TO:   ALL OFFICES

SUBJECT:  MANUAL MATERIAL

OAC 340:105-10-3; 105-10-50.1; 105-10-72; 105-10-74 through 105-10-75; 105-11-249; and 105-11-250.

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

OAC 340:105-10-3 is amended to modify the definitions of "child" and add the term "elderly client" to match the taxonomy in the federal State Program Reporting tool.
OAC 340:105-10-50.1 is amended to change the taxonomy to match the definition provided in the federal State Program Reporting tool.
OAC 340:105-10-72 is amended to standardize the maintenance of nutrient requirements and registered dietitian usage.
OAC 340:105-10-74 is amended to modify requirements regarding nutrition education.
OAC 340:105-10-75 is amended to modify menu planning cycles and outline procedures for menu substitutions.
OAC 340:105-11-249 and 340:105-11-250 are amended to clarify the salary range for new hires and how longevity pay is considered in determining annual salary.

Original signed on 2-16-12

Lance Robertson, Director
Aging Services Division

Sandra Harrison, Chief Administrative Officer
Administrative Services

WF # 11-05 (NAP)
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.

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340:105-10-3. Definitions

Revised 7-1-12

(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 a designated agency per Section 305(a)(2)(A) of the OAA, or the State Agency performing the functions of an AAA per Section 305(b)(5) of the OAA.

"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.


"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:

(A) with a grandparent or other relative as a caregiver; and

(B) not older than 18 years of age; or

(C) a person 19-59 years of age who has a severe disability and lives with a grandparent or older person who is a relative caregiver.

"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 United States 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 major life activity areas such as:

(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; or
(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, or nutrition screening;

(C) nutritional counseling and educational services for an older person and his or her 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 of age related diseases and chronic disabling conditions, including:

(i) osteoporosis;

(ii) cardiovascular disease;

(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.

"Elderly client" means a person:

(A) eligible or receiving OAA services; and

(B) 60 years of age or older; or

(C) less than 60 years of age with a diagnosis of early onset dementia.

"Exploitation" means the fraudulent or otherwise illegal, unauthorized, or improper act or process of a person, including a caregiver or fiduciary using the resources of an older person for monetary or personal benefit, profit, or gain, or that result 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, 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, guardian, conservator, executor, 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 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 impairments in activities of daily living (ADL) without personal or 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 or 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:

(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) including such items or services that are provided under a public or private managed care plan or through any other service provider.

"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 person with annual income at or below the federally established poverty line.

"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 60 years of age 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 including 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 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 various size households.

"Poverty line" means the official poverty line as defined by OMB per Section 673(2) of the Community Services Block Grant Act and 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 Oklahoma Department of Human Services (OKDHS) Aging Services Division (ASD).

"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 providing support, or facilitating 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.
340:105-10-50.1. Title III services taxonomy

Revised 7-1-12

(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 and 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 website 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 website hits are counted only when information is requested and supplied;

   (iii) counseling - one session per participant; 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
(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.
340:105-10-72. Congregate meals project staffing requirements

Revised 7-1-12

(a) Policy. Each congregate meals project maintains sufficient staff to carry out the required service activities.

(b) Authority. The authority for this Section is Section 1321.11 of Title 45 of the Code of Federal Regulations.

(c) Procedures. The congregate meals project is required to:

(1) employ a full-time director who is empowered with the necessary authority to conduct the daily management and administrative functions of the project;

(2) obtain the nutrition consultation services of a licensed registered dietitian (RD) as either an employee or independent consultant, unless provided by the area agency on aging (AAA) or through a statewide contract.

(A) A paid caterer or certified dietary manager is not acceptable in this position. If obtaining the services of a licensed RD consultant exceeds three months, the nutrition project or AAA:

   (i) provides documentation of hiring efforts in the form of newspaper advertisements and job announcements to Aging Services Division (ASD);

   (ii) requests in writing a temporary waiver for an additional period of time, not to exceed three months; and

   (iii) submits a revised budget reflecting the reallocation of funds not used while the position was vacant.

(B) The AAA shall notify ASD contract monitor(s) within 72 hours following the loss of RD services by project or AAA.

(C) The state RD shall be contacted to approve menu substitutions in the absence of an RD.

(D) The RD verifies by signature on Form 02AG025E, Dietary Consultant's Report, performance of the required consultation activities, including:

   (i) limiting site visits to one per day per RD;
(ii) visiting each site at least every other month for a minimum total of six site visits per year;

(iii) monitoring food service to include measurement of food temperatures and portion sizes, and assessment of food quality and adherence to contract specifications;

(iv) training staff and volunteers in areas of food service management, nutrition, food safety, and sanitation;

(v) assessing participant satisfaction and preferences;

(vi) reviewing menu and commodity utilization;

(vii) approving and coordinating monthly nutrition education programs;

(viii) monitoring perpetual inventory;

(ix) documenting site recommendations for improvement;

(x) documenting on the date of the site visit the number of:

(I) reservations;

(II) meals prepared;

(III) meals served;

(IV) leftovers; and

(V) menu substitutions; and

(xi) providing individual consultation for participants whose nutritional score on Form 02AG002E, Part I, Older Americans Act Assessment, page 4, Determine your nutritional health, is six or more to:

(I) congregate meals participants, upon participant's approval; and

(II) homebound meal participants, where feasible, and upon participant's approval; ■ 2

(3) providing a nutrition project consultation at least quarterly that includes:
(A) assessing food preferences;

(B) preparing menus and documenting nutrition analysis to meet one third recommended dietary allowance for each meal; and

(4) determining appropriate staffing patterns for each meal site in the project service area. AAAs are the final authority on appropriate staffing patterns in the Title III projects.


