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POLICY TRANSMITTAL NO. 08-25	DATE: MAY 23, 2008
AGING SERVICES DIVISION	DEPARTMENT OF HUMAN SERVICES OFFICE OF LEGISLATIVE RELATIONS AND POLICY

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TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 340:105-10-3; 105-10-12 through 105-10-13; 105-10-32; 105-10-36 through 105-10-38; 105-10-40; 105-10-50.1; 105-10-54; 105-10-71; 105-10-75; 105-10-90.1; 105-10-96; and 105-10-101.

EXPLANATION: **Policy revisions were approved by the Commission and the Governor as required by the Administrative Procedures Act.**

340:105-10-3 is amended to comply with 2006 Reauthorized Older Americans Act (OAA) revisions that update and clarify definitions used by OAA Title III programs.

340:105-10-12 is amended to reflect recent amendments to the State Council on Aging By-laws that increase the number of Council members from 29 to 31, clarify titles of entities that submit nominees for membership to the Council, add the Oklahoma Health Care Authority to that list, and increase the number of at-large members nominated and appointed to the Council from eight to nine.

340:105-10-13 is amended to reflect updated language of OAA 2006 revisions adding to the list of persons receiving preference those persons at risk for institutional placement and older persons with limited English proficiency.

340:105-10-32 is amended to add family caregivers of participants or eligible participants to the required composition of area agency on aging advisory councils.

340:105-10-36 is amended to reflect for-profit applications to provide an OAA Title III service must be approved by the State Agency.

340:105-10-37 is amended to include the requirement to coordinate with the State Agency and the Oklahoma Department of Mental Health and Substance Abuse Services to increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, to coordinate mental health services, and to

coordinate with trained volunteers as stipulated in the OAA, revised in 2006.

340:105-10-38 is amended to update targeting language to comply with 2006 Reauthorized OAA revisions.

340:105-10-40 is amended to clarify the request for proposal (RFP) process by deleting the requirement for State Agency approval for RFP packages with the exception that for-profit applications must be reviewed and approved by the State Agency.

340:105-10-50.1 is amended to update the taxonomy to comply with 2006 Reauthorized OAA revisions deleting daily recommended dietary allowances (RDA) and expanding the definition of caregiver counseling services to include the areas of health, nutrition, and financial literacy.

340:105-10-54 is amended to update language to comply with 2006 Reauthorized OAA revisions to supportive services including mental health screening and provision of assistive devices.

340:105-10-71 is amended to comply with 21 O.S. § 1247, as amended that mandates all public facilities be smoke free and that such designation be posted.

340:105-10-75 is amended to update language to comply with 2006 Reauthorized OAA revisions and to allow Form 02AG018E, Project Menu Plan – Nutrition Program for the Elderly, to be submitted quarterly to the area agency on aging instead of the State Agency Registered Dietitian (RD).

340:105-10-90.1 is amended to comply with 2006 Reauthorized OAA revisions that update and clarify eligibility requirements for the National Family Caregiver Support Program (NFCSP) by revising the definition of a grandparent or older person who is a relative caregiver to include adoption and decreasing the eligible age of a grandparent or relative caregiver from 60 to 55 years. The amendment also clarifies NFCSP services available and adds caregivers who are older persons providing care to a person with severe disabilities including children with severe disabilities to the target population to be served.

340:105-10-96 is amended to include health services, including mental health services, to the list of priority supportive access services to comply with 2006 Reauthorized OAA revisions.

340:105-10-101 is amended to clarify the request for proposal (RFP) process by deleting the requirement for State Agency approval for RFP guide and grant application package with the exception that for-profit applications must be reviewed and approved by the State Agency.

Original signed on 4-24-08

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Lance Robertson, Director  
Aging Services Division

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Office of Legislative Relations and Policy

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WF # 08-06 (NAP)

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## **INSTRUCTIONS FOR FILING MANUAL MATERIAL**

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

<b><u>REMOVE</u></b>	<b><u>INSERT</u></b>
340:105-10-3	340:105-10-3, pages 1-16, revised 6-1-08
340:105-10-12	340:105-10-12; pages 1-3, revised 6-1-08
340:105-10-13	340:105-10-13, pages 1-4, revised 6-1-08
340:105-10-32	340:105-10-32, pages 1-3, revised 6-1-08
340:105-10-36	340:105-10-36, pages 1-2, revised 6-1-08
340:105-10-37	340:105-10-37, pages 1-3, revised 6-1-08
340:105-10-38	340:105-10-38, pages 1-2, revised 6-1-08
340:105-10-40	340:105-10-40, pages 1-2, revised 6-1-08
340:105-10-50.1	340:105-10-50.1, pages 1-5, revised 6-1-08
340:105-10-54	340:105-10-54, pages 1-5, revised 6-1-08
340:105-10-71	340:105-10-71, pages 1-5, revised 6-1-08
340:105-10-75	340:105-10-75, pages 1-3, revised 6-1-08
340:105-10-90.1	340:105-10-90.1, pages 1-4, revised 6-1-08
340:105-10-96	340:105-10-96, pages 1-2, revised 6-1-08
340:105-10-101	340:105-10-101, pages 1-4, revised 6-1-08

**340:105-10-3. Definitions**Revised 6-1-08

(a) **Definitions.** The following words and terms, when used in this Subchapter, shall have the following meaning, unless the context clearly indicates otherwise:

**"Abuse"** means the willful:

- (A) infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish; or
- (B) deprivation by a person, including a caregiver, of goods or services necessary to avoid physical harm, mental anguish, or mental illness.

**"Act"** means the Older Americans Act (OAA) of 1965 as amended.

**"Activities of daily living (ADL)"** means:

- (A) eating;
- (B) dressing;
- (C) bathing;
- (D) toileting;
- (E) transferring in and out of bed or chair; and
- (F) walking.

**"Aging and Disability Resource Center"** means an entity established by the State as part of the state system of coordinated long-term care to provide:

- (A) comprehensive information on the full range of available public and private long-term care programs, options, service providers, and resources within a community, including information on the availability of integrated long-term care;
- (B) personal counseling to assist a person assess existing or anticipated long-term care needs; and
- (C) access to publicly-supported long-term care programs for which a person

may be eligible, by serving as a convenient point of entry for such programs.

**"Area Agency on Aging (AAA)"** means an agency designated under the OAA, Section 305(a)(2)(A) or the State Agency performing the functions of an AAA under the OAA, Section 305(b)(5).

**"Assistive device"** means an assistive technology device that has the same meaning given in Section 3 of the Assistive Technology Act of 1998 [29 U.S.C. 3002].

**"At risk for institutional placement"** means that an older person is unable to perform at least two activities of daily living without substantial assistance such as verbal reminding, physical cuing, or supervision and is determined by the State to be in need of placement in a long-term care facility.

**"CFR"** means Code of Federal Regulations in the Federal Register published by the United States (U.S.) Department of Health and Human Services, Office of Human Development, and Administration on Aging (AoA).

**"Caregiver"** means an adult family member, or another person, who is an informal provider of in-home and community care to a person 60 years of age or older.

**"Case management service"** means a service provided to an older person, at the direction of the older person or a family member of the older person:

(A) by a person who is trained or experienced in the case management skills required to deliver the services and coordination described in (B) of this paragraph;

(B) to assess the needs, and arrange, coordinate, and monitor an optimum package of services to meet the needs of the older person; and

(C) including services and coordination, such as:

(i) comprehensive assessment of the older person's physical, psychological, and social needs;

(ii) development and implementation of a service plan with the older person to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older person, including coordination of the resources and services with:

- (I) other plans existing for various formal services, such as hospital discharge plans; and
- (II) the information and assistance services funded by Title III of OAA;
- (iii) monitoring formal and informal service delivery to ensure services specified in the plan are provided;
- (iv) periodic reassessment and revision of the status of the older person with:
  - (I) the older person; or
  - (II) if necessary, a primary caregiver or family member of the older person; and
- (v) advocacy on behalf of the older person for needed services or resources in accordance with the wishes of the older person.

**"Child"** means a person who is not older than 18 years of age.

**"Civic engagement"** means a person or a collective action designed to address a public concern or an unmet human, educational, health care, environmental, or public safety need.

**"Comprehensive and coordinated system"** means a system for providing all necessary supportive services, including nutrition services, in a manner designed to:

- (A) facilitate accessibility to and utilization of all supportive services and nutrition services provided within the geographic area served by such system by any public or private agency or organization;
- (B) develop and make the most efficient use of supportive services and nutrition services in meeting the needs of older persons;
- (C) use available resources efficiently and with a minimum of duplication; and
- (D) encourage and assist public and private entities having unrealized potential for meeting the service needs of older persons to assist the older persons on a voluntary basis.

**"Construction,"** with respect to multipurpose senior centers, means building a new facility, including the costs of land acquisition and architectural and engineering fees or

making modifications to or in connection with an existing facility in excess of double the square footage of the original facility and all physical improvements.

**"Department"** means U.S. Department of Health and Human Services (DHHS).

**"Direct services"** means any activity performed to provide services directly to an older person by the staff of a service provider, AAA, or State Agency in a single planning and service area.

