

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES

Policy Type	Subject of Policy	Policy Number
AAA Functions	AAA Area Plans	209

Policy Statement

Each area agency on aging (AAA) shall submit to the Division of Aging and Adult Services an area plan, with annual adjustments, for providing in its planning and service area a comprehensive and coordinated system of services to older individuals, with particular attention to the targeting requirements of the Older Americans Act. This plan shall conform to the requirements of the Division of Aging and Adult Services and of Section 306 of the Older Americans Act. It shall be submitted using the forms included with this policy and any other documentation required by law.

Purpose

Comprehensive area plans are required by the Older Americans Act and are necessary to the development and provision of a comprehensive and coordinated system of services for older Arkansans.

Scope

This policy applies to all Arkansas area agencies on aging.

General Authority

Older Americans Act of 1965 as amended.
Arkansas Code Ann. Section 25-10-101 et seq.

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GLOSSARY

ACCESS SERVICES

Services associated with access to services, i.e. transportation, outreach, information and assistance, and client representation services.

ADMINISTRATIVE COSTS CAP

The upper limit on the amount of money that can be expended for administration. (Limits vary by funding source; see Area Plan Instructions.)

ADMINISTRATIVE EXPENSES

Cost of supervisory and clerical support for a service that can be directly identified with and chargeable to a service. Administrative costs may not exceed caps imposed by funding source regulations.

ADULT DAY CARE (1 unit = 1 hour)

A group program designed to provide care and supervision to meet the needs of 4 or more functionally impaired adults for periods less than 24 hours, but more than 2 hours per day in a place other than the adults own home. Meals, transportation and recreational activities are also provided.

CHARITABLE AGENCY FUNDING

Funds donated by churches, United Way, etc.

CHORE (1 unit = 1 hour)

Performs household chores such as running errands, preparing food, simple household tasks, heavy cleaning, and yard and walk maintenance, which the older person is unable to handle on his/her own and which do not require the services of a trained homemaker or other specialist. This cannot include medically oriented personal care tasks.

CLIENT CONTRIBUTION

Voluntary contribution by a client to help defray the cost of a service received. Client contributions to Title III services shall be used to expand the service for which they were contributed. (For example, supportive services and nutrition services contributions shall be used to expand supportive services and nutrition services respectively.)

CLIENT REPRESENTATION (1 unit = 1 client per annual reporting period)

An activity under which a client's needs are assessed and services to meet these needs are either provided directly by the Client Representative or arranged for in an organized and consistent manner. (Client Representation includes, but is not limited to, such things as outreach; referral for legal assistance; providing information on and determining eligibility for public benefits such as QMB and SMB; assisting with completion of applications and paperwork; attending meetings on behalf of clients; and information and assistance.

Travel and waiting time are also included.) **Client Representation** excludes any service covered by Title XIX under the Targeted Case Management Program for an eligible Medicaid Recipient.

CONGREGATE MEAL (1 unit = 1 meal)

A hot meal (or other as appropriate) that contains at least one-third (1/3) of the nutritional value of the Recommended Dietary Allowance (RDA). Meals are served in a group setting such as a senior center or elderly housing facility. Menus must be approved by DAAS Nutritionist. For detailed specifics see DAAS Policy and Procedures 206, Nutrition Services (Effective 2/23/90 or most recent if revised after 7/1/95).

CONTRACTOR (SERVICE PROVIDER)

An entity that is awarded a contract by an area agency to provide services under the area plan.

DIRECT COST

Program cost that can be directly attributed to the provision of a service. (E.g., salary for in-home service worker.)

DIRECT SERVICE

Activity to provide services directly to an older person by the staff of the area agency or of a contracted provider. Direct provision of Title III supportive services, nutrition services or in-home services by AAAs requires a Direct Service Waiver.

DIRECT SERVICE WAIVER

AAAs planning to provide Title III supportive services, nutrition services or in-home services directly are required to seek and receive written approval in accordance with the requirements of DAAS Policy and Procedures 201, Title III Direct Services (Effective 9/1/94 or most recent if revised after 7/1/95).

DONATIONS AND MEMORIALS

Memorials or other miscellaneous donations made by individuals or non-charitable entities. (For example, a donation is someone's memory, a corporate donation, etc.)

FUNDING SOURCE

The source of revenue or resources to implement and deliver a program. Includes federal and state grants and funds from local sources which may include local taxes, cash contributions from individuals or charitable agencies, and in-kind contributions.

HEALTH PROMOTION (1 unit = 1 Session)

Provision of information, screening and encouragement to promote healthy life styles, to reduce the risk for chronic and preventable conditions and to improve function among physically and/or mentally impaired older adults.

HOME DELIVERED MEAL (1 unit = 1 meal)

A hot meal (or other appropriate) that contains at least one-third (1/3) of the nutritional value of the Recommended Dietary Allowance and is delivered to the older person's home. Menus must be approved by DAAS Nutritionist. For detailed specifics see DAAS Policy and Procedures 206, Nutrition Services (Effective 2/23/90 or most recent if revised after 7/1/95).

HOMEMAKER (1 unit = 1 hour)

Performs household management tasks such as menu planning, bill paying, checking account management, etc., may include but cannot be limited to household chores; cannot include medically oriented personal care tasks. Homemaker must be trained in household management tasks and be supervised by a provider agency to assure that these tasks are completed accurately and appropriately.

HOUSING FUNDS

Funds received for the express purpose of providing housing. This does not include fees earned from managing housing units.

INCOME PRODUCING ACTIVITIES

Activities that produce income for the use of the agency. (For example, space rental; fund raising; management of property, including housing; interest on deposits of investments; etc.)

INDIRECT COST

Allocation of proportional share of an area agency's cost that cannot be directly attributed to a service. Some grant guidelines limit the amount that may be charged as indirect to a particular program. (E.g., Salary for agency director, cost of agency audit.)

INFORMATION AND ASSISTANCE (1 unit = 1 contact)

Includes providing information to a client about available public or voluntary services/resources and/or linkage to ensure the service will be delivered to the client. May include contact with the provider and/or family member on the client's behalf.

IN-KIND CONTRIBUTIONS

Non-cash resources donated to assist with the implementation and delivery of a service. May be an individual's donated time (i.e. value of volunteer services) or the use of material resources, including space. The equivalent cash value of the in-kind is calculated and included in the appropriate service budget.

LEGAL ASSISTANCE (1 unit = 15 minutes)

Legal advice, counseling and representation provided by an attorney, paralegal or other person under supervision of an attorney. Includes counseling or representation by a non-lawyer, where permitted by law.

LOCAL GOVERNMENT FUNDING

Funding from any unit of government below the state level. (For example, city, Quorum Court; etc.)

MATCH, CASH

Money used to meet the requirement to provide a certain percentage of a total budget from funding sources other than the grant source. (E.g., funds from United Way)

MATCH, IN-KIND

Non-monetary contributions, the value of which are used to meet the requirement to provide a certain percentage of a total budget from funding sources other than the grant source. (E.g., the value attributed to the use of meeting space at no cost.)

MATERIAL AID (1 unit = 1 distribution)

Provision of goods or payment of bills to meet or prevent imminent emergency. (For example, purchase of basic necessities for someone whose house has been destroyed by fire, or payment to a utility company to prevent imminent shut off of utility service. The distribution of such items as clothing, smoke detectors, eye-glasses, security devices, etc.))

OTHER FEDERAL GRANTS

Federal grants from sources other than the Division of Aging and Adult Services.

PERSONAL CARE (1 unit = 1 hour)

Medically necessary task pertaining to a client's functional abilities which enable the client to be treated on an outpatient basis rather than an inpatient basis.

PRIORITY SERVICES

Access services, in-home services and legal assistance for which predetermined percentages of the Title IIIB funding must be allocated as required by DAAS Policy and Procedures 203, Title III Priority Services (Effective 1/1/92 or most recent if revised after 7/1/95).

PRIORITY SERVICE WAIVER

AAAs planning to allocate less than the required percentage of funds to any priority service are required to seek and receive written approval in accordance with the requirements of DAAS Policy and Procedures 203, Title III Priority Services (Effective 1/1/92 or most recent if revised after 7/11/95).

PROGRAM DEVELOPMENT

Stimulation and creation of additional services and programs to remedy gaps and deficiencies in presently existing services and programs. There must be a direct and positive impact on the enhancement of services for older persons in the planning and service area. See DAAS Policy and Procedure 214 (Effective 1/1/91 or most recent if revised after 7/11/95).

PROGRAM INCOME

Income generated by a particular program in the form of client contributions, voluntary donations, fees for services to non-clients (e.g. meals purchased by guests), etc.. Use of program income as match depends on funding source regulations.

REPAIR/MODIFICATION/MAINTENANCE (1 unit = 1 job)

Improving or maintaining client's residence and home appliances. Includes weatherization or other energy conservation measures, wheelchair ramps, safety features, etc.

RESPIRE (1 Unit = 1 Hour)

Service to relieve the family of a frail/vulnerable older adult from daily caregiving responsibilities. It can be provided to meet an emergency need or to schedule relief periods in accordance with regular caregiver's need for temporary relief from continuous caregiving. It can be provided either in a person's home; by employees of licensed agencies or in licensed facilities.

SERVICE COST

Cost that is directly identified with and chargeable to activities to provide a service.

SOCIALIZATION (1 unit = 1 session of at least 30 minutes not to exceed 2 per day)

Facilitation of client's involvement to promote social interaction, reduce social isolation, provide personal enrichment and satisfying use of leisure time and to develop new skills and knowledge.

STATE OLDER WORKER PROGRAM

The State Older Worker Community Service Program is similar to the Title V program except there is no emphasis on training.

TELEPHONE REASSURANCE (1 telephone call)

Telephone calls at appointed times to eligible elderly clients to check their status, thus providing an element of emotional and psychological reassurance and, if contact is not made, to ensure that assistance will be forthcoming.

Unit: One completed individual client call per household or one call placed to the client's emergency contact in the event the client does not answer the phone at the appointed time or there is a continual busy signal.

TITLE V EMPLOYMENT SERVICE (SCSEP)

The Senior Community Service Employment Program provides training and part time community service employment with the goal of moving the employee from subsidized to unsubsidized employment.

TOTAL DIRECT COST

Total of administrative and service costs.

TRANSPORTATION, MEDICAID (one mile)

Non-emergency transportation, the cost of which is covered by the Medicaid program, that meets the guidelines, policies and procedures identified in the Arkansas Medicaid Transportation Provider Manual.

TRANSPORTATION, NON-MEDICAID (one-way trip)

Transporting a client from one location to another by public or private vehicle so that the client has access to needed services, care or assistance. This includes transportation to and from physician and/or medical facility for necessary medical services (but does not include Medicaid Transportation, for which see below), shopping and escort.

AREA PLAN INSTRUCTIONS

I. GENERAL INFORMATION

- A. Submit one copy of the Area Plan for the following state fiscal year to arrive at DAAS no later than a date to be specified by DAAS each year.
- B. All information is required for the first year of the area plan being submitted for approval. In subsequent years of the same area plan cycle, only budget information or revisions to the first year submission (e.g. new or revised goals or objectives or new programs) and associated information need be submitted.
- C. The chairman of the Board of Directors must initial the line at the bottom of each page of the Assurances in addition to signing the final page.
- D. For services which have variable components, submit a written description of each component. (For example, the description of Health Promotion might include support of Aging Arkansas, Senior Olympics, blood pressure screening, nutrition education, or exercise classes in a college gymnasium. Program Development might include development of caregiver support groups, a new volunteer program, or a new health screening program. Socialization might include trips, pool or dominoes tournaments, or morning discussion groups.)
- E. Submit all required forms for every service provided, whether provided directly by the AAA or by another provider under contract with the AAA.
- F. Report Medicaid services delivered by the AAA separately from other services.
- G. Use continuation pages as needed but do not change the way the packet is numbered. If you need additional pages in a section, add letters to the page numbers. (For example, if you need an additional page between pages 20 and 21, number it 20a.)
- H. During the first year of each area plan cycle submit a written explanation of the method by which time is allocated among services when staff persons work in more than one service program.
- I. Use whole dollars and whole percents on forms. Do not split numbers into fractions of a dollar or percent.

