

Scope of Work

The Grantee will be designated as an Area Agency on Aging. The role and responsibilities of an Area Agency on Aging are contained primarily in the Older Americans Act 42 USC 3001 et seq. Area Agencies on Aging in Indiana also have roles and responsibilities in the state’s CHOICE program and Preadmission Screening program. Those roles and responsibilities are contained in the Indiana Code, Indiana Administrative Code, Division of Aging manuals and this agreement.

The Indiana Family and Social Services Administration (FSSA) is committed to quality and performance improvements across all Area Agencies on Aging (AAAs) in the State. The goal is for AAAs in all regions of Indiana to provide quality home and community based services to the residents or persons that they serve.

1. Funding Sources and Distribution.

Funding Source	Funding Make Up	Allocation Method	Spending Restrictions or Requirements
Title III A	75% - Federal (CFDA #93.044 25% match - Local	Intrastate Funding Formula	<ul style="list-style-type: none"> • Only 25% of allocation may be expended in the first quarter.
Title III B	85% - Federal Grant; CFDA #93.044; Grant Award #18AAINT3SS 15% match required (Must use Older Hoosiers as match for at least 5% of the total available dollars (total spend plus required match); the remainder of the match to be covered by local dollars)	Intrastate Funding Formula	<ul style="list-style-type: none"> • Only 25% of allocation may be expended in the first quarter. • Forty Percent (40%) for access services, which includes the following: <ul style="list-style-type: none"> ○ Case Management (at least 5% of the total IIIB amount must be allocated to options counseling) ○ Information and Assistance ○ Outreach ○ Transportation ○ Assisted Transportation • Fifteen Percent (15%) for in-home services, which includes the following: <ul style="list-style-type: none"> ○ Adaptive Services ○ Adult Day Care ○ Attendant Personal Care ○ Homemaker ○ Other services necessary to prevent institutionalization • Three Percent (3%) for legal services (Legal Assistance)

Funding Source	Funding Make Up	Allocation Method	Spending Restrictions or Requirements
Title III C1	<p>85% - Federal Grant; CFDA #93.045; Grant Number #18AAINT3CM. 15% required match - Local</p> <p>(Must use Older Hoosiers as match for at least 5% of the total available dollars (total spend plus required match); the remainder of the match to be covered by local dollars)</p>	Intrastate Funding Formula	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter.
Title III C2	<p>85% - Federal Grant; CFDA #93.045; Grant Award #18AAINT3HD. 15% required match</p> <p>(Must use Older Hoosiers as match for at least 5% of the total available dollars (total spend plus required match); the remainder of the match to be covered by local dollars)</p>	Intrastate Funding Formula	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter.
Title III D	<p>100% - Federal Grant; CFDA #93.043; Grant Award #18AAINT3PH.</p>	Intrastate Funding Formula	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter.
Title III E	<p>75% - Federal Grant; CFDA #93.052; Grant Award #18AAINT3FC. 25% required match</p> <p>(Must use Older Hoosiers as match for at least 5% of the total available dollars (total spend plus required match); the remainder of the match to be covered by local dollars)</p>	Intrastate Funding Formula	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter. No more than 10% of Title III E expenditures can be used for supportive services to relative caregivers (grandparents age 55 or older and relatives age 55 or older) of children age 18 or younger or have a disability. No more than 20% of Title III-E may be used for supplemental services.

Funding Source	Funding Make Up	Allocation Method	Spending Restrictions or Requirements
NSIP	100% Federal Funding; CFDA #93.053; Grant Award #18AAINNSIP.	Based on AAA reported meal counts for previous 12 month period	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter.
Older Hoosiers	100% State funding	Intrastate Funding Formula	<ul style="list-style-type: none"> Only 25% of allocation may be expended in the first quarter May not be used for III A or III D Title III B requires a 15% match of available dollars (spend plus required match) – at least 5% to come from Older Hoosiers and rest local Title III C1 requires a 15% match of available dollars (spend plus required match) – at least 5% to come from Older Hoosiers and rest local Title III C2 requires a 15% match of available dollars (spend plus required match) – at least 5% to come from Older Hoosiers and rest local Title III E requires a 25% match of available dollars (spend plus required match) – at least 5% to come from Older Hoosiers and rest local After meeting these required match levels, any remaining Older Hoosier dollars may be used to offset the local match requirements in either B, C1, C2, and/or E
SSBG	100% Federal; CFDA #93.667; Grant Award #1002INSOSR	Based on 80% Intrastate Funding Formula and 20% disabled population statistics	<ul style="list-style-type: none"> Only 35.6% of allocation may be expended in the first quarter. Budgets for SSBG must be submitted by service for the federal fiscal year; initial budget is due August 10, 2019 for federal fiscal year 2020; final budget numbers are due January 31, 2020 for federal fiscal year 2020.
SSBG	100% State Funding	Intrastate Funding Formula	<ul style="list-style-type: none"> Administration expense may not exceed 3.641742%.

