

APPENDIX 1

FORMAL POLICY STATEMENTS AFFECTING ALL SUBRECIPIENT ACTIVITIES

I. PURPOSE:

From time to time, the Board of Directors of the Mid-America Regional Council and/or the Commission on Aging adopt formal policy positions which affect total agency/program operations. Those that have direct impact upon program/service activities are reproduced below.

II. EQUAL EMPLOYMENT OPPORTUNITY POLICY:

In the execution of any project, MARC will not discriminate against any employee or applicant for employment because of race, creed, color, religion, sex, handicap, age, national origin, political opinion or affiliation. MARC will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color, religion, handicap, sex, age, national origin, or political affiliation. Such action shall include, but not be limited to, the following: employment upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; in selection for training including apprenticeship. MARC will, in all solicitations or advertisements for employees placed by or in behalf of MARC, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, handicap, religion, sex, age, national origin or political affiliation. MARC will insert a similar provision in all contracts for services performed under MARC projects.

Adopted January, 1972

III. MINORITY BUSINESS ENTERPRISE POLICY:

It shall be the policy of MARC that in all areas of activity affirmative action will be taken to comply with the intent and spirit of the Civil rights Act of 1964, as amended. MARC will take affirmative action to ensure that in the administration of its purchasing/contracting system minority business enterprises shall have an equitable opportunity to participate.

The Executive Director shall be charged with the responsibility for the administration of this policy and the development of a formal Minority Business Enterprise Affirmative Action Program in accord with Title VI of the Civil Rights Act of 1964, as amended, Executive Order Number 11625 and the orders and regulations of those public entities (i.e., Department of Housing and Urban Development; Department of Health and Human Services; Department of Transportation; City of Kansas City, Missouri, etc.) affected.

The Executive Director shall designate the Director for Administration, the central authority responsible for controlling purchases, the responsibility for implementing the Minority Business Enterprise Affirmative Action Program and integrating those principles and objectives into the procurement policies and procedures of MARC as adopted by the MARC Board.

The Executive Director shall designate the Equal Opportunity Officer, the central authority responsible for monitoring MARC's equal opportunity and affirmative action programs, the responsibility for reviewing the implementation of the MBE program, monitoring activities, recommending program changes and preparing periodic reports, In the performance of these and related functions, the EOE/MBE officer shall report directly to the Executive Director on all issues dealing with equal opportunity, affirmative action, and MBE's.

The objectives of the Minority Business Affirmative Action Program of MARC shall be:

- A. To provide support and encouragement to the minority business enterprises within the geographic area served by MARC;
- B. To utilize MBE's to the maximum extent feasible in carrying out the programs and activities of MARC;
- C. To encourage member jurisdictions to include MBE's in their purchasing/contracting systems and activities;
- D. To solicit broad-based community involvement in the identification of potential minority subrecipients, contractors and/or suppliers;
- E. To require that all firms responding to requests for proposals and competitive proposals from MARC have formally developed and adopted, or are in the process of developing and adopting, affirmative action programs for both employment, contracting, and purchasing as required by applicable federal laws;
- F. To encourage existing and potential subrecipients, contractors and suppliers to support MBE's through the development of joint ventures and/or subcontracts;
- G. To inform all existing and potential subrecipients, contractors and suppliers, minority economic development agencies and organizations that MARC has adopted and implemented this policy in support of minority business enterprises; and
- H. To inform all MARC employees of the adoption of an MBE policy statement and to require that all managers and supervisors be familiar with the MBE/AAP and adhere to the provisions therein.

Adopted on February 27, 1979

IV. GRIEVANCE POLICY

The following procedures are to be followed when a grievance is alleged:

GRIEVANCE INVOLVING A PERSON AND A MARC CONTRACTED SERVICE PROVIDER:

- A. When aggrieved person chooses to present grievance to service provider:
1. Aggrieved person shall document allegations in writing to service provider and mail a copy to MARC Director of Aging Services.
 2. Service provider shall acknowledge receipt in writing within three (3) business days of receipt and mail a copy to MARC Director of Aging Services.
 3. Service provider shall investigate nature of allegation, document findings and corrective action (if appropriate) in a written report, and distribute report to aggrieved person and MARC Director of Aging Services of the findings within ten (10) business days of initial grievance receipt.
 4. If aggrieved person is unsatisfied with the report, he/she may request, in writing, a hearing before the appropriate COA policy committee or the Commission on Aging itself. The written request must be directed to the Director of Aging Services and must contain an explanation why the service provider's proposed solution was unacceptable.
 5. Upon receipt of the written request for a hearing, the Director of Aging Services shall schedule a time to the aggrieved person to appear before the appropriate committee and notify the person and service provider of the time.
 6. At the hearing, the aggrieved person shall have the opportunity to present his/her case in a reasonable period of time, as determined by the committee. An equal amount of time shall be granted to the service provider to present its case. The committee shall have the opportunity to question the participants in order to clarify the facts. After the committee has deliberated to its satisfaction, a determination shall be made and a written report drafted outlining the issues and reasons for the outcome.
 7. If a COA policy committee was used for the hearing, the aggrieved person may request that the Commission on Aging review the findings at its next meeting. The commission shall review the committee report, question the participants as necessary, and make a determination.
- B. When aggrieved person chooses to present grievance to MARC and not to the service provider:

