting records; contracts; agreements; reconciliation of the "Financial Closeout Report" to the audited financial statements, single audit, and general ledgers; a

summary worksheet of results from the audit resolutions performed for all subcontractors with supporting documentation; letters of agreement; insurance documentation in accordance with this contract; Memorandums and/or letters of understanding; patient or client records; and, electronic files) of its activities and expenditures hereunder in a form satisfactory to the Area Agency and the California Department of Aging in compliance with the laws and regulations of the State of California and the Department of Health and Human Services.

AUDITS AND FINANCIAL CLOSEOUTS

The financial records of Contractor as they pertain to this grant are subject to audit by the Area Agency. Contractor shall allow the California Department of Aging, the Controller General of the United States, or duly authorized representatives of any of those entities, to inspect Contractor books and records at any time during the grant period, and for a minimum period of four (4) years after the expiration of the grant. Contractor shall maintain responsibility for such records, both during the grant period and for a minimum four (4) year period following the last transaction related to the grant. Records for non-expendable property must be retained for a minimum of four (4) years subsequent to the final disposition of this property.

All original source documents must be retained until an audit resolution is completed or four (4) years from the end of the fiscal year/grant cycle, for which the document is prepared. The VCHSA-AAA recommends that Grantee/Contractor contact the VCHSA-AAA grants administrator before disposing of any records.

If any unauthorized expenditures, unallowable expenditures, or irregularities are discovered, Contractor is responsible for making any necessary reparation to the Area Agency. If an audit is commenced or discovers any unallowable expenditures or irregularities, the records must be kept by Contractor as long as necessary until the issue is satisfactorily resolved. After the authorized period has expired, confidential records shall be shredded and disposed of **in a manner that will maintain confidentiality**.

It is understood that the costs of audits requested by VCHSA-AAA shall be at the expense of Contractor. Unless prohibited by law, the cost of audits made in accordance with the provisions of the Single Audit Act Amendments of 1996, are allowable charges to Federal Awards. The costs may be considered a direct cost, or an allocated indirect cost, as determined in accordance with provisions of applicable OMB cost principal circulars. Contractor may not charge to Federal Awards the cost of any audits under the Single Audit Act Amendments of 1996, not conducted in accordance with the Act.

The Contractor must ensure that appropriate corrective action has been taken to correct instances of non-compliance with federal laws and regulations. Corrective action must be taken within six months after VCHSA-AAA receives the Contractor's audit report.

A specific grant-funded program audit will be performed and shall be provided to VCHSA-AAA within ninety (90) days after the close of any contract when requested by VCHSA-AAA. The auditors shall comply with all applicable audit requirements.

FEDERAL AUDIT REQUIREMENTS

Contractors expending less than \$750,000 in total federal funds (from all sources) are exempt from federal audit requirements, but records must be available for review. The VCHSA-AAA reserves the right to determine whether the Contractor expended the funds provided under their contract in accordance with applicable laws and regulations. This may be accomplished by reviewing an audit of the Contractor or through other means (e.g., monitoring reviews) if the Contractor has not had an audit.

Any Contractor receiving \$750,000 or more in total federal funds must comply with the requirements of the Single Audit Act (OMB Circular A-133) and all applicable audit requirements. The Contractor shall permit independent auditors to have access to the records and financial statements as necessary for the Contractor to comply with OMB Circular A-133. A copy of the audit must be provided to VCHSA-AAA by March 31 of the following year.

Contractors who expend \$750,000 or more in Federal Awards shall arrange for an audit to be performed as required by the Single Audit Act of 1984, Public Law 98-502, Single Audit Act Amendments of 1996, Public Law 104-156, and Office of Management and Budget (OMB) Circular A-133. Contractor shall permit independent auditors to have access to records and financial statements as necessary for Contractor to comply with OMB Circular A-133.

The Contractor shall ensure that *Federally-Funded expenditures are displayed discretely in the single audit report's "Schedule of Expenditures of Federal Awards" (SEFA) under the appropriate Catalog of Federal Domestic Assistance (CFDA) number along with the related State-Funded expenditures.* The Contractor shall ensure that the State-funded expenditures are discretely identified in the SEFA by the appropriate program name, identifying grant/contract number, and as passed-through VCHSA-AAA.

The Contractor shall identify the CFDA titles and numbers to the independent auditor conducting the organization's single audit. The funding source (Federal Grantor) for the following programs is the U.S. Department of Health and Human Services. CFDA numbers are listed in Section 1 under Funding Sources.

Any money obligated under the grant (even if in the possession of Contractor) but not needed to meet incurred obligations shall be returned with the Closeout Financial Report to VCHSA-AAA. There is no provision to carryover unexpended grant funds at the end of the fiscal year.

WHAT IF MY ORGANIZATION HAS BEEN AUDITED?

The VCHSA-AAA requires that if the Contractor is audited, a copy of the audit report must be provided to VCHSA-AAA within thirty (30) days of its completion except as stated above regarding Contractors that received \$750,000 or more per year in federal funds. Such audits are due by March 31 of the following year.

FISCAL CLOSEOUT

Within thirty (30) days after the project period has ended or when requested by VCHSA-AAA (whichever comes earlier), the Contractor must provide VCHSA-AAA with an ending Closeout Financial Report signed by the Contractor's representative.

The VCHSA-AAA will provide the RFF form which includes the Financial Closeout Report.

Any money obligated under the grant (even if in the possession of the Contractor) but not needed to meet incurred obligations shall be returned with the Financial Closeout Report to VCHSA-AAA.

PURCHASE OF AND USE OF GIFT CARDS

Typically, the use of gift cards is not allowed.

Gift cards may not be used as a means to rollover funds from one fiscal year to another. Gift cards may not be used to pay or reward volunteers who assist with program activities. Contractors may use program income to purchase gift cards for this purpose; however, they shall be limited to one per fiscal year per volunteer with the amount not to exceed \$30.

SECTION 7: ASSESSMENTS AND MONITORING VISITS

The Contractor is expected to cooperate fully with VCHSA-AAA in scheduled evaluations of the program. The Contractor will collect and make available all pertinent project information as needed and/or required and participate in any project site visits made by VCHSA-AAA.

PROGRAM ASSESSMENT

All Contractors will have an annual comprehensive program assessment. VCHSA-AAA will assess the Contractor for compliance with all applicable regulations, agency requirements and contractual compliance. The assessment will include, *but is not limited to*, the following:

1. A determination to see if the program is in compliance with the request for proposal for the grant, the specifications of the grant contract (which includes the grant application), client eligibility, including attainment of service units, and if there is a variance, to what degree and why].
2. Compliance with the requirements stated in the request for proposal.
3. A review of insurance certificates (for general liability, auto liability, professional liability if applicable, and Workers' Compensation).
4. A review of:
 - a. Subcontract agreements and linkages, if applicable.
 - b. Lease agreements and building inspections, if applicable.
 - c. Organization's nonprofit status, tax-exempt status, if applicable, and governing body membership and bylaws, and meeting minutes.
 - d. Training to ensure compliance with applicable regulations.
 - e. General agency administration regarding internal evaluations, public relations, fund raising, long-term planning processes, in-house personnel procedures, including written policies on hiring, discipline, appeals, written job descriptions, training policy, leave policy, and timecard procedures for both staff and volunteers.
 - f. The organizational structure will be reviewed with particular attention to the lines of authority.
 - g. Class II driving licenses and driver training, if applicable.

FISCAL ASSESSMENT

An annual fiscal assessment will be conducted at the discretion of VCHSA-AAA. Its scope includes but is not limited to:

1. Equipment reported on agency inventory lists are inspected at the site, the condition and care appraised, and a determination made as to whether its use remains consistent with Administration on Aging regulations.
2. The bookkeeping system is reviewed to see if the accounts are kept in a manner consistent with VCHSA-AAA reporting systems, whether general ledger entries support journal entries, and whether bank accounts and on-hand currency are properly accounted.
3. Monthly expenditure reports are checked against cash disbursements in journals for each budget item. Selected transactions are traced through the system in an

effort to determine if the item is allowable, is in accordance with the budget, and is properly documented.

4. The Contractor donation system is reviewed to ascertain that it is voluntary and confidential and that donations are handled properly by Contractor staff in a way that ensures safeguarding funds.
5. Income reports are checked against cash deposits.

Authorized state representatives and VCHSA-AAA representatives shall have the right to monitor, assess and evaluate the Contractor's performance pursuant to the contract. Said monitoring, assessment and evaluation may include, but is not limited to, audits, inspections of project premises, inspection of food preparation sites, and interviews of project staff and participants.

SITE VISITS BY ADVISORY COUNCIL MEMBERS

At any time during the year, one or more members of the Advisory Council may tour a program site and interview key persons responsible for implementing the grant. This is an informational visit and the Advisory Council member(s) will prepare a report on their visit. The Advisory Council team leader will schedule an appointment in advance of the site visit.

DIRECT CONTRACTOR PROGRAM REPORTING

At VCHSA-AAA's discretion, Contractors may be asked to give a brief direct program report about their grant-funded program(s) before the VCHSA-AAA Advisory Council. The direct reporting process allows the Advisory Council to receive firsthand information from the Contractor, and it provides the Contractor with direct contact with the Advisory Council. At this time, particular points of progress or problems may be addressed by both parties.

PLANNING AND PROVIDER INPUT ON POLICY ISSUES

To ensure input in the development of policies impacting local programs by Contractors (especially those funded by the Older Americans Act), the following steps may be taken.

- Contractor project directors may raise an issue with VCHSA-AAA by filing a Policy Issues Form.
- Contractors may request that a meeting be convened with all VCHSA-AAA grant-funded project directors. The meeting would be convened within one (1) month of filing the Policy Issues Form. Copies of the form would be distributed to all OAA providers prior to the meeting.

Following the meeting, VCHSA-AAA will send a memo to all project directors outlining the final disposition of the policy issue.

SECTION 8: GRANT MODIFICATIONS

Any Contractor needing to modify its grant contract and/or budget should first call the grants administrator and discuss the proposed changes. If it is determined that a modification or amendment is necessary, the grants administrator will advise the Contractor on what forms must be submitted. Typically, VCHSA-AAA will request completion of a Project Amendment Request (for any departure from programmatic project plans) and/or a Budget Revision.

The VCHSA-AAA must approve, in writing, requested changes by the Contractor in project content, including fiscal and programmatic changes. Program modifications will be documented as a contract amendment. Only a grant modification that changes a single approved budget line item that is less than ten (10) percent may be made without prior written approval by VCHSA-AAA.

PROJECT AMENDMENT REQUESTS

Must be approved by the VCHSA-AAA Grants Administrator prior to implementation, and must be consistent with the terms or purposes of the grant to be amended.

Examples which require a Project Amendment Request:

- Changing the major programmatic work of the Contractor
- Absence for three (3) months or more of an approved project director
- Replacement of key personnel, or a substantial reduction of any key position
- A significant change in project objectives, services, number service units or clients
- Any change in the project periods
- Any change to a special project which requires State Approval
- Any financial assistance to a third party by subcontracting and/or
- A change in a single approved budget line item that is more than 10 percent.

BUDGET REVISIONS

The Contractor must submit a budget revision to the VCHSA-AAA Grants Administrator whenever there is a variation of more than ten (10) percent in any one line item, i.e., personnel, travel and training, equipment, etc. Please contact your grants administrator for details.

A signed copy of the approved budget revision will be returned to the Contractor. Only after receipt of the approved budget revision is the Contractor authorized to expend funds on the basis of the new line item levels.

SECTION 9: EQUIPMENT

EQUIPMENT OVERVIEW

Equipment purchased with grant funds is subject to applicable state and federal procurement procedures. Equipment purchased with grant funds will be subject to review over the life of the equipment and, if not used, or if underused or misused, may be claimed by VCHSA-AAA.

WHO OWNS THE EQUIPMENT PURCHASED WITH GRANT FUNDS?

The VCHSA-AAA shall retain title to all equipment purchased wholly or in part using federal and state funds and described as equipment in the Total Authorized Budget.

Equipment purchased as described above will be part of an inventory retained and regularly updated by VCHSA-AAA. Contractors are required to:

1. Submit all completed invoices with equipment serial numbers to VCHSA-AAA and indicate the purchases on the Monthly Expenditure of Funds form. The VCHSA-AAA will issue to the contractor a “Blue Tag,” i.e., an asset tag to be affixed to equipment/property with per unit cost of \$500 or more.
2. Keep records of the following information when property is purchased with grant funds: date acquired, property description (including model number), property identification number, serial number, rate of depreciation (or depreciation schedule) if applicable, and cost. This information is to be provided to VCHSA-AAA.
3. Keep track of all property purchased with grant funds, whether capitalized or not. Contractor shall submit to VCHSA-AAA annually, with the Closeout Financial Report, a current inventory of property furnished or purchased by Contractor with funds awarded under the terms of the current or any previous grant contracts.

DISPOSAL OF EQUIPMENT

Prior to the disposal of any non-expendable property purchased with grant funds, Contractor must obtain permission from VCHSA-AAA regardless of the item’s value. Disposition (includes sale, trade-in, discarding, or transfer to another agency) may not occur until written approval is received from VCHSA-AAA.

1. Contractor shall inform VCHSA-AAA within three days in the event of the loss, destruction, or theft of grant-purchased non-expendable property.
2. Contractor shall exercise due care in the use, maintenance, protection, and preservation of such property during the period of the project and shall assume responsibility for replacement or repair of such property during the period of the project, until Contractor has complied with all written instructions from VCHSA-AAA regarding final disposition of the property.
3. Contractor shall use the property for the purpose for which it was intended under the grant contract. When no longer needed for that use, Contractor shall use it if needed, and with written approval of VCHSA-AAA, for other purposes in this order:

- (a) Another California Department of Aging program providing the same or similar service; or
 - (b) Another California Department of Aging funded program; or
 - (c) Another state or federally funded program.
4. Contractor shall not use equipment or supplies acquired under the grant contract with federal and/or state monies for personal gain or to usurp the competitive advantage of a privately owned business entity.
 5. Keep adequate insurance to cover theft, damage or loss of the equipment.
 6. The Contractor must not use equipment acquired with grant funds to provide services for a fee to compete unfairly with private companies that provide equivalent services, unless specifically permitted or contemplated by federal or state law.
 7. Permission to purchase equipment (i.e. computers, printers, copiers, scanners, etc.) with DIGITAL MEMORY and STORAGE CAPACITY with grant funds will no longer be granted. For disposal, the California Department of General Services (DGS) requires all such equipment be “sanitized” before recycled. For VCHSA-AAA, this requirement is fraught with logistic problems and consumes an excessive number of labor hours to coordinate.

SECTION 10: CORRECTIVE ACTION, SANCTIONS & CONTRACT TERMINATION

OVERVIEW OF CAP

When a Contractor fails to comply with the terms of the contract and the service outlined in the grant application, VCHSA-AAA reserves the right to remedy the situation through corrective action, sanctions and ultimately contract termination.

Examples of failure to comply include, but are not limited to, situations when:

- In any quarter, performance under the grant contract falls below 90 percent of the contracted level of units of service.
- In any quarter, exceeds the contracted level by more than 15 percent for any quarter.
- Contractor fails to submit required reports.

Contractors should request technical assistance from their grants administrator in advance of an anticipated drop below the contracted service level or if they experience a problem with contract compliance.

