



Title III-B Support Services Policies & Procedures Manual

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Aging Division, Community Living Section

III-B Supportive Services

Policy and Procedures

Introduction to Title III-B Support Services

Provision of any or all Title III-B, Support Services as described in Section 321 of the Older Americans Act (OAA); with emphasis on identifying and serving low income, rural, minority and limited English proficient older individuals. These services may include Health Services, Socialization, Support Services including Information & Assistance, and Transportation and a wide variety of other supportive services that enrich and stabilize the lives of seniors and enable seniors to remain in their homes for as long as possible.

The Title III-B Supportive Services program provides funding for services to support and enable State and community agencies serving older individuals, 60 and older, to: **1.** Access services to remain independent living and continue to be active members in their communities; **2.** Provide health education and information to increase the quality of life of older Americans, especially for those who have the greatest economic needs and those with limited English proficiency; **3.** Promote physical activities and healthy life style to prevent pre-mature institutionalization.

Title III-B Fund is granted out to Senior Centers/providers by service areas in the 23 counties throughout the State. Every four (4) years the program is put out for a competitive application. Providers are required to submit the letter of intent and the **competitive** grant application. Year's two (2) through four (4) are **continuation** grant years, in which the provider who is awarded the grant in the competitive year, maintains the program with an annual continuation grant application.

In order to apply to be a provider for Title III-B Services in Wyoming, an organization must apply during the **competitive** grant year. At this time, public notices are published in statewide newspapers. Organizations then request an application, based upon the instructions of the public notice, in order to apply.

When an organization applies to become a provider of Title III-B Services in their service area, they select which category of services they are going to provide – Health Services, Socialization Services, Support Services, and Transportation Services.

Eligibility for Title III-B services: Client must be 60 years of age or older, with particular attention to serving economically and socially vulnerable older adults and rural residents.

Community Living Section

The Community Living Section (CLS) is a section within the Wyoming Department of Health's Aging Division. The CLS houses multiple programs, primarily under the direction of the Older Americans Act of 1965 amended in 2006.

Grant Funding Application Terms and Conditions

Title III-B grantees must abide by the followings:

1. Funds that may be awarded as a result of this request are to be expended for the purposes set forth, herein, and as approved by the Aging Division. A grantee must properly account for and report on funds from all sources, as outlined in the Grant Application approved by the Aging Division.

2. A grantee must act in accordance with all applicable laws, regulations, policies and procedures of the Title III-B Supportive Services Program, Community Living Section, Aging Division, and the State of Wyoming, as well as applicable federal regulation and law. The provision of any or all Title III-B are described in Section 321 of the Older Americans Act, with emphasis on identifying and serving low income, rural, minority and limited English proficient older individuals. These services may include Health Services, Socialization, Support Services including Information & Assistance, and Transportation and a wide variety of other support services that enrich and stabilize the lives of seniors.

3. After a grant has been awarded, any proposed changes to the program plan, as detailed in the application, shall be submitted in writing to, and approved by, the Aging Division. Upon written notification of approval, the changes shall be deemed incorporated into, and will become a part of this agreement.

4. Funds awarded by the Aging Division may be suspended or terminated, or a program may be placed on probationary status at any time for violations of any terms and requirements of this and any subsequent agreements or contracts. The length and terms of probationary status will be determined by the Senior Administrator of the Wyoming Department of Health, Aging Division.

5. No part of any grant may be used to pay the costs of attempting to influence legislation or appropriations pending before either the State, Local, or Federal Governing bodies (e.g. Legislature, Congress, County Commissioners, etc). No part of any grant may be used to pay the salaries of any person attempting to influence legislation or appropriations at the State, Local, or Federal level.

Local Policies

Local policies are policies that provider organizations have put into place to govern day to day business. Each provider organization may have multiple local policies that they follow. The CLS does have some topics that require a provider to maintain a policy.