1. Aggrieved person shall document allegations in writing and send to the MARC Director of Aging Services.
2. The Director shall acknowledge receipt in writing within three (3) business days of receipt;
3. The Director shall investigate nature of allegation, document findings and corrective action (if appropriate) in a written report to aggrieved persons within ten (10) business days of initial grievance receipt;
4. If aggrieved person is unsatisfied with the report, he/she may request, in writing, a hearing before the appropriate COA policy committee or the Commission on Aging itself. The written request must be directed to the Director and must contain an explanation why the proposed solution was unacceptable.
5. Upon receipt of the written request for a hearing, the aging Director shall schedule a time for the aggrieved person to appear before the appropriate committee and notify the person and service provider of the time.
6. At the hearing, the aggrieved person shall have the opportunity to present his/her case in a reasonable period of time, as determined by the committee. An equal amount of time shall be granted to the service provider to present its case. The committee shall have the opportunity to question the participants in order to clarify the facts. After the committee has deliberated to its satisfaction, a determination shall be made and a written report drafted outlining the issues and reasons for the outcome.
7. If a COA policy committee was used for the hearing, the aggrieved person may request that the Commission on Aging review the findings at its next meeting. The commission shall review the committee report, question the participants as necessary, and make a determination.

GRIEVANCE RESULTING FROM SERVICE PROPOSAL DENIAL:

- A. This grievance (appeal) procedure is available to any respondent that has submitted a complete and viable proposal in response to a Request for Proposal (RFP) regarding MARC's Aging Services.
- B. The preliminary subrecipient/contractor list will be approved by the MARC Board of Directors at its regular meeting in April. A formal response will be sent to all respondents officially notifying them of the Board's recommendations subsequent to the meeting. The formal response will be submitted to each respondent through the use of the United States Postal Service first class mail.
- C. Respondents wishing to submit an appeal of the preliminary subrecipient/contractor list will be informed of the deadline for submission. The appeals request must be addressed to the Executive Director of MARC and must specify the reason for appeal. The person who

was authorized to submit the original proposal must also submit the appeal.

- D. An appeals committee will be appointed by the Director of Aging Services. The members of the appeals committee may be selected from the following categories and will be supported by MARC staff:
 - 1. Members of the MARC Commission on Aging (COA);
 - 2. Outside parties (non-COA members) who are knowledgeable in the field of social services and/or public service contracting;
 - 3. Members of the MARC Board of Directors.
- E. The Appeals Committee will be convened prior to the May COA meeting. The exact date, time and location will be determined once the need to convene an appeals committee has been determined. A meeting packet containing the date, time, and the agenda for the meeting will be mailed to all affected entities prior to the meeting.
- F. The information contained in the meeting packet will include rules for the conduct of the appeals hearing. The basic format of the agenda will be as follows:
 - 1. Introductions and approval of agenda;
 - 2. Presentation of issues to be resolved;
 - 3. Formal presentation by the respondent. This presentation must be made by the same authorized person who submitted the proposal appeal, or a representative authorized in writing by the respondent; and
 - 4. Responses by other entities impacted by the appeal.
- G. The Appeals Committee will meet in executive session immediately following the hearing to determine and formulate findings. A written notice of the findings/recommendations of the Appeals Committee will be mailed to the respondent within five (5) working days of the meeting.
- H. The report of the Appeals Committee will be submitted to the Commission on Aging at its May meeting. The Commission will review the report and either accept the findings and

recommendations or provide an alternate remedy to the issues presented. An alternate remedy may include a revision in the recommended service providers list for the coming program year/contract period. The Commission's action will be incorporated into its final contract recommendations and forwarded to the MARC Board of Directors.

- I. A formal notification of findings and disposition will be mailed with the notice of final contract authorization within five (5) working days following the MARC Board of Directors' final contract determination. This letter will:
 - 1. Include the reasons for the final determination and identify the evidence or criteria upon which the decision was based, and
 - 2. Inform the respondent that after exhausting the MARC appeals process, the respondent may file a written request to the Missouri Division of Senior and Disability Services for mediation within fourteen (14) calendar days of the receipt of final determination from MARC.