**"Disability"** means a mental or physical impairment, or a combination of mental and physical impairments, resulting in substantial functional limitations in one or more areas of the major life activities of:

- (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.

**"Disease prevention and health promotion services"** means providing:

- (A) health risk assessments;
- (B) routine health screening, such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;
- (C) nutritional counseling and educational services for older persons and their primary caregivers;

(D) evidence-based health promotion programs, including programs related to prevention and mitigation of effects of chronic disease, such as:

- (i) osteoporosis;
- (ii) hypertension;
- (iii) obesity;
- (iv) diabetes;
- (v) cardiovascular disease;
- (vi) oral or dental disease;
- (vii) alcohol and substance abuse reduction;
- (viii) smoking cessation;
- (ix) weight loss and control;
- (x) stress management;
- (xi) falls prevention;
- (xii) physical activity; and
- (xiii) improved nutrition;

(E) programs regarding physical fitness, group exercise, and music, art, and dance movement therapy, including programs for multigenerational participation provided by:

- (i) an institution of higher education;
- (ii) a local educational agency, as defined in Section 1471 of the Elementary and Secondary Education Act of 1965; or
- (iii) a community-based organization;

(F) home injury control services, including screening of high risk home environments and provision of educational programs on injury prevention, such as fall and fracture prevention;

(G) screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;

(H) educational programs on the availability, benefits, and appropriate use of preventive health services covered under Title XVIII of the Social Security Act;

(I) medication management screening and education to prevent incorrect medication and adverse drug reactions;

(J) information concerning diagnosis, prevention, treatment, and rehabilitation concerning age related diseases and chronic disabling conditions, including:

(i) osteoporosis;

(ii) cardiovascular diseases;

(iii) diabetes; and

(iv) Alzheimer's disease and related disorders with neurological and organic brain dysfunction;

(K) gerontological counseling; and

(L) counseling regarding social services and follow-up health services based on any of the services described in (A) through (K) of this subsection.

**"Elder abuse"** means abuse of an older person.

**"Eldercare (National Campaign)"** means the AoA sponsored program to establish and promote public and private partnerships addressing the needs of the growing population of older persons and their caregivers.

**"Elder justice"** means efforts to:

(A) prevent, detect, treat, intervene in, and respond to elder abuse, neglect, and exploitation;

(B) protect older persons with diminished capacity while maximizing their autonomy; and

(C) recognize a person's rights, including the right to be free of abuse, neglect, and exploitation.

**"Ethnicity status."** See "Race or ethnicity status."

**"Exploitation"** means the fraudulent or otherwise illegal, unauthorized, or improper act or process of a person, including a caregiver or fiduciary, that uses the resources of an older person for monetary or personal benefit, profit, or gain, or that results in depriving an older person of rightful access to, or use of, benefits, resources, belongings, or assets. Within this definition, a caregiver is a person who has the responsibility for the care of an older person, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law and is a family member or other person providing, on behalf of the person or of a public or private agency, organization, or institution, compensated or uncompensated care to an older person.

**"Fiduciary"** means a person or entity with the legal responsibility to make decisions on behalf of and for the benefit of another person and to act in good faith and with fairness and includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.

**"Focal point"** means a facility established to encourage the maximum collocation and coordination of services for older persons.

**"Frail"** means a condition of functionally impaired determined because the older person:

(A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or

(B) due to a cognitive or other mental impairment, requires substantial supervision because the person behaves in a manner posing a serious health or safety hazard to self or another person.

**"Grandparent or older person who is a relative caregiver"** means a grandparent or a stepgrandparent of a child or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and:

(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 the child, such as legal custody or guardianship, or is raising the child informally.

**"Grantee agency"** means an agency that receives funds granted or awarded by the sponsoring agency. The AAAs are grantees of the State Agency and the service providers are grantees of the AAAs.

**"Grantor agency"** means an agency that grants or awards funds to another entity. The State Agency is the grantor agency for the AAAs and the AAAs are the grantor agencies for the service providers.

**"Greatest economic need"** means the need resulting from an income level at or below the poverty line.

**"Greatest social need"** means the need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, geographical, or social isolation, including that caused by racial or ethnic status that restricts the person's ability to perform normal daily tasks or threatens the person's capacity to live independently.

**"Hispanic-serving institution"** means the same as in Section 502 of the Higher Education Act of 1965 [20 U.S.C. 1101a].

**"Impairment in activities of daily living"** means the inability to perform one or more of the six ADL without personal assistance, stand-by assistance, supervision, or cues.

**"Impairment in instrumental activities of daily living"** means the inability to perform one or more of the eight instrumental activities of daily living (IADL) without personal assistance, stand-by assistance, supervision, or cues.

**"Informal care"** means care not provided as part of a public or private formal service program.

**"Information and assistance (I & A)"** means a service for older persons that:

(A) provides older persons current information on services available within their communities including information relating to assistive technology;

(B) links older persons with the opportunities and services available within their communities;

(C) establishes adequate follow-up procedures to the maximum extent practicable; and

(D) serves the entire community of older persons, particularly those with greatest social and economic need and those at risk for institutional placement.

**"In-home service"** means:

(A) services of homemakers and home health aides;

(B) visiting and telephone reassurance;

(C) chore maintenance;

(D) in-home respite care for families, including adult day care as a respite service for families;

(E) minor modification of homes necessary to facilitate the ability of older persons to remain at home, and not available under other programs. Not more than \$250 per client may be expended annually for such modification; and

(F) personal care services.

**"Instrumental activities of daily living (IADL)"** means:

(A) preparing meals;

(B) shopping for personal items;

(C) managing medication;

(D) managing money;

(E) using the telephone;

(F) doing heavy housework;

(G) doing light housework; and

(H) making use of available transportation without assistance.

**"Integrated long-term care"** means items and services that consist of:

(A) with respect to long-term care:

(i) items or services provided under a State plan for medical assistance under the SoonerCare program established under Title XIX of the Social Security Act [42 U.S.C. 1396 et seq.], including nursing facility services, home and community-based services, personal care services, and case management services provided under the plan; and

(ii) any other supports, items, or services that are available under any federally funded long-term care program;

(B) with respect to other health care, items and services covered under:

(i) the Medicare program established under Title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.];

(ii) the State plan for medical assistance under the SoonerCare program; or

(iii) any other federally funded health care program; and

(C) includes such items or services that are provided under a public or private

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**"Legal assistance"** means legal advice and representation by an attorney to an older person who has economic or social needs and includes, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney and counseling or representation by a non-lawyer where permitted by law.

**"Living alone"** means a one person household, using the census definition of household, where the householder lives by himself or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units, and group homes.

**"Low income minority elderly"** means a minority older per

**"Low income non-minority elderly"** means an older person who is not a minority with an annual income at or below the federally established poverty line.

**"Means testing"** means the use of an older person's income or resource to deny or limit the person's receipt of services.

**"Minority elderly"** means a person age 60 or older who is:

- (A) American Indian or Alaskan Native;
- (B) Asian;
- (C) Black or African American;
- (D) Hispanic or Latino; or
- (E) Native Hawaiian or Other Pacific Islander.

**"Multipurpose senior center"** means a community facility for the organization and provision of a broad spectrum of services, to include the provision of health, such as mental health, social, nutritional, and educational services and facilities for recreational activities for older persons.

**"NAPIS"** means the National Aging Program Information System.

**"Neglect"** means the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an older person or self-neglect.

**"Nonprofit"** means an agency, institution, or organization owned or operated by one or more corporations or associations having no part of the net earnings or benefit of any private shareholder or individual.

**"OAA"** means the Older Americans Act of 1965, as amended.

**"OKDHS"** means Oklahoma Department of Human Services.

**"Older person"** or **"older individual"** means anyone 60 years of age or older.

**"Periodic,"** as used in the OAA with respect to evaluations of and public hearings on activities carried out under State and Area Plans, means, at a minimum, once each fiscal year.

**"Planning and service area (PSA)"** means an area designated by the State Agency under Section 305(a)(1)(E) of the OAA, as amended, for the purposes of developing and coordinating service systems.

**"Poverty"** means the income level defined each year by the Office of Management and Budget (OMB), and adjusted by the DHHS Secretary in accordance with subsection 673(2) of the Community Services Block Grant Act. The annual DHHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

**"Poverty line"** means the official poverty line as defined by OMB in accordance with Section 673(2) of the Community Services Block Grant Act, per Section 9902(2) of Title 42 of the U.S. Code.

**"Project"** as used in Section 306(a)(1) of the OAA with respect to the provision of supportive and nutrition services, means an entity awarded a subgrant or contract from an AAA to provide services under the Area Plan.

**"Race or ethnicity status"** reflects the requirements of OMB for obtaining information from persons regarding their self-identification of race and ethnicity.

(A) Race includes:

(i) American Indian or Alaskan Native: a person having origins in any of the original peoples of North America, including Central America, and who maintains tribal affiliation or community attachment;

(ii) Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam;

(iii) Black or African American: a person having origins in any of the black racial groups of Africa;

(iv) Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands; and

(v) White: a person having origins in any of the peoples of Europe, the Middle East, or North Africa.