Required Local Policies

- **Adult Protective Services (APS) Policy:** Each provider organization must have an APS policy in place. This policy must define what abuse, neglect, and exploitation are and provide a process in which employees can follow if they suspect abuse neglect, or exploitation of a Wyoming Home Services client.
- **Tips, Gratuities, and Gifts Policy:** Staff members who are employed with the Wyoming Home Services program are prohibited from accepting any and all individual gratuities, gifts, property, tips, or other incentives from the consumer or the consumer's family. Under no circumstances will it be acceptable for any staff to accept cash or cash equivalent as an individual gift, gratuity or additional payment for services. Each funded contractor shall develop a written policy and procedure to enforce this policy.
- **Waiting List Policy and Procedure:** It is the responsibility of each provider to establish a written policy on waiting list procedures. This policy should include how a client is put on the waiting list, how a client comes off the waiting list, and if a client is not ready to come off the list, where does that client go on the list.

- **Emergency Preparedness Plan:** Each provider shall have an emergency preparedness procedure in which all CNA's, Homemakers, and ACC's will be trained in. A disaster or emergency may be a local, community, regional, or statewide event. Disasters or emergencies may include, but are not limited to:
 - Tornadoes;
 - Fires;
 - Floods;
 - Blizzards;
 - Power outages;
 - Vehicle wrecks;
 - Declared health crises.

Records Retention

Record Retention Policy provides guidance related to the need to maintain, and retain, adequate documentation of state-funded and federally-funded program activities and transactions. Following these guidelines should ensure that records and information are appropriately available, in accordance with State law W.S. 9-2-410 and Federal 45 CFR (Code of Federal Regulations) Subtitle A, Section 92.42.

Although both State and Federal laws go into great depth, and can be quite complicated, the following guidelines are intended to provide the most important and general guidelines for record retention for the purposes of programs funded through the Aging Division, and offer a minimum standard (your organizational bylaws, rules or policies may be more stringent). These guidelines are not intended to address every type of record or situation, so please consult your legal advisor if you are not sure how to handle certain records or if you are dealing with a special circumstance.

The following Federal requirements apply to all financial and programmatic records, supporting documents, statistical records, and other records of grantees or sub grantees:

1) **Length of retention period.** Except as otherwise provided, records must be retained for six years from the starting date specified in 2) Starting date of retention period of this Policy Information Notice. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the 6-year period, the records must be retained until completion of the action and resolution of all issues that arise from it, or until the end of the regular 6-year period, whichever is later. See exception for this retention period, 4) Health Protected Information on page two of this Policy Information Notice.

2) **Starting date of retention period.** When grant support is continued or renewed at annual or other intervals, the retention period for the records of each funding period starts on the day the grantee or sub grantee submits to the awarding agency it's single or last expenditure report for that period.

3) **Real property and equipment records.** The retention period for real property and equipment records starts from the date of the disposition or replacement or transfer, at the direction of the awarding agency.

4) **Health Protected Information** must be retained for six (6) year from the beginning of an individual's services under any program that has a Business Associate Agreement with the Wyoming Department of Health, Aging Division, Community Living Section. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the 6-year period, the records must be retained until completion of the action and resolution of all issues that arise from it, or until the end of the regular 6-year period, whichever is later.

Program Expenditures

When a provider organization submits an application for Title III-B grant funds, it is required that the organization turn in a full, detailed proposed budget for all funds that will be used for the program. This includes the requested federal funds, state funds, local funds, projected program income, in-kind, and any other sources of funds that will be used for the Title III-B services.

- **Federal Funds Amount:** Each provider will be notified of the allotted amount of Title III-B federal funds they can request. This will be done when the grant application is sent out to all providers, in the spring of each year.
- **State Funds Amount:** Each provider will be notified of the allotted amount of Title III-B state funds they can request. This will be done when the grant application is sent out to all providers, in the spring of each year.
- **Program Income:** Funds that are voluntarily contributed by Title III-B program participants for the services they are receiving. These funds must be used first, before any other funds, to supplement the Title III-B program.
- **Matching Funds:** Each provider organization must provide at least seven and a half (7.5) percent of the contracted amount, based on actual expenses, to be applied as a local match for its budget. Matching funds may include non-federal public or private funds, cash, or in-kind. Funds used for match in the Title III-B program may not be duplicated as match in any other programs.
- **In-Kind Funds:** In-kind funds come in the form of the value of personnel, goods, and services. Provider organizations must document the contributed resource of value.