CORRECTIVE ACTION PLAN (CAP) PROCEDURES AND GUIDELINES

1. Any time a Contractor fails to meet contract requirements and/or when a Contractor's performance level falls below the year-to-date quarterly contracted service level, a request for a CAP will be sent to the Contractor's contract administrator by VCHSA-AAA grants administrator via email or certified U.S. mail. The year-to-date quarterly service level is determined by taking the proposed service units for the year and dividing the number by four (4). Actual performance levels year-to-date will be compared with contracted performance levels year-to-date to determine if there is a deficiency.
2. At its sole discretion, VCHSA-AAA may waive the requirement of a CAP if exceptional circumstances account for performance below the contracted level. Exceptional circumstances are those circumstances which are beyond the Contractor's control, such as natural disasters, inflationary increases beyond anticipated levels, and/or shortages of materials or supplies due to labor disputes or other reasons.
3. A CAP must be submitted within ten (10) days of the request from VCHSA-AAA and must contain the reason for the problem(s); and specific action(s) to be taken to correct the problem along with a timetable for each action.
4. If the corrective action plan is not submitted by the date specified by VCHSA-AAA or is not implemented during the succeeding quarter or as specified by VCHSA-AAA, appropriate sanctions may be imposed.
5. The CAP must be approved in writing (e.g. via email) by the VCHSA-AAA Grants Administrator.
6. Continued failure to take corrective actions can result in termination of the contract.

SANCTIONS

In the absence of Contractor action which will return the Contractor's project to contractual compliance, VCHSA-AAA may apply the following sequence of sanctions which comply with regulations set down by the CDA.

Deferred Payment is a temporary delay in honoring a Contractor's Request for Funds. It may be imposed automatically, according to the internal process of VCHSA-AAA. Imposition of the Deferred Payment is a remedial process which emphasizes the need for contractual compliance.

Contractors shall be initially notified by phone and/or email with a written follow-up letter sent by certified or overnight mail when a Deferred Payment has been imposed. The letter shall state the corrective action required to lift the Deferred Payment process.

The Deferred Payment differs from a withholding of funds and need not be the first step of the formal sanction process.

FORMAL SANCTIONS

- a) Withholding of Funds – The withholding of funds is a temporary delay in honoring a Contractor's Request for Funds. It should not exceed ten (10) working days. The withholding of funds shall be imposed automatically according to the internal process of VCHSA-AAA for failure to comply with any contractual agreements, including but not limited to: reporting requirements, assessment recommendations, licensing and certification requirements, insurance requirements and programmatic or budgetary processes. A withhold may be imposed as a first step in the sanction process.

Contractor shall be initially notified by phone and/or email with a written follow-up letter sent by certified or overnight mail when a Withholding of Funds has been imposed. The letter shall state the corrective action required to lift the Withholding of Funds.

A withhold will be lifted, and the Contractor so notified, when the Contractor has either (1) adequately taken the required corrective action, or (2) has been issued a notice of suspension. Outstanding Requests for Funds will be honored concurrent with either action.

- b) Suspension – A suspension of a grant agreement means the temporary withdrawal of the Contractor's authority to obligate grant funds, pending the Contractor's corrective action or a decision to terminate the agreement.

A suspension will be imposed on the Contractor by the grants administrator as a first step in the sanction process, or if at the close of a ten (10) day withhold period there continues to be an absence of an adequate corrective action.

The suspension notice shall be sent to the Contractor via certified mail or overnight mail and shall state the reason(s) for the action, the corrective action(s) required, and the limits of the authority to expend or obligate grant funds for the

project, the appeal process, and the effective date. The suspension shall take effect six (6) calendar days after the mailing.

Exception: If a delayed effective suspension date would be unreasonable considering VCHSA-AAA's responsibility to protect the federal and/or state government's interests, the suspension may be imposed automatically, effective at once, for a flagrant violation of federal, state or local rules or regulations.

During a suspension, the limits to Contractor obligations and expenditures shall be governed by the CDA regulations.

A suspension shall be lifted when the Contractor has adequately demonstrated the required corrective action.

Two (2) consecutive months of suspension during a grant period may be grounds for an automatic termination (see VCHSA-AAA-Initiated Termination of the Contract in this section).

No project shall be refunded while under suspension. A grant is ineligible for renewal while under suspension.

APPEALING A SANCTION

The appeals process provides the opportunity for a Contractor to register a protest of a sanction, suggest an alternative solution, and receive a judgment of that appeal. Appeals shall be processed for protest of a sanction or of a termination in sequence as follows:

- Step 1. All requests for appeal must be submitted in writing to the VCHSA-AAA Director within ten (10) working days of the protested action. The appeal should state clearly the reason(s) for the protest. The Director shall meet with the appellant Contractor representative within ten (10) working days following receipt of the written protest to resolve any discrepancies in the actions taken by VCHSA-AAA.
- Step 2. If the informal procedure described in Step 1 does not result in a satisfactory solution for both parties, the Contractor may request a hearing before a three (3) member Sanction Appeals Board (SAB). The written request for appeal should be submitted to the VCHSA-AAA Director within ten (10) days of the close of the last informal meeting described in Step 1. The letter should clearly state the reason(s) for the appeal.
- Step 3. The SAB shall be selected and convened by the County of Ventura's County Executive Office (CEO) to conduct a review of the appeal, followed by a hearing if deemed appropriate by the SAB. The SAB action shall commence within ten (10) days of receipt of the appeal. The board shall be composed of one (1) member of the Chief Executive Office, one (1) unbiased representative from the senior service category represented by the appellant party, and one (1) member associated with senior services provided within

Ventura County. The SAB shall afford each party an opportunity to present its case.

Step 4. The SAB will render a decision to VCHSA-AAA, who shall notify all concerned parties in writing within fifteen (15) days of the conclusion of the hearing and the SAB's reaching a decision in response to the appeal. The decision of the SAB shall be final and binding. The appellant party shall notify the Executive Director of VCHSA-AAA in writing if the appellant chooses to terminate the appeal process during any part of that process.

VCAAA-INITIATED TERMINATION OF THE CONTRACT

A termination formally withdraws the authority of the project to obligate any previously awarded funds or conduct any business under the terms and conditions of its grant with VCHSA-AAA.

A grant contract may be terminated on twenty-four (24) hours' notice in the event the allocation to the Area Agency of Older Americans Act and/or state funds are reduced, suspended, or terminated for any reason. Contractor hereby expressly waives any and all claims against the Area Agency for damages arising from the reduction, suspension, or termination of the federal and/or state funds provided to the Area Agency, under which the grant contract is made, or to the portion thereof delegated by the grant contract.

Older Americans Act funds awarded under this grant may be terminated at any time for non-compliance with any of the terms and conditions of this grant by VCHSA-AAA provided that at least thirty (30) days written notice is given to Contractor.

In the absence of extenuating circumstances, termination shall be automatic at the conclusion of two (2) consecutive months of suspension. The notice of termination shall be sent by certified mail. It must state the date the termination became effective, must specify the reasons for the termination, directions for caring for project records and equipment, and any instructions regarding the transition of service.

Exception: A termination may be imposed earlier than the conclusion of a two (2) month suspension period if a failure-to-comply is deemed by VCHSA-AAA to be sufficiently critical, or there is evidence of fraud or other malfeasance, or the non-compliance is deemed flagrant and deliberate.

Under this Exception Termination, the Contractor must be notified in writing by certified mail of the effective date (24 hours after receipt of the mailed notice), the reasons for the termination, and directions for caring for project records and equipment, and any instructions regarding the transition of service.

Allowable obligations and expenditures for any Contractor under a termination procedure shall be governed by the regulations of the CDA.

There shall be no reversal of a termination, except as the result of a decision in response to an appeal.

CONTRACTOR-INITIATED TERMINATION OF THE CONTRACT

Contractor shall promptly notify VCHSA-AAA of any intention to terminate responsibility for providing the specified grant-funded services. For Senior Nutrition Programs, VCHSA-AAA requires a written transition plan be submitted within 2 weeks of notification of termination of grant. Contact the Grants Administrator for transition plan details.

The Contractor (applies to all grants except for the Ombudsman) may terminate this grant at any time, for reasons of its own choosing, provided that at least one hundred and eighty (180) days' written notice is given to VCHSA-AAA.

The Ombudsman Contractor shall carry out the federal and state mandates and responsibilities without any break in the provision of ombudsman services. Contractor shall promptly notify the Area Agency of any intention to terminate responsibility for ombudsman services. Except as provided elsewhere in the grant contract, Contractor shall continue the program without any break in service until another Contractor can take over responsibility for operation of the program.

In the event that Contractor dissolves or terminates this contract, Contractor shall provide a final property inventory to the Area Agency. The VCHSA-AAA and the California Department of Aging reserve the right to require Contractor to transfer such property to another agency, VCHSA-AAA, or the California Department of Aging.

To exercise the above right, no later than 120 days after the termination of the Agreement or notification of Contractors dissolution, VCHSA-AAA will issue specific written disposition instructions to Contractor.

Left intentionally blank.

APPENDICES

Left intentionally blank.

TITLE III REGISTERED AND NON-REGISTERED SERVICES

**NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS)
PROGRAM CATEGORIES FOR TITLE III (EXCLUDING TITLE III E)**

Data collected by State agencies, area agencies on aging, and service providers through NAPIS and other applicable sources of information in the development of performance measures and in compliance with the Government Performance and Results Act of 1993.

NAPIS No.	Title III B, C, D and VII Service Categories Only	One Unit =
Registered Service – Requires the collection of client data specified by the California Department of Aging.		
1	Personal Care (In-Home) ♦	1 hour
2	Homemaker ♦	1 hour
3	Chore ♦	1 hour
4	Home-Delivered Meals	1 meal
5	Adult Daycare/ADHC ♦	1 hour
6	Case Management ♦	1 hour
7	Assisted Transportation ♦	1 one-way trip
8	Congregate Meals	1 meal
9	Nutrition Counseling	1 hour
Non-Registered Services		
10	Transportation - Must involve a vehicle ♦	1 one-way trip
11	Legal Assistance ♦	1 hour
12	Nutrition Education	1 session per participant
13	Information & Assistance ♦	1 one-on-one contact
14	Outreach ♦	1 one-on-one contact
15	Other – Includes visiting, telephone reassurance, home modifications	Varies – depends upon the category
16	Health Promotion	1 contact

♦ Denotes Title III B “Priority Service” that is defined on the next page.

TITLE III B “PRIORITY SERVICE” CATEGORIES

The VCHSA-AAA must establish minimum percentages for expenditures in each of these Title III B categories in the Master Area Plan or Strategic Plan. Before making a change in the percentages, VCHSA-AAA must present the changes at a public hearing. Current minimum percentages are listed in VCHSA-AAA’s Strategic Plan 2020-2024 on page 103, viewable at the following URL: <http://vcaaa.org/about-us/planning-strategy/>

Category	Title III B Grant-Funded Program	Minimum Percentage in FY 2020-2024
ACCESS SERVICES	Transportation Assisted Transportation Case Management Information and Assistance Outreach Comprehensive Assessment Health Mental Health Public Information	5%
IN-HOME SERVICES	Personal Care Homemaker Chore Adult Day/ Health Care Alzheimer’s Day Care Residential Repairs/Modifications Respite Care Telephone Reassurance Visiting	5%
LEGAL ASSISTANCE	Legal Advice Representation Assistance to the Ombudsman Program and Involvement in the Private Bar	5%

TITLE III E (3E) FAMILY CAREGIVER PROGRAM

Summary of Services

The Title III E Family Caregiver Support Program (FCSP) has five major categories of service: Support Services, Respite Care, Supplemental Assistance, Access Assistance and Information Services. These services are divided among two categories of Title III E eligible caregivers: Caring for Elderly and Caring for Child (such as grandparents raising grandchildren). Services and expenses in these two categories must be budgeted for, tracked and reported separately.

Category	Title III E Family Caregiver Service Category Descriptions
<p>FCSP 1 – SUPPORT SERVICES 1 hour = 1 unit of service</p>	<p>Caregiver Assessment Caregiver Counseling (includes Pre-Placement Counseling) Caregiver Peer Counseling Caregiver Support Group Session (in-person, online or via teleconference) Caregiver Training (group or one-on-one; must include health, nutrition and financial literacy) Caregiver Case Management</p> <p>Support Services are services that directly support the family caregiver.</p>
<p>FCSP 2 – RESPITE CARE 1 hour = 1 unit of service</p>	<p>Caregiver Respite In-Home Supervision Caregiver Respite Homemaker Assistance Caregiver Respite In-Home Personal Care Caregiver Respite Home Chore Caregiver Respite Out-of-Home Daycare Caregiver Respite Out-of-Home Overnight Care</p> <p>Respite Care means a brief period of relief or rest from caregiving responsibilities, and is provided to caregivers on an intermittent, occasional, or emergency basis in a manner that responds to the individual needs and preferences of the caregivers and their care receivers, rather than a pre-established set amount offered on a “first come, first served” waiting-list basis.</p>
<p>FCSP 3 - SUPPLEMENTAL SERVICES* 1 occurrence = 1 unit of service</p>	<p>Assistive Devices for Caregiving (1 device = 1 occurrence) Home Adaptations for Caregiving (1 modification = 1 occurrence) Caregiving Services Registry (1 hour = 1 occurrence) Caregiving Material Aid (1 assistance = 1 occurrence)</p> <p>Supplemental Services means caregiver-centered assistance offered on a limited basis to support and strengthen the caregiving efforts. They can only be provided to a caregiver of a care receiver having two or more activities of daily living limitations or a cognitive impairment, or to a caregiver who is the grandparent or older adult relative caring for a child.</p>

Category	Title III E Family Caregiver Service Category Descriptions
<p>FCSP 4 – ACCESS ASSISTANCE 1 contact = 1 unit of service</p>	<p>Caregiver Outreach Caregiving Information and Assistance Caregiver Interpretation/Translation Caregiver Legal Resources</p> <p>FCSP 4 - Access Assistance means the provision of caregiving information and assistance, caregiver outreach, caregiver interpretation/translation, and caregiver legal resources; and links caregivers to the opportunities and services that are available.</p>
<p>FCSP 5 – INFORMATION SERVICES 1 activity = 1 unit of service</p>	<p>Public Information on Caregiving (publications, media campaigns, electronic information systems) Community Education on Caregiving</p> <p>FCSP 5 - Information Services (FCSP 5) means the provision of public information on caregiving and/or community education on caregiving, including information about available services.</p>

*Recipients of any Supplemental Services MUST have at least two Activities of Daily Living Impairments and/or a cognitive impairment.

Definitions

Caregiver (Family)² – A Title III E family caregiver is defined as:

- (1) An adult caregiver aged 18 or older who is providing informal³ (unpaid) in-home and/or community care to:
 - ▶ A person aged 60 years of older; or
 - ▶ An individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. **See Section 3: Availability and Eligibility for Grant-Funded Services for more information.**
- (2) A grandparent or older individual relative caregiver (i.e. a grandparent or step-grandparent, or a relative of a child by blood, marriage or adoption) who is 55 years of age and older and who (a) lives with the child; (b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (c) has a legal relationship to child such as legal custody or guardianship, or is raising the child informally.

Care Receiver - A care receiver is defined as:

- (1) An older Individual defined as aged 60 years or older; or
- (2) A child who is not more than 18 years of age or who is an individual (of any age) with a *disability* (defined below); or
- (3) An individual of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction. **See Section 3: Availability and Eligibility for Grant-Funded Services for more information.**

The above-named care recipients comprise the “Title III E Eligible Service Population.”

² Title III, Part A, Section 302(3) of the OAA. (The broader term “Caregiver” as defined in Title I, Section 102(18)(B) of the OAA is not applicable to Title III E Family Caregiver Program.)

³ “Informal” means that the care is provided without pay and is not provided as part of a public or private formal service program. Grant funds cannot be used to pay the Family Caregiver a stipend or salary for providing care.

Respite Care – Respite is the provision of *temporary* (defined below) substitute supports or living arrangements for care receivers and may be provided (1) in the home (and include the provision of personal, homemaker, and chore services to the care receiver), (2) by attendance of the care receiver at daycare or other non-residential day center or program (including recreational outings for children), and (3) by attendance of the care receiver in a facility for an overnight stay on an occasional or emergency basis (such as a nursing home for older adults or summer camp for grandchildren).