(B) Ethnicity includes:

(i) Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race; and

(ii) Not Hispanic or Latino.

**"Rural"** means an area not defined as urban by AoA.

**"Rural counties"** means counties not considered urban as defined by AoA.

**"Rural elderly"** means older persons not considered living in urban counties as defined by AoA.

**"SUOA"** means Special Unit on Aging, a unit of OKDHS Aging Services Division.

**"Self-directed care"** means an approach to providing services, including programs, benefits, supports, and technology under the OAA intended to assist a person with activities of daily living, in which:

(A) services, including the amount, duration, scope, provider, and location of such services, are planned, budgeted, and purchased under the direction and control of the person;

(B) a person is provided with information and assistance as are necessary and appropriate to make informed decisions about care options;

(C) the needs, capabilities, and preferences of a person with respect to such services are assessed by the AAA, or other agency designated by the AAA, involved;

(D) based on the assessment, the AAA, or other agency designated by the AAA, develops together with the person and the person's family, caregiver, or legal representative:

(i) a plan of services for the person that specifies the services the person will be responsible for directing;

(ii) a determination of the role of family members, and others the person wants to participate, in providing services under the plan; and

(iii) a budget for such services; and

(E) the AAA or State Agency provides for oversight of self-directed receipt of

services, including steps to ensure the quality of services provided and the appropriate use of funds under the OAA.

**"Self-neglect"** means an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including:

(A) obtaining essential food, clothing, shelter, and medical care;

(B) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or

(C) managing one's own financial affairs.

**"Service provider,"** as used in Section 306(a)(1) of the OAA with respect to the provision of supportive and nutrition services, means an entity awarded a subgrant or contract from an AAA to provide services under the Area Plan.

**"Severe disability,"** as used to carry out the provisions of the OAA, means a severe chronic disability attributable to mental or physical impairment of a person that:

(A) is likely to continue indefinitely; and

(B) results in substantial functional limitation in three or more of the major life activities of:

(i) self-care;

(ii) receptive and expressive language;

(iii) learning;

(iv) mobility;

(v) self-direction;

(vi) capacity for independent living; and

(vii) economic self-sufficiency.

**"Sponsoring agency"** means a multipurpose or umbrella organization of a grantee.

**"State Agency"** means the agency designated by the State under Section 305(a)(1) of the OAA, as amended. In Oklahoma, the State Agency is OKDHS ASD.

**"State system of long-term care"** means the federal, state, and local programs and activities administered by a state that provide, support, or facilitate access to long-term care for persons in the state.

**"Subgrantee"** means an agency that subcontracts with a grantee agency. Subgrantee usually refers to the service provider, but it is possible for a service provider to subcontract with another entity.

**"Taxonomy"** means the uniform set of service definitions and service unit measures adopted by AoA for national reporting on programs and activities under Title III of the OAA.

**"Unit of general purpose local government"** means:

- (A) a political subdivision of the state having general authority and not limited to only one function or combination of related functions; or
- (B) an Indian tribal organization.

**"Urban"** means areas defined by AoA comprised of an:

- (A) urbanized area, a central place and its adjacent densely settled territories with a combined minimum population of 50,000; or
- (B) incorporated place or census designated place with 20,000 or more inhabitants.

**"Urban counties"** means urban areas as defined by AoA. Counties in Oklahoma considered urban are:

- (A) Canadian;
- (B) Cleveland;
- (C) Comanche;
- (D) Creek;
- (E) Garfield;

(F) Logan;

(G) McClain;

(H) Oklahoma;

(I) Osage;

(J) Pottawatomie;

(K) Rogers;

(L) Sequoyah;

(M) Tulsa; and

(N) Wagoner.

(b) **Authority.** The authority for this Section is OMB Notice of Action 0985-0008.

**340:105-10-12. State Council on Aging**Revised 6-1-08

(a) **Policy.** The State of Oklahoma has a State Council on Aging that meets the requirements of the Older Americans Act (OAA), and the Aging Services Division's (ASD's) need for statewide representation from older Oklahomans and service providers.

(b) **Authority.** The authority for this Section is Section 305 of the OAA of 1965, as amended and Oklahoma State Council on Aging Bylaws.

(c) **Procedures.** The State Council on Aging is composed of 31 members who are residents of the state and who have demonstrated an interest in, knowledge of, and accomplishments regarding the concerns of older persons. At least 18 of the members are 60 years of age or older.

(1) Members of the State Council on Aging include:

(A) one member appointed by the Governor;

(B) one member appointed by the President Pro Tempore of the State Senate;

(C) one member appointed by the Speaker of the House of Representatives; and

(D) 26 members appointed by the Oklahoma Department of Human Services (OKDHS) Director and include:

(i) five members who are 60 years of age or older who are participating consumers or volunteers working regularly in aging programs and are chosen from Area Agency on Aging (AAA) advisory council nominees. Each of the AAA advisory councils submit one nominee for consideration from their respective planning and service areas. The consumer members chosen include residents of rural counties and represent citizens from all economic levels;

(ii) one member from nominees is submitted by entities to include:

(I) Oklahoma Association of Area Agencies on Aging;

(II) Oklahoma State Department of Health;

(III) Oklahoma State Department of Mental Health, gerontological representative;

(IV) Oklahoma Senior Corps Directors Association;

(V) Oklahoma State Nutrition Directors Association;

(VI) Urban League, alternating by term between Oklahoma City and Tulsa chapters;

(VII) Oklahoma Indian Council on Aging;

(VIII) Oklahoma AARP;

(IX) Oklahoma Federation of Chapters of the National Association of Retired Federal Employees;

(X) Adult Day Services Association of Oklahoma;

(XI) Oklahoma Alliance on Aging;

(XII) Oklahoma Retired Educators Association;

(XIII) Silver Haired Legislature Alumni; and

(XIV) Oklahoma Health Care Authority; and

(iii) nine at-large members nominated and appointed by the OKDHS Director to ensure ethnic, geographical, and demographical balance in the State Council on Aging.

(2) Duties of the State Council on Aging include:

(A) informing entities of the needs, conditions, and concerns of older Oklahomans to include the:

(i) Oklahoma Commission for Human Services;

(ii) OKDHS Director and the Aging Services Division (ASD) director;

(iii) State of Oklahoma Governor's Office;

- (iv) Oklahoma State Legislature;
  - (v) United States Oklahoma Congressional Delegates;
  - (vi) state agencies;
  - (vii) federal agencies; and
  - (viii) general public;
- (B) reviewing and commenting on all policies, budget appropriations, planning regulations, and legislation that could benefit or adversely impact older Oklahomans, and advocating for concerns and issues of older Oklahomans, maintaining high visibility and a strong voice;
- (C) monitoring and evaluating the provision of services to older persons within Oklahoma;
- (D) conducting public forums on the needs or conditions of older Oklahomans and seeking public input on programs or issues involving older persons; and
- (E) advising the ASD director on all matters pertaining to:
- (i) development and implementation of policies, budget appropriations, planning, regulations, and standards;
  - (ii) effective and efficient administration of division programs;
  - (iii) development of training and educational programs; and
  - (iv) administration of other functions of ASD.



**340:105-10-13. State Plan on Aging**Revised 6-1-08

(a) **Policy.** In order to receive Older Americans Act (OAA) funding, the State Agency must have developed and approved a State Plan on Aging. ■ 1 This plan must be on file with the Administration on Aging and must be available for public review. At a minimum, the plan must include:

(1) identification by the State of the sole state agency that has been designated to develop and administer the plan;

(2) statewide program objectives to implement the requirements under Title III of the OAA and any objectives established by the federal Assistant Secretary for Aging through the rulemaking process;

(3) a resource allocation plan, budget, indicating the proposed use of all Title III funds administered by the State Agency and the distribution of Title III funds to each planning and service area (PSA);

(4) identification of the geographic boundaries of each PSA and of Area Agencies on Aging;

(5) prior federal fiscal year information related to:

(A) number of low income minority older persons;

(B) methods used to attempt to satisfy the service needs of such minority older persons; and

(C) methods used to attempt to satisfy the service needs of older persons who reside in rural areas;

(6) all assurances and provisions as outlined in the OAA and regulations ensure:

(A) preference is given to older persons in greatest economic and social need and to older persons at risk for institutional placement with particular attention given to those older persons residing in rural areas, low-income minority older persons, and older persons with limited English proficiency in the provision of services under the plan;

(B) all services under the OAA are provided without use of any means tests;

(C) all services provided under Title III meet any existing state and local health and safety licensing requirements for the provision of those services;

(D) older persons are provided opportunities to voluntarily contribute to the cost of services; and

(E) other such assurances as are needed for compliance with the OAA, regulations, other applicable federal law, state statutes, and state policy; and

(7) listing of State Council on Aging membership and responsibilities.

(b) **Authority.** The authority for this Section is Section 307 of the OAA of 1965, as amended and Title 45 of the Code of Federal Regulations, Part 1321.17.

(c) **Cross references.** See OAC 340:105-10-14.