Cost Principles

Each grantee must be able to identify and segregate costs on the basis of a process that assigns cost commensurate with the benefits provided to individual projects or programs. As per OMB Circular A-122, Cost Principles for Non-Profit Organizations, a cost is allocable to an award if it is:

1. Treated consistently with other costs incurred for the same purpose in like circumstances; and
2. Distributed in reasonable proportion to the benefits received or is necessary to the overall operation of the organization although a direct relationship to any particular cost objective cannot be shown.

Any cost allocable to a particular award or other cost objective under these principles may not be shifted to other awards to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the award. http://whitehouse.gov/omb/circulars/a122/a122_2003html

Indirect and Direct Cost Guidance

Indirect costs represent the expenses of doing business that are not readily identified with a particular grant/contract, but are necessary for the general operation of the organization and the conduct of activities it performs. Indirect/Administrative Costs generally include:

1. General administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting;
2. Depreciation or use allowances of buildings and equipment;
3. Costs of operating and maintaining facilities;
4. Audit expenses (Refer to Aging Division Policy Information Notices for Fiscal Procedures);
5. Computing services;
6. Utilities; or

7. Custodial services.

Direct costs are directly related to delivering goods, services or work effort to clients or customers that are identified with a particular grant/contract. Direct costs generally include:

1. Salaries or wages including vacations, holidays, sick leave and other excused absences of employees working specifically on objectives of a grant or contract; i.e. direct labor costs such as Certified Nurse Aides (CNAs), bus driver, activities coordinator, etc.;
2. Other employee fringe benefits allocable on direct labor employees;
3. Consultant services contracted to accomplish specific grant/contract objectives;
4. Travel of (direct labor) employees;
5. Materials, supplies and equipment purchased directly for use on a specific grant or contract; or
6. Communication costs such as long distance telephone calls or telegrams identifiable with a particular grant/contract; i.e. cell phone charges of direct labor employees. However, in most cases, basic monthly telephone service charges, as well as installation charges, are considered indirect costs and need not be included.

Title III-B Program Services

There are four category of services under the Title III-B Program – Health Services, Socialization Services, Support Services, and Transportation Services.

Only enter data for III-B services if the services provided by older individuals are in support of III-B program operations. Double data entry of the same service to two different type of services is prohibited (If you already counted this services under III-C1 or WyHS program, or any other services, you cannot count this services under III-B)

HEALTH SERVICES: Services designed to meet the needs of older individuals, 60 and over, and to enable these individuals to access health services, to remain physically, mentally, and socially active and ultimately leading in preventing premature institutionalization. Services include: Health Education, Health Exercise, and Disease Prevention and Health Promotion (including mental health services)

1. Health education and training;
2. Health screening (including mental health screening) to detect or prevent illnesses;
3. Exercise programs (physical and mental) that incorporate physical activity, supervised exercise classes, music therapy, art therapy and dance-movement therapy;
4. Services designed to support providers to carry out and coordinate activities including outreach, education, screening, and referral for treatment services;
5. Activities to promote and disseminate information about life-long learning programs, including opportunities for distance learning including web casts;
6. Health information services, including information concerning disease prevention, diagnosis, treatment and rehabilitation of age-related diseases and chronic disabling conditions; and
7. Services designed to enable mentally impaired older individuals to attain and maintain emotional well-being and independent living through a coordinated system of support services.

Health Services has three (3) Services and six (6) Sub-services: Services to enable older individuals, 60 and older, to remain physically, mentally, and socially active through services designed to meet their needs and ultimately leading in preventing premature institutionalization.

a. Health Education: Services designed to support health activities for older individuals with respect to mental health services, including outreach, education concerning, screening services, referral and treatment services.