Funding Source	Funding Make Up	Allocation Method	Spending Restrictions or Requirements
CHOICE	100% State funding; funding of last resort	Based on SFY 2010 funding formula	<ul style="list-style-type: none"> • No more than 35% total for administration and case management without Division of Aging approval • No more than Ten Percent (10%) for administration. • May not be used as match dollars for Title III

- 2. Overall Policy and Reporting Requirements.** The following policy and reporting requirements apply to all aspects of this grant, regardless of the funding source.
- A. Grantee shall provide its services within the geographic areas designated by the State, as referenced in the Division of Aging Operations Manual.
 - B. Grantee shall perform information and referral services and other administrative activities for the purposes of this Grant.
 - C. Grantee shall comply with all statements, assurances and provisions set forth in applicable state and federal statutes, regulations, guidelines, and rules, as well as applicable DA manuals and guidelines. This includes:
 - 1. Older Americans Act;
 - 2. OMB Circulars;
 - 3. Indiana Code: IC 12-10-10 regarding the CHOICE program
 - 4. Indiana Administrative Code;
 - a) 455 IAC 1; and
 - b) 455 IAC 2.
 - 5. Area Plan assurances;
 - 6. Area Plan budget/cost allocation plan;
 - 7. DA Operations Manual;
 - 8. PAS/PASRR Manual;
 - 9. Claim Guidelines; and
 - 10. CHOICE cost share guidelines.

3. Eligibility Guidelines.

- A. Grantee must assure all individuals receiving services are eligible per the requirements of the program or funding source used to provide those services.
- B. Reference documents listed in Section 2.C. of this document for eligibility guidelines.
- C. The Grantee must collect information regarding the income and assets of CHOICE recipients as part of the eligibility determination. This information must be recorded in the state approved case management software.
- D. Grantee must apply CHOICE cost share per Indiana Code and DA guidelines.

4. Case Management.

- A. The DA recognizes case management as a critical and valuable service. In some cases it

may be the only service that an individual requires to connect with needed resources.

- B. Grantee recognizes that case management funded through the Medicaid Waiver program is not part of this grant agreement and is not subject to the geographic service areas referenced in 2.A. above.
- C. Grantee must collect all demographic data, including age, gender, race, ethnicity, poverty status, marital status, rural status, and living alone status. This information must be entered into the state approved case management software before a client can receive case management services.
- D. Grantee must assess and engage all individuals through a person centered approach to identify needs, preferences and goals that may involve information, education, brokering community resources or funded services.
- E. Grantee is required to track all case management hours used in the DA designated case management software.
- F. No funds shall be reimbursed to the Grantee unless the claim is supported by the report designated by the Division of Aging produced from the case management software system.
- G. Grantee must record all case management hours, billable and non-billable in the case management software system for reimbursement.
- H. Claims will use the following two designations of case management expenditures:
 - 1. CMBC — Case Management Billable to Client – Case management hours billed directly to a client’s service plan
 - 2. CMNB — Case Management Non Billable (All) – CMNB time shall not exceed 50% of the entire case management time billed per funding source. Non-billable case management time includes all paid time off (PTO, sick, vacation, etc.), training hours, travel time, and any other activity that is not included in the definition of case management found in the DA Medicaid Waiver Provider Manual. This definition is to be used for both waiver and non-waiver case management.

5. Options Counseling.

- A. While options counseling is a form of case management, it will be treated separately for purposes of reimbursement.
- B. Grantee must collect all demographic data, including age, gender, race, ethnicity, poverty status, marital status, rural status, and living alone status. This information must be entered into the state approved case management software before a client can receive case management services.
- C. Grantee must enter all documentation in the state designated case management software.
- D. Grantee must assess and engage all individuals through a person centered approach to identify needs, preferences and goals that may involve information, education, brokering community resources or funded services. Refer to options counseling service definition.
- E. Reimbursement for options counseling can be claimed at three points:

1. Phone options counseling; and
 2. Face to face options counseling; and
 3. Options counseling follow up.
- F. Grantee may not claim face to face options counseling and phone options counseling for any one individual within a 90 day period.

6. Match Requirements.

The Grantee is responsible for tracking and meeting the match requirements related to spending under the Title III programs.