II. ADMINISTRATIVE CAPS

- A. The administrative cap includes indirect costs.
- B. AAAs are prohibited from using funds from Title IIID, IIIF, and USDA for administrative costs.
- C. The administrative cap for Client Representation and state funded Adult Day Care, Chore Services, Homemaker Services, Material Aid, Personal

Care, Repair/Modification/Maintenance, and Telephone Reassurance is 15%.

- D. The administrative cap for all other programs is 10%

III. TITLE III REQUIREMENTS

- A. Title III requires different match rates for administration and for services. Title III service costs must be matched at 15% non-federal to 85% federal. Title III administrative costs must be matched at 25% non-federal to 75% federal. Program Development is administration and must be matched at 25%.
- B. Each Title III allotment must be matched separately; do not calculate the Title III match on the total Title III allotment.
- C. Transfers may be made between programs under parts B and C in accordance with the Older Americans Act of 1965 as amended, section 308(b)(5)(A). *Written requests for permission to transfer must be submitted to the DAAS director and approval received prior to actual transfer of funds between parts.*
- D. Title IIIB funds cannot be used to fund Program Development and coordinated activities as a cost of supportive services until an AAA has first spent ten percent of the total of its combined allotments under Title III on the administration of the area plan.
- E. To qualify for Title IIIB funding, Program Development must be intended to achieve a specific service goal or objective and must occur during a specifically defined and limited period of time. Details of proposals to pay for program development and coordination as a cost of supportive services must be submitted to the general public for review and comment. Both goal (or objective) and time frames must be identified in the area plan following requirements of Division of Aging and Adult Services Policy 214.

IV. TITLE XX (SSBG) REQUIREMENTS

- A. Client contributions cannot be used for match.
- B. Donations by a private individual or organization cannot be used for match.

V. STATE REQUIREMENTS

- A. Unearned State funding cannot be carried over to another fiscal year.
- B. Cigarette Tax funds are to be expended in proportions not to exceed 40%/60% or 60%/40% between transportation services and home-delivered meal services within each region. Permission to modify this ratio may be requested in writing from the director of the Division of Aging and Adult Services.

VI. PROGRAM SPECIFIC INFORMATION

- A. Please refer to Policies and Procedures 201, Direct Services (Effective 9/1/94), 203, Priority Services (Effective 1/1/92), and 214, Program Development (Effective 12/1/91) for public hearing and narrative justification requirements.
- B. Nutrition Programs:
 - 1. Include projected participant contributions as a source of funds on the Service Budget. (The Older Americans Act requires that contributions be used to provide additional services.)
 - 2. On the Contract Form the cost per unit includes the total dollar amount each provider receives per meal. (Includes Title III, SSBG, USDA, etc.) The totals on the contract page should match the contract line of the service budget.
 - 3. Medicaid meals, like all Medicaid services, should be reported as a separate service. Medicaid meals are not eligible for USDA funds.
- C. Repair/Maintenance/Modification Services:
 - 1. Expenditures for Repair/Maintenance/Modification services shall not exceed \$150 per client when funded by Title IIID. Title IIID funds shall not be used in place of other available programs.
 - 2. Expenditures for Repair/Maintenance/Modification services shall not exceed \$1000 per client when funded by State Aging Services.
- D. Material Aid expenditures shall not exceed \$400 State Aging Services funds per client.
- E. Client Representation excludes any service covered by Title XIX under the Targeted Case Management Program for an eligible Medicaid recipient.

**ADVISORY COUNCIL
INSTRUCTIONS FOR FORM AAS9525**

- I. **PURPOSE:** The purpose of the form is to document that the composition of the advisory council complies with the Older Americans Act Sec. 306.(a)(6)(F), 45 CFR Part 1321 and DAAS Policy and Procedures 202, Advisory Council (effective date 6/1/90 or most recent if revised after 7/1/95) requirements as to age, representation and length of terms.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as a part of the area plan.
- III. **EFFECTIVE DATE:** The form is effective for the Area Plan cycle or until revised.
- IV. **DEFINITIONS:**
 - A. **OLDER PERSON WITH GREATEST ECONOMIC OR SOCIAL NEED:** Person 60 years of age or older meeting the Older Americans Act definition of greatest economic or social need.
 - B. **REPRESENTATIVES OF HEALTH CARE:** Enter the name(s) of persons representing health care provider organizations, including providers of veterans' health care, if appropriate.
 - C. **REPRESENTATIVES OF SUPPORTIVE SERVICES:** Persons representing providers of supportive services including those services identified in OAA Sec. 321.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **DATE PREPARED:** Enter the date the form is prepared.
 - C. **REVISION NUMBER:** Enter the number of the revision, if applicable.
 - D. **NAME:** Enter the names of the individuals representing the categories listed.

Put check marks in the appropriate spaces to indicate which categories the individuals represent on the council.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AREA PLAN MISSION AND GOALS
INSTRUCTIONS FOR FORMS AAS9528**

- I. **PURPOSE:** The purpose of the form is to give a detailed narrative description of the mission and goals proposed by the AAA to meet the identified needs of the 60+ population residing in its service areas and to carry out its duties under the Older Americans Act.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for the Area Plan cycle or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **DATE PREPARED:** Enter the date the form is prepared.
 - C. **REVISION NUMBER:** Enter the number of the revision, if applicable.
 - D. **MISSION STATEMENT:** Enter the narrative description of the AAA's mission. (Example: To be the leader relative to all aging issues on behalf of all older persons in the planning and service area and to meet the requirements of the Older Americans Act.)
 - E. **STATEMENT OF GOALS:** Enter a narrative description of specific outcomes the AAA will seek to achieve in accomplishing its mission. (Examples: Creation of a coordinated system of long term care with sufficient service options that most older persons will be able to live in their own homes and communities with the help of these services. Development of more services and providers within the region.) Combined goals and objectives should demonstrate how AAA will meet its program targeting and service obligations.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.

A Report of the progress toward goals is required to be submitted on a quarterly basis with the report on the Area Plan Objectives described on Form AAS 9528a.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

AREA PLAN OBJECTIVES
INSTRUCTIONS FOR FORM AAS9528a

- I. **PURPOSE:** The purpose of the form is to describe objectives proposed to accomplish the agency's mission and goals.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for the Area Plan cycle or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **DATE PREPARED:** Enter the date the form is prepared.
 - C. **REVISION NUMBER:** Enter the number of the revision, if applicable.
 - D. **OBJECTIVE:** List each of the various objectives which, when met, will enable the AAA to accomplish each goal. Combined goals and objectives should demonstrate how AAA will meet its program targeting and service obligations. Each objective must be measurable. (Examples: Provide personal care services to 500 clients in 1996, 550 in 1997. Provide technical assistance to minority contractors through quarterly on-site visits. Provide services to minority populations in proportion to their number in the region's population.)
 - E. **PERSON RESPONSIBLE:** List the person responsible for coordinating the completion of the objective.
 - F. **COMPLETION DATE:** List the expected date of completion.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.

Quarterly reporting of the progress toward Area Plan Objectives (based on the Goals stated on Form AAS 9528) is required. Reports must be submitted to DAAS by the 20th of the month following the end of the quarter.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

AAA SCHEDULE OF APPLIED INDIRECT COST FORM
INSTRUCTIONS FOR FORM AAS9529

- I. **PURPOSE:** The purpose of the form is to document how Indirect Costs (IDC) for AAAs are applied to specific funding sources.
- II. **USED BY:** The AAA fiscal officers will prepare this form and DAAS must approve as part of the annual IDC Plan which is a part of the Area Plan.
- III. **EFFECTIVE DATE:** This form is effective for one year or until the Indirect Cost Plan is revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **Date Prepared:** Enter the date the form was prepared or revised.
 - C. **Revision Number:** enter the revision number, if applicable.
 - D. **Program:** Enter each funding source to which IDC will be applied (e.g. Title III B, Older Worker, etc.).
 - E. **Direct Cost Base (\$):** Enter the dollar amount of the direct cost base by service. If a service is not included in the IDC direct cost base, IDC cannot be charged to that service. List Title III B, C1, & C2 separately.
 - F. **IDC Rate (%):** Enter the percent of IDC applied to all programs. The percentage applied to all programs must be uniform for the IDC Plan to be considered valid.
 - G. **\$ IDC Applied:** Enter the dollar amount of IDC applied to each program. This amount is calculated by multiplying the uniform IDC rate (%) by the direct cost base of each service.
 - H. **Totals:** Enter the total Direct Cost Base and Total \$ IDC calculated at the bottom of the form.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AAA INDIRECT COST POOL BUDGET
INSTRUCTIONS FOR FORM AAS9530**

- I. **PURPOSE:** This form is to document all cost being charged to the Indirect Cost (IDC) Pool.
- II. **USED BY:** The AAA fiscal officers will prepare this form and DAAS must approve as part of the annual IDC Plan which is a part of the Area Plan.
- III. **EFFECTIVE DATE:** This form is effective for one year or until the Indirect Cost Plan is revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **Date Prepared:** Enter the date the form was prepared or revised.
 - C. **Revision Number:** Enter the revision number, if applicable.
 - D. **Personnel Budget:** Enter the total cost of salaries/wages of the staff charged to the Indirect Cost Pool Budget. Do not include the cost of consultants, which should be listed under other costs. The total personnel budget on this form must balance back to the total Indirect Personnel on the Indirect Cost Personnel Schedule Form AAS9532.
 - E. **Fringe Budget:** Enter the total cost of fringe benefits. Examples of fringe are FICA, Retirement, and Insurance. The total fringe budget on this form must balance back to the total fringe on the Indirect Cost Personnel Schedule Form AAS9532.
 - F. **Supplies Budget:** Enter the total cost of all tangible expendable property (supplies). Examples are: paper, pencils, file folders, etc.
 - G. **Travel Budget:** Enter the travel costs for program personnel. Examples: mileage, lodging, meals, air fares, taxis, parking, tolls, etc.
 - H. **Rent and Utilities Budget:** Enter the amount of rent and utilities that are budgeted to the Indirect Cost Pool.
 - I. **Communications Budget:** Enter all communications expenses budgeted to the Indirect Cost Pool Budget.
 - J. **Other Costs Budget:** Enter the amount of other costs budgeted to the IDC Pool budget. Give a full description of expenses included in the Other Cost category in the Narrative Description section of the form.
 - K. **Narrative Description of Expenses:** Explain the budgeted expenses for each category.
 - L. **Total IDC Budget:** Enter the sum of the IDC Budget entries.

- V. ROUTING: The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the area plan for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AAA CALCULATION OF INDIRECT COST RATE
INSTRUCTIONS FOR FORM AAS9531**

- I. **PURPOSE:** The purpose of the form is to document the calculation of the Indirect Cost Rate.
- II. **USED BY:** The AAA fiscal officers will prepare this form and DAAS must approve as part of the Indirect Cost Plan which is a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form will be effective for one year or until the Indirect Cost Plan is revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA.
 - B. **Date Prepared:** Enter the date the current form is prepared.
 - C. **Revision Number.** Enter the revision number, if applicable.
 - D. **Enter the funding sources included in your Direct Cost Base. If IDC is not charged to the funding source, it cannot be included in the Direct Cost Base.**
 1. The funding sources listed below may be included in your Direct Cost Base.
 - a. State Aging Services
 - b. SSBG
 - c. Title III, List B, C1 and C2 separately.
 - d. Title V
 - e. Title V Match
 - f. Older Worker
 2. The following funding sources cannot be included in your Direct Cost Base:
 - a. RSVP
 - b. IID
 - c. IIF
 - d. Cigarette Tax

E. Cost Not Applicable: Enter any costs not applicable so the Direct Cost Base amount will include only the costs to which Indirect Cost will be applied.