#### **INSTRUCTIONS TO STAFF 340105-10-13**

Revised 6-1-08

**1. The procedures for Aging Services Division (ASD) staff to implement the policy for the State Plan development are listed in (1) - (17) of this Instruction. The ASD staff:**

**(1) obtains State Plan development guidelines from the Administration on Aging (AoA) regional office;**

**(2) elects to utilize a one, two, three, or four year format, and annually submits a resource allocation;**

**(3) outlines State Plan development timeline;**

**(4) gathers identified priority needs from the Area Agencies on Aging;**

**(5) develops a data profile on older Oklahomans from available census data;**

**(6) conducts statewide needs assessment activities, including but not limited to public hearings or administration of survey instruments to older consumers, service providers, state agencies and other interested parties;**

- (7) analyzes the results of needs assessment activities, and outlines identified statewide priority needs;**
- (8) outlines and evaluates the existing service delivery system, including services, coordination, advocacy, and training activities;**
- (9) presents a summary of needs and priorities to the State Council on Aging;**
- (10) develops a draft summary of the State Plan including:**
- (A) a summary of the Older Americans Act, as amended;**
  - (B) a profile of older Oklahomans, including all pertinent census data;**
  - (C) an outline of the identified needs of older Oklahomans;**
  - (D) a description of the current service delivery system, and an evaluation of same;**
  - (E) State Plan goals and objectives;**
  - (F) State Council on Aging membership and responsibilities; and**
  - (G) a resource allocation plan;**
- (11) presents a State Plan summary to State Council on Aging and other interested entities two weeks prior to conducting public hearing(s) on the plan;**
- (12) publicizes the public hearing(s) at least two weeks prior to the public hearing(s) outlining dates, times, and locations, and ensures that older persons, public officials, and other interested parties have reasonable opportunities to participate;**
- (13) conducts a public hearing(s) and incorporates written and verbal comments into revised plan, as appropriate;**
- (14) submits revised plan to the State Council on Aging for approval;**

- (15) submits revised plan to the Oklahoma Department of Human Services (OKDHS), Aging Services Division director, for approval;**
- (16) submits final plan to (OKDHS), Director, for approval; and**
- (17) submits final plan to AoA regional office for approval.**

**340:105-10-32. Area Agency on Aging advisory council**Revised 6-1-08

(a) **Policy.** Each Area Agency on Aging (AAA) establishes and maintains an advisory council. The council carries out advisory functions which further the AAA's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area.

(1) The advisory council is separate and distinct from the AAA governing board and composed of:

(A) more than 50 percent older persons, including minority persons who are participants or who are eligible to participate in Title III programs, and family caregivers of such persons;

(B) representatives of older persons;

(C) representatives of health care provider organizations, including providers of veterans' health care, if appropriate;

(D) representatives of supportive services providers;

(E) persons with leadership experience in the private and voluntary sectors;

(F) local elected officials; and

(G) the general public.

(2) The advisory council may not be composed of:

(A) State Agency staff or governing board members;

(B) AAA staff or governing board members;

(C) Title III project staff or governing board members; or

(D) any other persons that may give an appearance of a potential conflict of interest.

(b) **Authority.** The authority for this Section is Title 45 of the Code of Federal Regulations, Part 1321.57.

(c) **Procedures.**

(1) The advisory council is responsible for advising the AAA in regard to:

- (A) developing and administering the Area Plan;
- (B) conducting public hearings;
- (C) representing the interests of older persons; and
- (D) reviewing and commenting on all community policies, programs, and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

(2) The AAA is responsible for supporting the efforts of the advisory council. The AAA:

- (A) schedules meetings of the full council at least quarterly and provides staff assistance to same;
- (B) keeps the council informed of all matters relating to Area Plan development and administration;
- (C) maintains close contact with advisory council officers;
- (D) assists the council in developing bylaws. The bylaws, at a minimum, address the:
  - (i) size and composition of the council;
  - (ii) tenure and selection procedures for members;
  - (iii) frequency of meetings; and
  - (iv) functions of the council;
- (E) provides reimbursement for travel and other allowable expenses to council members, as appropriate;
- (F) submits the Area Plan and subsequent amendments to the council for review and comment before they are submitted to the State Agency for approval; and

(G) conducts annual training for advisory council members to provide orientation to the rights and responsibilities of advisory council members.

(d) **Cross references.** See OAC 340:105-10-31(a)(1).



**340:105-10-36. Area Plan administration**

Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) has responsibility for carrying out all activities under the Area Plan on Aging.

(b) **Authority.** The authority for this Section is Section 306 and Section 212(b)(1) of the Older Americans Act, as amended, and Parts 1321.61 and 1321.53 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The AAA:

(1) develops and monitors a management plan for the Area Plan on Aging which includes:

(A) overall plan goals;

(B) measurable objectives which outline what will be done to reach the goal;

(C) action steps that describe how each objective will be accomplished, such as specific tasks;

(D) staff assignments of responsibility for each objective; and

(E) target dates for the completion of action steps;

(2) submits all required program and fiscal reports related to Area Plan activities to the State Agency;

(3) develops a Title III request for proposal (RFP) package and provide technical assistance on the applications to prospective grantees;

(4) reviews and approves Title III RFPs, except for-profit applications that must be reviewed and approved by the State Agency;

(5) monitors the program and fiscal reports of Title III projects in the planning and service area (PSA);

(6) conducts on-site quarterly assessments with each Title III project and forwards follow-up written reports to each project;

(7) provides technical assistance to the Title III projects as appropriate; and

(8) develops a policy and procedures manual for Title III projects in the PSA.

(d) **Cross references.** See OAC 340:105-10-31(a)(3), 340:105-10-33, and 340:105-10-34.

**340:105-10-37. Coordination and resource development**Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) performs activities which maximize the availability of all services to older persons in the planning and service area (PSA), and reduce duplication of effort. Particular effort is made to coordinate with:

(1) organizations providing child care services for children, assistance to older persons caring for relatives who are children, and respite for families to provide opportunities for older persons to aid or assist on a voluntary basis;

(2) organizations established for the benefit of victims of Alzheimer's disease;

(3) the State Agency and the Oklahoma Department of Mental Health and Substance Abuse Services to:

(A) increase public awareness of mental health disorders;

(B) remove barriers to diagnosis and treatment; and

(C) coordinate mental health services, including mental health screenings, provided with funds expended by the AAA with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(4) job training and partnership programs;

(5) Title II programs of the Domestic Volunteer Service Act of 1973;

(6) Titles XVI, XVIII, XIX, and XX programs of the Social Security Act;

(7) federal housing programs, United States Housing Act of 1937 or Section 202 of the Housing Act of 1959;

(8) Title I programs of the Housing and Community Development Act of 1974;

(9) adult education programs, Title I of the Higher Education Act of 1965 or Adult Education Act;

(10) transportation programs, Section 5310 of the Transportation Equity Act;

- (11) public health programs, Title XIX of the Public Health Service Act;
- (12) energy assistance programs, Low-Income Home Energy Assistance Act of 1981;
- (13) weatherization assistance for low income persons, Part A of the Energy Conservation in Existing Buildings Act of 1976;
- (14) programs funded by the Community Services Block Grant Act; and
- (15) trained volunteers providing direct services to older persons and persons with disabilities working when possible with organizations that have experience in providing training, placement, and stipends for volunteers or participants in community services settings such as organizations carrying out federal service programs administered by the Corporation for National and Community Service.

(b) **Authority.** The authority for this Section is Section 306(a)(6) of the Older Americans Act of 1965, as amended and Part 1321.53 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The AAA ensures maximum availability of services to older persons in the PSA, and reduces duplication of effort for all agencies and organizations serving older persons. The AAA staff:

- (1) identify federal, state, and local programs which impact or could impact the older persons in the PSA and provide information in order to justify the allocation of funds for aging programs;
- (2) make application for alternative sources of funding where appropriate, such as grant writing;
- (3) participate in interagency organizations developed for purposes of information sharing, joint planning, and service delivery;
- (4) establish public and private coalitions to address the growing needs of older persons in the PSA;
- (5) enter into cooperative written agreements with local agencies and organizations in order to clearly outline respective responsibilities and expected outcomes;
- (6) extend opportunities for participation in AAA sponsored training to;

(A) local health and social services agencies who serve or advocate for older persons;

(B) businesses; and

(C) other private entities; and

(Z) participate in training sponsored by other local agencies, organizations, and businesses which improve the skills of AAA staff or otherwise further the interests or needs of older persons in the PSA.

(d) **Cross references.** See OAC 340:105-10-31(a)(4).



**340:105-10-38. Targeting resources to older persons in greatest economic or social need**

Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) takes a leadership role in assisting communities throughout the planning and service area (PSA) to target resources from all appropriate sources to meet the needs of older persons with greatest economic or social need, with particular attention to low income minority individuals. In addition to low income minority older persons, the groups of older persons targeted for special consideration under this Section include older:

- (1) persons residing in rural or isolated areas;
- (2) persons with severe disabilities;
- (3) persons with limited English proficiency;
- (4) persons at risk for institutional placement;
- (5) persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such persons; and
- (6) Native Americans.

(b) **Authority.** The authority for this Section is Section 306(a)(1) and (4) of the Older Americans Act of 1965, as amended, and Part 1321.61(c) of Title 45 of the Code Of Federal Regulations.