1. General Health Education - health education services including information concerning prevention, diagnosis, treatment, and rehabilitation of age-related disease and chronic disabling conditions.
2. Mental Health – activities to promote and disseminate information about life-long learning programs, including but not limited to stress management, depression, and Alzheimer’s.

b. Health Exercises: Services designed to enable older individuals to attain and maintain physical and mental well-being through programs of regular physical activity, exercise, music therapy, art therapy, and dance-movement therapy.

1. Exercise Rooms – yoga, line dancing, and walking, etc...

c. Health Treatment & Preventions: Services designed to provide health screening to detect or prevent illnesses that occur most frequently in older individuals.

1. Clinics – Foot clinic, flu shot clinic, blood pressure clinic, etc...
2. Health Screenings – bone density screening, hearing and vision screenings, etc...
3. Massage-Health Treatments to ease pain and improve health, pedicure, skin care

SOCIALIZATION SERVICES: Services designed to encourage and assist older individuals to use the facilities and services to decrease isolation and provide safe networking environments for older individuals to maintain an active life style.

Socialization has five (5) Services and fourteen (14) Sub-Services: activities in the reduction of social isolation to promote self-advocacy and peer-support.

1) Clubs/Group Activities - Clients will decrease their social isolation and maintain physical and mental well-being.

- Book Clubs - talking about a book the group has read.
- Monthly Movies – going to movies or have movie at the Senior Center.
- Morning Break Socials – coffee social, afternoon tea or other social breaks.
- Pot Luck Dinner.
- Special Event Parties - dinners, dances, entertainment. Can occur concurrently, before or after lunch.
- Support Group – support group for clients.

2) Crafts – activities intend to promote creativeness and hand and eye coordination.

- Art Classes.
- Ceramic Classes.
- Quilting Classes.

3) Games - activities aimed to improve dexterity and brain health.

- Bingos.
- Bunco Games.
- Card Games.
- Pool/Billiard.

4) Physical Activities – activities designed to promote physical health and well-being

- Field Trip – example: dance marathon, Wii tournament, and Exercise classes.

5) Shoppings – services provide to a group or individual to meet daily needs for independent living. Check your liability insurance before out-of-state travel trips.

SUPPORT SERVICES: Services designed to meet the unique needs of older individuals to enable and to advocate for self-care environment and promote healthy life style.

- a) Services designed to:
 - 1. Assist older individuals to obtain adequate housing, including residential repair;
 - 2. Adapt homes to meet the needs of older individuals who have physical disabilities;
 - 3. Prevent unlawful entry into residences of older individuals through the installation of security device and through structural modifications or alterations; or
 - 4. To assist older individuals in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development;
- b) Services designed to provide to older individuals legal assistance and other counseling services and assistance, including;
 - 1. Tax counseling and assistance, financial counseling and counseling regarding appropriate health and life insurance coverage;
 - 2. Representation:
 - i. Of individuals who are wards (or are allegedly incapacitated); and
 - ii. In guardianship proceedings of older individuals who seek to become guardians, if other adequate representation is unavailable in the proceedings; and
 - 3. Provision of counseling to older individuals who provided uncompensated care to their adult children with disabilities to assist such older individuals with permanency planning for such children;
- c) Services for older individuals designed to provide pre-retirement counseling and assistance in Planning for and assessing future post-retirement needs;
- d) Services of an ombudsman at the State level to receive, investigate and act on complaints by older individuals who are residents of long-term care facilities and to advocate for the well-being of such individuals;
- e) Provision of services and assistive devices (including provision of assistive technology services and assistive technology devices) which are designed to meet the unique needs of older individuals who are disabled, and of older individuals who provide uncompensated care to their adult children and disabilities;
- f) Services to encourage the employment of older workers, including job and second career counseling and, where appropriate, job development, referral and placement;
- g) Crime prevention services and victim assistance programs for older individuals;
- h) A program, to be known as “Senior Opportunities and Services”, designed to identify and meet the needs of low-income older individuals in one or more of the following areas;
 - 1. Development and provision of new volunteer services;
 - 2. Effective referral to existing health (including mental health), employment, housing, legal, consumer, transportation, and other services;
 - 3. Stimulation and creation of additional services and programs to remedy gaps and deficiencies in present existing services and programs;
- i) Services for the prevention of abuse of older individuals in accordance with Chapter 3 of Subtitle A of the Title VII and Section 307(a) (12);
- j) In-service training and State leadership for legal assistance activities;
- k) Services designed to support family members and other persons providing voluntary care to older individuals who need long-term care services;
- l) Services designed to provide information and training between students and older individuals who are of may become guardians and representatives payees and on alternatives to guardianships;