7. Reporting Systems and Reporting Requirements.

- A. All data must be entered timely, in accordance with the following:
1. Client/unit data is to be entered by the 15th of month following the month of service;
 2. Expenditure data is to be entered within 75 days following the end of the quarter;
 3. Expenditure data shall be entered as Year to Date totals; and
 4. Prior fiscal year data on focal points, staffing, and estimated unduplicated counts of unregistered clients must be entered by the end of the first quarter of the next fiscal year.
- B. The Grantee must, on each business day, provide the State with data concerning home and community based services, via the State prescribed computer software management system. The method and manner for providing the data shall be prescribed by the State and shall include an unduplicated count of consumers, services provided (by type, number and frequency), funding source, and the number of providers.
- C. The Grantee must install all State released software management system updates and enhancements onto the Grantee's computer system by the required due date generally within 15 days of release. The Grantee shall notify the State, in writing, of any hardware/software failure that prevents the software from being installed by the due date.
- D. Match requirements will be measured quarterly by Grantee's submission of a quarterly non-Federal expenditures report, to be submitted to the State via approved electronic format, no later than the 15th day of the month following the end of each quarter.
1. In the event the Grantee is not meeting the required match under any individual category, a written narrative shall be included with the report describing the actions taken to correct the issue and a time line for resolution.
 2. Estimated figures may be provided but must be updated when numbers for the next quarter are entered. (e.g. The end of the first quarter is September 30, 2019, therefore, by October 15, 2019, the quarterly non-federal expenditure report must be submitted. Estimates can be used at that time. The second quarter ends December 31, 2019. Before entering the second quarter totals by January 15, 2020, the Grantee must update any estimated figures provided previously for the first quarter.)

<u>Quarterly Report Time Frame</u>	<u>Date Due</u>
July, August and September, 2019 (Quarter 1)	By COB October 15, 2019
October, November and December, 2019 (Quarter 2)	By COB January 15, 2020
January, February and March, 2020 (Quarter 3)	By COB April 15, 2020
April, May and June, 2020 (Quarter 4) – these figures must be final figures for the state fiscal year.	By COB August 31, 2020

- E. Grantee’s failure to submit reports or enter data as required by this grant agreement is an indication of non-compliance and may result in the denial of claims, for services provided, until the non-compliance issue is resolved.
- F. Grantee must notify the State, in writing, of any complications that may cause a lack of compliance with any directive received.
- G. Waivers of deadlines shall be at the State’s discretion and will be decided on a case-by-case basis.

8. Nutrition Services.

- A. Grantee agrees to provide nutrition services under Title III-C. Grantee must insure that data is recorded in the state approved software by required deadlines. All reports shall be in accordance with the Federal program reporting requirements, via the National Aging Program Information System (NAPIS), and all other Federal and State performance output reporting requirements.
- B. All clients scoring as a high risk on the nutrition risk assessment must be provided with a list of local Registered Dietitians. This must be documented in case notes and is subject to review by the State.
- C. All Congregate and Home Delivered meals paid through funding in this agreement shall meet the Dietary Reference Intakes as required by the Older Americans Act and NSIP funding.
- D. Two menus per week per menu cycle shall be reviewed and signed by a Registered Dietitian to certify compliance with the Dietary Reference Intakes for Indiana Division of Aging programs. These signed menus shall be retained and available for review by the State.

9. Health Promotion Evidence Based Programs.

- A. All programming must be considered to be evidence-based by any operating division of the U.S. Department of Health and Human Services (HHS).

10. Family Caregiver Programs.

- A. Grantee must note that the caregiver is the service recipient for Title III E services.
- B. Caregivers receiving Title III E funds must be entered into state approved software.
 - 1. Demographic data including but not limited to gender, age, race, ethnicity, poverty

status, marital status, rural status, living alone status and relationship to care-recipient.

2. Caregivers must also be identified as caregivers serving elderly individuals or older adult relative caregivers serving children under age 18 or an individual with a disability who is not less than age 18 and not more than age 59.
- C. The five service categories identified as allowable by the Administration for Community Living are available to both categories of caregivers; caregivers serving elderly individuals or older adult relative caregivers serving children under age 18 or an individual with a disability who is not less than age 18 and not more than age 59. Service units and expenditures must be appropriately identified in one category or the other.

11. Service Plans.

- A. Grantee agrees that, as applicable, in-home services to eligible recipients shall be based upon an approved care program. Grantee shall use a State prescribed computer software management system for the generation of service plans. Grantee shall ensure that the applicant or recipient or the family member(s) or legal representative(s), as allowed by law, is (are) involved in the decision-making processes and in the development of the service plan.
- B. All services defined as Cluster 1 or Group 1 under The Administration for Community Living's State Program Report (SPR) guidelines must have a service plan entered in the state approved case management software. The service plan must be developed and authorized by a case manager based on documented need. The eligibility screen, generated by completion of the state approved assessment, is the appropriate tool for the case manager to use in documenting this need.
- C. Any client receiving these services must have a current eligibility screen generated by completion of the state approved assessment tool and nutrition risk assessment completed and entered in the state approved case management software. The one exception is the provision of case management services only which is a cluster/group 1 service but does not require a service plan.
- D. All demographic data, including age, gender, race, ethnicity, poverty status, marital status, rural status, and living alone status shall be entered into the state approved software before a client can receive any cluster/group 1 or cluster/group 2 services.