1. Unallowable Costs are listed below and defined in the Discretionary Grant Administration Manual published by the U.S. Dept. of Health and Human Services.

- a. Advertising for Certain Purposes - See Manual
- b. Bad Debts
- c. Construction
- d. Contingency Fund Reserves
- e. Contributions and Donations
- f. Entertainment
- g. Fines and Penalties
- h. Fund Raising
- i. Honoraria
- j. Influencing Legislation
- k. Indirect Costs
- l. Legal Costs for Certain Purposes - See Manual
- m. Purchase of Land and Buildings

2. Allowable costs are listed below and defined in the Discretionary Grants Administration Manual. They include:

- a. Advertising for Certain Purposes - See Manual
- b. Audits
- c. Bonding
- d. Books and Periodicals
- e. Communication
- f. Depreciation or Use Charges
- g. Dues
- h. Equipment Maintenance and Repairs
- i. Insurance

- j. Legal Costs for Certain Purposes - See Manual
 - k. Reallocation
 - l. Rent of Equipment and Facilities
 - m. Taxes
 - n. Transportation of Goods
- F. Direct Cost Base: This amount will be your Direct Cost less the Costs Not Applicable.
- G. Type of Cost: Enter type of cost allocation used to calculate your Direct Cost base, either salaries or total direct costs.
- H. Indirect Costs: This is the total of your Indirect Costs to be allocated. This amount is the total Indirect Cost budget shown on the Indirect Cost Pool Budget, Form AAS9530.
- I. Direct Cost: This is the costs used as your base for the Indirect Cost Rate. This is the grand total shown as Direct Cost Base on this schedule.
- J. Indirect Cost Rate: This is the rate derived by dividing indirect cost by direct cost. It will be used to allocate your IDC to services. This is a uniform rate to be applied to all direct costs included in your service budgets.
- V. ROUTING: The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AAA INDIRECT COST PLAN PERSONNEL SCHEDULE
INSTRUCTIONS FOR FORM AAS9532**

- I. **PURPOSE:** The purpose of the form is to document all of the salaries and fringes being charged to the Indirect Cost.
- II. **USED BY:** The AAA fiscal officers will prepare this form and DAAS must approve as part of the Indirect Cost Plan which is a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form will be effective for one year or until the Indirect Cost Plan is revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** List the name of the AAA submitting the form.
 - B. **Date:** Enter the date the form was prepared or revised.
 - C. **Revision:** Enter the revision number, if applicable.
 - D. **Position ID:** Enter the position number or employee name that will identify each position.
 - E. **Position Title:** Enter the title of the position (e.g. Director, Secretary, etc.).
 - F. **Budgeted Amount:** Enter the amount of salary that will be charged to indirect costs.
 - G. **Percent of Salary:** Enter the percent of the total salary that will be charged to indirect costs.
 - H. **Fringe:** Enter the amount of fringe that will be charged to indirect costs.
 - I. **Fringe Percent:** Enter the percent of fringe paid based on the salary paid. The fringe charged to indirect costs must be proportional to the percent of salary charged to indirect costs.
 - J. **Total Indirect Personnel:** Total the dollar amount of salaries and fringe being charged to indirect costs.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AREA PLAN MASTER LIST OF SERVICES
INSTRUCTIONS FOR FORM AAS9533**

- I. **PURPOSE:** This form is to list all services provided by the AAA and to show whether they are provided direct or by contract.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** This form is effective for the Area Plan cycle or until revised.
- IV. **INSTRUCTIONS:**
 - A. AAA: Enter the name of the AAA submitting the form.
 - B. Date: Enter the date the form was prepared or revised.
 - C. Revision Number: Enter the revision number, if applicable.
 - D. Provided:
 - 1. Is listed service provided? Check yes or no as applicable. Also, add to the list any services provided which are not preprinted on the form.
 - 2. Is service provided directly by the AAA (including Medicaid services) or is it contracted? Check applicable block.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the Area Plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AREA PLAN PERSONNEL SCHEDULE
INSTRUCTIONS FOR FORM AAS9534**

- I. **PURPOSE:** The purpose of the form is to document all salaries being charged to this service budget by funding source.
- II. **USED BY:** The AAA Fiscal Officers will prepare the form and DAAS must approve as a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for as long as the corresponding Service Budget is effective - one year or as revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** List the name of the AAA submitting the form.
 - B. **Date Prepared:** Enter the date the form was prepared or revised.
 - C. **Revision Number:** Enter the revision number.
 - D. **ADMIN PERSONNEL:** (Enter only those items that pertain to direct administrative costs. Do not include direct services costs).
 1. **POSITION ID:** Enter a position number or an employee name that will identify the position.
 2. **POSITION TITLE:** Enter the title of the position (e.g., caseworker, secretary, etc.)
 3. **TOTAL SALARY & FRINGE:** Enter the total annual salary and fringe of the employee identified by position ID and position title.
 4. **FUNDING SOURCE:** Enter the name of the funding source(s) (e.g. Title V, Title IIIB, etc.) to be charged. Under funding source name, enter the portion of the total salary and fringe that is to be charged to that funding source.
 5. **SERVICE TOTAL:** Enter the sum of all funding sources to be charged for each employee for this service. Cannot exceed TOTAL SALARY & FRINGE.
 6. **SERVICE PERCENT:** Enter the percentage of the employee's total salary and fringe that is to be budgeted to this service budget for direct administrative personnel (SERVICE TOTAL divided by TOTAL SALARY & FRINGE, rounded to the nearest whole percent).
 7. **TOTAL ADMIN:** Enter the sum of each column.
 - E. **SERVICES PERSONNEL:** (Enter only those items that pertain to direct service costs. Do not include direct administrative costs.)

1. POSITION ID: Enter a position number or an employee name that will identify the position. If listing a group of employees by position title only, include the number of employees grouped under that title. For example, Chore Aides (25) or Case Managers (12).
 2. POSITION TITLE: Enter the title of the position (e.g., caseworker, secretary, etc.).
 3. TOTAL SALARY & FRINGE: Enter the total annual salary and fringe of the employee identified by position ID and position title.
 4. FUNDING SOURCE: Enter the name of the funding source (e.g., Title V, Title IIIB, etc.) to be charged. Under the funding source name enter the portion of the total salary and fringe that is to be charged to that funding source.
 5. SERVICE TOTAL: Enter the sum of all funding sources to be charged for each employee for this service. Cannot exceed TOTAL SALARY & FRINGE.
 6. SERVICE PERCENT: Enter the percentage of the employee's total salary and fringe that is to be budgeted to this service budget for direct service personnel (SERVICE TOTAL divided by TOTAL SALARY & FRINGE, rounded to the nearest whole percent).
 7. TOTAL SERVICES: Enter the sum of each column.
- F. TOTAL ADMIN & SERVICES: Enter the sum of TOTAL ADMIN and TOTAL SERVICES. Totals should be transferred to Service Budget form under appropriate category.
- V. ROUTING: The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

SERVICE BUDGET FORM
INSTRUCTIONS FOR FORM AAS9535

- I. **PURPOSE:** The purpose of the form is to itemize the direct and indirect costs and funding source(s) necessary to provide services. (Use Form AAS9535A for Ombudsman.)
- II. **USED BY:** The AAA Fiscal Officers will prepare the form and DAAS must approve as a part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for as long as the corresponding Service Budget is effective - one year or as revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** List the name of the AAA submitting the form.
 - B. **Date prepared:** Enter the date the form was prepared or revised.
 - C. **Revision Number:** Enter the revision number, if applicable.
 - D. **SERVICE:** Enter the name of the service being budgeted (i.e., Home Delivered Meals, Client Representation, etc.).
 - E. **SOURCE OF FUNDS:** Enter the source of the money being budgeted (i.e., Title IIIC1, Title V, SAS, Local Funds, Client Contributions, etc.). Note: the column on the Service Budget for each fund source should equal the applicable column on the Use of Funds Summary (Form AAS9539).
 - F. **TOTAL:** Enter the total dollar amount of money being budgeted for each line (horizontal).
 - G. **DESCRIPTION OF EXPENSES:** Enter a brief description of expenses being budgeted for those that are not self explanatory, including equipment purchases and all items in excess of \$1,000. Continue in remarks section if necessary.
 - H. **BUDGET: ADMIN** (Supervisory and clerical costs which are directly identified with providing the service.)
 - 1. **Personnel/Fringe:** Enter the total cost of direct administrative salaries/wages and fringe benefits of the staff to be charged to this service budget by funding source. Do not include the cost of consultants which should be listed under Other Costs.
 - 2. **Equipment:** Enter the total cost of all capitalized administrative equipment to be charged to this service budget by funding source. Capitalize equipment costing \$500 or more per unit with a useful life of more than 2 years.
 - 3. **Supplies:** Enter the total cost of all direct expendable administrative property (supplies) to be charged to this service budget by funding source. Examples are: paper, pencils, file folders, etc.

4. Travel: Enter the total amount of direct administrative travel costs to be charged to this service budget by funding source. Examples are: mileage, lodging, meals, air fares, taxis, parking fees, etc.
 5. Rent & Utilities: Enter the total amount of direct administrative rent & utilities costs to be charged to this service budget by funding source.
 6. Communications: Enter the total amount of direct administrative communications costs to be charged to this service budget by funding source.
 7. Contracts: Enter the total amount of direct administrative contract costs to be charged to this service budget by funding source.
 8. Other Costs: Enter the total amount of all other direct administrative costs to be charged to this service budget by funding source.
 9. In-Kind Value: Enter the total value by funding source of in-kind resources (volunteer time, donation of space, etc.) dedicated to administrative functions. Cash contributions regardless of source should be shown in the applicable expenditure not in kind.
- I. TOTAL ADMIN: Enter the sum of all direct administrative costs by funding source.
- J. BUDGET: SERVICES (Actual cost of providing the service).
1. Personnel/Fringe: Enter the total cost of direct salaries/wages and fringe benefits of the staff to be charged to this service budget by funding source. Do not include the cost of consultants which should be listed under Other Costs.
 2. Equipment: Enter the total cost of all capitalized equipment to be charged to this service budget by funding source. Capitalize equipment costing \$500 or more per unit with a useful life of more than 2 years.
 3. Supplies: Enter the total cost of all direct expendable property (supplies) to be charged to this service budget by funding source. Examples are: paper, pencils, file folders, etc.
 4. Travel: Enter the total amount of direct travel costs to be charged to this service budget by funding source. Examples are: mileage, lodging, meals, air fares, taxis, parking fees, etc.
 5. Rent & Utilities: Enter the total amount of direct rent & utilities costs to be charged to this service budget by funding source.
 6. Communications: Enter the total amount of direct communications costs to be charged to this service budget by funding source.