- m) Services to encourage and facilitate regular interaction between students and older individuals, including services for older individuals with limited English proficiency and visits in long-term care facilities, multipurpose senior centers and other settings; and
- n) Any other services necessary for the general welfare of older individuals, if such services meet the standards as prescribed by the Assistant Secretary and are necessary for the general welfare of older individuals.

Support Services has seven (7) Services and nineteen (19) Sub-Services: Clients will have access to services and information about community resources and/or referrals to community resources to enable them to live independently.

- 1) **Chores** – services provided to enable older individuals with physical and mental impairments to live independently in their communities (for Non-WyHS and Title III-E services providers)
 - Handymans – example: snow removal, home repair, etc...
- 2) **Counseling** – legal assistance and counseling services provided to educate older individuals to avoid being scammed.
 - Pension Counselings – example: tax counseling, financial counseling, and preretirement counseling on health and life insurance coverage.
- 3) **Crisis Interventions** – services aimed to meet immediate needs for older individuals with physical impairments to be able to live in a safe environment.
 - Eye Glasses Repairs – for immediate use before a new one can be dispensed.
 - Hearing Repairs – assist in hearing aid battery replacement.
 - Respite – Vol - adult daycare or senior companion referral and placement.
 - Support Groups – grief counseling and family intervention counseling.
- 4) **Education/Trainings** – services designed to educate and provide support to older individuals and providers in regards to preventive health (including mental health), and in support of self-advocacy services.
 - Client & Staff Education/Training – educational lectures and computer classes.
 - Presenters – lecture from community providers, example: public health nurse lecture on shingles vaccination.
- 5) **Information & Assistances** – information and referral services on community resources and services that are necessary to meet the needs of older individuals to live independently in their own communities.
 - Forms Assistances – provide guidance in obtaining and completing LEIP, Tax preparation assistance.
 - Home Health – blood pressure check for older adult who is homebound or recently discharged from a long-term care facility.
 - Legal Assistances – provide legal assistance or referral for legal counsel.
 - Material Aids – library loan-book and video, loan closet for medical or health equipment.
- 6) **Outreaches** – activities to promote participation for the support services.
 - Advocacy – Assisting a client with a social need
 - Follow-up of Outreach – status-check on clients or call to follow-up on services request or inquiry.
 - News Letter - IA – Monthly or quarterly newsletter of resources and event schedules (enter as aggregate counts in SAMS).

- Telephonings – example: call to invite new clients referred by community agencies. Check on clients by phone to see how they are doing.
- Visitings – provide support to homebound or transitioning clients who have returned from long-term care facility to community living environment.
- Web Sites – example: face-book, twitters, etc...

7) Volunteering – volunteering can be entered for multiple Title III Programs (example: C1 and C2 Programs). **Only** enter data for III-B services if the services provided by older individuals in support of III-B program operation. (If you already counted this services under III-C1 or C2 program or any other services, you cannot count this services under III-B) Please contact the III-B Program Manager if you have questions.

- Peer Supports – Vol – example: hosting a debriefing or grief therapy session and hosting or helping with a social event or other activities at the Senior Center.

Transportations Services/Assisted Transportations Services: Services to facilitate access to supportive services or nutrition services provided 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 adults.

Transportations has two (2) Services and seven (7) Sub-Services: Clients will be self-reliant and less dependent on family and friend to meet their transportation needs.