Temporary (respite care) means a brief period of relief or rest from a caregiver’s responsibilities during a limited time and could be provided on the following basis:

- Intermittent – Time off a few hours once a week for a limited time to give the caregiver a planned or unscheduled break.
- Occasional – Time off for the caregiver to attend a special event.
- Emergency – Extended break to address an intervening circumstance, such as caregiver emotional stress or hospitalization and recovery.

Severe disability means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:

1. Is likely to continue indefinitely; and
2. Results in substantial functional limitation in 3 or more of the following major life activities:
 - a. Self-care,
 - b. Receptive and expressive language,
 - c. Learning,
 - d. Mobility,
 - e. Self-direction,
 - f. Capacity for Independent Living,
 - g. Economic self-sufficiency,
 - h. Cognitive functioning, and
 - i. Emotional adjustment.

Targeting Priorities

When serving caregivers, priority shall be given to caregivers who are:

- Grandparents or other older relatives who provide care for children with severe disabilities⁴;
- Grandparents or relative caregivers who are older individuals 60 years of age or older with greatest social need, with greatest economic need, and with particular attention to low-income individuals; and
- Grandparents or relative caregivers who are older individuals 60 years of age or older who provide care for individuals with severe disabilities, including children with severe disabilities.

Use of Volunteers When Providing Title III E Services:

Title III, Part E, Section 373(d) of the OAA requires contractors to make use of trained volunteers to expand the provision of FCSP activities in accordance and coordination

⁴ Individual with a disability means an individual with a disability, as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), who is not less than age 18 and not more than age 59. [OAA § 372(a)(2)]. A severe disability is defined above.

with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community service settings (and programs).

Costs Not Allowed

Title III E funds cannot be used to support the following activities:

- ▶ To pay costs for a family caregiver to attend a camp, spa, resort, or restaurant.
- ▶ To temporarily relieve workers from formally paid services (e.g., In-Home Supportive Services (IHSS) or services required to be provided in a licensed facility such as a Residential Care Facility for the Elderly*).
- ▶ To supplement the service unit cost of “a participant day” at an adult daycare program.

*An individual’s receipt of services under the In-Home Supportive Services Program shall not be the sole cause for denial of any services provided by VCHSA-AAA or its contractors.

Title III E *Supplemental Funds* cannot be used to support the following activities:

- a. Assisting a care receiver, unless there is an identified caregiver need that is met through assistance to the care receiver.
 - b. Providing ongoing assistance to a care receiver living alone;
 - c. Same level of service provided to all caregivers, rather than assistance based on caregiver level of need and priority; and
 - d. One-time, end-of-the-year assistance without an identified individual caregiver need.
2. Funds made available under Title III E shall supplement and not supplant other services that may directly or indirectly support unpaid care giving, such as Medicaid waiver programs (e.g., MSSP, etc.) or other caregiver services such as those provided through Department of Social Services Kinship Support Service Programs, California Community Colleges Foster and Kinship Care Education Programs, Department of Developmental Services Regional Centers, Department of Mental Health Caregiver Resource Centers, Linkages, Alzheimer’s Daycare Resource Centers, Respite Purchase of Service, and other Title III funded providers.

IHSS Clients and Respite

Using Title III E Funds to Provide Respite Services for IHSS Clients:

This policy shall apply to all VCHSA-AAA Contractors providing any form of Title III E funded respite (includes personal care, homemaker, chore, adult daycare, in-home supervision, etc.). **Before offering Title III E funded respite services, VCHSA-AAA Contractors shall:**

1. Ensure the caregiver and care receiver meet Title III E eligibility requirements.
2. Ask if the care receiver is a client or recipient of In-Home Support Services.
3. Ask the caregiver if he/she is being paid to provide caregiving services for the care recipient(s). If the answer is YES, then the caregiver is not eligible to receive Title III E respite services. The caregiver cannot be paid by In-Home Support Services or any other entity to provide caregiving services and receive Title III E funded services during the same time of the provision of services.

Veterans

Using Title III E Funds to Provide Services for Veterans Already Receiving Services from the Veterans Administration (VA). Use of III E funds to serve a client

of the Veterans Administration depends specifically on what service the VA is providing, and if it is for the benefit of the veteran or of the veteran's caregiver.

For example, the husband is the veteran and the wife is his caregiver. If the VA is providing her with respite services for her husband, then she would not qualify (as it would be double dipping). If the VA is providing another service for her husband such as personal care, then she would technically qualify. However, in the latter case it would be up to the Contractor's discretion whether to provide service. If in the Contractor's assessment, if you feel that there is adequate support for the spouse as a caregiver through the VA and there is no real indicated need for additional service (i.e. her husband is not at risk for placement, she is not at risk for caregiver burnout, etc.) then the Contractor does not have to provide the service.

Coordination Of Family Caregiver Respite Services

(Effective November 2, 2011) The purpose of this policy is to preserve the well-being of the stressed-out caregiver as well as avoid misuse of services. Due to the extreme burden of caregiving, on occasion, an eligible Title III E caregiver (client) may seek and/or need services from multiple service providers. This policy applies to the situation where a client seeks Title III E funded family caregiver respite from more than one VCHSA-AAA grant-funded service provider during the same fiscal year.

Before awarding respite services, Contractor shall check for the client's name, date of birth, etc. in the Q Care Access system. If the client is in Q, Contractor will check the client's care plans in Q to see if the Title III E respite services have been provided during the current fiscal year by another VCHSA-AAA Contractor. If the client has an open (active) care plan for any form of respite services, the Contractor shall call the representative of the other service provider to coordinate respite services and/or advise them that the client is requesting additional respite services. VCHSA-AAA Contractors shall not provide the same services to the same client at the same time; however, the client may receive respite services intermittently from more than one service provider throughout the fiscal year provided the conditions listed below are met.

Conditions

1. The client's need for additional respite hours is clearly justified and documented in the client's file.
2. Representatives from both Contractors have discussed the client and have agreed upon the coordination of respite services including which service provider can better accommodate the request for additional services. Note: Allocating additional hours of respite to a client who has already received respite hours during the fiscal year is feasible provided that doing so will not cause a new client to wait for or to be denied services. Priority for the award of respite hours should be to new clients.
3. If the client has exhausted the initial award of respite hours and more hours are justified, permission to provide additional hours must be obtained in writing (via email) from the VCHSA-AAA Grants Administrator. The Contractor intending to provide the additional hours of service is responsible for contacting VCHSA-AAA to obtain authorization to provide more hours.

Left intentionally blank.

CDA SERVICE CATEGORIES AND DATA DICTIONARY

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
<i>Title III B, C, & D</i>							
Personal Care	1 Hour	Assistance (personal assistance, stand - by assistance, supervision or cues) with Activities of Daily Living (ADLs) and/or health - related tasks provided in a person's home and other community settings. Personal care may include assistance with Instrumental Activities of Daily Living (IADLs).	NAPIS 1	NAPIS Div 4000 Unit 20	Title III B	Yes	Registered
Homemaker	1 Hour	Performance of light housekeeping tasks provided in a person's home and other community settings. Task may include preparing meals, shopping for personal items, managing money, or using the telephone in addition to light housework.	NAPIS 2	NAPIS Div 4000 Unit 50, Unit 27	Title III B	Yes	Registered
Chore	1 Hour	Performance of heavy household tasks provided in a person's home and other community settings. Tasks may include yard work or sidewalk maintenance in addition to heavy housework.	NAPIS 3	NAPIS Div 4000 Unit 5	Title III B	Yes	Registered
Home-Delivered Meals	1 Meal	A meal provided to an eligible individual in his or her place of residence, that meets all of the requirements of the Older Americans Act and State/Local laws, assures a minimum one-third of the current Dietary Reference Intake, and shall comply with Dietary Guidelines for Americans.	NAPIS 4	NAPIS Div 4000 Unit 51	Title III C2	No	Registered
Adult Daycare / Adult Day Health	1 Hour	Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, centers most commonly known as Adult Day, Adult Day recreation, and/or independent living skills training offered in Health, Senior Centers, and Disability Day Programs.	NAPIS 5	NAPIS Div 4000 Pr 5, Pr 11, Pr 17	Title III B	Yes	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Case Management	1 Hour	Assistance either in the form of access coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.	NAPIS 6	NAPIS Div 4000 Pr 3	Title III B	Yes	Registered
Assisted Transportation	1 One-Way Trip	Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.	NAPIS 7	NAPIS Div 4000 Unit 10	Title III B	No	Registered
Congregate Meals	1 Meal	A meal provided to an eligible individual in a congregate group setting, that meets all of the requirements of the Older Americans Act and State/Local laws, and assures a minimum one-third of the Dietary Reference Intake, and shall comply with Dietary Guidelines for Americans.	NAPIS 8	NAPIS Div 4000 Pr 20	Title III C1	No	Registered
Nutrition Counseling	1 Session Per Participant	Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status. Nutrition counseling may be made either in person or by any other means deemed appropriate (e.g., telephone, emails, etc.)	NAPIS 9	NAPIS Div 4000 Unit 53	Title III C1 Title III C2 Title III D ⁴	No	Registered
Transportation	1 One-Way Trip	Transportation from one location to another. Does not include any other activity. May include travel vouchers and transit passes.	NAPIS 10	NAPIS Div 4000 Pr 12	Title III B FTA 5310 & 5317	Yes	Non-Registered
Legal Assistance	1 Hour	Legal advice, counseling and/or representation by an attorney or other person acting under the supervision of an attorney.	NAPIS 11	NAPIS Div 4000 Pr 14	Title III B	Yes	Restricted