7. Contracts: Enter the total amount of direct contract costs to be charged to this service budget by funding source. Must balance to contract form AAS9536.
8. Other Costs: Enter the total amount of all other service direct costs to be charged to this service budget by funding source.
9. In-Kind Value: Enter the total value by funding source of in-kind resources (volunteer time, donation of space, etc.) dedicated to services. Cash contributions regardless of source should be shown as part of the applicable expenditure, not as in kind.
- K. TOTAL SERVICES: Enter the sum of all service direct costs by funding source.
- L. TOTAL DIRECT COSTS: Enter the sum of TOTAL ADMIN and TOTAL SERVICES by funding source.
- M. INDIRECT COSTS: Enter the calculated indirect costs based on Indirect Cost Allocation Plan to be charged to the service budget by funding source.
- N. INDIRECT FACTOR: Enter the Indirect Cost Factor used to allocate indirect costs to the service budget.
- O. TOTAL BUDGET: Enter the sum of TOTAL DIRECT COSTS and INDIRECT COSTS by funding source.
- P. REMARKS: Use the remarks section to elaborate on any item(s) as necessary for clarity. All "Other" expenses of \$1000 or greater must be explained here.
- Q. NON MEDICAID/MEDICAID: Non Medicaid for this form refers to all funding sources except Medicaid.
- R. PROJECTED CLIENTS: Enter the number of clients expected to receive this service during the Area Plan period.
- S. PROJECTED CONTRACT UNITS: Enter the number of units of service expected to be delivered by contract during the Area Plan period.
- T. PROJECTED DIRECT SERVICE UNITS: Enter the number of units of service expected to be provided directly by the AAA during the Area Plan period.
- V. ROUTING: The complete form is routed to DAAS as part of the Area Plan and any other time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the Area Plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

AREA PLAN CONTRACT FORM
INSTRUCTIONS AAS9536

- I. PURPOSE: The purpose of this form is to document contractual services by provider, units and cost.
- II. USED BY: The AAA will prepare a form for each service for which it contracts and DAAS must approve as part of the Area Plan.
- III. EFFECTIVE DATE: This form is effective for as long as the corresponding Service Budget is effective - one year or as revised.
- IV. INSTRUCTIONS:
 - A. AAA: Enter the name of the AAA submitting the form.
 - B. Date: Enter the date the form was prepared or revised.
 - C. Revision #: Enter the number of the revision, if applicable.
 - D. Contractor's Name: Enter the name of every contractor who provides services funded by this program.
 - E. Services Provided: Identify the services provided by each contractor.
 - F. Cost Per Unit: Enter the projected unit cost for the service provide by each contractor. Unit cost should include total dollar amount a provider receives for a unit of service (for example, one meal) excluding client contributions and Medicaid.
 - G. Projected # Units: Enter the projected number of units for each contractor.
 - H. Total Cost: Enter the total cost for each service provided by each contractor and the grand total for the funding source at the bottom of the page. The grand total must balance to the contract line on the service budget.
- V. ROUTING: The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**USE OF FUNDS SUMMARY FORM
INSTRUCTIONS FOR FORM AAS9539**

- I. **PURPOSE:** The purpose of the form is to itemize the use of funds from a single funding source. Separate forms are required for EVERY funding source.
- II. **USED BY:** The AAA Fiscal Officers will prepare this form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for one year or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** List the name of the AAA submitting the form.
 - B. **Date Prepared:** Enter the date the form was prepared or revised.
 - C. **Revision Number:** Enter the revision number, if applicable.
 - D. **FUNDING SOURCE:** Enter the name of the funding source being summarized on this form (e.g., Title IIIB, Title IIIC, Title V, Cash Contributions, Local Etc.)
 - E. **USE OF FUNDS:** In each column enter the names of all services being funded by that funding source, or if the funds are being used as match for another funding source enter the name of that funding source.
 - F. **TOTAL:** Enter the total dollar amount of money being budgeted for each line (horizontal).
 - G. **DESCRIPTION OF EXPENSES:** Enter a brief description of expenses being budgeted that are not self explanatory, including all items in excess of \$1,000 and any purchases of equipment.
 - H. **BUDGET:** ADMIN (supervisory & clerical cost charged directly to the service).
 - 1. **Personnel/Fringe:** Enter the total cost of direct administrative salaries/wages and fringe benefits of the staff to be charged to this funding source by service.
 - 2. **Equipment:** Enter the total cost of all capitalized equipment to be charged to the funding source by service. Capitalized equipment is defined as costing \$500 or more and having a useful life of more than 2 years.
 - 3. **Supplies:** Enter the total cost of all direct expendable administrative property (supplies) to be charged to this funding source by service. Includes equipment not capitalized.
 - 4. **Travel:** Enter the total amount of direct administrative travel costs to be charged to this funding source. Examples are: mileage, meals, lodging, air fares, etc.

5. Rent & Utilities. The total amount of direct administrative rent and utility costs to be charged to this funding source by budget.
 6. Communication: Enter the total amount of direct administrative communications costs to be charged to this funding source by service.
 7. Contracts: Enter the total amount of direct administrative contract costs to be charged to this funding source by service.
 8. Other Costs: Enter the total amount of all other direct administrative cost to be charged to this funding source by service.
 9. In-Kind Value: Enter the total value by funding source of in-kind resources (volunteer time, donation of space, etc.) dedicated to administrative functions. Cash contributions regardless of source should be shown as part of the applicable expenditure not as in kind.
- I. TOTAL ADMIN: Enter the sum of all direct administrative costs by service.
- J. BUDGET: SERVICES (Actual Cost of Providing the Service).
1. Personnel/Fringe: Enter the total cost of direct salaries/wages and fringe benefits of the staff to be charged to this funding source by service.
 2. Equipment: Enter the total costs of all direct equipment to be charged to this funding source by service. (See F-2 above for definition of equipment.)
 3. Supplies: Enter the total costs of all direct expendable property (supplies) to be charged to this funding source by service.
 4. Travel: Enter the total amount of direct travel costs to be charged to this funding source by service.
 5. Rent & Utilities: Enter the total amount of direct rent & utilities costs to be charged to this funding source by service.
 6. Communication: Enter the total amount of direct communications costs to be charged to this funding source by service.
 7. Contracts: Enter the total amount of direct contract costs to be charged to this funding source by service.
 8. Other Costs: Enter the total amount of all other direct cost to be charged to this funding source by service.
 9. In-Kind Value: Enter the total value by funding source of in-kind resource (volunteer time, donation of space, etc.) dedicated to

services. Cash contributions regardless of source should be shown as part of the applicable expenditure not as in kind.

- K. TOTAL SERVICE: Enter the sum of all service direct costs by service.
- L. TOTAL DIRECT COSTS: Enter the sum of TOTAL ADMIN and TOTAL SERVICES by service.
- M. INDIRECT COSTS: Enter the total of indirect costs based on Indirect Cost Allocation Plan to be charged to this funding source by service.
- N. INDIRECT FACTOR: Enter the percentage of indirect costs to direct costs charged to this funding source by service.
- O. TOTAL BUDGET: Enter the sum of TOTAL DIRECT COSTS and INDIRECT COSTS by service.
- V. ROUTING: The complete form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AREA PLAN TITLE III B PRIORITY SERVICES
INSTRUCTIONS FOR FORM AAS9542**

- I. **PURPOSE:** The purpose of the form is to itemize how Title III B funds are allocated among services, with emphasis on Priority Services.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** This form is effective for one year or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **Date:** Enter the date the form is prepared or revised.
 - C. **Revision #:** Enter the number of the revision, if applicable.
 - D. **Current Title III B Budget:** Enter for each item in the Service column the amount of Title III B funds budgeted for the year covered by this Area Plan.
 - E. **Minimum % Required:** This column provides the percent of Title III B funds that DAAS requires the AAA to spend in each Priority Service in the absence of a waiver of this requirement. Of the Total Title III B allotment, 50% must be spent in Priority Services. A minimum of 5% must be spent in Access, a minimum of 5% must be spent in In-Home, and a minimum of 2% in Legal.
 - F. **Waiver Requested:** Check "yes" or "no" to indicate whether you submitted Priority Services Waiver for this area plan year. If you will spend less than the required total percent for Priority Services or less than the required percent in any priority service category, you are required to obtain a waiver from DAAS.
 - G. **Percent Projected:** For each service category, enter the percent of Title III B funds that you expect to spend in that category. These percents will be used to determine if your waiver status is in compliance with regulations.
 - H. **Title III B Expended During Fiscal Year Most Recently Concluded:** For each service category, enter the amount spent.
 - I. **Total Priority:** Enter the total budgeted for the Access, In-Home and Legal service categories.
 - J. **Other III B:** Enter the amount budgeted from Title III B for services other than the Priority Services.
 - K. **Total III B:** Enter your Total Title III B allocation in the budget and expenditure columns on the chart. Total III B should equal the sum of Priority Services and Other III B. It should also equal the funds granted on the Title III B NGA.

- L. Explanation of Other Services: If you are showing services in the "other" category on the chart, explain what those services are.
- V. ROUTING: The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. FINAL DISPOSITION: DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**AREA PLAN COMPREHENSIVE SERVICE AND FUNDING SCHEDULE
INSTRUCTIONS FOR FORM AAS9543**

- I. **PURPOSE:** The purpose of the form is to document all sources of funding associated with services provided by or through the AAA.
- II. **USED BY:** The AAA will prepare this form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for one year or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** List the name of the AAA preparing the form.
 - B. **Date Prepared:** Enter the date the form was prepared.
 - C. **Revision Number:** Enter the revision number, if applicable.
 - D. **Service:** Enter in this column the names of every service provided by the AAA, whether delivered directly or provided under contract with the AAA, adding to the preprinted list as needed.
 - E. **Funding Sources:** Using separate columns for each, enter the names of every funding source. Enter in the appropriate spaces the dollar allocations for each service funded by that source. Total for each column on the Use of Funds Summary (form AAS9539) should equal applicable line item. Total for each column should equal Grand Total from Use of Funds Summary and the Grand total on the NGA (form AAS9545)
 - F. **Page Totals:** When all service and funding source entries on a page have been completed, calculate page totals for each.
 - G. **Grand Totals:** Enter the sums of all the page totals for all services and funding sources. Service totals should match totals on Service Budget Forms (AAS9535). Funding Source totals should match totals on NGAs (AAS9545) and the Funding Source Summary of Services Form AAS9539.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until resolved audits or investigations are completed.

**COMPREHENSIVE PERSONNEL SCHEDULE
INSTRUCTIONS FOR FORM AAS9544**

- I. **PURPOSE:** The purpose of the form is to document the salary and fringe necessary to provide the services provided by your agency.
- II. **USED BY:** The AAA fiscal officers will prepare the form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** The form is effective for the Area Plan cycle or until revised.
- IV. **INSTRUCTIONS:**
 - A. **AAA:** Enter the name of the AAA submitting the form.
 - B. **Date Prepared:** Enter the date the form was prepared or revised.
 - C. **Revision #:** Enter the number of this revision, if applicable.
 - D. **Position ID:** Enter for every position either a number or an employee name that will identify that position. If listing a group of employees by position title only, include the number of employees grouped under that title. For example, Chore Aides (25) or Case Managers (12).
 - E. **Position Title:** Enter the title of the position (e.g. caseworker, secretary, etc.)
 - F. **Salary and Fringe:** Enter the total of the salary and fringe benefits for the position listed.
 - G. **Program:** For each position enter the name of every program that position serves.
 - H. **Percent (%):** For each position enter the percent of total effort charged to each program. Do not use fractions of percents. Combined percentages must add up to 100% for each position.
- V. **ROUTING:** The completed form is routed to DAAS as part of the Area Plan and any time a revision is made.
- VI. **FINAL DISPOSITION:** DAAS maintains one copy, complete with revisions, of the area plan of each AAA for each year. AAAs are required to maintain copies for three years or until unresolved audits or investigations are completed.