INSTRUCTIONS TO STAFF 340:105-10-72

Issued 6-1-07

1. The registered dietitian (RD) consultant submits Form 02AG025E, Dietary Consultant's Report, to the project director or AAA director, as appropriate, for approval and signature. The signed Form 02AG025E is submitted monthly to Aging Services Division (ASD).

2. The nutrition project provides the RD, at a minimum, a quarterly report of participants whose nutritional score is six or more. The RD documents individual consultation, mailing of educational materials, or denial of consultation on Form 02AG025E or as an attachment to Form 02AG025E.
340:105-10-74. Nutrition education

Revised 7-1-12

(a) Policy. The congregate and home delivered meals programs provide formal nutrition education to project participants.

(b) Authority. The authority for this Section is Sections 331(3) and 339(2)(J) of the Older Americans Act of 1965, as amended.

(c) Procedures. Nutrition education is registered dietician (RD) approved and:

   (1) at least once per month;

   (2) provided to congregate and home delivered meals participants;

   (3) documented on Form 02AG025E, Dietary Consultant's Report; and

   (4) participant questions related to the nutrition education are responded to by the RD.

340:105-10-75. Congregate meals planning

Revised 7-1-12

(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;

(2) are planned on a six-month basis with a minimum four-week cycle with seasonal changes. Nutritional adequacy is documented with computer analysis and meal pattern 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.

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.
340:105-11-249. Area Agency on Aging ombudsman supervisor

Revised 7-1-12

(a) **Definition.** Under the program supervision of the Office of the State Long-Term Care Ombudsman and the general direction of the director of an Area Agency on Aging, the ombudsman supervisor I provides leadership in development, coordination, and implementation of the Long-Term Care Ombudsman Program and receives, investigates, and resolves complaints made by or on behalf of residents of long-term care facilities.

(b) **Examples of duties.** Examples of duties include:

1. Recruiting, screening, training, and supervising ombudsman volunteers using guidelines provided by state ombudsman staff;

2. Publicizing the services of the State Long-Term Care Ombudsman Program and issues affecting older residents of long-term care facilities through media releases, public speaking, and other means;

3. Coordinating with state ombudsman staff in complaint investigation and resolution, identification of priority issues, and certification of new ombudsman volunteers;

4. Maintaining confidentiality of files and other information pertaining to complaints and complainants;

5. Keeping the director of the designated area ombudsman entity informed of the current situation and needs at the local level, recommending plans for meeting needs, and advising the director of resources required for their implementation;

6. Being available to residents of long-term care facilities in the planning and service areas (PSA), visiting each facility regularly, and working cooperatively with administrators and staff; and

7. Serving as a consultant to community organizations and agencies on issues and needs affecting older long-term care facility residents, techniques of working with these older people, and the solution of special problems.

(c) **Education and experience.** The required education and experience is graduation from a standard four year high school and two years of responsible full-time paid employment in social, health, or aging services or related occupation that involves
meeting the public.

(1) Any equivalent full-time study in an accredited college or university may be substituted for the required work experience.

(2) Passing the General Educational Development (GED) test is accepted in lieu of graduation from a standard four year high school.

(d) Salary range. The comparable job family descriptor (JFD) for this position is Adult Protective Services Specialist, #H26A. A person in this position may not be hired at a salary more than the midpoint nor paid more than the maximum of the approved salary range for Oklahoma Department of Human Services (OKDHS) Office of Personnel Management (OPM) Pay Band I. For the purpose of determining annual salary longevity pay shall not be considered.
340:105-11-250. Area Agency on Aging ombudsman supervisor II

Revised 7-1-12

(a) **Definition.** Under the program supervision of the Office of the State Long-Term Care Ombudsman and the general direction of the director of an Area Agency on Aging, the ombudsman supervisor II provides leadership in development, coordination, and implementation of the Long-Term Care Ombudsman Program and receives, investigates, and resolves complaints made by or on behalf of residents of long-term care facilities.

(b) **Examples of duties.** Examples of duties include:

   (1) recruiting, screening, training, and supervising ombudsman volunteers using guidelines provided by state ombudsman staff;

   (2) publicizing the services of the State Long-Term Care Ombudsman Program and issues affecting older residents of long-term care facilities through media releases, public speaking, and other means;

   (3) coordinating with state ombudsman staff in complaint investigation and resolution, identification of priority issues, and certification of new ombudsman volunteers;

   (4) maintaining confidentiality of files and other information pertaining to complaints and complainants;

   (5) keeping the director of the designated area ombudsman entity informed of the current situation and needs at the local level, recommending plans for meeting needs, and advising the director of resources required for their implementation;

   (6) being available to residents of long-term care facilities in the planning and service areas (PSA), visiting each facility regularly, and working cooperatively with administrators and staff; and

   (7) serving as a consultant to community organizations and agencies on issues and needs affecting older long-term care facility residents, techniques of working with these older people, and the solution of special problems.

(c) **Education and experience.** The required education and experience is:

   (1) graduation from an accredited four year college or university with major course
work in social work, health, gerontology, general social sciences, or related field; or

(2) an equivalent combination of education and experience, substituting one year of full-time paid experience in such areas as community organization, public health, social work, or related field for each year of the required education, with a maximum substitution of two years.

(d) Salary range. The comparable job family descriptor (JFD) for this position is Adult Protective Services Specialist, #H26B. A person in this position may not be hired at a salary more than the midpoint nor paid more than the maximum of the approved salary range for Oklahoma Department of Human Services (OKDHS) Office of Personnel Management (OPM) Pay Band J. For the purpose of determining annual salary longevity pay shall not be considered.