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Nutrition Education	1 Session Per Participant	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the DGA; accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.	NAPIS 12	NAPIS Div 4000 Unit 52	Title III C1 Title III C2 Title III D ⁴	No	Non-Registered
Information and Assistance	1 Contact	A service that: (A) provides individuals with information on services available within the communities; (B) links individuals to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures. Internet web site "hits" are to be counted only if information is requested and supplied, and (C) is satisfied. Maximum extent practicable includes offering a follow-up call to all individuals who were linked to a service. Individuals can remain anonymous and refuse a follow-up call.	NAPIS 13	NAPIS Div 4000 Pr 1	Title III B	Yes	Non-Registered
Outreach	1 Contact	Interventions (one-on-one contacts) with individuals initiated by an agency or provider for the purpose of identifying potential clients (or their age 60+ caregivers) and encouraging their use of existing services and benefits.	NAPIS 14	NAPIS Div 4000 Unit 19	Title III B	Yes	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Health Promotion Evidence-Based	1 Contact	Activities related to the prevention and mitigation of the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition. Activities must meet ACL/AoA's definition for an evidence-based program. Activities that meet ACL/AoA's definition for an evidence-based program or are considered an "evidence-based" program by an operation division of the U.S. Department of Health and Human Services and shown to be effective an appropriate for older adults are funding through Title III-D.	NAPIS 16 - Health Promotion	Older Americans Act Sec 102 (14)	Title III D ³	No	Non-Registered
Alzheimer's Daycare Services	1 Day of Attendance	Day of attendance (four hours minimum) at a licensed Adult Daycare or Adult Day Health Care Center that provides Alzheimer's or dementia services.	NAPIS 15 - Other	Div 4000 Pr 6	Title III B	Yes	Non-Registered
Cash / Material Aid	1 Assistance	Arrange for and provide assistance to participants in the form of commodities, surplus food distribution, vouchers, or direct payment to vendors that will help meet identified needs associated with the participant.	NAPIS 15 - Other	Div 4000 Unit 15	Title III B	No	Non-Registered
Community Education	1 Activity	Educating groups of older persons, their families, friends, and community organizations/facility staff on rights, benefits, entitlements, and health and wellness information for older persons either residing at home or in an institutional setting.	NAPIS 15 - Other	Div 4000 Unit 9	Title III B	No	Non-Registered
Comprehensive Assessment	1 Hour	Evaluating a person's physical, psychological, and social needs, financial resources, and the strengths and weaknesses of their informal support system and the immediate environment as a basis for determining current functional ability and potential improvement in order to develop the appropriate services needed to maximize functional independence.	NAPIS 15 - Other	Div 4000 Unit 32 CCR 7112	Title III B	Yes	Non-Registered
Disaster Preparedness Materials	1 Product	Assemble and distribute disaster preparedness materials such as File of Life or preparedness kits that will assist seniors in the event of an emergency.	NAPIS 15 - Other	No reference	Title III B	No	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Elder Abuse Prevention, Education and Training	1 Session	Public education and training of professionals to develop, strengthen, and carry out programs for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation). This includes training for Title III E caregivers.	NAPIS 15 - Other	Div 4000 Pr 22	Title VII B	No	Non-Registered
Elder Abuse Prevention Educational Materials	1 Product	Educational materials and guidance kits distributed for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation (including financial exploitation).	NAPIS 15 - Other	Div 4000 Pr 22	Title VII B	No	Non-Registered
Employment	1 Activity	Activities designed to maintain or obtain part-time/full-time employment for older persons or to assist them in selecting and entering into a second career. This can be accomplished through activities including but not limited to career counseling, recruitment, assessment, training, job club, and job development.	NAPIS 15 - Other	Div 4000 Pr 15	Title III B	No	Non-Registered
Health	1 Hour	Activities such as health screening, physical fitness, therapy, and hospice to assist older individuals to improve or maintain physical health and secure necessary medical, preventive health, or health maintenance services. Health screening, therapy, and hospice must be provided by a licensed health professional or by a paraprofessional supervised by a licensed health professional. Does not include services covered by Medicare, Medi-Cal, or other health insurance.	NAPIS 15 - Other	Div 4000 Pr 9, Unit 13, Unit 21, Unit 29, Unit 37	Title III B	Yes	Non-Registered
Housing	1 Hour	Assistance in locating adequate housing through referral or placement.	NAPIS 15 - Other	Div 4000 Pr 4	Title III B	No	Non-Registered
Interpretation / Translation	1 Contact	Provide interpretation/translation services for older individuals and their caregivers.	NAPIS 15 - Other	Div 4000 Unit 4	Title III B	No	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Mobility Management Activities	1 Hour	Activities related to increasing transportation and mobility options for older adults by providing assistance, information, travel training, trip planning, coordination of service public or private transit operators, scheduling, access to transit information, creation of new models of service such as volunteer driver programs and shuttles.	NAPIS 15 - Other		Title III B/FTA 5310 & 5317	No	Non-Registered
Medication Management ⁵	1 Contact	Medication Management is a required service with a separate funding allocation to provide medication screening and education to an individual and/or the caregiver to prevent incorrect medication administration and adverse drug reactions. Primary activities are normally on a one-to-one basis; if done as a group activity, each participant shall be counted as one contact unit.	NAPIS 15 - Other	PM 01-03 (P) AoA-PI-01-03 January 8, 2001	Title III D	No	Non-Registered
Mental Health	1 Hour	Provide services such as screening, assessment, therapy, counseling, follow-up, and referral to maintain or improve the mental health of older individuals. Mental Health services must be provided by a licensed health professional or by a paraprofessional supervised by a licensed health professional.	NAPIS 15 - Other	Div 4000 Pr 10, Unit 11, Unit 23, Unit 29	Title III B	Yes	Non-Registered
Peer Counseling	1 Hour	Use the skills and/or life experiences of trained volunteers, under qualified supervision, to provide advice, guidance, and support in a self-help approach in order to enhance well-being and enable clients to make informed choices.	NAPIS 15 - Other	Div 4000 Unit 7	Title III B	No	Non-Registered
Personal Affairs Assistance	1 Contact	Provide assistance in writing letters and with the completion of financial forms, including tax forms, and other written or electronic documents.	NAPIS 15 - Other	Div 4000 Unit 12, Pr 16	Title III B	No	Non-Registered
Personal/Home Devices	1 Product	Services for the security and safety of their home environment, by providing safety features such as: medical alert, alarms, smart devices, assistive devices (including provision of assistive technology services and assistive technology devices).	NAPIS 15 - Other	Div 4000 Pr 7	Title III B	No	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Public Information	1 Activity	Contact with multiple current or potential clients or caregivers through publications, publicity campaigns, and other mass media campaigns including Internet websites.	NAPIS 15 - Other	NAPIS	Title III B	Yes	Non-Registered
Registry	1 Hour	Recruit workers, maintain a current list of qualified workers, refer workers to clients or clients to workers, and follow-up to assure that service was received.	NAPIS 15 - Other	Div 4000 Unit 41	Title III B	No	Non-Registered
Residential Repairs / Modifications	1 Modification	Residential modifications of homes that are necessary to facilitate the ability of older individuals to remain at home. Includes minor repairs/renovations and purchases of equipment to meet safety, health issues, and code standards.	NAPIS 15 - Other	Div 4000 Unit 1, Unit 48	Title III B	Yes	Non-Registered
Respite Care	1 Hour	Arrange for relief of the relatives or other caregivers of the frail elderly living at home by the coordination or direct provision of supportive services to the older person(s) while the primary caregiver is temporarily absent (includes Adult Daycare as a respite service for families).	NAPIS 15 - Other	Div 4000 Pr 18, Unit 45	Title III B	Yes	Non-Registered
Senior Center Activities	1 Hour	Services designed to enable older individuals to attain and/or maintain physical and mental well-being such as recreation, music, creative arts, physical activity, education, leadership development and other supportive services not covered under other service categories. Development and provision of new volunteer opportunities and services, and creation of additional services and programs to remedy gaps and deficiencies in existing services. Entertainment costs such as tickets to shows or sporting events, meals, lodging, rentals, transportation and gratuities, are <u>not</u> allowable.	NAPIS 15 - Other	Div 4000 Pr 13 OMB A-87	Title III B	No	Non-Registered
Telephone Reassurance	1 Contact	Telephone a client to provide contact and safety checks to reassure and support older individuals.	NAPIS 15 - Other	Div 4000 Unit 28	Title III B	Yes	Non-Registered
Visiting	1 Hour	Visit a client to provide contact and safety checks to reassure and support older individuals.	NAPIS 15 - Other	Div 4000 Unit 31	Title III B	Yes	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
<i><u>FCSP – Caregivers of Older Adults</u></i>							
Support Services							
Caregiver Assessment (Caregivers of Older Adults)	1 Hour	An FCSP Support Service conducted by persons trained and experienced in the skills required to deliver the service that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying their: (A) willingness to provide care; (B) duration and care frequency preferences; (C) caregiving abilities; (D) physical health, psychological, social support, and training needs; (E) financial resources relative for caregiving; and (F) strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system. Such assessments shall be administered in person or via home visits, the Internet, telephone, or teleconference.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Counseling (Caregivers of Older Adults)	1 Hour	An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss as a result of caregiving responsibilities. This service (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Peer Counseling (Caregivers of Older Adults)	1 Hour	An FCSP Support Service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiver Support Group (Caregivers of Older Adults)	1 Hour	An FCSP Support Service provided to a group of caregivers that is led by a trained individual; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences, concerns, and ideas to ease the stress of caregiving, and to improve decision-making and problem-solving skills related to their caregiving responsibilities.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Training (Caregivers of Older Adults)	1 Hour	An FCSP Support Service consisting of workshops or one-on-one individually tailored sessions, conducted either in person or electronically by a skilled and knowledgeable individual, to assist caregivers in developing the skills and gaining the knowledge necessary to fulfill their caregiving responsibilities; and address the areas of health, nutrition, and financial literacy.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Case Management (Caregivers of Older Adults)	1 Hour	An FCSP Support Service provided by a person who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal caregiver-related services in circumstances where caregivers are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Respite Care							
Caregiver Respite In-Home Supervision (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer in order to prevent wandering and health or safety incidents.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiver Respite Homemaker Assistance (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and or light housework (along with care receiver supervision) by an appropriately skilled provider or volunteer.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite In-Home Personal Care (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Home Chore (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Out-of-Home Daycare (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service where the care receiver attends a supervised/protective, congregate setting during some portion of a day, and includes access to social and recreational activities.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Out-of-Home Overnight Care (Caregivers of Older Adults)	1 Hour	An FCSP Respite Care service where the care receiver is temporarily placed in a supervised/protective, residential setting for one or more nights, and may include access to nursing and personal care.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Title III E Family Caregiver Supplemental Services							
Assistive Devices for Caregiving (Caregivers of Older Adults)	1 Device is 1 Occurrence	An FCSP Supplemental Service that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) in order to facilitate and fulfill caregiving responsibilities.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Home Adaptations for Caregiving (Caregivers of Older Adults)	1 Modification is 1 Occurrence	An FCSP Supplemental Service that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) in order to fulfill caregiving responsibilities.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiving Services Registry (Caregivers of Older Adults)	1 Hour is 1 Occurrence	An FCSP Supplemental Service that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) advised about appropriate compensation and workplace performance expectations; and (B) provided with follow-up to ensure the match is functioning effectively.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiving Emergency Cash / Material Aid (Caregivers of Older Adults)	1 Assistance is 1 Occurrence	An FCSP Supplemental Service that arranges for and provides assistance to caregivers in the form of commodities, surplus food, transit passes, meals, vouchers, or direct payment to vendors that will help meet identified needs associated with an individual caregiver's responsibilities..	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Title III E Family Caregiver Access Assistance							
Caregiver Outreach (Caregivers of Older Adults)	1 Contact	An FCSP Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., Caregiver InfoVan staff contacts outside of local market).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Caregiving Information and Assistance (Caregivers of Older Adults)	1 Contact	An FCSP Access Assistances service that: (A) provides caregivers with information on services available within the communities, including caregiving information related to assistive technology and caring for older individuals at risk for institutional placement; (B) links caregivers to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures (caregiver may remain anonymous and refuse follow-up contact).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Caregiver Interpretation / Translation (Caregivers of Older Adults)	1 Contact	An FCSP Access Assistance Service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder's prescription drug label for his caregiver).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Caregiver Legal Resources (Caregivers of Older Adults)	1 Contact	An FCSP Access Assistance Service involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues.	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Information Services							
Public Information on Caregiving (Caregivers of Older Adults)	1 Activity	An FCSP Information Service designed to provide information about available FCSP and other caregiver support resources and services by disseminating publications, conducting media campaigns, and maintaining electronic information systems (e.g., quarterly newsletter).	NAPIS FCSP 5 Information Services	OAA 373(b)(1) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Community Education on Caregiving (Caregivers of Older Adults)	1 Activity	An FCSP Information Service designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at a health fair).	NAPIS FCSP 5 Information Services	OAA 373(b)(1) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
<u><i>FCSP – Older Relative Caregivers</i></u>							
Support Services							
Caregiver Assessment	1 Hour	An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of counseling service, which may range from guidance with caregiving responsibilities to therapy for stress, depression, and loss; and (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may address caregiving-related financial and long-term care placement responsibilities.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Counseling	1 Hour	An FCSP Support Service provided to a caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed for stress, depression, and loss as a result of caregiving responsibilities. This service (A) may involve his or her informal support system; (B) may be individual direct sessions and/or telephone consultations, and (C) may	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
		address caregiving-related financial and long-term care placement responsibilities.					
Caregiver Peer Counseling	1 Hour	An FCSP Support Service provided by experienced volunteers on the condition that appropriate training and qualified supervision protocols are in place.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Support Group	1 Hour	An FCSP Support Service provided to a group of 3 - 12 caregivers that is led by a competent facilitator; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach; for the purpose of sharing experiences and ideas to ease the stress of caregiving, and to improve decision-making and problem-solving skills related to their caregiving responsibilities.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Training	1 Hour	An FCSP Support Service consisting of workshops or one-on-one individually tailored sessions, conducted either in person or electronically by a skilled and knowledgeable individual, to assist caregivers in developing the skills and gaining the knowledge necessary to fulfill their caregiving responsibilities; and shall address the areas of health, nutrition, and financial literacy.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiver Case Management	1 Hour	An FCSP Support Service provided by a person who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal caregiver-related services in circumstances where caregivers are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.	NAPIS FCSP 1 Support Services	OAA 373(b)(3) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Respite Care							
Caregiver Respite In-Home Supervision	1 Hour	An FCSP Respite Care service that includes the provision of care receiver day and/or overnight supervision and friendly visiting by an appropriately skilled provider or volunteer in order to prevent wandering and health or safety incidents.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Homemaker Assistance	1 Hour	An FCSP Respite Care service that includes the provision of care receiver assistance with meal preparation, medication management, using the phone, and or light housework (along with care receiver supervision) by an appropriately skilled provider or volunteer.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite In-Home Personal Care	1 Hour	An FCSP Respite Care service that includes the provision of care receiver assistance with eating, bathing, toileting, transferring, and or dressing (along with care receiver supervision and related homemaker assistance) by an appropriately skilled provider.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Home Chore	1 Hour	An FCSP Respite Care service that includes an appropriately skilled provider or volunteer assisting a caregiver with heavy housework, yard work, and or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiver Respite Out-of-Home Daycare	1 Hour	An FCSP Respite Care service where the care receiver attends a supervised/protective, congregate setting during some portion of a day, and includes access to social and recreational activities.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiver Respite Out-of-Home Overnight Care	1 Hour	An FCSP Respite Care service where the care receiver is temporarily placed in a supervised/protective, residential setting for one or more nights, and may include access to nursing and personal care.	NAPIS FCSP 2 Respite Care	OAA 373(b)(4) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
<i>Supplemental Services</i>							
Assistive Devices for Caregiving	1 Device is 1 Occurrence	An FCSP Supplemental Service that involves the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) in order to facilitate and fulfill the caregiving responsibilities.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Home Adaptations for Caregiving	1 Modification is 1 Occurrence	An FCSP Supplemental Service that makes any minor or major physical change to the home (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower) in order to facilitate and fulfill caregiving responsibilities.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiving Services Registry	1 Hour is 1 Occurrence	An FCSP Supplemental Service that recruits, screens, and maintains a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with caregivers willing to use personal resources to pay for assistance with their caregiving responsibilities. Both the caregiver and the self-employed worker will be: (A) advised about appropriate compensation and workplace performance expectations; and (B) provided with follow-up to ensure the match is functioning effectively.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Caregiving Material Aid	1 Assistance is 1 Occurrence	An FCSP Supplemental Service that arranges for and provides assistance to caregivers in the form of commodities, surplus food, emergency cash, transit passes, meals, and vouchers that will help meet identified needs associated with an individual caregiver's responsibilities.	NAPIS FCSP 3 Supplemental Services	OAA 373(b)(5) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Registered
Access Assistance							
Caregiver Outreach	1 Contact	An FCSP Access Assistance service involving interventions (one-on-one contacts with individuals) initiated by an agency or provider for the purpose of identifying caregivers and encouraging their use of existing caregiver support services (e.g., Caregiver InfoVan staff contacts outside of local market).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Caregiving Information and Assistance	1 Contact	An FCSP Access Assistance service that: (A) provides caregivers with information on services available within the communities, including caregiving information related to assistive technology and caring for older individuals at risk for institutional placement; (B) links caregivers to the services and opportunities that are available within the communities; (C) to the maximum extent practicable, establishes adequate follow-up procedures (caregiver may remain anonymous and refuse follow-up contact).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Caregiver Interpretation / Translation	1 Contact	An FCSP Access Assistance service for the provision of bilingual communication assistance to a caregiver in order to access assistance and receive support for his or her caregiving responsibilities (e.g., staff interpreting dialogue between caregiver and care consultant staff translating an elder's prescription drug label for his caregiver).	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Caregiver Legal Resources	1 Contact	An FCSP Access Assistance service involving one-to-one guidance provided by an attorney (or person under the supervision of an attorney) in the use of legal resources and services when assisting a caregiver with caregiving-related legal issues.	NAPIS FCSP 4 Access Assistance	OAA 373(b)(2) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Information Services							
Public Information on Caregiving	1 Activity	An FCSP Information Service designed to provide information about available FCSP and other caregiver support resources and services by disseminating publications, conducting media campaigns, and maintaining electronic information systems (e.g., quarterly newsletter).	NAPIS FCSP 5 Information Services	OAA 373(b)(1) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered

Service Category	Unit Measure ¹	Definitions	NAPIS Reference	Definition / Historical Reference ²	Primary Funding Source	Priority Service	Registered or Non-Registered ³
Community Education on Caregiving	1 Activity	An FCSP Information Service designed to educate groups of current or potential caregivers and those who may provide them with assistance about available FCSP and other caregiver support resources and services (e.g., booth at a health fair).	NAPIS FCSP 5 Information Services	OAA 373(b)(1) NAPIS CDA FCSP Service Matrix	Title III E	N/A	Non-Registered
Fiscally Allowable Administrative Activities							
Program Development	N/A	Activities that either establish a new service or expand or integrate existing services.	Non-NAPIS	CDA Standard Agreement Exhibit A	Title III B	No	N/A
Coordination	N/A	Activities that involve the active participation of the AAA staff to include liaison with non-OAA funded agencies and organizations for the purpose of avoiding duplication, improving services, resolving problems related to service delivery, and addressing the service needs of the eligible service population.	Non-NAPIS	CDA Standard Agreement Exhibit A	Title III B	No	N/A
CARS / Data Reporting Systems	N/A	Purchase, development, and maintenance of software designed to meet the requirements of the California Aging Reporting System.	Non-NAPIS	PM 08-15 (P)	Title III B	No	N/A
Emergency Preparedness	N/A	Develop long-term emergency plans.	Non-NAPIS		Title III B	No	N/A
Senior Center Staffing	N/A	Assist with the operation of the multipurpose senior center by meeting all or part of the costs of compensating professional and technical personnel required for the operation of the center.	Non-NAPIS	Div 4000 Unit 42	Title III B	No	N/A

SENIOR NUTRITION PROGRAM GUIDELINES

Senior Nutrition Program Contractors providing congregate and/or home-delivered meals are also required to follow the regulations in the VCHSA-AAA Senior Nutrition Handbook, which includes specifications for the daily operation of these programs. All Contractors providing congregate and/or home delivered meals should be provided a copy each fiscal year. For an additional copy, contact the VCHSA-AAA Grants Administrator or visit www.vcaaaa.org.

1. Purpose

The purpose of the VCHSA-AAA Senior Nutrition program is to maintain the physical and mental well-being of Ventura County seniors by providing nutritious meals each week and to coordinate other nutrition-related services for program participants, assisting seniors to live independently and reducing isolation. Contractors shall give preference to seniors with the greatest economic and/or social need while paying particular attention to low-income minority individuals when determining whom to service.

Additionally, the VCHSA-AAA Advisory Council has adopted the following policy statement:

*“Each Senior Nutrition Program Contractor shall operate its program using Older American Act grant funds supplemented by participant donations. If current or future levels of service cannot be sustained using these funding sources or by other fundraising efforts, the Contractor shall adjust service levels and/or expenses accordingly. The adjustments may include the use of waiting lists, a reduction in the number of days of program operation, less frequent deliveries of meals, etc. If such adjustments become necessary, **the Contractor shall provide advance written notice to VCHSA-AAA.**”*

2. Administrative Responsibilities

Senior Nutrition Program Contractors shall adhere to weekly, monthly, quarterly and annual reporting requirements as determined by VCHSA-AAA. Administrative reporting requirements include, but are not limited to, the timely and accurate reporting of monthly meal counts, participant Meal Registration and Home-Delivered Meals Assessment forms, Requests for Funds (RFF) and the ordering of food.

3. Staff Qualifications

Site Coordinator – Each Senior Nutrition Program Contractor shall employ a Site Coordinator that is responsible for the day-to-day administration and operations at their site. The Site Coordinator shall have one of the following qualifications:

- a) An Associate Degree in Institutional Food Service or closely related field, and two years’ experience as a food service supervisor; or
- b) Demonstrable experience in food service and, within twelve months of hire, successfully complete twenty (20) hours of college level coursework in food service management, business administration and/or personnel; or

- c) Two years' experience in food service management as verified by a Registered Dietitian prior to hire.