**NOTIFICATION OF GRANT AWARD (NGA)
INSTRUCTIONS FOR FORM AAS9545**

- I. **PURPOSE:** The purpose of the form is to allocate funds to grantees and for grantees to specify how those grant funds will be used.
- II. **USED BY:** DAAS and AAA fiscal officers will prepare the form and DAAS must approve as part of the Area Plan.
- III. **EFFECTIVE DATE:** The most current NGA revision furnished by DAAS will be the only version accepted.
- IV. **INSTRUCTIONS:** These instructions correspond sequentially with the numbers on the NGA. Unnumbered items are referenced by name.
 1. **GRANTEE NAME AND ADDRESS:** Enter the name and address of the AAA completing the form.
 2. **GRANT ACTION:** Select the appropriate action. Revision numbers must be indicated and sequentially accurate. Mark "Line Item Change" only when the total grant award will remain the same.
 3. **APPROVED COSTS:** This is a summary of the service budgets funded by the program funding source.
 - a. **ADMINISTRATION:** The Approved Costs-Administration is the sum of all Service Budget administrative costs funded by the grant and allocated to the following cost categories: See Use of Funds Summary and Service Budget instructions for definitions of expense items.
 - (1) Personnel/Fringe
 - (2) Equipment
 - (3) Supplies
 - (4) Travel
 - (5) Rent & Utilities
 - (6) Communications
 - (7) Contracts
 - (8) In-Kind Value
 - (9) Other Costs
 - b. **TOTAL ADMINISTRATION:** Enter the sum of all cost categories listed above.
 - c. **SERVICES:** The Approved Costs-Services is the sum of all Service Budget costs funded by the grant and allocated to the following categories: See Use of Funds Summary and Service Budgets for detailed descriptions of expense items.
 - (1) Personnel/Fringe
 - (2) Equipment
 - (3) Supplies
 - (4) Travel
 - (5) Rent & Utilities

- (6) Communications
- (7) Contracts
- (8) In-Kind Value
- (9) Other Costs

- d. TOTAL SERVICES: Enter the sum of all cost categories listed above.
 - e. TOTAL DIRECT COSTS: Enter the sum of all direct cost for this funding source.
 - f. INDIRECT COSTS: Enter the sum of all indirect costs for this funding source. The indirect cost factor cannot be greater than the approved factor.
4. TOTAL COSTS: Enter the sum of all costs for this funding source.
- a. INDIRECT PERCENT: Enter the percentage as approved for this program funding source.
5. PROGRAM FUNDING SOURCE: Furnished to AAA by DAAS.
6. VENDOR NUMBER/FUND SOURCE USE CODES: Furnished to AAA by DAAS.
7. PROGRAM CODES: Furnished to AAA by DAAS.
8. APPRO/ALLOC/CHAR CODES: Furnished to AAA by DAAS.
9. GRANT PERIOD: Furnished to AAA by DAAS.
10. COST SHARE: Calculate and enter the appropriate Required, Actual and Other percentages as approved for this funding source. USDA and other federal funds cannot be used to match federal funds. If the cost share is different for administration and services show both percentages.
11. GRANT AWARD IS COMPRISED OF:
- a. Total Approved Costs: Enter the amount from item #4.
 - b. Less Match/Other Resources: Document, compute and enter the amount from the GRAND TOTAL on page 2 of the NGA form.
 - c. Approved Net Costs: Subtract 11B from 11A and enter the difference.
12. GRANT AWARD/OBLIGATIONS:
- a. New Federal Amount: Enter the federal portion of the Approved Net Costs to be funded from this grant.

- b. Unearned Funds From Previous Fiscal Year: Enter the portion of the Approved Net Costs that is to be funded by federal money unearned in the previous fiscal year.
 - c. Federal Subtotal: Enter the sum of all amounts in this section entered above.
 - d. New State Amount: Enter the State portion of the Approved Net Costs to be funded from this grant.
 - e. State Subtotal: Enter the sum of all amounts in this section entered above.
 - f. Other: Enter the portion of the Approved Net Costs funded from sources other than federal and state. Explain "Other" sources in the "Remarks" section of the NGA Form as appropriate.
13. Total Grant Award: Enter the sum of Federal, State, and Other totals.
14. Program Match (Page 2 of the NGA Form).

Source: Enter the program from which match originates.

Type: Use the box that describes the type of match you are using:

- a. Cash: Allowable cost incurred by the grantee, sub grantee, or a cost-type contractor under the grant or sub grant and borne by cash donations from non-Federal third parties.
- b. In-Kind: Property or services which benefit a grant supported project or program and which are contributed by non-Federal third parties without charge to the grantee, the sub grantee, or a cost-type contractor under the grant or sub grant. The value of the third party in-kind contributions must be applicable to the period to which the cost sharing or matching requirement applies.
- c. Other: Identify the source of other allowable resources. Include allowable cost incurred by the grantee, sub grantee, or cost type contractor under the grant or sub grant and borne by another non-Federal program.

Description of Match: Describe the resources that you are using as match. For example, list salaries paid by another non-Federal program.

Amount: Enter the dollar match amount.

Subtotal: Subtotal the amount for each match funding source.

Grand Total: Enter the grand total match.

- V. ROUTING: This form originates in DAAS, is routed to the AAAs for completion and back to DAAS for review as part of the Area Plan package. Submit two (2) copies with original signatures (preferably in blue ink).

VI. FINAL DISPOSITION: DAAS maintains one copy of the Area Plan for each AAA. AAAs are required to maintain copies for three years or until unresolved audits or investigations are complete.

9545INS 05/01/95

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AREA PLAN VERIFICATION OF INTENT

The Area Plan on Aging is hereby submitted for the _____
(Planning and Service Area)

for the period _____ through _____
under provisions of the Older Americans Act, as amended during the period identified.
The Area Agency identified will assume full authority to develop and administer the Area
Plan in accordance with all requirements of the Act and related State policy. In accepting
this authority, the Area Agency assumes major responsibility to develop and administer the
Area Plan for a comprehensive and coordinated system of services and to serve as the
advocate and focal point for older people in the planning and service area.

The Area Plan has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the Division of Aging and Adult Services for approval.

(Date) _____ Signed _____
(Area Agency Director)

The Area Agency Advisory Council has had the opportunity to review and comment on the Area Plan. Their comments, if any, are attached.

(Date) _____ Signed _____
(Chairperson of the Area Agency
Advisory Council)

The governing body of the Area Agency has reviewed and approved the Area Plan.

(Date) _____ Signed _____
(Chairperson of the Area Agency Board of Directors)

**Arkansas Department of Human Services
Certification Regarding Drug-Free Workplace Requirements
Grantees Other Than Individuals**

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Department of Human Services (DHS) determines to award the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HHS, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government wide suspension or debarment.

Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for State inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios.)

If the workplace identified to DHS changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see above).

Definitions of terms in the Non-procurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 USC 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15).

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

The grantee certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace; (2) the grantee's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and, (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and, (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the State agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or, (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant (use attachments, if needed):

Place of Performance (Street address, City, County, State, ZIP Code) _____

Check _____ if there are workplaces on file that are not identified here.

Signature _____ Date _____

Title _____

Organization _____

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

(Name of Applicant) (hereinafter called the "Applicant")

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88.352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department, and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferees, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of application for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

(Date)

(Applicant)

By _____
(President, Chairman of Board, or comparable
authorized official)

(Applicant's mailing address)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE
REHABILITATION ACT OF 1973, AS AMENDED**

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to ¶84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance to consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, (except procurement contracts and contracts of insurance of guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in ¶84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

- a. ☐ employs fewer than fifteen persons;
- b. ☐ employs fifteen or more persons and, pursuant to ¶84.7(a) of the regulation [45 C.F.R. 84.7 (a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Name of Designee(s) (type or print)

Name of Recipient (type or print)

Street Address or P. O. Box

(IRS) Employer Identification #

City

State

Zip

I certify that the above information is complete and correct to the best of my knowledge.

Date

Signature and Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below:

NOTE: If this form is not returned with the application for financial assistance, return it to DHHS, Office For Civil Rights, 330 Independence Avenue, S.W., Washington, D.C. 20201.

Certification Regarding Debarment, Suspension, and Other
Responsibility Matters - Primary Covered Transactions

1. By signing and submitting this proposal, the applicant, defined as the primary participant in accordance with 45 CFR part 76, certifies to the best of its knowledge and belief that it and its principals:
 - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
 - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 1(b) of this certification; and
 - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
2. The inability of a person to provide the certification required above will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the Department of Health and Human Services (HHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The prospective primary participant agrees that by submitting this proposal, it will include the clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction" provided below without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Organization

Authorized Signature

Title

Date

Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion - Lower Tier Covered Transactions

(To be supplied to Lower Tier Participants)

By signing and submitting this lower tier proposal, the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

(b) where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

The prospective lower tier participant further agrees by submitting this proposal that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Organization

Authorized Signature

Title

Date

Certification Regarding Lobbying

Certification for Contracts, Grants, Loans
and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the expansion, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

Authorized Signature

Title

Date

USDA AGREEMENT FOR CASH PAYMENT IN LIEU OF COMMODITIES

In order to implement the provisions of section 311 of the Older Americans Act of 1965, as amended through December 31, 1992, the _____ Area Agency on Aging elects to receive 100 % of its USDA entitlement as cash, at the rate established and adjusted by USDA, and agrees with Arkansas Division of Aging and Adult Services to the following provisions:

The Arkansas Division of Aging will:

1. Authorize monthly cash payments for each USDA eligible meal served under the Older Americans Act Title III guidelines. Payments, calculated using the most current reimbursement rate established by USDA, will be based on anticipated disbursements by the AAA to the provider.
2. Adjust future monthly payments based upon reports of meals served.

The Area Agency will:

1. Report monthly to DAAS the actual verifiable number of USDA-eligible meals served by providers, submitting any adjustments to reported numbers within 90 days of the end of the quarter. Medicaid funded meals are not eligible for USDA reimbursement.
2. Promptly and equitably disburse all cash payments to their nutrition service providers based on each provider's total number of eligible meals served.
3. Establish procedures, including periodic on-site program monitoring activities, to insure that such cash payments are used by the nutrition service providers solely for the purchase of:
 - a. United States agriculture commodities or other of US origin or foods produced in the United States, and used to provide meals eligible under DAAS and Title III of the Older Americans Act (1/3 RDA, provider accepts donation and accepts Food Stamps as a donation) or
 - b. Meals meeting above requirements and furnished to them under contractual arrangements with approved food service management companies, caterers, restaurants, or institutions, provided that each meal consists of United States-produced foods at least equal in value to the per-meal cash payment.
4. Maintain and retain, for three years from the close of the federal fiscal year to which they pertain, complete and accurate records of all amounts received and disbursed under this agreement, and permit representatives of the Arkansas Department of Human Services, the United States Department of Agriculture and the General Accounting Office of the United States to inspect, audit, and copy all program records at any responsible time.
5. Sign assurances of compliance with Civil Rights law, Equal Employment Opportunity laws, Drug Free Workplace and Lobbying regulations and adhere to the following:

"No otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

This agreement shall become effective when executed by both parties and shall be updated as necessary.

AAA Director

Date

DAAS Director

Date

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING AND ADULT SERVICES**

AREA PLAN ASSURANCES

Parties to these Assurances are the Area Agency on Aging, hereafter referred to as AAA, and the Division of Aging and Adult Services, hereafter referred to as DAAS, of the Arkansas Department of Human Services, referred to as DHS.