1) Transportations – regular transportation services in support of independent living

- Local Trips
- Organized Trips
- Out-of-Town Trips

2) Assisted Transportations – assistant required, one-on-one services for older individuals with physical, mental impairment or memory problems.

- Handicapped – Out-of-Town Trip
- Handicapped Trip
- Wheelchair Out-of-Town Trip
- Wheelchair Trip

Harmony for Aging and Adult Services SAMS Case Management 3.0 User Guide

Handed out at July & August 2015 SAMS Training

SAMS Reporting – Detailed Individualized Data (Demographic Data)

Demographic data shall include the following, as indicated in the AGNES form and required by NAPIS:

- (a) Name – First and Last
- (b) Address – street address, city, state and zip
- (c) Date of Birth
- (d) Identification number (generated by software)
- (e) Gender
- (f) Race/Ethnicity
- (g) Rural status
- (h) Live alone status
- (i) Poverty status
- (j) Activities of Daily Living (ADL) /Instrumental Activities of Daily Living (IADL) status
- (k) Nutrition Risk Status (meals only)
- (l) Service units received by service

**SAMS' Services and Sub-services for the
NAPIS III B No care plan required Support Services Program**

CONSUMERS MUST BE 60 OR OLDER FOR IIIB SUPPORT SERVICES PROGRAM

The first step in finding a person in SAMS is to do the **SEARCH** in the upper left hand box ~ do NOT go to your Consumers because that is how duplicates happen. NAPIS III B No Care Plan required does not need a Care Plan/Service Plan even if you have been using them.

Care Program NAPIS III B No care plan required has four (4) Service Categories:

- Health Services
- Socializations
- Support Services
- Transportations

Under each Service Category there are Services (@) and Sub-services (^):

- **Health Services** has three (3) Services and six (6) Sub-services:

@ Health Educations – Check Funding Source

^ General Health Education - occurrence

^ Mental Health - occurrence

@ Health Exercises – Check Funding Source

^ Exercise Rooms - activity

@ Health Treatment & Preventions – Check Funding Source

^ Clinics - occurrence

^ Health Screenings - occurrence

^ Massage-Health Treatments – occurrence

- **Socializations** has five (5) Services and fourteen (14) Sub-Services:

@ Clubs/Group Activities

^ Book Clubs - occurrence

^ Monthly Movies - occurrence

^ Morning Break Socials - occurrence

^ Pot Luck Dinner - occurrence

^ Special Event Parties - occurrence

^ Support Group - occurrence

@ Crafts

^ Art Classes - hourly

^ Ceramic Classes - hourly

^ Quilting Classes - hourly

@ Games

^ Bingos - activity

^ Bunco Games - activity

^ Card Games - activity

^ Pool/Billiard – activity

@ Physical Activities

^ Field Trip – per round trip

@ Shoppings – per round trip

- **Support Services** has seven (7) Services and nineteen (19) Sub-Services:

@ Chores

^ Handyman - hour

@ Counseling

^ Pension Counselings - hour

@ Crisis Interventions

^ Eye Glasses Repairs - occurrence

^ Hearing Repairs - occurrence

^ Respite – Vol - occurrence

^ Support Groups - occurrence

@ Education/Trainings

^ Client & Staff Education/Training – 1 session

^ Presenters – 1 session

@ Information & Assistances

^ Forms Assistance – per contact

^ Home Health – per contact

^ Legal Assistances – per contact

^ Material Aids – per contact

@ Outreaches

^ Advocacy – 1 contact

^ Follow-up of Outreach – 1 contact

^ News Letter – IA - entered as an Aggregate (1 unit (newsletter) 242 persons served)

^ Telephonings – 1 contact

^ Visitings – 1 contact

^ Web Sites – 1 contact

@ Volunteering ~ enter only services that are provided to support III-B Program services.