(c) **Procedures.** The AAA carries out its mandate to target resources to older persons with greatest economic or social need, with particular emphasis on low income minority persons and older persons residing in rural areas. The AAA:

- (1) locates services in areas where older persons in greatest economic or social need reside or congregate;
- (2) funds and advocates for specialized services which meet the unique needs of those in greatest economic or social need;
- (3) includes representatives of older persons in greatest economic or social need in the planning of services for these groups. The AAA:

- (A) appoints representatives from the target groups to the AAA advisory council;
  - (B) requires Title III projects to appoint representatives from the target groups to the project advisory councils;
  - (C) includes leaders of the targeted groups in the annual needs assessment process;
  - (D) includes sources of minority, disability, and bilingual professionals in recruitment efforts for AAA staff positions, such as recruitment announcements in publications with large minority and readership with disabilities, or recruitment announcements at minority colleges and universities; and
  - (E) maintains written agreements with minority and disability entities;
- (4) provides Title III services to low income minority older persons according to their need, to the maximum extent possible. At a minimum, the AAA must:
- (A) determine the numbers and the specialized needs of low income minority older persons in the PSA through its annual needs assessment activities;
  - (B) require Title III grantees to outline specific objectives to serve the low income minority older persons in each PSA; and
  - (C) monitor program reports to ensure that low income minority older persons are receiving services in at least as great a proportion as their numbers bear to the total population of older persons in the PSA;
- (5) provides sufficient outreach services to the targeted groups; and
- (6) provides appropriate training for AAA and Title III project staff to improve their ability to outreach and serve the targeted groups.
- (d) **Cross references.** See OAC 340:105-10-31(a)(5), 340:105-10-33 , 340:105-10-51(a)(3), 340:105-10-52(a)(1)(A), 340:105-10-58(a), 340:105-10-60(c), and 340:105-10-62(c).

**340:105-10-40. Funding local sponsors for the provision of direct Title III services**Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) awards all Title III of the Older Americans Act (OAA) of 1965 service funds by grant or contract to community services provider agencies and organizations, except where a direct service waiver(s) has been granted by the State Agency, per OAC 340:105-10-41, for the purpose of developing or enhancing a comprehensive and coordinated community-based system of services for older persons in the planning and service area (PSA). OAC 340:105-10-50.1 lists the services that may be funded under Title III.

(b) **Authority.** The authority for this Section is Section 306(a) and Section 212(b)(1) of the OAA of 1965, as amended, and Section 1321.63(b) of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** The AAA staff, advisory council, and board of directors follow the procedures in this Section prior to awarding Title III funds.

(1) AAA staff:

(A) conducts a needs assessment and identifies priority needs in the PSA;

(B) evaluates the current service system and identifies any gaps in the system;

(C) establishes a funding formula that describes the systematic procedure the AAA follows in allocating funds for services within the PSA, per OAC 340:105-10-100;

(D) develops the request for proposal (RFP) packages for all Title III services to be funded, per OAC 340:105-10-101;

(E) publicly announces the RFP and distributes RFP packages to potential grantees;

(F) reviews proposals for required documents and provides feedback and technical assistance, as appropriate, to potential grantees; and

(G) rates each proposal using approved review criteria.

(2) AAA advisory council evaluates and rates all proposals.

(3) AAA board of directors, or a subcommittee:

(A) reviews and evaluates all proposals, except for-profit applications that must be reviewed and approved by the State Agency; and

(B) considers the ratings of the AAA staff and advisory council, and the review findings of the board of directors, and awards funds for the proposals that best meet RFP specifications.

(d) **Cross references.** See OAC 340:105-10-31(a)(7), 340:105-10-41, 340:105-10-50.1, 340:105-10-100, and 340:105-10-101.

**340:105-10-50.1. Title III services taxonomy**Revised 6-1-08

(a) **Rule.** Parts B, C, D, and E of Title III authorize the development of a variety of services to meet the needs of older persons. A comprehensive listing of services that may be funded, service definitions, and service units are included in (1) through (15) of this paragraph.

(1) Personal care - one hour; provides personal assistance, stand-by assistance, supervision, or cues.

(2) Homemaker - one hour; provides assistance preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

(3) Chore - one hour; provides assistance with heavy housework, yard work, or sidewalk maintenance.

(4) Home delivered meal - one meal; provides a qualified person at the person's place of residence a meal that:

(A) complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture;

(B) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current dietary reference intakes (DRI) as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;

(C) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the allowances; and

(D) provides, if three meals are served together, 100 percent of the allowances.

(5) Adult day care or adult day health - one hour; provides personal care for dependent adults in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care or adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.

(6) Case management - one hour; provides assistance either in the form of access or care coordination in circumstances where the older person is experiencing

diminished functioning capacities, personal conditions, or other characteristics requiring the provision of services by formal service providers or family caregivers. Case management activities include:

- (A) assessing needs;
- (B) developing care plans;
- (C) authorizing and coordinating services among providers; and
- (D) providing follow-up and reassessment, as required.

(7) Congregate meal - one meal; provides a qualified person in a congregate or group setting, a meal that:

- (A) complies with the most recent Dietary Guidelines for Americans, published by the Secretary and the Secretary of Agriculture;
- (B) provides, if one meal is served, a minimum of 33 and 1/3 percent of the DRI as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences;
- (C) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the allowances; and
- (D) provides, if three meals are served together, 100 percent of the allowances.

(8) Nutrition counseling - one session per participant; provides individualized guidance to a person who is at nutritional risk because of health or nutrition history, dietary intake, medications use, or chronic illnesses, or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status.

(9) Assisted transportation - one one-way trip; provides assistance and transportation, including escort, to a person who has difficulties, physical or cognitive, using regular vehicular transportation.

(10) Transportation - one one-way trip; provides transportation using a vehicle for a person who requires help in going from one location to another. Does not include any other activity.

(11) Legal assistance - one hour; provides legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.

(12) Nutrition education - one session per participant; a program promoting better health by providing accurate and culturally sensitive nutrition, physical fitness, or health information, as it relates to nutrition, information, and instruction to participants, caregivers, or both, in a group or individual setting overseen by a dietitian or person of comparable expertise.

(13) Information and assistance - one contact; a one-on-one contact between a service provider and an older client or caregiver. Activities involving contact with multiple current or potential clients or caregivers, such as publications, publicity campaigns, and other mass media activities, are not counted as a unit of service. Internet Web site hits are counted only if information is requested and supplied. This service:

(A) provides older persons with current information on services available within their communities;

(B) links older persons with the opportunities and services available within their communities; and

(C) establishes adequate follow-up procedures, to the maximum extent practicable.

(14) Outreach - one contact; provides persons with intervention initiated by an agency or organization for the purpose of identifying potential clients or their caregivers and encouraging their use of existing services and benefits. Outreach is a one-on-one contact between a service provider and an older client or caregiver. Activities involving contact with multiple current or potential clients or caregivers, such as publications, publicity campaigns, and other mass media activities, are not counted as a unit of service.

(15) Funded "Other" category.

(A) Advocacy or representation - one hour; provides action taken on behalf of an older person to secure the person's rights or benefits. Advocacy or representation includes receiving, investigating, and working to resolve disputes or complaints. It does not include services provided by an attorney or person under the supervision of an attorney.

(B) Education or training - one session; provides formal and informal opportunities for older persons to acquire knowledge, experience, or skills. Includes individual or group events designed to increase awareness.

(C) Health promotion - one event; provides health promotion or disease prevention information, instruction, or activities, such as exercise, to participants, caregivers, or both, in a group or individual setting. Examples include:

(i) individual health screenings, such as blood pressure screenings. The event is documented by a participant sign-in sheet at the time of the screening; or

(ii) a health promotion program in an individual or group setting. The program is counted as one event.

(D) Home repair - one job; provides minor repairs, modifications, or maintenance on a home owned and occupied by an eligible participant, up to \$250 annually per participant.

(E) Coordination of services - unit to be determined by Aging Services Division (ASD); provides for the administration or delivery of a service for which direct cost is not funded by Title III. The AAA contacts ASD regarding use of this category.

(F) National Family Caregiver Support Program service categories are:

(i) information services - one activity; provides caregivers information on resources and services available to the public or persons within their communities. Information services are for activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities;

(ii) access assistance – one contact; assists caregivers in obtaining access to the services and resources available within their communities. To the maximum extent practicable, access assistance ensures persons receive the services needed by establishing adequate follow-up procedures. Internet Web site hits are counted only if information is requested and supplied;

(iii) counseling - one session; assists caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiver roles. This includes counseling to

persons, support groups, and caregiver training of individual caregivers and families;

(iv) respite care - one hour; provides temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. When the specific service units purchased via a direct payment, such as cash or voucher, can be tracked or estimated, the service unit is reported by hour; otherwise, the unit of service is one payment. Respite care is:

(I) in-home respite, such as personal care, homemaker, and other in-home respite;

(II) respite provided by attendance of the care recipient at a senior center or other nonresidential program; or

(III) institution respite provided by placing the care recipient in an institutional setting, such as a nursing home for a short period of time as a respite to the caregiver or summer camp as a respite for grandparents caring for children; and

(v) supplemental services – provides services on a limited basis to complement the care provided by caregivers. The unit and service are determined by ASD. The AAA contacts ASD regarding use of this category.