I. CANCELLATION

- A. **GENERAL:** This agreement or any attachment to it may be canceled prior to the specified expiration date if both parties agree in writing. Either party may cancel this agreement unilaterally, at any time, by giving the other party thirty (30) calendar days written notice, and delivering notice of cancellation either in person or by certified mail.
- B. **CANCELLATION BY AAA:** If the AAA is the party canceling the agreement or any attachment, the written notice must be delivered to the Director of DAAS.
- C. **CANCELLATION BY DAAS:** DAAS may initiate action to cancel this agreement or any attachment to it if DAAS has reason to believe the AAA has not fully performed all its responsibilities in accordance with this agreement. DAAS must document the reason to support the belief. The AAA must be given notice that states the specific reason(s) along with ways in which the problem(s) may be corrected and ten (10) calendar days to do so. Cancellation of the agreement does not affect any legal rights DAAS may have to recover damages.
- D. **AAA RESPONSIBILITIES WHEN AGREEMENT ENDS:** If this agreement is canceled or expires and will not be renewed, the AAA agrees to perform the following actions:
 - 1. Notify all applicable clients as required by DAAS policies.
 - 2. Deliver any DAAS property in the possession of the AAA to the location specified in writing by DAAS.
 - 3. Retain all records required by DAAS (Section IV C), and comply with any audit requirements of DHS (Section V F).

II. PROGRAM COMPLIANCE

- A. **STATE AND FEDERAL LAW:** Performance of this agreement by both parties must comply with state and federal laws and regulations. If any statute or regulation enacted by the government requires changes in this agreement, both parties shall consider this agreement to be automatically amended to comply with the newly enacted statute or regulation as of the effective date of the statute or regulation.
- B. **ACT OF GOD:** Neither party shall be held responsible for any delay or failure to perform any part of this agreement when such delay or failure

results from fire, flood, epidemic, earthquake, war or insurrection, or unusually severe weather. Neither party shall be held responsible for the legal acts of public authorities which are beyond the control of the parties.

- C. COMPLIANCE WITH DAAS POLICIES: The AAA agrees to provide the services in accordance with all applicable manuals and other official issuances of DAAS. DAAS must provide the AAA with copies of such issuances and the AAA must maintain them in a current file.
- D. COMPLIANCE WITH NONDISCRIMINATION LAWS: The AAA shall comply with all applicable provisions of Title 45 Code of Federal Regulations related to nondiscrimination, both in service delivery to clients and in employment, including:
 - 1. Part 80 (Nondiscrimination on the Basis of Race or Sex);
 - 2. Part 84 (Nondiscrimination on the Basis of Handicap); and
 - 3. Part 90 (Nondiscrimination on the Basis of Age).
- E. AFFIRMATIVE ACTION PLAN: The AAA agrees to establish a written affirmative action plan and ensure that the affirmative action policies are communicated to all staff.
- F. GRIEVANCE PROCEDURE:
 - 1. Applicants for Services and Service Recipients (Clients): The AAA agrees to establish a system through which clients may present grievances concerning the provision of services. The AAA shall advise each client of the client's right to request a hearing by DAAS if the handling of the case is considered to be unsatisfactory, and shall assist the client in making the request.
 - 2. Employees: The AAA agrees to establish a system through which employees may present grievances.
- G. DRUG FREE WORKPLACE: The AAA agrees to provide a drug-free workplace in compliance with the requirements of the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F.
- H. COMPLIANCE WITH IMMIGRATION LAWS: The AAA agrees to hire only American citizens and aliens who are authorized to work in the United States, assuring compliance with the Immigration Reform and Control Act of 1986.

III. PROGRAM OPERATION

- A. PROGRAM DESCRIPTION: All grant services must comply with the provisions of all applicable published or approved program plans, State and Federal statutes and regulations, and State, Department, and Division standards and requirements. No change shall be made in the program or services delivered without formal, written approval from DAAS. The AAA assures that it shall:
 - 1. provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for

the establishment, maintenance, or construction of multipurpose senior centers, within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income minority individuals) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income minority individuals) residing in such area, and the number of individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of services or centers to meet such need;

2. include in each activity undertaken by the AAA, including planning, advocacy, and systems development, a focus on the needs of low-income minority older individuals;
3. set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, including specific objectives for providing services to low-income minority individuals, and include proposed methods of carrying out the preference in the area plan;
4. include in each agreement made with a provider of any service under Title III of the Older Americans Act all of the requirements of Section 306 (a)(5)(A)(ii) and its subsections;
5. with respect to the fiscal year preceding the fiscal year for which the plan is prepared, identify the number of low-income minority individuals in the planning and service area, describe the methods used to satisfy the service needs of such minority individuals and provide information on the extent to which the AAA met its objectives for providing services to such individuals;
6. use outreach efforts that will identify individuals eligible for assistance under the Older Americans Act, with special emphasis on older individuals residing in rural areas, older individuals with greatest economic need (with particular attention to low-income minority individuals), older individuals with greatest social need (with particular attention to low-income minority individuals), older individuals with severe disabilities, older individuals with limited English-speaking ability, and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals) and shall inform these individuals and caretakers of the availability of such assistance;
7. expend an adequate proportion of funds, as required under the Older Americans Act section 307(a)(22) part B, for the delivery of

services associated with access to services, in-home services and legal assistance. A total of no less than 50% of such funds shall be expended on these services; no less than 5% may be spent on access to services, no less than 5% on in-home services, and no less than 2% on legal assistance and specify annually in its area plan in detail the amount of funds expended for these service categories during the fiscal year most recently concluded;

8. conduct periodic evaluations of, and public hearings on, activities carried out under the area plan and conduct an annual evaluation of the effectiveness of AAA outreach to individuals in the target groups, providing documentation of these evaluations to DAAS with the annual program performance report;
9. furnish technical assistance to providers of supportive services, nutrition services, or multipurpose senior centers in the planning and service area covered by the area plan;
10. serve as the advocate and focal point for older individuals within the community by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals and take into account the views of the recipients of services;
11. where possible, enter into arrangements with organizations providing day care services for children or adults, and respite for families, so as to provide opportunities for older individuals to serve as volunteers in the delivery of such services to children, adults and families;
12. if possible regarding the provision of services under this Title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals;
13. establish an advisory council consisting of older individuals, representatives of older individuals, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise the AAA in all matters relating to the area plan;
14. develop and submit on form AAS9520 methods by which priority of services is determined, particularly with respect to the delivery of access to services, in-home services and legal assistance services;
15. establish procedures for coordination of programs that receive assistance under the Older Americans Act with other Federal programs for older individuals;
16. facilitate the coordination of community-based, long-term care services designed to retain individuals in their homes;
17. identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and exploitation of older individuals and determine the extent to which the need for appropriate services is unmet;

18. facilitate the involvement of long-term care providers in the coordination of community-based long-term care services and work to ensure community awareness of and involvement in addressing the needs of residents of long-term care facilities;
19. coordinate access to services, in-home services and legal assistance with activities of community-based organizations established for the benefit of victims of Alzheimer's disease and the families of such victims;
20. coordinate any mental health services provided with funds expended by the AAA with the mental health services provided by other organizations;
21. conduct, if there is a significant population of older individuals who are Indians in the planning and service area, outreach activities to identify such individuals and inform them of the availability of assistance under the Older Americans Act;
22. compile information on institutions of higher education regarding courses offered to older individuals and make a summary of such information available at multipurpose senior centers, congregate nutrition sites, and other appropriate places;
23. provide leadership and coordination in the development, provision, and expansion of adequate housing, supportive services, referrals, and living arrangements for older individuals and assistance to older individuals who are subject to eviction;
24. publish its telephone number under the name "Area Agency on Aging" in the unclassified sections of the telephone directories in its planning and service area and, to the extent possible, in the classified sections of those directories, under a subject heading designated by regulation;
25. identify the needs of older individuals and describe methods the AAA shall use to coordinate planning and delivery of transportation services (including the purchase of vehicles) to assist older individuals, including those with special needs, in the area;
26. expend any amounts received under parts D, E, F and G of Title III of the Older Americans Act in accordance with the requirements of such parts;
27. expend, in carrying out the State Long-Term Care Ombudsman program under Older Americans Act section 307(a)(12), not less than the total amount of funds appropriated under this Act and expended by the AAA in fiscal year 1991 in carrying out such a program under this Title;
28. describe in the Area Plan all activities of the AAA, whether funded by public or private funds, and further assures that the activities conform with the responsibilities set forth in the Older Americans

Act and with the laws, regulations, and policies of the State of Arkansas;

29. maintain the integrity and public purpose of services provided, and service providers, under the Older Americans Act in all contractual and commercial relationships;
30. disclose to DAAS in the area plan or amendments thereto the identity and nature of each contract or commercial relationship with a nongovernmental entity to provide any service to older individuals; demonstrate that there will be no loss or diminution in the quantity or quality of the services provided under the Older Americans Act by the AAA; and demonstrate that the quantity or quality of the services to be provided under this Act will be enhanced as a result of such contract or such relationship;(refer to form AAS9536)
31. in the area plan or amendments thereto, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds the AAA receives or expends to provide services to older individuals; (refer to form AAS9543)
32. not use funds received under Title III of the Older Americans Act to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title;
33. not give preference in receiving services under this Title to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
34. to the maximum extent practicable, coordinate the services it provides under Title III with services provided under Title VI, Grants for Native Americans;
35. pursue activities to increase to the maximum extent practicable access by older individuals who are Native Americans to all aging programs and benefits provided by the AAA, including programs and benefits under Title III of the Older Americans Act, if applicable and specify the ways in which the AAA intends to implement the activities;
36. not duplicate, under Title III, case management services provided through other Federal and State programs but shall coordinate with those services;
37. attract additional resources from local units of government, public and private agencies, and the community at large, to extend the program of services available to elderly citizens of the area;

B. CONTINUOUS BASIS OF OPERATION: The AAA shall assure that services will operate on a continuous and leveled basis throughout the grant year with no reduction from the previous year. It shall include in its

area plan a list of all sites with their scheduled days and hours of operation. Changes in operational schedules shall be reported to DAAS and any reduction in schedule shall be made only after obtaining written approval from DAAS. (Refer to form AAS9548)

C. **COMPLIANCE WITH APPLICABLE PROGRAM STANDARDS:** The AAA's program and administrative procedures must comply with applicable program standards established by the Administration on Aging, DHS and DAAS. The AAA assures that:

1. it shall allow designated employees or agents of DHS to monitor the program and evaluate the services provided under the agreement. Such actions shall be conducted during normal working hours. This monitoring and evaluation includes but is not limited to such actions as reviewing program records; reviewing program policies and procedural issuances; reviewing staffing ratios and job descriptions; reviewing and evaluating any services delivered under this agreement; interviewing any staff directly and indirectly involved in the provision of services; and interviewing and surveying past or present clients;
2. each project that makes nutrition services available to older individuals and to their spouses, and may make such services available to handicapped or disabled individuals who have not attained 60 years of age but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided;
3. it shall give primary consideration to the provision of meals in a congregate setting;
4. it shall permit recipients of grants or contracts to solicit voluntary contributions, including Food Stamps, for meals furnished in accordance with AoA guidelines, and such voluntary contributions shall be used to increase the number of meals served by the project involved, or with DAAS approval to facilitate access to such meals, and to provide other supportive services directly related to nutrition services;
5. the site for congregate meals and for comprehensive supportive services shall be in as close proximity to the majority of eligible individuals' residences as feasible;
6. meal programs will provide meals at least five days per week except that fewer may be provided in rural areas with the written approval of DAAS;
7. each project shall establish outreach activities which assure that the maximum number of eligible individuals may have an opportunity to participate;
8. each project shall establish and administer the nutrition project with the advice of dietitians (or individuals with comparable expertise), persons competent in the field of service in which the nutrition

project is being provided, older individuals who will participate in the program, and of persons who are knowledgeable with regard to the needs of older individuals;