^ Peer Supports – Vol – 1 hour (in 15 minute increment, it will show as .25 in SAMS)

- **Transportations** has two (2) Services and seven (7) Sub-Services:

@ Transportations

^ Locals – 1 one-way trip(s)

^ Organized Trips – 1 one-way trip(s)

^ Out-of-Town Trips – 1 one-way trip(s)

@ Assisted Transportations

^ Handicapped – Out-of-Town Trip – 1 one-way trip(s)

^ Handicapped Trip – 1 one-way trip(s)

^ Wheelchair Out-of-Town Trip – 1 one-way trip(s)

^ Wheelchair Trip – 1 one-way trip(s)

Title III B Program Report ~ New Client and Other Client Related Information are not in SAMS:

1. Consumers - Consumers Listing Report: 2016 Title III B Quarterly Report – New Client Count by Care Program (Please remember this report isn't the most accurate so if you numbers are right use your report)
2. Please keep track of record on client(s) (you know) that had: moved into a long-term care facility, temporary or permanently moved out of your service area, and who had passed away, to complete the program reports. (These information are not in SAMS generated reports).

SAMS' CAN Report Schedules for Title III-B Program

- **Report # 1 through 4 are quarterly reports to be submitted with your quarterly Program and Fiscal Reports to CLS.**
- **Reports # 5 through 8 are annual reports, in addition to the quarterly reports (1 through 4), to be submitted with your 4th quarter Fiscal and Program reports, and the required Survey Summary to CLS.**

Title III B CAN Reports:

#1 - 4 Quarterly Financial & Program Reports	<ol style="list-style-type: none"> 1. Services - Agency Summary Report: 2016 Title III B Quarterly – Unduplicated count by Care Program 2. Services - Agency Summary Report: 2016 Title III B Quarterly Report - Clients with poverty status 3. Services - Agency Summary Report: 2016 Title III B Quarterly Report – clients with live alone status 4. Services - Agency Summary Report: 2016 Title III B Quarterly Report – clients with minority status
#5 – 9 4 th Quarter Fiscal & Program Reports and Annual Program Report	<ol style="list-style-type: none"> 5. Services – Agency Summary Report: 2016 Title IIIB FY2016 Grant Baseline Data for FFY2015. 6. Services – Agency Summary Report: 2016 Title IIIB FY2016 Grant Data for FFY2016 7. Services - Agency Summary Report: 2016 Title III B YTD Report - Clients with poverty status yes 8. Services - Agency Summary Report: 2016 Title III B YTD Report – clients with live alone status yes 9. Services - Agency Summary Report: 2016 Title III B YTD Report – clients with minority status yes

Program Required Form

Each Title III-B client must have an Aging Needs Evaluation Summary (**AGNES**) form completed upon starting the program and renewal form completed yearly thereafter. For the Title III-B program, the provider must complete the first three (3) pages of the AGNES (dated 07/01/2012) with the client. A Release of Information form also needed to be kept in the client’s file, in chronological order. The AGNES must be entered into SAMS using the Assessment Tab in each consumer's file.

The Community Living Section has distributed various forms that must be used for the Title III-B Support Services program. Each set of these forms must be used for the specific Title III program(s) you have applied for, unless specifically instructed to do so by CLS staff. The Title III-B Fiscal, Program Reports, and Survey forms will be provided by the Title III-B Program Manager in the Reporting Document after the respective grant application is approved.

SAMS Data Entry: All services provided through Title III-B Services are expected to be entered into the SAMS program by the 8th working day of the month following. Much of the information requested on the quarterly fiscal reports and the quarterly program reports is pulled from the SAMS program. The SAMS Report must accompany the Fiscal and Program reports to be submitted to the Title III-B program

manager quarterly. Please refer to the following section - SAMS' services and Sub-services for the Title III-B Support Services of this manual for additional information.

Program Required Reports

There are multiple ways in which the services provided through Title III-B Support Services is tracked and subsequently reported to CLS.