(b) **Authority.** The authority for this Section is the Office of Management and Budget Notice of Action 0985-0008 and Sections 339 and 371 through 373 of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The AAA:

(1) incorporates provisions of the rule into its policies and procedures manual;

(2) provides technical assistance to prospective service project applicants regarding the rule in the development of services; and

(3) utilizes the rule as an indicator in the evaluation of service project proposals.

(d) **Cross references.** See OAC 340:105-10-40 and 340:105-10-51.



**340:105-10-54. Supportive services**Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) makes grants to local agencies or organizations for the provision of supportive services to older persons. Providers of any such service must comply with all standards outlined in this Subchapter relating to the service(s) provided. Supportive services, for purposes of this Section, include:

(1) health, including mental health, education and training, welfare, informational, recreational, homemaker, counseling, or referral services;

(2) transportation services to facilitate access to supportive services or nutrition services, and services provided by an AAA in conjunction with local transportation service providers, public transportation agencies, and other local government agencies that result in increased provision of such transportation services for older persons;

(3) services designed to encourage and assist older persons to use the facilities and services, including information and assistance services, and language translation services to assist older persons with limited English speaking ability to obtain services;

(4) services designed to:

(A) assist older persons obtain adequate housing, including minor residential repair and renovation projects, up to \$250 annually per client, designed to enable older persons maintain their homes in conformity with minimum housing standards;

(B) adapt homes to meet the needs of older persons who have physical disabilities;

(C) prevent unlawful entry into residences of older persons, through the installation of security devices and structural modifications or alterations of such residences; or

(D) assist older persons in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development;

(5) services designed to assist older persons avoid institutionalization and assist persons in long-term care institutions who are able to return to their communities, including:

(A) client assessments, case management, and development and coordination of community services;

(B) supportive activities to meet the special needs of caregivers, including caregivers who provide in-home services to frail older persons; and

(C) in-home services and other community services, including home health, homemaker, and chore services to assist older persons to live independently in a home environment;

(6) services designed to provide to older persons legal assistance and other counseling services and assistance, including:

(A) tax counseling and assistance, financial counseling, and counseling regarding appropriate health and life insurance coverage;

(B) representation of persons who are wards, or are allegedly incapacitated, and in guardianship proceedings of older persons who seek to become guardians, if other adequate representation is unavailable in the proceedings;

(C) provision, to older persons who provide uncompensated care to their adult children with disabilities, of counseling to assist such older persons with permanency planning for such children;

(7) services designed to enable older persons to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance movement therapy;

(8) services designed to provide health screening, including mental health screening, to detect or prevent illnesses, or both, that occur most frequently in older persons;

(9) services designed to provide for older persons, pre-retirement counseling and assistance in planning for and assessing future post-retirement needs with regard to public and private insurance, public benefits, lifestyle changes, relocation, legal matters, leisure time, and other appropriate matters;

(10) services of an ombudsman at the state level to receive, investigate, and act on complaints by older persons who are residents of long-term care facilities and to advocate for the well-being of such persons;

(11) provision of services and assistive devices, including provision of assistive technology services and assistive technology devices, designed to meet the unique needs of older persons with disabilities and older persons who provide uncompensated care to their adult children with disabilities;

(12) services to encourage the employment of older workers, including job and second career counseling, and where appropriate, job development, referral, and placement, and including the coordination of the services with programs administered by or receiving assistance from the Department of Labor, including programs carried out under the Workforce Investment Act of 1998, Section 2801 of Title 29 of the United States Code;

(13) crime prevention services and victim assistance programs for older persons;

(14) a program, to be known as Senior Opportunities and Services, designed to identify and meet the needs of older persons who are poor, 60 years of age or older, in one or more of the areas of:

(A) development and provision of new volunteer services;

(B) effective referral to existing health, including mental health, employment, housing, legal, consumer, transportation, and other services;

(C) stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs; and

(D) other services as the Assistant Secretary for Aging of the Administration on Aging may determine are necessary or especially appropriate to meet the needs of older persons who are poor and ensure them greater self-sufficiency;

(15) services for the prevention of abuse of older persons in accordance with Section 307(a)(12) of the Older Americans Act (OAA) of 1965, as amended;

(16) in-service training and state leadership for legal assistance activities;

(17) health and nutrition education services, including information concerning prevention, diagnosis, treatment, and rehabilitation of age related diseases and chronic disabling conditions;

(18) services designed to enable mentally impaired older persons to attain and maintain emotional well-being and independent living through a coordinated system of support services;

(19) services designed to support family members and other persons providing voluntary care to older persons who need long-term care services;

(20) services designed to provide information and training for persons who are or may become guardians or representative payees of older persons, including information on the powers and duties of guardians and representative payees and alternatives to guardianships;

(21) services to encourage and facilitate regular interaction between students and older persons, including services for older persons with limited English proficiency and visits in long-term care facilities, multipurpose senior centers, and other settings;

(22) in-home services defined by the State Agency in the State Plan submitted under Section 307 of the OAA, taking into consideration the age, economic need, and noneconomic and nonhealth factors contributing to the frail condition and need for service of the persons described in this paragraph, and in-home services defined by an AAA in the Area Plan submitted under Section 306 of the OAA;

(23) services designed to support States, AAAs, and local service providers in carrying out and coordinating activities for older persons with respect to mental health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment;

(24) activities to promote and disseminate information about life-long learning programs, including opportunities for distance learning; and

(25) any other services necessary for the general welfare of older persons, if the services meet standards prescribed by the Assistant Secretary for Aging and are necessary for the general welfare of older persons.

(b) **Authority.** The authority for this Section is Section 321 of the OAA of 1965, as amended.

(c) **Procedures.** The AAA:

(1) incorporates the provisions in this Section into the Title III policies and procedures manual;

(2) provides technical assistance to prospective service project applicants regarding the policy in the development of Title III-B services; and

(3) utilizes the policy as an indicator in the evaluation of Title III-B service project proposals.

(d) **Cross references.** See OAC 340:105-10-40, 340:105-10-50.1 and 340:105-10-51.



**340:105-10-71. Congregate meals service facilities**Revised 6-1-08

(a) **Policy.** Each congregate meals service provider secures and maintains adequate facilities for the preparation and delivery of the meals service, nutrition education, and funded supportive services.

(b) **Authority.** The authority for this Section is Part 1321.11(a) of Title 45 of the Code of Federal regulations, and Section 1247 of Title 21 of the Oklahoma Statutes, as amended (21 O.S. § 1247).

(c) **Procedures.**

(1) The grantee agency locates congregate meals service sites in areas accessible to the target group of eligible persons in a community and, where possible, within walking distance for concentrations of such persons.

(2) The grantee agency arranges for all applicable health, fire, safety, and sanitation inspections for project offices and congregate meals sites in the manner described in (A) and (B) of this paragraph.

(A) The fire and safety inspections are conducted annually by local fire officials or other designated local official in the absence of a local fire marshal using established local standards.

(B) In the absence of local standards, standards developed and adopted by the Oklahoma Department of Human Services (OKDHS) with the cooperation of the State Fire Marshal and the Oklahoma State Department of Health are applicable.

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(C) Standards are based upon the use and occupancy of the site by Title III funded projects and are adequate to protect the health and safety of participants.

(D) County health department sanitation inspections are completed at least annually.

(E) All inspection reports are on file with the grantee agency.

(F) Grantee agency responds as directed by the inspecting agency to all cited deficiencies.

(3) The Area Agency on Aging annually conducts evaluations for Americans with Disabilities Act (ADA) compliance at all project offices and congregate meals sites. The grantee agency ensures that project facilities comply with Section 21 O.S. § 1247, as amended, that mandates all public facilities be smoke free and post such designation as required by law.

(4) The project arranges for the separation of dining and food preparation areas at sites where food is prepared and served in the same facility.

(5) Where feasible, the project provides ample space and time for the provision of supportive services per OAC 340:105-10-54.

(6) The project provides appropriate furnishings for older persons, including sturdy tables and chairs, and arranges the furnishings to provide adequate aisle space for persons using mobility aids such as walkers and wheelchairs.

(7) The project provides table settings that are approved by the project advisory council. If disposable dinnerware is used, it is of sturdy quality to prevent spillage, leakage, and breakage.

(8) The project posts in conspicuous locations information regarding:

(A) the rights of eligible persons to equal opportunity and access to services;

(B) the full cost of the meal to be paid by ineligible persons, such as visitors under 60 years of age, who are served meals;

(C) the suggested contribution for eligible participants toward the cost of the meal, as determined by the project or site advisory council. All participant contributions are for the cost of the meal and are not solicited for other items such as utilities and coffee;

(D) menus for a minimum of one week in advance;

(E) grievance procedures for participants;

(F) an evacuation plan;

(G) a toll free information and assistance telephone number;

(H) a current health inspection certificate from the local health department;

(I) Smoke Free Facility; and

(J) a summary of the site or project, if applicable, emergency management plan including at a minimum the location of the nearest emergency shelter(s) available to participants.