9. each project shall provide special menus, where feasible and appropriate, to meet the particular dietary needs of eligible individuals;
10. it shall give consideration where feasible, in the furnishing of home delivered meals, to the use of organizations which have demonstrated an ability to provide home delivered meals efficiently and reasonably and furnish assurances to the AAA that such an organization shall maintain efforts to solicit voluntary support and that the funds made available under this title to the organization shall not be used to supplant funds from non-Federal sources;
11. it shall establish procedures that will allow nutrition project administrators the option to offer a meal, on the same basis as meals are provided to participating older individuals (i.e. voluntary contributions accepted), to individuals providing volunteer services during the meal hours, and to individuals with disabilities who reside at home with and accompany older individuals who are eligible under this Act;
12. each nutrition project shall provide nutrition education to participants on at least a semiannual basis and more frequently if required by DAAS policy to do so;
13. each meal provider shall comply with applicable provisions of Federal, State and local laws regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to an older individual;
14. it shall comply with Title III Section 307 (a) (14) of the Older Americans Act and with DAAS Policy 210, Multipurpose Senior Centers, with respect to the acquisition, alteration, or renovation of existing facilities or the construction of new facilities to serve as multipurpose senior centers;
15. it shall provide for the establishment and maintenance of information and assistance services in sufficient numbers to assure that all older individuals within the planning and service area covered by the plan will have reasonably convenient access to such services, with particular emphasis on linking services available to isolated older individuals and older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of individuals with such disease or disorders);
16. it shall enter into contracts with providers of legal assistance in accordance with specific restrictions and regulations promulgated under the Legal Services Corporation Act and shall attempt to involve the private bar in legal assistance activities;

17. legal assistance shall be furnished to older individuals with social or economic need and the AAA shall coordinate its services with existing Legal Services Corporation projects in order to concentrate the use of funds on the greatest need;
18. legal assistance furnished under the plan shall be in addition to any legal assistance for older individuals being furnished with funds from sources other than the Older Americans Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;
19. it shall give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination;
20. it shall provide at least one full time individual, trained and approved by the State Long Term Care Ombudsman according to section 712(a)(5) of the Older Americans Act and any other necessary staff (paid or volunteer) to carry out the duties of the Ombudsman Program at the area agency level as described in section 712(a)(5);
21. no individual, employee or volunteer, involved in the local Ombudsman program or the hiring of the local Ombudsman is subject to a conflict of interest as described in section 712(f) of the Older Americans Act;
22. information obtained by the local Ombudsman program shall be disclosed only in accordance with section 712(d) of the Older Americans Act;
23. all individuals involved in the Ombudsman Program at the local level shall adhere to procedures developed by the State Long Term Care Ombudsman;
24. in carrying out services related to adult protective services it shall conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities and shall keep confidential all information gathered in the course of receiving reports and making referrals unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency;
25. it shall conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(6)(I), for older individuals who reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them;

26. special efforts shall be made to provide technical assistance to minority providers of services;
 27. it shall promote the rights of each older individual who receives services;
 28. it shall comply with the requirements of Title V Section 502 of the Older Americans Act with respect to the Older American Community Service Employment Program.
 29. it shall prepare a disaster relief plan setting forth procedures necessary to protect older persons involved immediately after the occurrence of a disaster and assist in the delivery of emergency services with particular attention to health, food, shelter, sleeping arrangements, and any other assistance necessary to the older person's well-being.
- D. SUBCONTRACTING: The AAA agrees to specify that all direct client services are provided through subcontracting. The AAA agrees to be responsible to DAAS for the performance of the subcontracted services. The AAA further agrees to notify all subcontractors that DAAS is not responsible for payments to the subcontractors and that all reimbursements for subcontracted services shall be made by the AAA. All subcontracts must contain a provision that the subcontractor shall comply with nondiscrimination laws outlined in this agreement and with the requirements of DAAS Policy 204, Minimum Assurances for Subcontractors.
- E. INDEMNIFICATION OF DAAS FOR LIABILITY SUSTAINED AS A RESULT OF AAA'S OPERATION: The AAA agrees that it shall reimburse DAAS and DHS for any/all liability, losses, damages, costs, and expenses which the DHS may sustain, incur, or be required to pay:
1. because any applicant, recipient, or any other person suffers personal injury, death, or property loss or damage, while receiving service from the AAA under this agreement, while on premises owned, leased, or operated by the AAA, or while being transported to or from the premises in any vehicle owned, operated, or contracted for by the AAA or the AAA's office, agent, or employee; or
 2. because any applicant, recipient, or any other person causes injury to or damage to the property of another person during any time when the AAA or the AAA's office, agent, or employee is furnishing the care and services called for under this agreement.

In the event that any action, suit or proceeding is brought against DHS upon any matter covered by this clause, DHS shall notify the AAA by certified mail.

IV. INFORMATION AND RECORDS

- A. ACCESS TO RECORDS: Records maintained by the AAA under this plan and any attachment(s) shall be made available upon request to designated

employees or agents of DHS or the Federal Government for audit or any other purposes connected with DHS's service programs. Statistical records on clients served and expenditures charged to other funding sources shall be made available by the AAA when needed to verify the AAA's cost allocation or the non-duplication of services or payment.

- B. **RECORDS MAINTENANCE:** The AAA shall maintain case records showing the nature and outcome of services provided to each client served under this grant. In addition, the AAA shall maintain any and all fiscal records necessary for the proper accounting of funds received from the Department. All records shall be maintained in accordance with DAAS policies and procedures.
- C. **RECORDS RETENTION:** The AAA shall retain all books, records, and other documents relating to expenditures, services rendered, or individuals served under this plan or any attachment for a period of three (3) years from the date that agreement expires or, if any audit or investigation is pending at the end of the three-year period, until resolution of that audit or investigation. Any persons authorized by DHS shall have full access to any of these materials during this period.
- D. **AGREEMENT TO SUPPLY INFORMATION TO THE DEPARTMENT:** The AAA agrees to supply DAAS with statistical information on clients and services, financial data, and any other such information DAAS, DHS, or AoA may request concerning the operation of its programs or the delivery of services under this agreement and any attachments. The information shall be supplied within a reasonable time as specified by DAAS. DAAS has the right to duplicate or use this information in any manner and for any purpose connected with the administration of DAAS programs. This includes the right to release data to sources outside DHS if the information released does not identify specific clients.
- E. **CONFIDENTIALITY OF CLIENT RECORDS:** The AAA shall maintain all client records in a secure manner. Information about clients shall not be disclosed to anyone who is not an employee of the AAA or staff designated by DHS or DAAS except when written authorization has been granted by DAAS. This restriction does not apply to disclosures made with the informed, written consent of the client or, if the client is not a competent adult, with the informed written consent of the legally responsible party. (Ombudsman records may be disclosed only according to DAAS Ombudsman procedures.)

V. FISCAL PRACTICES

- A. **COMPLIANCE WITH LAWS AND ACCEPTED PRACTICES:** An AAA shall be bound by applicable cost principles issued by DAAS and by Federal laws and regulations applicable to the designated funding sources. The AAA shall adhere to generally accepted accounting principles established by the American Institute of Certified Public Accountants and the Comptroller General of the United States.
- B. **LIMITATION OF DEPARTMENT'S OBLIGATION TO PAY:** DAAS is not obligated to make payment if DAAS does not receive sufficient monies

from the funding source(s) to fund said obligations and other obligations of DAAS, or is not given legal authority from the Arkansas Legislature to spend these funds. DAAS is not obligated to make payment if any required state or local matching money is not available at the time the bill is presented for payment.

- C. CLAIMS: Only payment for services specifically authorized under this plan shall be allowed by DAAS. Any work performed, materials furnished, or costs incurred but not covered under this plan shall be solely the responsibility of the AAA. All claims must be submitted in the format specified by DAAS.
- D. NON-DUPLICATION OF PAYMENT: Services provided or costs incurred under this plan shall not be allocated to or included as a cost of any other State or Federally financed program in either a current or prior period unless partial payment is approved by DAAS.
- E. PAYMENT FROM DHS CONSIDERED PAYMENT IN FULL: Payment received from DAAS under this plan shall be payment in full for all services covered by the payment. No fee or other charge shall be made against a client or a third party for these services. This paragraph does not preclude allocation of costs among two or more funding sources, or payment of portions of the cost of a service under different funding sources, so long as there is not duplication of payment. This paragraph does not apply to the collection of donations or fees expressly authorized by DAAS.
- F. AUDIT REQUIREMENT: The AAA shall have an annual, independent Financial and Compliance Audit in accordance with OMB Circular A-133 and Guidelines for Financial and Compliance Audits of Programs Funded by the Arkansas Department of Human Services. Three (3) copies of the audit results must be submitted to DHS within 120 days following the end of the AAA's fiscal year. To request an extended deadline, a written request detailing the circumstances preventing timely submittal must be submitted to DHS fifteen (15) days before the due date.
- G. DEPARTMENTAL RECOVERY OF FUNDS: The AAA expressly acknowledges that DHS may recover money determined to be due to DAAS because of audit findings, payment errors or overpayments through adjustments in subsequent payments due to the AAA or through the settlement process.

VI. AAA ADMINISTRATIVE APPEAL PROCEDURES

The AAA may appeal any adverse action taken by DAAS by filing a written Notice of Appeal. This notice is due within thirty (30) calendar days from the date the AAA received notification of adverse action from DAAS.

VII. MAXIMUM LIABILITY

- A. MAXIMUM LIABILITY OF DAAS: Regardless of any other provision of this agreement, or any costs or obligations of the AAA, DAAS' liability shall be subject to limits specified in the Notice of Grant Award.

Expenditures of DAAS funding are governed by the grant award limit and a written amendment signed by both parties.

- B. REQUEST FOR CASH: Requests for cash must be submitted on the proper forms in accordance with DAAS/DOF requirements. DAAS shall not be obligated to pay any bill received after the expiration date on the application Notice of Grant Award form. DAAS shall not be obligated to pay bills funded with State General Revenue for a particular state fiscal year (July 1 - June 30) if they are received later than June 15, unless a written waiver is granted in advance.

VIII. CERTIFICATION AND SIGNATURES

The AAA certifies that all documentation presented to obtain this agreement is true and complete. The AAA further agrees to notify DAAS of any changes in this documentation except when DAAS has given specific written permission to waive such notification.

Date _____ Signed _____
Chairman, AAA Board of Directors

Date _____ Signed _____
Director, Division of Aging & Adult Services

AAA

Date _____
Revision # _____

PRIORITY OF SERVICES

Describe the method you will use to determine the priority of services, particularly with respect to the delivery of services, in-home and legal assistance, to comply with IIIA14 of the Area Plan Assurances.

AAA

Date _____

Revision # _____

METHODS OF PREFERENCE FOR PROVIDING SERVICES

Describe the methods you will use to give preference to older individuals with the greatest economic or social needs, with particular attention to low-income minority individuals, and older individuals with limited English-speaking ability, and older individuals with Alzheimer's disease or related disorders to comply with IIIA3 of the Area Plan Assurances.

AAA

Date _____

Revision # _____

AREA PLAN
ORGANIZATIONAL CHART OF AAA

Show below or on a separate sheet the organizational structure of the AAA. List actual position titles and the total number of slots in each position. Show lines of authority. Place an asterisk (*) by the positions which provide direct services as defined by the direct services policy and procedures (DAAS 201). Positions on the organizational chart must agree with the positions listed on the AAA personnel schedules.

AAA

DATE _____

REVISION # _____

[illegible]

BOARD OF DIRECTORS

AAA:

Date_

Revision #

NAME	ADDRESS	TELEPHONE NUMBER	TER

* list names, addresses, telephone numbers and starting and ending years of terms of current Board members.