- **Monthly Budget Report:** The CLS may choose to require a provider organization to submit monthly budget reports. Please note that this is only by special request from CLS. The monthly budget report form will be created and provided by the CLS program manager.
- **Quarterly Fiscal Reports:** Based upon the federal fiscal year, from October 1 to September 30, fiscal and program reports will be submitted to the CLS, Title III-B program manager quarterly. The quarterly fiscal reports are created by the CLS Program Manager and given to the provider after the grant application is approved. The due dates are as follows:
 - January 15
 - April 15
 - July 15
 - October 15
- **Quarterly Program Reports:** Also, based upon the federal fiscal year, from October 1 to September 30, program reports will be submitted to the CLS, Title III-B program manager quarterly. The quarterly program reports are created by the CLS Program Manager and included in the reporting document after the grant application is approved. The due dates are as follows:
 - January 15
 - April 15
 - July 15
 - October 15
- **Year End Close Out Report:** This Fiscal Report form is only used when a yearend payment and/or adjustment is required. This form is included (the last page) in your Fiscal Report document.
- **Annual Client Survey Summary:** The client survey must be distributed and completed by August 31 for each of the grant period. The survey summary form must be submitted with the 4th quarter fiscal and program reports to CLS by October 15 of the corresponding grant year (October 1 to September 30).

Requests for Extension

It is the goal of the Aging Division to remain fair and consistent in our dealings with all grantees/providers. It is also necessary to accurately track extension requests for documents and reports required by the Aging Division in regards to grants administered and distributed. Therefore, any request for an extension in the date that a report or related document is due to the division must be made in writing. (Email is considered an acceptable written form.)

The written request must contain the following information:

- Requested by (persons name)
- Organization
- Contact Information
- Date
- Program Affected
- Reason Extension Requested
- Date the item will be remitted

Upon receipt, the Aging Division will consider the request. Upon determination, the requestor will be notified in writing (email is acceptable) of the decision of the Aging Division to grant or deny the request.

In the instance that a report(s) is not submitted to the Aging Division (AD), Community Living Section (CLS) by the approved extension - due date, the following process shall take place:

- 1) On the first occurrence, The III-B Program Manager shall contact the provider via email inquiring for the reason for the delay. A second extension may be granted based on case by case assessment.
- 2) If the second extension is overlooked a consecutive time, a certified letter will be sent, to the provider, along with the provider's board chair/president, by the AD, CLS, Deputy Administrator informing them that this is the second occurrence and should it happen again the following month's payment will not be made.
- 3) If the report(s) are not submitted by the due date a third consecutive time, the provider and the provider's board chair/president shall be notified via certified letter by the AD, CLS Deputy Administrator to withhold payments for the III-B program for the following month. The letter shall also notify the provider that should the due date for the report(s) be missed a third consecutive time the most current contract shall be cancelled.
- 4) Should the provider miss the report(s) due date for the fourth consecutive time, the provider, the provider's board chair/president, and the provider's board treasurer/financial officer shall be notified via a certified letter that the most current contract for the Title III-B program shall be cancelled.

The provider may make a request to the AD, CLS to request for an opportunity to reinstate the contract and receive funds to continue providing the services. This request from the provider and the board chair shall include a corrective plan of action detailing the reason the due dates were consistently missed and how the provider has corrected this issue. This request shall also include a corrective plan of action from the provider's board chair/president detailing how they plan to ensure that reporting due dates will not be missed in the future. The AD, CLS will review the request and notify the provider, and the provider's board chair/president, as well as the provider's board treasurer/financial officer within five (5) working days, via certified letter, of the results.

If the provider wishes to apply for Title III-B Program grant funding the following year, a letter assuring the AD, CLS that due dates will not be missed for the required reporting during the contract period shall be submitted along with the grant application. This letter will also explain that the provider accepts full responsibility for any missed reporting due dates during this contract period and should the provider miss a reporting due date during this contract period it is understood that the contract shall be canceled with no opportunity to make a request to reinstate the contract and receive funding for the contracted time frame.

If the provider consistently missing deadlines for reporting, by the due date, two (2) or more consecutive times, the AD, CLS may take further action as listed in the steps above.

If the provider does request an extension and not submitting the required report(s) by the agreed upon due date, in this instant, the provider shall be treated the same as missing a regular due date and the AD, CLS shall follow the steps in the process as listed above.