Program Staff – Each Senior Nutrition Program Contractor shall ensure that there are sufficient numbers of paid staff and/or volunteers to carry out the requirements of the program. The total number of qualified staff shall be determined by the scope and level of services provided.

General Provisions – Each Senior Nutrition Program site shall give preference to older individuals when hiring staff, subject to the applicant's qualifications. Volunteers shall be recruited to participate in all aspects and phases of the program. Furthermore, all Senior Nutrition Program staff, paid and unpaid, are Mandated Reporters by law and, as such, are required to report incidences of suspected elder abuse, including self-neglect.

4. Staff and Volunteer Training Requirements

All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks. Each Contractor shall have a written grievance policy posted for staff that ensures an equitable process for handling staff complaints.

Training by the VCHSA-AAA Registered Dietitian (RD) shall include at a minimum, food safety (ServSafe). All new Site Coordinators must be ServSafe trained prior to the commencement of serving food. The VCHSA-AAA RD will provide a yearly written plan for staff training that shall be maintained at each Senior Nutrition Program site. A minimum of four hours per year of approved staff training shall be provided for paid and non-paid food service staff at each Senior Nutrition Program sites by the VCHSA-AAA RD. Training sessions shall be conducted quarterly, documented with attendance records and evaluated by those receiving the training. All training records shall be submitted to VCHSA-AAA quarterly.

5. Safety

Each Senior Nutrition Program Contractor is responsible for contracting with local fire safety departments to provide accident prevention, fire safety, first aid, choking, earthquake preparedness and other emergency procedures training required at each congregate meal site. A current Fire Inspection Certification shall be displayed at each site. Each meal site and/or Home Delivered Meals distributor is also required to maintain and make available to staff upon request current Safety Data Sheets (SDS) at their site(s) per 29 CFR. Furthermore, each meal site and/or home-delivered meals distributor must display a State of California Health Certification. Each congregate meal site must also display a ServSafe Certification.

6. Nutrition Education Services for Participants

Nutrition education for program participants shall be provided at a minimum of four times per year. All training shall be conducted by the VCHSA-AAA RD, who develops and maintains a yearly nutrition education plan. Nutrition education for congregate meal participants may include demonstrations, presentations, lectures and group discussions, all of which may be augmented with printed materials. Distribution of printed materials shall constitute nutrition education for home delivered meal recipients. Each Contractor shall maintain accurate training records that indicate the type and duration of training.

Training records shall be submitted to VCHSA-AAA on a quarterly basis to ensure that training requirements are being met.

7. Records, Reports, Distribution of Information and Confidentiality

Each Senior Nutrition Program Contractor shall maintain current and accurate records on congregate and home-delivered meal participants as follows:

- a) Current and complete meal registration form for congregate and home-delivered meal recipients;
- b) Each home-delivered meal recipient shall also have a current home-delivered meals assessment on file;
- c) Each Senior Nutrition Program Contractor shall report meal counts monthly to VCHSA-AAA via Q database and to the Senior Nutrition Program grants administrator. The monthly meal count includes meals for qualified participants, spouse meals, volunteer meals, disabled non-senior meals, private pay meals, and wasted meals;
- d) Each Senior Nutrition Program Contractor shall maintain complete and accurate rosters for both home-delivered and congregate programs.

Upon request, all Senior Nutrition Program documents and records shall be made available for audit, assessment and/or inspection by an authorized representative from VCHSA-AAA. Furthermore, each Senior Nutrition Program Contractor shall ensure that any and all information provided by participants shall be maintained in a confidential manner.

8. Nutrition Services Requirements

Congregate Meals – Each Senior Nutrition Program Contractor shall ensure that the congregate meal site adheres to the following requirements:

- a) Each participant is registered for a meal using the Senior Nutrition Program Meal Registration form;
- b) Conduct an annual Nutritional Risk Survey on each participant
- c) Provide a means by which to obtain participants' views about the services received;
- d) Provide meals, if available, to all participants regardless of reservation status;
- e) Ensure that trained staff (paid and/or non-paid) is physically present during the time that meals are being served;
- f) Provide restrooms, lighting and ventilation at the site that meets the requirements of the California Retail Food Code (CRFC);
- g) Provide for suggested donation, per regulation;
- h) Provide equipment, including tables and chairs, that is sturdy and appropriate for older individuals; and
- i) Arrange tables and chairs in such a manner as to be conducive to and encourage socialization among participants.

Home-Delivered Meals – Each Senior Nutrition Program Contractor shall ensure that the home-delivered meals operations at their site adhere to the following requirements:

- a) Eligible participants are registered and assessed for need using the Senior Nutrition Program Meal Registration and Home-Delivered Meal Assessment forms;

- b) Initial assessments may be done by telephone; however, an in-home assessment and physical determination of eligibility shall be conducted at the participants' homes within two weeks of the beginning of meal service;
- c) Participants shall be assessed for other, supportive services and referred as needed; and
- d) Participants shall be reassessed for eligibility in their homes every six months and by telephone every other quarter. Meal Registration Forms shall be updated annually.
- e) All client assessment and demographic data shall be updated each quarter in Q.

To-Go Meals – Means meals that are picked up by clients (or client's agent) or delivered to clients who are not comfortable dining in a congregate meal setting.

a) C-1: To-Go meals are categorized as C-1 meals if they are consumed onsite and include in-person interaction (e.g., dining at congregate site such as restaurant, food truck, etc. or one-on-one with program volunteer) or consumed offsite and include virtual interaction (e.g., group interaction via Zoom, FaceTime, etc. or one-on-one with program volunteer via telephone) during the meal.

b) C-2: To-Go meals are categorized as C-2 meals if they are consumed offsite without in-person or virtual interaction.

Waitlist – A waitlist shall be established whenever a Contractor is unable to provide home-delivered meals to all eligible participants. Waitlists must be pre-approved by VCHSA-AAA. The decision to place an eligible individual on a waitlist and their ranking on that list shall be determined by greatest social and economic need. The VCHSA-AAA has established a hierarchy of needs assessment tool to assist Program Directors in determining which applicant has the greatest need.

9. Nutritional Requirements of Meals

Contractor will work with the VCHSA-AAA RD to ensure that each meal complies with the Dietary Guidelines for Americans (DGA) and provides 1/3 of the Dietary Reference Intakes. The DGA is jointly published by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. The Dietary Reference Intakes are reference values determined by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. Each meal shall provide the following:

- a) A weekly average caloric range of >550-750 calories per meal; and
- b) Three (3) ounces of cooked, edible protein in the form of meat, fish, poultry, eggs, cheese or the protein equivalent; and
- c) At least one-half (½) cup serving of different cooked vegetables and/or one (1) cup of raw leafy vegetables; and
- d) One-half (½) cup serving of fruit; and
- e) At least one (1) serving of whole grain; and
- f) Eight (8) ounces of fortified fat-free or low-fat milk; and
- g) Target 500-750 milligrams of Sodium; and
- h) Foods containing a minimum of 25 milligrams of Vitamin C; and
- i) Food(s) containing a minimum of 233 micrograms of Vitamin A shall be served at least three (3) times per week.

These meals and any other Senior Nutrition Program meals served by Contractor shall constitute the menu provided to participants of the Senior Nutrition Program. Any and all supplemental foods and/or enhancements must be reviewed and approved by the

VCHSA-AAA RD prior to service. The VCHSA-AAA will provide Contractor with a menu two (2) weeks in advance of meal service.

10. Eligibility for Senior Nutrition Services

Individuals eligible to receive Senior Nutrition Program meals are as follows:

Congregate Meals – Individuals eligible to receive meals at a congregate site are as follows:

1. Any older individual⁵;
2. The spouse of an older individual;
3. A person with a disability, under age sixty (60) who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided; and
4. A disabled individual who resides at home with and accompanies an older individual who participates in the program.

Home-Delivered Meals – Individuals eligible to receive a home-delivered meal are individuals who are:

1. Frail as defined by 22 CCR 7119, homebound by reason of illness or disability, or otherwise isolated. (These individuals shall be given priority in the delivery of services.) [45 CFR 1321.69(a)].
2. A spouse of a person in 22 CCR 7638.7(c)(2), regardless of age or condition, if an assessment concludes that is in the best interest of the homebound older individual.
3. An individual with a disability who resides at home with older individuals, if an assessment concludes that it is in the best interest of the homebound older individual who participates in the program.

Meals for Volunteers – Volunteers may be offered a meal if doing so will not deprive a participant of a meal. Volunteers receiving a meal must be present during and contribute toward the meal service in order to receive a meal. Each Senior Nutrition Program Contractor shall establish in writing and implement a policy for providing and accounting for meals provided to Senior Nutrition Program volunteers. The Contractor shall report the volunteer meals on its monthly meal counts. In all cases of eligibility, priority shall be given to individuals aged 60 and older.

11. Monetary Contributions

Suggested Contributions – Each Senior Nutrition Program Contractor shall develop in writing and implement a policy that determines a suggested monetary contribution for meal recipients. When developing the suggested contribution amount, each Contractor shall take into account the income ranges of the older individuals in their community as well as other sources of program income. The suggested contribution cannot exceed the actual cost of the meal. A sign shall be posted at the congregate meal site that states the suggested contribution amount and the fee for guests. The post shall also declare that no one will be denied service if they choose not to donate.

⁵ §7630. Definitions. “Older individual” means a person sixty (60) years of age or older.

Actual Contributions and Confidentiality – An eligible participant who receives a meal shall be given the opportunity to contribute towards the cost of the meal; however, no eligible individual can be denied a meal due to failure to contribute. Furthermore, the Contractor shall ensure that the amount of each individual’s contribution is kept confidential.

Administration of Contributions – All contributions are to be identified as “program income.” The Contractor shall develop written procedures and implement accounting measures to accurately collect and protect meal contributions daily. The written policy shall include measures to counter any loss, mishandling and/or theft of funds.

The Contractor shall establish a separate account or project code to track Senior Nutrition Program income. One hundred (100) percent of the total contributions shall be used by the Contractor to increase the numbers of meals served and/or to otherwise enhance the program. Program enhancements not directly attributed to increased participation on the program shall be pre-approved by VCHSA-AAA.

Ventura County Senior Nutrition Program

Meal Types, Care Plan Options and Eligibility Criteria

Meal Type	Setting	Qualification	Q Care Plan Category	Funding Source
Home-Delivered Meal	Home	To qualify for a home-delivered meal, including a Pick-Up Meal Program (PUMP), a person must be age 60 or older <u>and</u> be homebound by reason of function and/or disability and/or isolation.	Home-Delivered Meal – Senior	Title III C2
Home-Delivered Meal	Home	Person under age 60 may qualify for a home-delivered meal <u>if</u> the individual is disabled <u>and</u> resides with someone age 60 or older who is eligible for a home-delivered meal.	Home-Delivered Meal – Disabled Non-Senior	Title III C2
Home-Delivered Meal Non-Registered	Home	A meal provided to an eligible volunteer or the spouse of an eligible client in their place of residence that meets all the requirements of the Older Americans Act and State/Local laws.	Home-Delivered Meal – Non Registered	Title III C2
Home-Delivered Meal	Home	The spouse of a person that qualifies for a home-delivered meal also qualifies, regardless of age.	Home-Delivered Meal – Spouse	Title III C2
Congregate Meal	Congregate	To qualify for a congregate meal, a person must be age 60 or older.	Congregate Meal – Senior	Title III C1
Congregate Meal	Congregate	A spouse accompanying a person who is 60 years of age or older and qualifies for a meal also qualifies for a meal, regardless of age.	Congregate Meal – Spouse	Title III C1
Congregate Meal	Congregate	A person with a disability, under 60 who resides in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided – or – A disabled individual who resides at home with and accompanies an older individual who participates in the program.	Congregate Meal – Disabled Non-Senior	Title III C1
Congregate Meal Non-Registered	Congregate	A meal provided to an eligible volunteer or the spouse of an eligible client in a congregate group setting that meets all the requirements of the Older Americans Act and State/Local laws.	Congregate Meal Non-Registered	Title III C1
Private Pay Meal	Congregate Only	Anyone under 60 at the congregate meal site who is not an eligible non-senior (spouse, disabled non-senior accompanying a senior, disabled non-senior who resides in housing facilities of primarily seniors where	N/A	Private Pay

		congregate meals take place, or a volunteer) must pay \$8.32 for a meal.		
Scratch Meal	Congregate & Home	<p>Definition: A meal that is made from all pre-approved ingredients (purchased outside of your Jordanos food order and not paid for by VCAAA) to produce a complete.</p> <p>Note: A “scratch” meal excludes using our existing steam trays or single serve meals (unless purchased and paid for directly by the SNP site).</p>	N/A	Title III C1/C2

**VENTURA COUNTY HUMAN SERVICES AGENCY,
AREA AGENCY ON AGING (VCHSA-AAA)**

Mission, Vision and Values⁶

VCAAA Mission⁷

The Ventura County Human Services Agency, Area Agency on Aging’s mission is to serve Ventura County’s aged 60+ population and to:

- Provide leadership in addressing issues that relate to older Californians;
- Develop community-based systems of care that provide services that support independence within California’s interdependent society, and which protect the quality of life of older persons and persons with functional impairments; and
- Promote citizen involvement in the planning and delivery of services for Ventura County’s older population and their caregivers.

The mission is accomplished through a network of education, advocacy, problem solving, program planning, and funding.

VCHSA-AAA Vision

VCHSA-AAA envisions that it will be the focal point of aging in the county, identifiable to seniors and caregivers; a leader in the aging industry that is innovative and responsive to the changing and varied needs of older adults.

This vision, the mission statement and our core values shape the development and direction of VCHSA-AAA.

The VCHSA-AAA’s motto is: “To Serve. To Guide. To Envision.”

To serve Ventura County’s 60+ population and their caregivers and to provide guidance as we envision the future, VCHSA-AAA is guided by a set of core values that drive the Agency. The core values are:

- **Put People First** – All our actions must benefit Ventura County residents aged 60+ (and their caregivers) especially those who are underserved, vulnerable, isolated and/or living with special needs.
- **Accountability** – Through leadership and stewardship, being accountable for VCHSA-AAA’s programs and the efficiency, cost effectiveness and quality of

⁶ Excerpted from VCHSA-AAA’s Strategic Plan.

⁷ California Code of Regulations, Title 22, requires specific wording to be used in the agency’s mission statement.

services provided. These services will be provided in a “transparent” and open manner.

- **Integrity** – All services whether internal or external will be delivered with integrity. Programs will also be in compliance with legal, fiscal, and program mandates.
- **Collaboration** – VCHSA-AAA will create useful, effective forms of collaboration with partners, within and beyond the aging services sector, in the areas of service development and delivery, research, evaluation and management.
- **Respectful and Supportive Work Environment** – VCHSA-AAA encourages creativity, diversity, innovation, teamwork, accountability, continuous learning, a continuous quality improvement loop inclusive of all employees, a sense of urgency, enthusiasm, trust, and the highest ethical standards.
- **Accessibility** – Developing programs that are inclusive and available to all older adults throughout Ventura County as well as their caregivers. Programs will be culturally appropriate, responsive and reflective of the diverse nature of the senior community.
- **Neutrality** – VCHSA-AAA staff will provide accurate, non-biased, reliable, understandable, and timely information and services to our partners, seniors and the public.
- **Responsive and Innovative** – VCHSA-AAA will be responsive in identifying and addressing the changing needs of the community, encourage innovation in the effective delivery of aging services and facilitate the development of more diverse senior services within the community.
- **Produce Results** – Deliver services and produce results that are useful to the people and communities directly served by VCHSA-AAA’s programs and to the taxpayers who pay for these programs.

Description of VCHSA-AAA

The VCHSA-AAA was organized as a single county public agency in 1980 and is a regional focal point for services provided to older adults.