(d) **Cross references.** See OAC 340:105-10-50.1(a)(7), 340:105-10-51, 340:105-10-54, 340:105-10-68 through 340:105-10-70, 340:105-10-72 through 340:105-10-80, and 340:105-10-86.

## **INSTRUCTIONS TO STAFF 340:105-10-71**

**Revised 6-1-08**

**1. Standards developed and adopted by the Department of Human Services with the cooperation of the State Fire Marshal and the Oklahoma State Department of Health as applicable are listed in (1) - (22) of this Instruction.**

**(1) A sufficient number of exits are made available. Any space providing seating for 50 or less has at least one exit which goes directly outside. Any space providing seating for more than 50 has at least two exits remotely located from each other.**

**(A) Exit doors swing in the direction of travel. Exit doors remain unlocked during hours of operation of the Title III program.**

**(B) Exit signs are illuminated and have an audible component. If the exit door is not visible from inside the space, directional exit signs mark the path of travel to the exit.**

**(2) Panic hardware is installed on exit doors for occupant loads of 100 or more persons. An evacuation plan is posted.**

**(3) Pathways are accessible and clear of obstructions.**

**(4) The building in which the program is housed is clearly numbered and the exterior well lighted. The building number is visible from the street.**

**(5) Fire extinguishers are inspected and charged yearly. Fire extinguishers are located in an appropriate place and staff and volunteers are trained in their use. Extinguisher locations are plainly marked. The**

number of fire extinguishers is appropriate for the size of the facility.

(6) Fire drills are conducted and documented quarterly and evacuation time is appropriate. Employees and volunteers are trained in drill procedures.

(7) Tornado drills are conducted and documented annually.

(8) Electrical outlets are appropriate for use, free of damage, and not overloaded. Extension cords are used properly and outlets and switch plates covered.

(9) Wiring is free of damage and located so as to be trip-free.

(10) Heating and air conditioning are in good working condition, properly cleaned and maintained. The fuel supply is safe and the heater closet is not used for storage.

(11) Flammable liquids are used and stored properly. They are stored away from the means of egress.

(12) Walking and working surfaces are clean, dry, and unobstructed.

(13) Outside storage is accomplished in such a way that trash is stored in proper containers and grounds maintenance conducted as needed to prevent a hazardous or unsafe environment.

(14) Kitchen floors are free of slip and trip hazard. Cloth, paper, and other combustibles in the kitchen are stored away from open flames. Staff and volunteers are aware of and practice safety requirements.

(15) Food products are stored separately from cleaning products.

(16) Cooking appliances are vented, properly separated from combustibles, with filters cleaned and washed regularly, and have no grease accumulation.

(17) The hood extinguishing system contains the correct number of properly located, secure, open nozzles. The fuel shutoff is connected, manual pull accessible and clear, heads clean, hood clean, and inspection tag current.

**(18) The water heater(s) contains a pop off valve. Water heaters, furnaces, and heating units are checked by a qualified service person once per year. Heating units are properly vented and enclosed. Closets in which heating units or water heaters are located are not used for storage.**

**(19) Smoke Free Facility is clearly marked and enforced.**

**(20) Hazardous materials are stored properly, with an information sheet available. The responding fire station is informed of hazardous materials.**

**(21) The road(s) leading to the facility is readily accessible.**

**(22) The facility is located with reasonable access to adequate water supply.**



**340:105-10-75. Congregate meals planning**Revised 6-1-08

(a) **Policy.** The congregate meals project conducts appropriate meal planning for the congregate meals service with the consultation of persons competent in the field of nutrition, food service, and the needs of older persons.

(b) **Authority.** The authority for this Section is Section 339 of the Older Americans Act of 1965, as amended and Section 1321.11 of Title 45 of the Code of Federal Regulations.

(c) **Procedures.** Menus:

(1) are prepared or approved by a registered dietitian (RD) who considers the special needs of older persons. The RD ensures that each meal served contains at least:

(A) one-third of the dietary reference intakes as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences; and

(B) 600 calories. The recommended level is 750 to 850 calories; ■ 1

(2) are planned on a quarterly basis with a six week cycle repeated once each quarter. Nutritional adequacy is documented with computer analysis by the RD.

(A) Maintenance of optimal nutritional status through menu planning is reflected in menus moderate in fat, salt, and simple sugars and high in fiber.

(B) Form 02AG018E, Project Menu Plan – Nutrition Program for the Elderly, is submitted quarterly to the area agency on aging (AAA) and is available to the State Agency RD for random review upon request;

(3) are signed by the RD and posted at the nutrition site;

(4) reflect:

(A) special diets to meet the medical needs of eligible participants. When special diets are provided to meet the medical needs of eligible participants:

- (i) a valid written physician's order is on file for each participant receiving a special diet. The physician's order indicates the participant is restricted to the special diet and the duration of the special diet. If the participant is consuming a liquid supplement in addition to a meal, the supplement is not reimbursed through the Nutrition Services Incentive Program as a separate meal; and
  - (ii) special diets are planned and prepared under the supervision of the RD; and
- (B) where feasible, religious, ethnic, cultural, or regional dietary requirements or preferences of a major portion of the group of participants at a congregate meals site;
- (5) are served as planned unless the RD reviews and approves an appropriate substitution. A complete menu move from one day to another does not constitute a substitution. When substitutions are made, the project maintains and submits to the State Agency at the end of each month the:
- (A) date of substitution;
  - (B) original menu item(s); and
  - (C) substituted menu item(s);
- (6) are based on accurate production forecasting that does not include a margin for oversized portions or second servings. Leftover foods are not taken from the kitchen by staff, participants, or volunteers;
- (7) may include, where feasible, provisions for the celebration of special occasions for participants, for example, birthdays and holidays; and
- (8) allow for food items within the meat, vegetable and fruit, and dessert groups to vary for the same days of the week, from week to week, in order to provide a variety of foods and nutrients.
- (d) **Cross references.** See OAC 340:105-10-50.1(a)(4) and (7), 340:105-10-51, 340:105-10-68 through 340:105-10-74, 340:105-10-76 through 340:105-10-80, and 340:105-10-86.

**INSTRUCTIONS TO STAFF 340:105-10-75****Revised 6-1-08****1. Menus are developed according to the meal pattern, which includes:**

**(1) meat or meat alternate group which is three ounces cooked edible portion of meat, fish, fowl, luncheon meats, eggs, or cheese. Meat alternates may be used occasionally and may include cooked dried beans or peas;**

**(2) vegetable and fruit group which is two, one-half cup servings of any vegetable or fruit. Fruit used as a dessert is not counted toward the two servings. Full strength fruit or vegetable juices may be counted toward the required servings. Cooked dry beans and peas may be used as vegetables or meat alternates but cannot be counted as both;**

**(3) bread or bread alternate group which is one serving of enriched or whole grain breads, biscuits, muffins, rolls, sandwich buns, cornbread, or other hot breads. Bread alternates may include enriched or whole grain cereals or cereal products, such as spaghetti, macaroni, dumplings, pancakes, and waffles;**

**(4) fat exchange group which is one teaspoon of butter or margarine;**

**(5) dessert group which is one, one-half cup or equivalent serving of desserts, such as puddings, gelatin desserts, ice cream, ice milk, sherbet, cake, pie, cookies, and fruit juices. Fresh or unsweetened fruit is offered, where feasible, to those participants who wish to limit calories;**

**(6) milk group which is one-half pint of fortified whole, skim, or low fat milk or buttermilk. A variety of milks are provided where feasible;**

**(7) optional beverages. Appropriate servings of coffee, tea, or decaffeinated beverages may be provided. Optional beverages are not provided with project funds; and**

**(8) other foods. Appropriate servings of other foods may be added to the meal to provide personal satisfaction and additional nutrition. Vitamins and mineral supplements are not provided with project funds.**



**340:105-10-90.1. National Family Caregiver Support Program**Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) awards grants to entities to provide support services, including information and assistance, counseling, support groups, respite, and other home- and community-based services to families caring for their frail older members. The National Family Caregiver Support Program (NFCSP) also recognizes the needs of a grandparent or step-grandparent who is a relative caregiver of a child or other older person who is a relative caregiver of a child who is not more than 18 years of age or who is a person with a disability. NFCSP services include:

- (1) information to caregivers about available services;
- (2) assistance to caregivers in gaining access to services;
- (3) individual counseling, organization of support groups, and training to assist caregivers in areas related to their caregiver roles of:
  - (A) health;
  - (B) nutrition;
  - (C) financial literacy;
  - (D) decision making; and
  - (E) problem solving;
- (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- (5) supplemental services, on a limited basis, to complement the care provided by caregivers.