AAS9526 05/01/95

COMMUNITY FOCAL POINTS IN PSA

AAA

DATE _____

REVISION # _____

List Focal Points identified by the Area Agency on Aging for the Communities in the Planning and Service Area. Please use the "Community" column to explain how you are defining "Community" and to describe what area is served by each "Focal Point." Use additional sheets if necessary.

Focal Point	County	Address	Community

AAA

Date _____

Revision # _____

AREA AGENCY MISSION AND GOALS

MISSION STATEMENT:

STATEMENT OF GOALS:

AAA

DATE _____

REVISION #

AAA INDIRECT COST PERSONNEL SCHEDULE

[illegible]

AAA

DATE _____

INDIRECT COST POOL BUDGET

REVISION #

CATEGORY	BUDGET	NARRATIVE DESCRIPTION OF EXPENSES
PERSONNEL		See Attached Personnel Schedule
FRINGE		See Attached Personnel Schedule
SUPPLIES		
TRAVEL		
RENT & UTILITIES		
COMMUNICATIONS		
*OTHER COST		
TOTAL IDC		

* Other cost must be listed and explained.

REVISION #

SERVICE

PROVIDED

YES

NO

AAA

CON

[illegible]

Please include service budgets with funding sources, personnel schedules and contract pages for each service you provide.

SERVICE BUDGET

VICE _____ Adult Day Care
 E: _____
 SION # _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

GET	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
N						TOTAL	TOTAL
nnel/Fringe							
ment							
ies							
I							
& Utilities							
nunications							
acts							
d Value							
Costs							
L ADMIN							
ICES							
nnel/Fringe							
ment							
ies							
I							
& Utilities							
nunications							
acts							
d Value							
Costs							
L SERVICES							
L DIRECT COST							
ECT COSTS							
L							
st Factor							
RIPTION OF EXPENSES							

AAA

SERVICE PERSONNEL SCHEDULE

DATE _____

SERVICE Adult Day Care

REVISION # _____

ADMIN PERSONNEL

TOTAL
SALARY
& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

SERVICE
TOTAL

TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

Adult Day Care
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
Indicates Minority Contractors				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

Benefits Counseling

SERVICE PROJECTIONS CLIENTS	NON-MEDICAID	MEDICAID
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:									
GET	NON-MEDICAID		NON-MEDICAID		NON-MEDICAID		NON-MEDICAID		MEDICAID
N							TOTAL	TOTAL	
nnel/Fringe									
ment									
ies									
& Utilities									
nunications									
acts									
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Costs									
L ADMIN									
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nunications									
icts									
d Value									
Costs									
- SERVICES									
- DIRECT COST									
ECT COSTS									
-									
t Factor									
RIPTION OF EXPENSES									

AAA

SERVICE PERSONNEL SCHEDULE

SERVICE Benefits Counseling

DATE

REVISION #

ADMIN PERSONNEL

TOTAL
SALARY
& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

SERVICE
TOTAL

TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

AAS9534 05/01/94

Benefits Counseling
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
<p>Indicates Minority Contractors.</p> <p>S9536 05/01/94</p>				

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SERVICE: _____
 TYPE: _____
 DIVISION #: _____
 Chore Service

SOURCE OF FUNDS:

BUDGET	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
MIN						TOTAL	TOTAL
Personnel/Fringe							
Equipment							
Supplies							
Travel							
Repairs & Utilities							
Communications							
Contracts							
Land Value							
Other Costs							
ADMINISTRATIVE							
SERVICES							
Personnel/Fringe							
Equipment							
Supplies							
Travel							
Repairs & Utilities							
Communications							
Contracts							
Land Value							
Other Costs							
ADMINISTRATIVE SERVICES							
ADMINISTRATIVE DIRECT COST							
DIRECT COSTS							
TOTAL							
Cost Factor							
DESCRIPTION OF EXPENSES							

AAA

SERVICE PERSONNEL SCHEDULE

SERVICE Chore Service

DATE

REVISION #

ADMIN PERSONNEL

TOTAL
SALARY
& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

SERVICE
TOTAL

TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

Chore Service
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

Indicates Minority Contractors.

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE
DATE:
VISION #

Client Representation

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

BUDGET		SOURCE OF FUNDS:							
MIN	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID	
Personnel/Fringe							TOTAL	TOTAL	
Equipment									
Supplies									
Travel									
Telephone & Utilities									
Communications									
Contracts									
Good Value									
Other Costs									
TOTAL ADMIN									
SERVICES									
Personnel/Fringe									
Equipment									
Supplies									
Travel									
Telephone & Utilities									
Communications									
Contracts									
Good Value									
Other Costs									
TOTAL SERVICES									
TOTAL DIRECT COST									
TOTAL INDIRECT COSTS									
TOTAL									
Effect Factor									
DESCRIPTION OF EXPENSES									

AAA

SERVICE PERSONNEL SCHEDULE

SERVICE Client Representation

DATE

REVISION #

ADMIN PERSONNEL

TOTAL
SALARY
& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

SERVICE
TOTAL

TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

AAS9534 05/01/94

Client Representation
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

Indicates Minority Contractors.

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE: _____
 EMPLOYMENT: _____
 DIVISION #: _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

BUDGET		SOURCE OF FUNDS:					
LINE	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
Personnel/Fringe						TOTAL	TOTAL
Equipment							
Supplies							
Travel							
Repairs & Utilities							
Communications							
Contracts							
Land Value							
Other Costs							
ADMINISTRATIVE							
SERVICES							
Personnel/Fringe							
Equipment							
Supplies							
Travel							
Repairs & Utilities							
Communications							
Contracts							
Land Value							
Other Costs							
ADMINISTRATIVE							
SERVICES							
DIRECT COST							
INDIRECT COSTS							
TOTAL							
Cost Factor							
DESCRIPTION OF EXPENSES							

AAA

SERVICE PERSONNEL SCHEDULE

DATE _____

SERVICE

Employment

REVISION # _____

ADMIN PERSONNEL

TOTAL
SALARY
& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

SERVICE
TOTAL

S

TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES



Employment
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
Indicates Minority Contractors				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

ICE _____ Health Promotion
 : _____
 ION # _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
						TOTAL	TOTAL
Personnel/Fringe							
Equipment							
Utilities							
Communications							
Supplies							
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Personnel/Fringe							
Equipment							
Utilities							
Communications							
Supplies							
Value							
Costs							
SERVICES							
DIRECT COST							
INDIRECT COSTS							
Factor							
DESCRIPTION OF EXPENSES							

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

E Homemaker Service

ON # _____

SOURCE OF FUNDS:

T	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
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PORTION OF EXPENSES							

05/01/95



CONTRACT FORM

DATE _____

Homemaker Service
SERVICE

REVISION #

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

Information & Assistance

SOURCE OF FUNDS:

NON-MEDICAID

NON-MEDICAID

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05/01/95

REVISION # _____

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AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
<p>* Indicates Minority Contractors</p>				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

Legal Assistance

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

NON-MEDICAID

NON-MEDICAID

NON-MEDICAID

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05/01/95

AAA

SERVICE PERSONNEL SCHEDULE

DATE_

SERVICE	Legal Assistance
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REVISION #_____

[illegible][illegible]

Legal Assistance
SERVICE

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
Indicates Minority Contractors				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

ICE _____
 Material Aid _____
 ION # _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

ET	NON-MEDICAID		NON-MEDICAID		NON-MEDICAID		NON-MEDICAID	MEDICAID
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Factor								
DESCRIPTION OF EXPENSES								

REVISION #

[illegible]

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

Meals, Congregate

SOURCE OF FUNDS:

NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
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REVISION #

[illegible]

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

MEALS, Home-Delivered

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
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PORTION OF EXPENSES							

AAA

SERVICE PERSONNEL SCHEDULE

DATE _____

SERVICE	Meals, Home-Delivered
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REVISION #

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AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
<p>* Indicates Minority Contractors</p>				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

Nutrition Counseling (by RD)

CE

ON #

SOURCE OF FUNDS:

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5 05/01/95

CONTRACT FORM

DATE _____

Nutrition Counseling (by RD)
SERVICE

REVISION #

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractor

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

Nutrition Education

N # _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

NON-MEDICAID

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MEDICAID

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05/01/95

AAA

SERVICE PERSONNEL SCHEDULE

DATE _____

SERVICE	Nutrition Education
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REVISION #_____

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Nutrition Education

CONTRACT FORM

DATE _____

REVISION #

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

Service Summary - Ombudsman Program

AAA:	Program Year:
------	---------------

1. List the individual(s) that will perform Ombudsman duties. This should correspond with the number of individuals listed on the Area Plan Personnel Schedule. Location information is only necessary for those individuals not located at the main AAA office. Service % is the percent of time that individual actually spends on Ombudsman activities. This should be based upon a formal time study.

Name	Mailing Address	Phone	Fax	Serv %

The local Ombudsman may not have duties that may result in a conflict of interest such as directly assisting with the placement of a person in a long term care facility, performing APS assessments, or visit or investigate complaints in a facility that houses an immediate family member.

2. List the individual(s) that will provide back-up support for the Ombudsman during illness, vacation, or other absence. This individual(s) does not have to be listed on the Personnel Schedule.

Name	Mailing Address	Phone	Fax	Serv %

3. Project the average number of visits, per quarter, by the Ombudsman to LTC facilities for the program year. The statewide average, per quarter, for the most recently completed year was 3.6 for Nfs and 1.9 for RCFs.

Nursing Facilities:	Residential Care Facilities:
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4. Project the % of facility survey exit conferences the Ombudsman will participate in during the program year.

Nursing Facilities:	Residential Care Facilities:
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5. Project the number of separate resident councils the Ombudsman will meet with during the program year. (Not the number of meetings.)

6. Project the number of separate family councils the Ombudsman will meet with during the program year. (Not the number of meetings.)

7. Provide a short description of what will be done during the program year to promote the Ombudsman Program to the general public.

DATE _____

REVISION #

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

Personal Care

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:

	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
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05/01/95

DATE _____

REVISION # _____

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

Repair/Modif/Maint

ON # _____

SOURCE OF FUNDS:

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05/01/95

AAA

SERVICE PERSONNEL SCHEDULE

DATE

SERVICE

Repair/Modif/Maint

REVISION #

ADMIN PERSONNEL

TOTAL

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& FRINGE

FUNDING SOURCE

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POSITION TITLE

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SERVICES PERSONNEL

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POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

E Socialization

IN #

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

	SOURCE OF FUNDS:			
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SERVICE PERSONNEL SCHEDULE

SERVICE Socialization

DATE _____
REVISION # _____

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& FRINGE

FUNDING SOURCE

POSITION ID

POSITION TITLE

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TOTAL

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TOTAL ADMIN

SERVICES PERSONNEL

POSITION ID

POSITION TITLE

TOTAL SERVICES

TOTAL ADMIN & SERVICES

AAS9534 05/01/04

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST
<p>* Indicates Minority Contractors</p>				

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

Special Events

E

ON #

SOURCE OF FUNDS:

T	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID
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PORTION OF EXPENSES							

05/01/95

REVISION #_____

HOTEL ADMIN

AAS9534 05/01/94

AREA PLAN

CONTRACTOR'S NAME	SERVICES PROVIDED	COST PER UNIT	PROJECTED # UNITS	TOTAL COST

* Indicates Minority Contractors.
AAS9536 05/01/94

SERVICE BUDGET

E Supervised Living

IN # _____

SERVICE PROJECTIONS	NON-MEDICAID	MEDICAID
CLIENTS		
CONTRACT UNITS		
DIRECT SERVICE UNITS		

SOURCE OF FUNDS:							
	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	NON-MEDICAID	MEDICAID	
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