The agency operates under the auspices of the Ventura County Board of Supervisors, which has local policy-making authority over VCHSA-AAA. The Board gives final approval to the budget, and any advocacy, program development, coordination efforts, or programs proposed for funding. This structure has been advantageous to VCHSA-AAA by enabling it to: (1) establish and maintain a strong local presence; (2) facilitate good communication with other public agencies and units of local government; (3) have a sound framework for financial accountability; and, (4) have an office and meeting facility designated for the Advisory Council. A slight disadvantage to this structure is the exclusion of public agencies from some funding sources.

A 39-member Advisory Council advises the VCHSA-AAA staff on the agency’s policies, programs and funding, and makes recommendations to the Ventura County Board of Supervisors. The Advisory Council reflects the geographic and cultural diversity of Ventura County, and is comprised of representatives of city councils on aging, commissions on

aging, senior service providers, California Senior Legislature (CSL) members, supervisorial appointees and the general public.

The Advisory Council forms task forces and committees as needed to address specific issues. Current standing committees include: Legislative Committee, Health Issues Committee, Outreach Committee, Housing and Transportation Committee, Baby Boomer Committee and the Planning and Allocation Committee, all of which work very closely with the agency director and staff in developing program and funding recommendations.

VCHSA-AAA works with the U.S. Administration on Aging, the California Department of Aging, the Centers for Medicaid/Medicare, the Department of Health Care Services, the Department of Labor, Ventura County Transportation Commission, and local agencies to improve the quality of life for older adults in Ventura County.

Visible Leadership

VCHSA-AAA is a visible and effective leader in aging issues through its interaction with senior service providers, volunteers, the senior community, and the public. It is financially the largest single funding source of senior programs and services in Ventura County. Through community forums, public hearings, and presentations to community-based organizations, VCHSA-AAA receives public opinion on issues relating to the older population. VCHSA-AAA collaborates with organizations to develop and enhance a community-based system of care for older residents of Ventura County. VCHSA-AAA staff members participate on numerous committees, coalitions, etc., in support of senior issues.

VCHSA-AAA provides a comprehensive and coordinated community-based system that includes the following characteristics:

- A visible point of contact where anyone can visit or call for help or information.
- A range of program and service options.
- Accessible service options for all older individuals and others served by VCHSA-AAA programs, regardless of income⁸ or level of dependency.
- Support of the system by the commitment of public, private, voluntary and personal resources.
- Collaborative decision-making among all concerned organizations with input from older individuals being taken into consideration.
- Special help or resources are available for those who are most vulnerable (those in danger of losing their independence).
- Effective agency-to-agency referral and follow-up.
- Sufficient flexibility in the service delivery system to provide appropriate individualized assistance.
- The system is tailored to the nature of the community.

⁸ The State of California requires that seniors receiving food from the Brown Bag program be pre-qualified as having an income at or below the federal poverty level. The federal Title V Senior Community Services Employment Program also has a similar eligibility requirement regarding income.

- Direction by leaders with the stature and ability to convene meetings; assess needs; design solutions; track successes; stimulate change; and plan present and future community responses.

PROTECTION OF INFORMATION ASSETS

California Department of Aging Program Memo 07-18(P) - Issued October 9, 2007

Program Memo 07-18(P) transmits the California Department of Aging's (CDA) policy for the protection of information assets and procedures for reporting incidents when CDA information assets are accessed, modified or disclosed without proper authorization, or are destroyed, lost or stolen. This program memo applies to Title III B, Title III C1/C2, Title III D, Title III E, Title V, HICAP, MIPPA, MSSP and CBSP programs.

Background and Purpose – CDA contractors are often required to collect, maintain and store information and data for the purpose of administering a CDA program. This information, whether in paper or electronic form, is considered to be an information asset of the State. Information assets are often stored on personal computers, laptops, portable devices such as thumb drives, discs, and personal digital assistants (PDA) or in office and workstation file drawers. State law and policies require State agencies to protect personal, sensitive and confidential information from inappropriate or unauthorized access or disclosure.

CDA is responsible for ensuring that its employees and its Contractors comply with these privacy requirements. CDA has developed the following policy to protect its information assets and establish procedures for reporting security incidents in the event that CDA information assets are inappropriately accessed, disclosed, modified, destroyed, lost, or stolen. This policy is consistent with CDA general contract terms and conditions.

Policy – All CDA Contractors must be vigilant to protect personal, sensitive and confidential information from inappropriate or unauthorized access, use or disclosure. CDA Contractors are required to adopt operational policies, procedures and practices to protect CDA information assets. Contractors, subcontractors, their staff, and volunteers must understand their responsibilities and the consequences of security breaches. They must also be trained to integrate information security practices into their daily work.

Information Classifications – Contractors should classify Information assets into the following categories: public; confidential; sensitive; or personal. Classifying information assets allows an entity to identify appropriate protection levels; establish policies for access, use and disclosure of information; and implement procedures for responding properly to external requests for information.

Public Information/Public Records

Definition The California Public Records Act (PRA) defines public records as information relating to the conduct of the public's business that is prepared, collected, or maintained by, or on behalf of, State agencies. There are certain statutory exemptions and privileges that allow agencies to withhold specific information from disclosure.

Examples Correspondence, program memos, bulletins, emails, and organization charts. Portions of a public record may include sensitive or personal information.

Disclosure Disclosure is required; however, all confidential or personal information must be redacted or blacked-out prior to disclosure. No identification from the requester is required.

Confidential Information

Definition Information maintained, collected, accessed or stored by a State agency or its Contractors that is exempt from disclosure under the provisions of the PRA or other applicable State or federal laws.

Examples Medical information, Medi-Cal provider and beneficiary personal identifiers, Treatment Authorization Requests (TARs), personnel records, social security numbers, legal opinions and proprietary Information Technology (IT) information.

Disclosure Disclosure is allowed to:

- individuals to whom the information pertains or an authorized legal representative upon his/her request (proper identification required);
- third parties with written consent from the individual to whom the information pertains or an authorized legal representative;
- public agencies for the purpose of administering the program as authorized by law;
- fiscal intermediaries for payment for services; and
- government oversight agencies.

Sensitive Information

Definition Information maintained, collected, accessed or stored by State agencies or their Contractors that may not be considered confidential pursuant to law but still requires special precautions to protect it from unauthorized access, use, disclosure, loss, modification or deletion.

Examples Policy drafts, system operating manuals, network diagrams, contractual information, records of financial transactions, etc.

Disclosure Disclosure is allowed to:

- individuals to whom the information pertains or an authorized legal representative upon his/her request;
- third parties with written consent from the individual to whom the information pertains or an authorized legal representative;
- public agencies for the purpose of administering the program as authorized by law;
- fiscal intermediaries for payment for services; and
- government oversight agencies.

Personal Information

Definition Information which identifies or describes an individual that is maintained, collected, accessed or stored by a State agency or its Contractors.

Examples Examples include name, social security number, home address and home phone number, driver's license number, medical history etc.

Disclosure Disclosure is allowed to:

- individuals to whom the information pertains or an authorized legal representative upon his/her request (Note that an individual has a

right to see, dispute, and correct his or her own personal information);

- third parties with written consent from the individual to whom the information pertains or an authorized legal representative;
- public agencies for the purpose of administering the program as authorized by law;
- fiscal intermediaries for payment for services; and
- government oversight agencies.

Written consent to access or release an individual's personal information must include:

- Signature of the individual to whom the information pertains or an authorized legal representative;
- Date signed; and
- Description of the records that the individual agrees to release.

Contractors Confidentiality Statement – CDA requires all of its Contractors to sign a Contractor Confidentiality Statement when entering into a Contract or Agreement with CDA. This is to ensure that Contractor are aware of, and agree to comply with, their obligations to protect CDA data from unauthorized access and disclosure.

Security Awareness Training

The Contractor's employees, Subcontractors/Vendors, and volunteers handling confidential, sensitive and/or personal identifying information must complete the required CDA Security Awareness Training module located at the following URL: <http://vcaaa.org/wp-content/uploads/VCAAA-CDA-SecurityAwarenessTrng.ppt> within thirty (30) days of the start date of the Contract/Agreement, within thirty (30) days of the start date of any new employee, Subcontractor, Vendor or volunteer's employment and annually thereafter. The Contractor must maintain certificates of completion on file and provide them to VCAAA upon request.

Security Incident Reporting

A security incident occurs when CDA information assets are or reasonably believed to have been accessed, modified, destroyed, or disclosed without proper authorization, or are lost or stolen. The Contractor and its Subcontractors/Vendors, must comply with CDA's security incident reporting procedure located at <https://www.aging.ca.gov/ProgramsProviders/#Resources>.

Liability/Sanctions – Contractor, subcontractors and their employees should be aware that security incidents and failure to report these incidents may lead to administrative sanctions (e.g., contraction termination, personnel action), criminal prosecution or civil liability.

DISABILITIES: ACCESS TO PROGRAMS, SERVICES & ACTIVITIES

California Department of Aging Program Memo 07-16(P) - Issued August 28, 2007

This Program Memo provides policy guidance and technical assistance to CDA contractors to help them comply with the Americans with Disabilities Act (ADA) and California Government Code Sections 11135 – 11139.8. For the purposes of this memo, “contractor” refers to an AAA and Multipurpose Senior Service Program (MSSP). “Subcontractor” refers to a service provider that has contracted with either an AAA or MSSP. The term “agency” refers to an entity covered by the nondiscrimination laws. This program memo applies to Title III B, Title III C1/C2, Title III D, Title III E, Title V, HICAP, MISSP, MSSP and CBSP programs.

This Memo is intended to remind CDA contractors and subcontractors of their existing statutory and contractual obligations to provide individuals with disabilities equal access to programs, services and activities. These State and federal laws have been in effect for many years and do not constitute new requirements. This memo does not address physical access to new buildings.

Who Must Comply? CDA and all of its contractors and subcontractors must comply with the requirements of the ADA and California Government Code Section 11135-11139.8. Both of these laws require that government funded services, programs and activities be accessible to, and usable by, individuals with disabilities. The Department complies with its obligation by including nondiscrimination requirements in its contract terms and conditions. However, CDA’s legal obligation to ensure that services, programs and activities are accessible does not relieve these agencies from complying with their own legal obligations to provide equal access under the State and federal laws. CDA contractors are expected to pass these requirements on to their providers through the terms and conditions of their contracts.

What is Required? The specific requirements of the ADA and State law can be complex. The Department does not prescribe a particular method or measure to achieve compliance. However, the Department expects all of its contractors and subcontracting service providers to take proactive steps to make public services readily accessible to individuals with disabilities. The manual prepared by the federal Department of Justice includes substantial guidance and numerous examples to help contractors and subcontractors in their compliance efforts. The Manual and Procedures for Providing Reasonable Accommodation is available at <https://www.justice.gov/jmd/eeos/manual-and-procedures-providing-reasonable-accommodation>.

The following requirements highlight some of the major State and federal mandates. This list is not exhaustive. Agencies should review available resources or consult with their parent agency for additional guidance.

- **Services, programs and activities** – Government-funded programs, services and activities must be accessible to, and usable by, individuals with disabilities.

Agencies must make reasonable modifications to policies, practices, and procedures that deny equal access to individuals with disabilities. Agencies may achieve program and service accessibility by a number of methods. In many situations, providing access to buildings through structural methods may be the most efficient method of providing program and service accessibility. This would include measures such as building a ramp for wheelchair access or otherwise altering an existing building to provide equal access. In other cases, it might be sufficient to use nonstructural methods in order to achieve program or service accessibility. Nonstructural methods include providing services at alternate accessible sites or on a ground floor location. It is important to note that other federal laws require places of accommodation, including private entities that provide public services, to remove barriers where the removal is readily achievable. Whether removal of a barrier is “readily achievable” may depend on factors including program size and available financial resources. Agencies should consult the technical assistance guides and resources attached to the memo for further information and guidance.

- **Limited Exceptions** – There are limited exceptions to the requirement to modify a program or service where the modification would result in a fundamental alteration in the nature of its program or activity or in undue financial and administrative burden. A decision to invoke one of these exceptions can only be made by agency director such as an AAA Director or MSSP Program Manager and must be confirmed by CDA’s Director or her designee. The decision must be accompanied by a written statement of the reasons for reaching that conclusion. The determination that a modification would result in a fundamental alteration of a program or impose an undue burden for the entity must be based on an evaluation of all resources available for use in the program. If an action would result in a fundamental alteration or undue burden, the agency must take another action to ensure that individuals with disabilities receive the benefits and services of the program or activity. Examples of reasonable modifications to policies, practices, and procedures are provided in the DOJ Technical Assistance Manual.
- **Communication** – Agencies must ensure that communications with individuals with disabilities are as effective as communications with others. Individuals with disabilities who do not have effective communication tools are less likely to have equal access to services. Depending upon the specific circumstances, agencies may need to arrange to make available auxiliary aids and services including interpreters, special equipment, or TDDs. However, agencies may be able to ensure effective communication through simple measures like note-takers, readers and assistance with completing forms. Factors to be considered in determining whether an interpreter is required include the context in which the communication is taking place and the number of people involved. Agencies should consult with the individual to determine the most appropriate auxiliary aid or service.
- **Integrated Setting** – Agencies must, to the maximum extent appropriate, provide programs and services in an integrated setting. Separate programs may be permitted where it is necessary to ensure equal opportunity.

- **No charge for measures** – Agencies may not charge individuals with disabilities to cover the costs of taking the necessary measures to ensure nondiscriminatory treatment, such as printing materials in Braille or providing qualified interpreters.

Self-Evaluation – To enable CDA to ensure compliance with State and federal laws, CDA requests that its contractors and subcontracting service providers conduct a self-evaluation of current policies and practices to determine whether they comply with equal access requirements. Agencies may wish to use the attached ADA Self-Evaluation for Program and Services Access form to help them assess their compliance. Agencies are not required to send a copy of their self-evaluations to CDA. However, Agencies should maintain a copy of their self-evaluation in their files for three years.

If as a result of a self-evaluation, an agency determines that any policy or practice is not in compliance, it must modify the policy to bring it into compliance. CDA recognizes that many of its contractors are part of local government agencies, which have their own requirements and compliance activities related to program and physical access. The Department is not requesting that a contractor duplicate evaluation or compliance activities conducted by the local government agency.

Complaint Process – All CDA contractors, including AAAs and MSSPs, must establish a complaint process to accept and resolve disability related complaints received from service and program recipients. This applies to complaints lodged against an AAA or MSSP and complaints directed at their service providers. AAAs and MSSPs must investigate and make a good faith effort to resolve a complaint and eliminate any barriers to access. If CDA receives a complaint directly about a program administered by an AAA, MSSP or service provider, CDA will forward the complaint to the appropriate AAA or MSSP to investigate and resolve at the local level. AAAs and MSSPs should direct their service providers to immediately forward to them all complaints received at their level for investigation and resolution. If an AAA or MSSP cannot resolve a complaint to the satisfaction of the consumer, the agency must notify the CDA Director immediately and provide written documentation of the facts and reasons for not resolving the complaint. AAAs and MSSPs are required to make the complaint process available upon request to all recipients of services and program benefits.

ACCESS TO PROGRAM AND SERVICES SELF-EVALUATION ACTIVITIES

The following self-evaluation activities are derived from the ADA requirements for State and local governments. They are not directly applicable to private entities. However, CDA recommends that all of its contractors use this tool to evaluate the programs they administer and services they provide, either directly or indirectly, to assess compliance with equal access requirements.

- Review policies and practices to determine whether any limit the participation of individuals with disabilities in its programs, activities, or services. Such policies or practices must be modified, unless they are necessary for the operation or provision of the program, service, or activity.