(b) **Authority.** The authority for this Section is the Office of Management and Budget Notice of Action 0985-0008 and Sections 371 through 374 of the Older Americans Act of 1965, as amended, Public Law 109-365, Grants for State and Community Programs on Aging.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection. The AAA:

(1) incorporates the provisions of this Section into the Title III policies and procedures manual;

(2) provides technical assistance to prospective and funded Title III projects regarding this rule;

(3) monitors Title III project compliance according to OAC 340:105-10-43, except on specific projects where the State Agency has agreed with the AAA to provide a service and monitoring is not required. The project:

(A) gathers information on an approved intake form, including, at a minimum:

(i) the family caregiver's identifying information;

(ii) the caregiver's relationship to the care receiver;

(iii) the care receiver's identifying information; and

(iv) a written description of the caregiver's current situation, including the care receiver's need for assistance due to inability to perform specific activities of daily living (ADLs) or need for supervision due to Alzheimer's disease or other neurological and organic brain dysfunction or disability;

(B) conducts a reassessment of NFCSP service recipients annually, at a minimum, to evaluate service provision and update participant status;

(C) ensures the safety and protection of the participants; and

(D) receives in-service training each fiscal year specifically designed to increase the project's knowledge and understanding of the programs and participants served;

(4) targets services to caregivers who are older persons in greatest social and economic need, giving priority to:

(A) family caregivers providing care for persons with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(B) grandparents or older persons who are relative caregivers providing care for a person or child with a severe disability;

(5) may provide support services to caregivers providing care for frail older family members who are 60 years or older and unable to perform at least two ADLs without substantial human assistance or require substantial supervision due to a cognitive or other mental impairment. ADLs include:

(A) dressing;

(B) bathing;

(C) eating;

(D) transferring;

(E) toileting; and

(F) walking;

(6) may provide support services on a limited basis to grandparents and older persons who are relative caregivers of a child who is 18 years of age or younger.

(A) Child means a person who is not older than 18 years of age or who is a person with a disability.

(B) Grandparent or older person who is a relative caregiver means a grandparent or step-grandparent of a child, or a relative of a child by blood, marriage, or adoption who is 55 years of age or older and:

(i) lives with the child;

(ii) 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

(iii) has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally;

(7) ensures the cost of carrying out the program meets the requirement of a minimum non-federal share of 25 percent. The non-federal share is provided from state and local sources;

(8) may not use funds to supplant, replace, or in substitution for, any funds expended under any federal, state, or local law for the same purposes; and

(9) considers awarding funds to expand successful caregiver activities currently in communities, such as respite providers, support groups, outreach, information and assistance, adult day services, counseling, and case management.

(d) **Cross references.** See OAC 340:105-10-37, 340:105-10-38, 340:105-10-40, 340:105-10-41, 340:105-10-43, 340:105-10-44, and 340:105-10-50.1(a)(15)(F).

**340:105-10-96. Title III-B priority supportive services**Revised 6-1-08

(a) **Policy.** The Area Agency on Aging (AAA) ensures that an adequate proportion of its federal allotment for Title III-B services is expended for priority services unless the AAA has been granted a waiver on this rule by the State Agency per OAC 340:105-10-97. The Title III-B priority services include:

## (1) access services:

(A) transportation;

(B) outreach;

(C) information and assistance;

(D) assisted transportation;

(E) case management; and(F) health services, including mental health services;

## (2) in-home services:

(A) homemaker;

(B) chore;

(C) personal care; and

(D) home repair; and

## (3) legal assistance services:

(A) legal counseling and representation;

(B) community education on legal matters; and

(C) information and assistance on legal matters.

(b) **Authority.** The authority for this Section is Section 306(a)(2) of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The AAA develops its annual budget in consultation with the State Agency and incorporates the allocations listed in (1) - (3) of this subsection into the budget. The AAA:

(1) expends at least 30 percent of its federal Title III-B funds overall for the three priority service categories, and not less than five percent of these funds for any single priority service;

(2) expends at least as much federal funds in any given fiscal year for the priority services categories as the AAA expended for the priority services in the previous fiscal year; unless the AAA allocation of these funds is reduced, in which case, the AAA priority services expenditure is reduced proportional to the AAA reduction in Title III-B funds; and

(3) allocates federal funds to legal assistance services in accordance with minimum funding levels established by the State Agency and issued annually under State memo.

(d) **Cross references.** See OAC 340:105-10-97.

**340:105-10-101. Request for proposal procedures**Revised 6-1-08

(a) **Policy.** All Older Americans Act pass through funds are awarded in an open, competitive, and fair manner via the request for proposal (RFP) process. Awards are made to applicants whose proposals include all components of the service(s) outlined in the RFP and who best meet the specifications of the RFP.

(1) The Area Agency on Aging (AAA) board of directors:

(A) is directly responsible for reviewing proposals and awarding funds. This responsibility may not be delegated;

(B) may not award funds to the AAA or to another subdivision of the sponsoring agency under the auspices of the same board of directors; and

(C) may not award funds to board members or the agencies or organizations they represent.

(2) Awarding funds through the RFP process during the plan year is required when:

(A) funds are allocated to the AAA at the beginning of the fiscal year;

(B) there is significant expansion of a service(s) already funded;

(C) funding a new service(s); or

(D) funding of an existing service is transferred from a defunct or terminated grantee.

(b) **Authority.** The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations and Section 212(b)(1) of the Older Americans Act of 1965, as amended.

(c) **Procedures.** The requirements for implementing this Section are outlined in this subsection.

(1) To initiate RFP, the AAA:

(A) develops specifications for each service to be procured that clearly define the service and how units of service are measured. The specifications include the

minimum units of services to be provided, the minimum unduplicated number to be served, if required, and geographic service areas as appropriate;

(B) develops an RFP guide and grant application package;

(C) announces the availability of funds and documents the announcement in newspapers in the planning and service area (PSA), and concurrently sends a news release to the editor of at least three newspapers and to existing and potential service providers known to the AAA in the PSA.

(i) The announcement runs at least two times in daily papers or two weeks in weekly papers prior to the closing of the application period and in a sufficient number of papers to ensure complete coverage within the PSA.

(ii) The announcement begins at least 21 calendar days prior to the closing of the application period and is repeated at least once no less than five calendar days prior to the date of the proposers' conference.

(iii) All announcements include:

(I) a listing of services for which funding is available and the geographic areas that must be covered for each service;

(II) the address at which service specifications and proposal guide may be obtained;

(III) the closing date and time for application submittal;

(IV) the name and telephone number of a person to contact for additional information; and

(V) the date, time, and location of the proposers' conference, and notification that attendance at the conference is required in order to be considered for funding;

(D) mails copies of the RFP guide upon request;

(E) conducts a conference for proposers prior to the deadline for submitting applications and requires applicants to attend the conference in order to be considered for funding. At a minimum, the information discussed during the conference includes:

- (i) the RFP guide and all requirements pertaining to submitting an application; and
  - (ii) all responsibilities associated with the acceptance of Title III funds, including applicable federal and state statute, policy, certifications, and assurances;
- (F) provides other reasonable technical assistance to applicants who request assistance, in writing, no later than seven calendar days prior to the closing of the application period;
- (G) informs the State Agency following the close of the proposers' conference if there are no applicants for a service; and
- (H) at the close of the application period, evaluates and rates all proposals according to standard criteria based on requirements of the RFP guide. The AAA disqualifies incomplete proposals from evaluation and funding.
- (2) The AAA advisory council reviews the proposals and makes recommendations on funding to the AAA board of directors. All decisions related to funding recommendations are conducted in accordance with applicable state and federal conflict of interest laws. The advisory council review is conducted during a scheduled meeting with a quorum present.
- (3) The AAA board of directors:
- (A) or a subcommittee of the board, reviews all proposals and the recommendations of the AAA staff and advisory council;
  - (B) approves funding of not for profit proposals that best meet or exceed the service specifications and the requirements of the RFP guide. The State Agency shall review and approve all profit-making proposals. All decisions related to granting awards are made in accordance with applicable state and federal conflict of interest laws, and documented through signed resolutions and minutes of meetings. All decisions are acted on as a board with at least a quorum present at a meeting. The AAA board of directors may not delegate its responsibilities related to granting awards;
  - (C) issues notification of grant awards (NGAs) to not for profit applicants who are approved for funding and to profit-making applicants with State Agency approval; and

(D) provides an opportunity for appeal to applicants whose proposals for funding are denied, per OAC 340:105-10-102.

(4) If no complete proposals are submitted for a service(s) or if the AAA board of directors determines that no proposals for a service(s) meet the specifications of the RFP, the AAA, with State Agency approval, has the option of:

(A) reprogramming the funds and issuing a new RFP for a different service(s); or

(B) requesting authority to provide a direct service as provided in OAC 340:105-10-41; or

(C) revising the initial specifications for the same service(s) and reissuing a new RFP; and

(D) initiating community development activities to create a potential provider of the service(s) as specified in the RFP and, in the interim, requesting approval from the State Agency to temporarily provide the service as a direct service.

(5) When an Older Americans Act Title III funded project elects to voluntarily terminate the contract before the end of a grant year, procedures must be followed as outlined on Form 02AG006E, Voluntary Withdrawal of Title III Project. Form 02AG006E must be acknowledged, signed, and included as part of the original grant application.

(d) **Cross references.** See OAC 340:105-10-40, 340:105-10-102, and 340:105-10-104(c)(7).