- J. The regulations of the Division of Senior and Disability Services, Missouri Department of Health and Senior Services state that within fourteen (14) calendar days of receipt of final determination from the area agency on aging (in this instance, MARC) a respondent may file a written request for Division mediation. The option is available to:
 - 1. Service provider applicants whose application to provide service is denied; and
 - 2. Service providers whose subgrant or contract is terminated or not renewed.

GRIEVANCE RESULTING FROM TERMINATION OR NON-RENEWAL OF CONTRACT:

- A. Termination of a contract is defined as a contract that is canceled during the course of the program year. Non-renewal of a contract applies to any contract that has been awarded to a provider for a service that has been solicited on a multi-year basis, but is not renewed at the end of a program prior to the end of the multi-year period.

- B. Subrecipient/Contractor shall submit a letter to the MARC Director of Aging Services within ten (10) business days of the date of termination or non-renewal notice. The letter must state specific reasons why such termination/non-renewal should not be affected and request resolution of the dispute.

- C. The Director of Aging Services shall acknowledge receipt of grievance within three (3) business days.

- D. A meeting with MARC's Executive Director shall be scheduled to resolve the dispute. The Executive Director shall document the resolution in a letter to Subrecipient/Contractor no later than ten (10) business days after meeting.

- E. If Subrecipient/Contractor is unsatisfied with the Executive Director's resolution, Subrecipient/Contractor may request a hearing before **the MARC Budget & Personnel Committee**. Such request must be in writing and received at MARC no later than five (5) business days after notice of resolution.
- F. MARC shall acknowledge receipt of hearing request no later than three (3) business days after request receipt.
- G. **The MARC Budget & Personnel committee shall** consider the dispute at its next scheduled meeting. The committee shall rule on the dispute in one of these ways:
 - 1. Remand the dispute to the Executive Director for reconsideration within a specified period of time; or
 - 2. Overrule the Executive Director's decision, in favor of another decision; or
 - 3. Concur with the Executive Director's decision.
- H. If Subrecipient/Contractor remains unsatisfied with MARC's final decision, an appeal to the Missouri Division of Senior and Disability Services for mediation may be affected.

V. INCLEMENT WEATHER POLICY:

It is the policy of MARC to cooperate to the fullest extent possible with the emergency plans and procedures implemented by local governments. During the winter months, the senior centers and nutrition sites will follow the officials of the Kansas City School District (or school district where center is located) to determine if weather conditions are unsafe for travel. On those days when sites are normally open and schools are not in session (i.e., Christmas-New Years recess), the Manager of Community Services will make the decision based upon local conditions and any invocation of local snow ordinances, or requests from public safety officials of the community/area via mass media that non-essential employees stay off the roads.

If funds are available at the beginning of the winter season Winter-Packs will be delivered to all home delivered meals recipients. Senior Center Administrators will contact recipients to identify if the recipient is in need of additional food.

Providers for services not directly affiliated with senior center administration will develop policies and procedures to notify their clients when services are disrupted due to inclement weather, who to contact in an emergency and how planned services will be rescheduled.

VI. AGE DISCRIMINATION:

All contracts for services, supplies, materials, etc., shall contain statements meeting the federal regulations stated below:

- A. Where an HHS recipient passes on financial assistance to sub-recipients, the recipient must notify sub-recipients of their obligations under the proposed HHS regulations.

- B. Each recipient employing the equivalent of fifteen (15) or more full-time employees must complete a one time written self-evaluation that must identify each age distinction the recipient uses and itself imposes on the program receiving federal financial assistance from HHS. If the self-evaluation reveals a violation of the Act, the recipient must take corrective action. The recipient must keep the self-evaluation and made it available upon request for three (3) years to HHS and the public.
- C. Each HHS recipient must make available to HHS upon request information necessary to determine whether the recipient is in compliance with these regulations. Recipients must also allow HHS reasonable access to the books and records to the extent necessary to determine compliance with the Act and its regulations.

VII. TRAVEL POLICIES AND LOBBYING REQUIREMENTS:

- A. Subrecipients/Contractors attending MARC-required meetings and/or conferences are assumed to have included appropriate travel expenses in their proposal submission. Where such travel is not anticipated appropriate contract modifications should be requested to provide for reimbursement.
- B. Regarding lobbying activities, all service providers for MARC shall be required to file a certification as set forth in Appendix A of 45 CFR 93. Submission of this certification is a prerequisite for making or entering into any contract imposed by section 1352, title 31, U.S. Code.
 - 1. Where appropriate, all subrecipients/contractors must file a disclosure form when an event requiring disclosure occurs. Each service provider will also be required to file an updated disclosure form at the end of each calendar quarter in which an event has occurred that affects information already filed.
 - a. No federal appropriated funds will be paid by, or on behalf of, any subrecipient/contractor 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 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 extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - b. 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 contractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

2. All subrecipients/contractors shall require that the language of the certification set forth in Appendix A of 45 CFR 93 be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

VIII. SERVICE PRIORITIES:

Services priorities are only to be used by subrecipients/contractors if the volume of request for services exceeds the available resources within the limits of the MARC contract and other resources of the subrecipient/contractor available to assist MARC clients. It remains the primary responsibility of the subrecipient/contractor to manage the MARC contract in such a manner that services are available throughout the contract period or program year.