- Review policies to ensure that the agency communicates with applicants, participants, and members of the public with disabilities in a manner that is as effective as its communications with others. If the agency communicates with applicants or clients by telephone, it should ensure that TDDs or equally effective telecommunication systems are used to communicate with individuals with impaired hearing or speech. If a contractor provides telephone emergency services, it should review its policies to ensure direct access to individuals who use TDDs and computer modems.
- Review policies to ensure that they include provisions for readers for individuals with visual impairments; interpreters or other alternative communication measures, as appropriate, for individuals with hearing impairments. Agencies should develop a method to secure these services, including providing guidance on when and where these services will be provided. Where equipment is used as part of an agency's program, activity, or service, the agency should conduct an assessment to ensure that the equipment is usable by individuals with disabilities, particularly individuals with hearing, visual, and manual impairments.
- Examine whether there are physical barriers that preclude access to programs and services. Eliminate barriers either through structural modification or other measures that ensure an equally effective opportunity to participate in programs and receive services.
- Review policies and procedures to ensure that individuals with mobility impairments are provided access to public meetings.
- Review procedures to evacuate individuals with disabilities during an emergency. This may require the installation of visual and audible warning signals and special procedures to assist individuals with disabilities from a facility during an emergency.
- Review written and audio-visual materials to ensure that individuals with disabilities are not portrayed in an offensive or demeaning manner.
- Review employment practices to ensure that they comply with other applicable nondiscrimination requirements, including Section 504 of the Rehabilitation Act and ADA Regulations issued by the Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing.
- Determine whether the agency has taken measures to ensure that employees are familiar with the policies and practices for the full participation of individuals with disabilities. If appropriate, training should be provided to employees.
- Review policies to ensure that its decisions concerning a fundamental alteration in the nature of a program, activity, or service, or a decision that an undue financial and administrative burden will be imposed, are made properly and expeditiously.

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS

California Department of Aging Program Memo 08-07(P) - Issued February 20, 2008

This program memo was issued in response to additions made to California's Welfare and Institutions (W&I) Code, Section 9103 (resulting from the passage of Assembly Bill 2920 in August 2007). The legislative intent language in W&I Code, Section 9103, states in part: "...LGBT seniors often lack social and family support networks available to non-LGBT senior... LGBT seniors are denied many vital financial benefits provided to heterosexual married couples...The number of people 65 years of age and older in California is estimated to double to 6.5 million by the year 2020, thereby increasing the number of LGBT seniors who are receiving inadequate service...Ensuring that the needs of LGBT seniors as well as other underrepresented groups are adequately assessed during the planning and development of programs and services will increase access to the programs administered by the California Department of Aging and the area agencies on aging."

To ensure compliance with this mandate, area agencies on aging were directed to include LGBT seniors in the planning of programs and services and the development of their area plans.

SECTION 1. Section 9103 is added to the Welfare and Institutions Code, to read:

9103. The Legislature finds and declares all of the following:

- (a) Recent studies have shown that lifelong experiences of marginalization place lesbian, gay, bisexual, and transgender (LGBT) seniors at high risk for isolation, poverty, homelessness, and premature institutionalization. Moreover, many LGBT seniors are members of multiple underrepresented groups, and as a result, are doubly marginalized. Due to these factors, many LGBT seniors avoid accessing elder programs and services, even when their health, safety, and security depend on it.
- (b) LGBT seniors often lack social and family support networks available to non-LGBT seniors. They may face particular health risks, as disease prevention strategies often ignore LGBT seniors, and HIV and AIDS drug trials generally do not include older participants.
- (c) LGBT seniors are denied many vital financial benefits provided to heterosexual married couples. For example, surviving same-sex partners are denied the social security benefits that married couples are provided, and may face heavy taxes on the transfer of assets upon the death of a partner. Moreover, even under California law, LGBT seniors are denied equal long-term care insurance protections. This costs LGBT seniors hundreds of millions of dollars each year in lost benefits.
- (d) The number of people 65 years of age and older in California is estimated to double to 6.5 million by the year 2020, thereby increasing the number of LGBT seniors who are receiving inadequate services.
- (e) Ensuring that the needs of LGBT seniors as well as other underrepresented groups are adequately assessed during the planning and development of programs and

services will increase access to the programs administered by the California Department of Aging and the area agencies on aging.

- (f) California leads the nation in the protections it affords to LGBT persons. As failure to meet the needs of LGBT seniors is a problem of national scope, including LGBT seniors and other underrepresented groups in need of assessment and area plan process will help the state to be a model for change in other states and at the federal level.
- (g) This section is not intended to increase General Fund obligations for programs administered by area agencies on aging.
- (h) The department shall require that each area agency on aging include the needs of lesbian, gay, bisexual, and transgender seniors in their needs assessment and area plans.
- (i) The department shall provide technical assistance to the area agencies on aging regarding the unique needs of the lesbian, gay, bisexual, and transgender seniors.
- (j) The department may adopt regulations to implement this section. If the department determines that adopting regulations is necessary, it shall do so only after consultation with the area agencies on aging and the California Association of Area Agencies on Aging.

LGBT Sexual Orientation and Gender Identity Intake Questions – Effective July 1, 2018:

Assembly Bill No. 959 Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act (2015-2016) – Approved by Governor October 07, 2015. Filed with Secretary of State October 07, 2015.

A comprehensive landscape of data incorporating the needs and trends in every community is imperative to reducing disparities and ensuring that all older adults, adults with disabilities, and their caregivers throughout Ventura County receive the care and services they need. AB 959 helps to ensure that California public policy meets the needs of the Lesbian, Gay, Bisexual, and Transgender (LGBT) communities. This bill requires various state agencies that provide health and human services to members of the LGBT community to collect voluntarily provided information about sexual orientation and gender identity (SOGI) in the regular course of collecting other types of demographic data. AB 959 also requires that the aggregated SOGI data that act as indicators of disparities be reported to the Legislature and made publicly available.

The CDA and C4A (PSA 2, PSA 6, PSA 9, PSA 13, PSA 19, PSA 27, and C4A) AB 959 Workgroup (Workgroup) conducted three Workgroup calls (September 21, 2017, October 16, 2017, and November 6, 2017), and collectively agreed to three additional intake questions to attempt to reduce disparities in this population. The C4A Board approved the questions on November 14, 2017.

To ensure compliance with this mandate, area agencies on aging were directed to include the three LGBT SOGI inclusive questions on intake forms beginning July 1, 2018.

TARGETING PRIORITIES FOR DELIVERY OF SERVICES

The Older Americans Act (OAA), the Older Californians Act (OCA) and the California Code of Regulations, Article 3, Section 7310 (CCR.3§7310) require that specific segments of the population be “targeted” as having priority for services funded or provided by VCAAA. The targeted populations are as follows:

- Older individuals with the greatest economic need* (i.e., an income level at or below the federal poverty line), with particular attention to low-income minority individuals
- Older individuals with the greatest social need** with particular attention to low-income minority individuals. Social need is caused by non-economic factors, including:
 - Physical and mental disabilities, especially severe disabilities;
 - Language barriers, which include limited English-speaking ability among older adults; and
 - Cultural, social or geographical isolation including isolation caused by (1) racial or ethnic status that: (a) restricts the ability of an individual to perform normal daily tasks, or (b) threatens the capacity of the individual to live independently; and (2) isolated, abused, neglected and/or exploited older individuals
- Older Native Americans
- Older individuals who reside in rural areas
- Older individuals at risk for institutional placement
- Family or informal caregivers
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- All grantees must ensure that programs and services are available to all older adults regardless of sexual orientation and gender identity. Evaluation of outreach efforts to gay, lesbian, bisexual and transgender older adults will be included in the VCHSA-AAA contract monitoring requirements.

**Greatest Economic Need* – Any person 60 years of age or older whose income level is estimated to be at or below the 2023 Department of Health and Human Services guidelines for the federal poverty level, which are shown below:

2023 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in Family/Household	Poverty Guideline
1	\$14,580
2	\$19,720
3	\$24,860
4	\$30,000
5	\$35,140
6	\$40,280
7	\$45,420
8	\$50,560

For families/households with more than 8 persons,
add \$5,140 for each additional person.

NOTE: The poverty guideline figures below are NOT the figures the Census Bureau uses to calculate the number of poor persons. The figures that the Census Bureau uses are the [poverty thresholds](#).

****Greatest Social Need** – A senior is in greatest social need if s/he has two (2) or more of the following characteristics: is physically and/or mentally disabled, has a language or communication barrier, lives alone, or is aged 75 or older.

Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. “Substantial emphasis” is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area.

Each service provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each service provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services.

A means test shall not be used to determine the eligibility of an older person for any service. Service providers shall not use a means test to deny or limit a service to older persons unless specifically required by state law or federal regulation.

Bilingual personnel (personal services contracts or volunteer positions) must be available in areas where non-English or limited-English speaking proficient persons constitute at least ten (10) percent of the senior population.

IN ADDITION, VCHSA-AAA TARGETING PRIORITIES ARE:

- Older individuals living at or below the federal poverty level with particular attention to low-income minority individuals, females aged 85 and over.
- Older individuals with the greatest social need with particular attention to low-income minority individuals, persons with disabilities, persons with language barriers (especially Spanish-speaking persons aged 60 to 64), and persons affected by cultural, social or geographic isolation (especially females aged 80 and over).
- Older individuals who are abused, neglected, or exploited with particular attention to financial abuse, neglect (including self-neglect), psychological /mental abuse and physical abuse.
- Family and informal caregivers as defined by the OAA including amendments of 2006.
- Older individuals with Alzheimer’s disease or related disorders with neurological and organic brain dysfunction and their caregivers.
- All county residents aged 60 and over whose needs, if not addressed now, may force them into the category of greatest need.
- Residents in long term care facilities or those at risk for placement.

TARGETING PRIORITIES FOR TITLE III E FAMILY CAREGIVER PROGRAMS –

Refer to [Appendix 3](#), Title III E Family Caregiver Programs.

TERMINOLOGY AND ACRONYMS

AAA	Area Agency on Aging
ADA	Americans With Disabilities Act – http://www.usdoj.gov/crt/ada/
ADHC	Adult Day Health Care
ADL	Activities of Daily Living – Activities done in a normal day, such as eating, dressing, etc.
AoA	Administration on Aging (Federal)
APS	Adult Protective Services
BoS	Board of Supervisors (Ventura County)
C4A	California Association of Area Agencies on Aging – A nonprofit organization representing
CAAAA	California’s 33 Area Agencies on Aging. http://www.c4aging.org/
CAADS	California Association for Adult Day Services
CaIAIM	California Advancing and Innovating Medi-Cal
CANDE	California Association of Nutrition Directors for the Elderly
CBSP	Community Based Service Programs funded by the State of California
CcoA	California Commission on Aging
CDA	California Department of Aging
CMS	Centers for Medicare & Medicaid Services
CPFI	Contingency Plan Funding Increase
CSL	California Senior Legislature – http://www.4csl.org/
FCSP	Family Caregiver Support Program (Title III E – OAA)
HDM	Home-Delivered Meals (Ventura County)
HICAP	Health Insurance Counseling and Advocacy Program
HIPAA	Health Insurance Portability and Accountability Act of 1996
HSA	Human Services Agency (Ventura County)
HUD	Housing and Urban Development (federal)
I&A / I&R	Information and Assistance / Information and Referral
IADL	Instrumental Activities of Daily Living
IFB	Invitation for Bid
IHSS	In-Home Support Services
LGBT	Lesbian, Gay, Bisexual, and Transgender
MPSC	Multipurpose Senior Center
MSSP	Multipurpose Senior Services Program
N4A	National Association of Area Agencies on Aging. http://www.n4a.org/
NAPIS	National Aging Program Information System
OAA	Older Americans Act, federal funding
OCA	Older Californians Act, state funding
PAC	Planning and Allocation Committee of the VCAAA Advisory Council
PSA	Planning and Service Area – The state is divided geographically into 33 PSAs.
RCF	Residential Care Facility
RCFE	Residential Care Facilities for the Elderly
RDA	Recommended Dietary Allowance
RFF	Request for Funds (through VCAAA)
RFP	Request for Proposal
SNF	Skilled Nursing Facility
Title III B	OAA General Program Support
SOGI	Sexual Orientation and Gender Identity
Title III C	OAA Senior Nutrition – Congregate (C1) and Home Delivered Meal (C2) Programs
Title III D	OAA Health and Wellness Programs
Title III E	OAA Family Caregiver programs
Title V	OAA Senior Community Services Employment Program (“SCSEP”)
Title VII	OAA Elder Abuse Prevention Programs
VA	Veterans Administration – www.va.gov

APPENDIX 12

VCHSA-AAA SERVICE AREA BY ZIP CODE

ZIP CODE	CITY	COUNTY
91301	AGOURA HILLS	Los Angeles *
91307	BELL CANYON** (RURAL)	Ventura/Los Angeles
91319	NEWBURY PARK	Ventura
91320	NEWBURY PARK-THOUSAND OAKS	Ventura
91358	THOUSAND OAKS - Hampshire Rd.	Ventura
91359	THOUSAND OAKS-WESTLAKE VILLAGE	Ventura
91360	THOUSAND OAKS - Northwest	Ventura
91361	THOUSAND OAKS-WESTLAKE VILLAGE Lake Sherwood - Hidden Valley	Ventura
91362	THOUSAND OAKS - North Ranch/East	Ventura
91363	WESTLAKE VILLAGE - THOUSAND OAKS	Los Angeles *
91376	AGOURA HILLS	Los Angeles *
91377	AGOURA HILLS-OAK PARK	Ventura
93001	VENTURA - Includes Casitas Springs	Ventura
93002, 93003	VENTURA	Ventura
93004	VENTURA - Saticoy/East	Ventura
93005, 93005, 93006, 93007	VENTURA	Ventura
93009	VENTURA - Government Center	Ventura
93010	CAMARILLO - West	Ventura
93011	CAMARILLO - Central	Ventura
93012	CAMARILLO - East - Santa Rose Valley	Ventura
93013, 93014	CARPINTERIA	Santa Barbara *
93015, 93016	FILLMORE	Ventura
93020, 93021	MOORPARK	Ventura
93022	OAK VIEW	Ventura
93023	OJAI - Meiners Oaks	Ventura
93024	OJAI	Ventura
93030	OXNARD - East	Ventura
93031, 93032	OXNARD - Central	Ventura
93033	OXNARD - College Park	Ventura
93034	OXNARD - South	Ventura
93035	OXNARD - Channel Islands/South	Ventura
93036	OXNARD - North	Ventura
93040	PIRU** (RURAL)	Ventura
93041, 93042	PORT HUENEME - Pt. Mugu NAWC	Ventura
93043	PORT HUENEME - CB Base	Ventura
93044	PORT HUENEME	Ventura
93060, 93061	SANTA PAULA	Ventura
93062	SIMI VALLEY - East	Ventura
93063	SIMI VALLEY - Northeast - Santa Susana	Ventura
93064	SIMI VALLEY - Southwest/Brandeis	Ventura
93065	SIMI VALLEY - Northwest	Ventura
93066	SOMIS** (RURAL)	Ventura
93093	SIMI VALLEY - Central	Ventura
93094	SIMI VALLEY - Central	Ventura
93099	SIMI VALLEY - Central	Ventura

* Not eligible to receive services unless client or care receiver resides in Ventura County.