12. Subcontracting Services.

- A. Relative to services provided under CHOICE, SSBG, and Title III, the Grantee shall subcontract or secure direct services only from providers that are certified as a Waiver provider by the Division of Aging unless the particular service is not allowable under the waiver programs.
- B. Grantee must subcontract all direct services provided by the funds allocated in this grant agreement. Grantee shall subcontract or secure direct services from authorized vendors unless the Grantee has received a waiver from the State authorizing the Grantee to provide direct services.
- C. Direct service waivers must be requested as part of the Area Plan submission. Updates may be made to the Area Plan with DA consent.

13. Wait Lists.

- A. Grantee must comply with the State's guidelines concerning the composition and characteristics of waiting lists for the CHOICE, SSBG, and the Older Americans Act, or any other program waiting lists, that are required to be maintained utilizing the State prescribed computer software management systems.
- B. For the Medicaid Waiver waiting list, the Grantee must follow the State procedures prescribed for the management of this program.
- C. All demographic data, including age, gender, race, ethnicity, poverty status, marital status, rural status, and living alone status must be entered into the state approved software before a client can be placed on a wait list.
- D. The eligibility screen generated through completion of the state approved assessment tool, and the nutrition risk assessment must also be completed before a client can be put on any wait list.

14. Claim Reimbursement Requirements. These requirements are in addition to, and do not replace the requirements described in Clause 6, Payment of Claims, of the sample grant agreement.

- A. Claims shall be submitted for reimbursement of costs incurred.
 - 1. Costs are incurred on the date services are actually provided to the client.
 - 2. Reimbursement of service dollars shall be based on actual services provided to the client, not on the service plan budget or anticipated services.
- B. Two claims are permitted for each month. The two claims must include all of the funding sources on each of the two claims.
- C. Supporting documentation is required with all claims. Reference DA's Claim Guidelines for more information.
- D. Program income dollars must be expended first.
- E. For CHOICE funds, the DA reserves the right to consider reductions and reallocation of funding in the event of significant unused grant dollars.

15. Specific Deliverables.

- A. Entry of previous state fiscal year's focal point data, staffing data, and unregistered client count data must be completed by September 15th of each year.
- B. By November 15th of each year, grantee must run the two year comparison report of NAPIS data (comparing the federal fiscal year just ended September 30th and the previous federal fiscal year) available in the state approved software system and offer explanations to DA on any variances of 10% or more plus or minus, current year over previous year unit totals.
- C. By December 20th of each year, Grantee must run the negative expenditures report for the federal fiscal year completed September 30th available in the state approved software system and correct any negative expenditure that appear on the report. Additionally,

Grantee must generate the appropriate report and assure that no service category has expenditures without units or units without expenditures for the federal fiscal year completed September 30th.

In addition, grantee must run the two year comparison report of NAPIS data (comparing the federal fiscal year just ended September 30th and the previous federal fiscal year) available in the state approved software system and offer explanations to DA of any variances of 10% or more plus or minus, current year over previous year expenditures and expenditure per unit cost.

- D. By March 20th of each year, Grantee must submit a reconciliation report to the DA comparing actual claims for the first half of the state fiscal year to both the service projections and the cost allocation plan submitted as part of their Area Plan. This report needs to include:
 - 1. A budget reconciliation report, format to be provided by DA; and
 - 2. A staffing summary, format to be provided by DA, for all staff funded in whole or in part by funds received through this grant agreement that includes:
 - a) Position;
 - b) Brief job description; and
 - c) Salary allocation percentages among funding streams/programs for the first half of the state fiscal year.
- E. Failure to provide any of these deliverables by the due date will result in the denial of any and all claims until Grantee becomes compliant by submitting the required components of the deliverable or completing required actions.

16. Corrective Action Plans.

- A. The DA shall monitor and assess activities, services, and programs conducted in accordance with subgrantee's area plan. Monitoring activities shall include:
 - 1. Grant Agreement compliance review;
 - 2. Review of Grantee area plans implementation;
 - 3. Financial reviews to include:
 - a) Claims reports submitted by Grantee
 - b) Unit cost review
 - 4. Other data gathering activities, such as desktop review and electronic review, completed for individual programs; and
 - 5. On-site visits to the Grantee.
- B. If the DA requests the AAA to complete corrective actions, the AAA shall submit a corrective action plan to the DA following procedures outlined in 455 IAC 2-6-4(e).
- C. If the Grantee fails to submit a corrective action plan or submits an incomplete or unsatisfactory corrective action plan, as detailed in 455 IAC 2-6-5, the DA may sanction the grantee through punitive measures, which may include de-designation as the AAA.