**All ZIP codes are entered in the "Q" database as Urban, except for the Rural ZIP codes of:

- 93040 - Piru
- 93066 - Somis
- 91307 - Bell Canyon (portion in Ventura County)

91307 is on the LA County border. To confirm eligibility, search property address on the County of Ventura's Assessor's Office website: assessor.countyofventura.org. Select Research Our Data then Property Information. If not in database, then not located in Ventura County.
To view ZIP code locations, go to: www.zip-codes.com/search.asp

KEY ORGANIZATIONS – FEDERAL, STATE AND LOCAL

Administration on Aging (Federal):

www.aoa.gov

Administration for Community Living (Federal)

acl.gov

California Department of Aging (State):

www.aging.ca.gov

California Department of Aging List Serve – to subscribe to program updates (e.g. Program Memos, Nutrition InfoGram):

www.aging.ca.gov/pm

California Association of Area Agencies on Aging (C4A):

www.c4a.info

California Senior Legislature:

www.4csl.org

Ventura County Human Services Agency, Area Agency on Aging:

vcaaa.org

Ventura County Assessor:

assessor.countyofventura.org

REGULATIONS AND RESOURCES – FEDERAL, STATE AND LOCAL

(Also see Topic/Program Specific Regulations below)

STATE REGULATIONS:

California Code of Regulations:

leginfo.legislature.ca.gov (CA Law)

California Department of Aging – Program Memos:

www.aging.ca.gov/PM

Older Californians Act (Mello Granlund Act):

www.aging.ca.gov

California Legislation:

www.leginfo.ca.gov

California Welfare and Institutions Code:

leginfo.legislature.ca.gov (top, California Law)

State Regulations Regarding Charities (nonprofit organizations):

<https://oag.ca.gov/charities/laws>

Nonprofit Integrity Act of 2004:

https://oag.ca.gov/sites/all/files/agweb/pdfs/charities/publications/nonprofit_integrity_act_nov04.pdf

FEDERAL REGULATIONS (listed alphabetically):

Code of Federal Regulations (CFR):

www.gpo.gov/fdsys/search/home.action

Congressional Bills:

www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS

Economic Indicators:

www.gpo.gov/fdsys/browse/collection.action?collectionCode=ECONI

Federal Register:

www.gpo.gov/fdsys/browse/collection.action?collectionCode=FR

Grievance Procedures - Contractors are required to establish a written grievance procedure for reviewing and attempting resolve complaints made by older individuals (22 CFR 7400):

[www.aging.ca.gov/PM/PM11-06\(P\)/PM_11_06\(P\).pdf](http://www.aging.ca.gov/PM/PM11-06(P)/PM_11_06(P).pdf)

Older Americans Act as amended in 2006 – unofficial compilation (Public Law 109-365):

<https://www.gpo.gov/fdsys/pkg/PLAW-109publ365/content-detail.html>

OMB (Office of Management and Budget) circulars:

<https://www.whitehouse.gov/omb/information-for-agencies/circulars/>

OMB Circular No. A-133:

<https://www.whitehouse.gov/sites/whitehouse.gov/files/omb/circulars/A133/a133.pdf>

United States Code (USC):

www.gpo.gov/fdsys/browse/collectionUSCode.action?collectionCode=USCODE

United States Code (USC), Title 42, Chapter 35 - Programs for Older Americans:

www.gpo.gov/fdsys/browse/collectionUSCode.action?collectionCode=USCODE

Search: "Title 42, Chapter 35 – Programs for Older Americans"

COUNTY OF VENTURA REGULATIONS:

Living Wage Ordinance - Contractors that are NOT nonprofit organizations, governmental entities or banking institutions, and are executing a contract for \$25,000 or more for services in a twelve (12) month period, may be subject to the County of Ventura Ordinance 4233 and 4236, as amended, Chapter 9.5, known as the Living Wage Ordinance:

<https://www.ventura.org/general-services-agency/living-wage-ordinance/>

TOPIC / PROGRAM SPECIFIC REGULATIONS

ABUSE - Mandated Reporters:

<http://www.cdss.ca.gov/Reporting/Report-Abuse>

DATA:

Reporting Requirements for Title III and VII (May 2013) - National Aging Program Information System (NAPIS) and State Program Report (SPR):

www.aoa.gov. Search: NAPIS and SPR.

The CDA Service Category and Data Dictionary is the governing document which defines each Title IIIB Service Category. (June 2011):

www.aging.ca.gov/ Search: Service Categories

DISABILITIES, PERSONS WITH:

Access to Programs, Services and Activities – Persons with Disabilities:

CDA Program Memo 07-16(P), issued 8/28/2007: www.aging.ca.gov/ Search: CDA 07-16

DISASTER PREPAREDNESS:

Disaster Preparation - Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended by Public Law 106-390, October 30, 2000:

www.disastersrus.org/FEMA/stafact.htm

Disaster Preparedness Plans for Nonprofits:

www.aging.ca.gov/ Search: Disaster Plan Best Practices

Ventura County Office of Emergency Services:

www.vcsd.org/sub-office-er.php

DUE DILIGENCE:

County of Ventura - Fictitious Business Name Statement (“dba”) search:

recorder.countyofventura.org/county-clerk/fictitious-business-name

Federal Excluded Parties List System - to verify service provider’s eligibility to contract:

www.sam.gov/SAM/

State of California Business Search to confirm corporate status to do business in California:

<https://businesssearch.sos.ca.gov/>

State of California, Office of Attorney General, Registry Search of Charitable (nonprofit)

Organizations to verify status of a nonprofit organization to do business in California:

rct.doj.ca.gov/MyLicenseVerification/Search.aspx?facility=Y

INFORMATION PRIVACY AND SECURITY:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA):

www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html

California Department of Aging – Security Awareness Training:

https://www.aging.ca.gov/ProgramsProviders/Information_Security_and_Privacy/Default.aspx

Protection of Information Assets – CDA Program Memo 07-18(P) issued 10/9/2007:
www.aging.ca.gov/PM/ Scroll down page to Memo 07-18(P).

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER OLDER ADULTS

Needs Assessment Guidance, CDA Program Memo 08-07(P) issued 2/22/2008:
www.aging.ca.gov/PM/ Scroll down page to Memo 08-07(P).

LEGAL SERVICES:

California Statewide Guidance for Legal Assistance, CDA Program Memo 05-19(P) issued 11/2005: www.aging.ca.gov/PM/ Scroll down page to Memo 05-19(P).

Legal Services Reporting, CDA Program Memo 08-10(P), issued 3/8/2008:
www.aging.ca.gov/PM/ Scroll down page to Memo 08-10(P).

LONG TERM CARE OMBUDSMAN:

California Long-Term Care Ombudsman Program Designation Standards for Approved Organizations – CDA Program Memo 08-29(P), issued 12/30/2008:
www.aging.ca.gov/PM/ Scroll down page to Memo 08-29(P).

Background Clearance Requirement - CDA Program Memo 07-12(P) issued 6/8/2007:
www.aging.ca.gov/PM/ Scroll down page to Memo 07-12(P).

Background Clearance Procedures and Forms – CDA Program Memo 07-17(P) issued 9/17/2007:
www.aging.ca.gov/PM/ Scroll down page to Memo 07-17(P).

Model Monitoring Tool for Long-Term Care Ombudsman programs – CDA Program Memo 05-06(P), issued 4/5/2005: www.aging.ca.gov/PM/ Scroll down page to Memo 05-06(P).

NON-DISCRIMINATION:

Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age: www.dol.gov/oasam/regs/statutes/age_act.htm

Americans with Disabilities Act 1990, (42 U.S.C. §§ 12101 et seq.) Sections 503 and 505”
www.ada.gov/pubs/ada.htm

Americans with Disabilities Act – Information and Technical Assistance: www.ada.gov/

Americans with Disabilities – Guide to Disability Rights Laws: www.ada.gov/cguide.pdf

California Code of Regulations, Title 2, Division 4, Fair Employment and Housing and/or California Code of Regulations, Title 22, Section 98000, Nondiscrimination in State-Supported Programs and Activities:
ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome Search desired code.

California Fair Employment and Housing Act: <https://www.dfeh.ca.gov/employment/>

California Legal Rights for Persons with Disabilities: <https://www.dfeh.ca.gov/people-with-disabilities/>

Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on basis of alcohol abuse or alcoholism:
www.niaaa.nih.gov/about-niaaa/our-work/history-niaaa

Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to non-discrimination on the basis of drug abuse;
<https://www.cia.gov/library/readingroom/document/cia-rdp78-00052r000100080005-5>

Federal Civil Rights Act of 1964-Title VI (P.L. 88-352), prohibits discrimination in Federally Assisted Programs: www.ssa.gov/OP_Home/comp2/F088-352.html

Federal Civil Rights Act of 1964-Title VII, (42 U.S.C. 2000e et. seq.) *prohibits employment discrimination based on race, color, religion, sex and national origin.*
www.eeoc.gov/laws/statutes/titlevii.cfm

Federal Civil Rights Act of 1968-Title VIII (Fair Housing Act) (42 U.S.C. §§ 43601 et seq.) as amended, relating to nondiscrimination in the sale, rental or refinancing of housing:
<https://legcounsel.house.gov/Comps/Civil%20Rights%20Act%20Of%201968.pdf>

Federal Civil Rights Act of 1991: www.eeoc.gov/laws/statutes/cra-1991.cfm

Federal Equal Opportunity Act of March 24, 1972 (Public Law 92-261):
<https://www.govinfo.gov/content/pkg/STATUTE-86/pdf/STATUTE-86-Pg103.pdf>

Public Health Service Act of 1912 (42 U.S.C. §§ 290 dd-3 and 290 ee-3), §§ 523 and 527 as amended, relating to confidentiality of alcohol and drug abuse patient records:
www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A1.0.1.1.2

Rehabilitation Act of 1973, Section 504:
<https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf>
www.thelpa.com/free/CA_Fair_Housing_Handbook.pdf

Title IX of the Education Amendments of 1972, Department of Labor, as amended (20 U.S.C. §§ 1681-1688), which prohibits discrimination on the basis of sex:
<https://www.justice.gov/crt/title-ix-education-amendments-1972>

SENIOR EMPLOYMENT – TITLE V:

Title V Senior Community Services Employment Program (SCSEP) – Code of Federal Regulations:
www.doleta.gov/Seniors/pdf/FinalRule2010.pdf

Grievance and Termination Policy Changes, CDA Program Memo 11-06(P), issued 3/30/2011:
www.aging.ca.gov/PM/ Scroll down page to Memo 11-06(P).

Durational Limits and Transition Planning Policy, CDA Program Memo 10-19(P), issued 8/25/2010:
www.aging.ca.gov/PM/ Scroll down page to Memo 10-19(P).

SENIOR NUTRITION:

California Retail Food Code:
<https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/RetailFood/CRFC.pdf>

Dietary Guidelines for Americans:
www.cnpp.usda.gov/DietaryGuidelines.htm

Dietary Reference Intakes:
fnic.nal.usda.gov/dietary-guidance/dietary-reference-intakes

Elderly Nutrition Program Meals Compliance with Older Americans Act – CDA Program Memo 07-13(P) dated June 14, 2007: www.aging.ca.gov/PM/ Scroll down page to Memo 07-13(P).

VALUE OF VOLUNTEER TIME (resources for determining value):
Bureau of Labor Statistics wages listed for "*Major Occupational Groups in Oxnard-Thousand Oaks-Ventura, CA*" at: www.bls.gov/oes/current/oes_37100.htm This website lists a variety of occupations and the current median wage, etc.

County of Ventura's Human Resources website:
agency.governmentjobs.com/ventura/default.cfm?action=agencyspecs

Ventura County Living Wage website: www.livingwage.geog.psu.edu/counties/06111

County of Ventura Living Wage ordinance: www.ventura.org/government-affairs/living-wage-ordinance

In State Mileage – <http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>

DEMOGRAPHICS, STATISTICS & OTHER RESOURCES

Demographics and Statistics:

U.S. Census Bureau - Fact Sheets and American Community Survey:
factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

U.S. Census – population estimates: www.census.gov/popest/

California Department of Finance: <http://www.dof.ca.gov/Forecasting/Demographics/Projections/>
—This site includes population projections.

Older Americans Profile: <https://www.acl.gov/aging-and-disability-in-america/data-and-research/profile-older-americans>

California – Stats for Health Care, Long Term Care, Daycare, etc.:

California Association of Adult Day Services: <http://www.caads.org>

California Center for Health Statistics: <https://www.cdph.ca.gov/Programs/CHSI/Pages/Program-Landing1.aspx>

California Department of Health – Data Queries: <http://informaticsportal.cdph.ca.gov/chsi/vsqs/>

California Department of Health – Health Information: <https://www.cdph.ca.gov/>

California Disability and Adult Program Data Tables:
<http://www.cdss.ca.gov/inforesources/Research-and-Data/Disability-Adult-Programs-Data-Tables>

California Health Care Statistics: www.dhcs.ca.gov/dataandstats/Pages/default.aspx

UCLA: ASKCHIS is a tool that allows you to quickly search for health statistics on your county, region and state and
UCLA Center for Health Policy Research: www.healthpolicy.ucla.edu/

Health Data Resources: California Health Interview Survey, Asset Mapping, Focus Groups, Publications, etc.: healthpolicy.ucla.edu/programs/health-data/Pages/overview.aspx

Ventura County Health Indicators:
<http://www.healthmattersinvc.org/index.php?module=indicators&controller=index&action=dashboard&id=83017498819446216>

Health Care Information - Hospital related data, including emergency room reports:
www.oshpd.ca.gov/HID/DataFlow/HospData.html

Long Term Care Citation Penalty Account Financial Data:
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/CitationPenaltyAccountsReports.aspx>

California - General:

Southern California Association of Governments: <https://scaag.ca.gov/Pages/default.aspx>

CRIME: California Attorney General's Crime and Violence Prevention Center-Criminal Statistics: ag.ca.gov/cjsc/pubs.php Search year at bottom of screen.

ECONOMY: California Economic Forecast: http://dof.ca.gov/Forecasting/Economics/Eco_Forecasts_US_Ca/index.html

LABOR: California Labor Market Information: www.labormarketinfo.edd.ca.gov/

Miscellaneous:

CDC National Center for Health Statistics: www.cdc.gov/nchs/

Centers for Medicare and Medicaid Statistics (CMS): www.cms.hhs.gov/home/rsds.asp

City Data: www.city-data.com/

Federal Interagency Forum on Aging-Related Statistics: <https://agingstats.gov/>

National Institute on Aging: www.nia.nih.gov

Nonprofit Searches – Guidestar: www2.guidestar.org

U.S. Government Statistics: www.usa.gov/statistics

US Department of Agriculture Economic Research Service – Data Sets: www.ers.usda.gov/data-products.aspx

U.S. Department of Transportation, Bureau of Transportation Statistics: www.transtats.bts.gov/DataIndex.asp

Resources Unique to Ventura County, CA:

County of Ventura Planning Department: <https://vcrma.org/>

Crime Tracking – Ventura County: www.vcstar.com/news/crime

Elder Economic Index, Ventura County: <https://insightcced.org/past-archives/insight-networks/building-economic-security-for-all-besa/measuring-and-addressing-older-californians-needs/california-elder-economic-security-index-by-county/>

GIS and Mapping:

http://gis.ventura.org/Html5Viewer/index.html?viewer=CountyView.CountyView_gvh

Grandparent Population in Ventura County:

www.kidsdata.org/data/topic/table/grandparent_care250.aspx

Grants and resources for nonprofit organizations – Ventura County Community Foundation:
www.vccf.org

Population Projections, Ventura County: www.dof.ca.gov/Forecasting/Demographics/Estimates

Ventura County Human Services Agency, Area Agency on Aging (VCAAA): www.vcaaa.org

VCAAA Master Strategic Plan, Four-Year Plan & Current Fiscal Year:
www.vcaaa.org/about-us/planning-strategy

Family Caregiving

Family Caregiver Alliance - National Center on Caregiving. Many resources are free to help practitioners (social workers, professionals, etc.) assess the needs of family caregivers:
caregiver.org/national-center-caregiving

National Alliance for Caregiving (NAC): www.caregiving.org

Eldercare Locator: www.eldercare.gov

Rosalynn Carter Institute for Caregiving: www.rosalynncarter.org

Family Caregiver Resource in Ventura County: www.vcaaa.org/our-services/caregiver-services

Ventura County Long Term Care Ombudsman: www.ombudsmanventura.org

NOTEBOOK SPINE – PRINT THIS PAGE, CUT OUT THE SPINE AND INSERT IN A CLEAR VIEW NOTEBOOK. We recommend a 1-inch notebook for the Contractors Manual.

Ventura County Human Services Agency, Area Agency on Aging

CONTRACTORS MANUAL