Several of the criteria used to determine priority status refer to "inadequate income". The Older Americans Act explicitly states that priority for services will be given to those older persons in the greatest social and economic need, with special consideration for the low-income minority elderly. The regulations further prohibit the utilization of means testing to determine eligibility for services. However, the information needed to determine income levels would become apparent during the completion of the assessment process, and may be indicated by the client's participation in or eligibility for other programs/services that have an income eligibility factor, (assisted housing, Medicaid, SSI, etc.)

A. IN-HOME SERVICES:

Each client will be assessed prior to beginning service delivery. If the request exceeds the available resource, then applicants will be prioritized in accord with the following criteria for each type of service.

1. Homemaker/Personal Care
 - a. Persons needing extensive daily assistance with personal care activities.
 - b. Lack of social supports as measured by the availability of family, friends, or neighbors to accommodate some of the tasks.
 - c. Extreme (greatest) economic need, i.e. those persons with income unable to provide for their basic needs for shelter, food, clothing, and necessary medication.

2. Adult Day Care
 - a. Need for supervision: those who have the greatest physical, mental, social and emotional impairments, which preclude their ability to remain alone during the daytime hours.
 - b. Caregiver burden: those clients who are at risk of institutionalization or abuse/neglect if the caregiver does not get respite from responsibility of providing 24-hour care, or because the caregiver is unable to provide care during the (work) day hours.
3. Health-Related Services to Residents of Congregate Housing
 - a. Ability to plan and access services: those persons who are unable, because of mental or physical disability, to plan and access the needed services to prevent their own institutionalization.
 - b. Inadequate income.

B. COMMUNITY SERVICES

1. Congregate Meals
 - a. Those who do not have sufficient resources to provide nutritious meals for themselves.
 - b. Those whose independent living arrangements lack proper facilities for meals preparation.
 - c. Those who are ambulatory but lack sufficient health or motivation to prepare meals regularly.
 - d. Those who are totally isolated and need an opportunity for the socialization of group dining.
2. Home-Delivered Meals

The home-delivered meals program will be available only to those homebound persons authorized by the MARC Department of Aging Services.

 - a. Protective service referrals made by authorized personnel of the Missouri Division of Senior Services.
 - b. Persons who cannot provide meals for themselves and who have no support system (family, friends or adequate financial resources).

- c. Persons who have intermittent support systems, i.e. weekends only or evenings and weekends.
- d. Persons who are intermittently able to provide services for self, but are unable to attend a senior center or can attend a senior center on an irregular basis.
- e. Spouse or primary caregiver who resides in the residence of the homebound client when it is to the advantage of the client (as requested).

3. Minor Home Maintenance

This service category includes minor home repair, which has statutorily been limited to a maximum expenditure of \$150.00. Minor home maintenance includes: emergency situations and correctable conditions endangering the older person's health or safety, emergency situations and installation of rehabilitative devices.

4. Site Transportation

This service is the provision of transportation to congregate meal participants between their homes and the senior center on a pre-determined schedule. There are not sufficient funds to provide transportation for each meal served at the center or each person expected to participate in the activities and programs provided at the senior center.

- a. Persons who do not have adequate resources to provide their own transportation.
- b. Persons with physical impairments requiring transportation assistance.
- c. Lack of access to personal and/or public transportation.
- d. Persons who reside at the farthest point (distance) from the senior center within the target area that the center is to serve.

C. SPECIAL TRANSPORTATION-- RESERVED AND LIFT/RAMP

- 1. Within the broad range of eligible service recipients, priority will be given to disabled older persons with the greatest social and economic need, with special attention to the needs of the low-income minority elderly.
- 2. The second level of priority will be determined by the purpose of the trip for which transportation has been requested:
 - a. Emergency situation requiring immediate response (but NOT a medical emergency requiring an ambulance or medically-certified personnel).

- b. Routine medical trips, such as:
 - (1) therapy or treatment sessions;
 - (2) regular office visits, clinics, or health centers; and
 - (3) pharmacy or other medical services.

- c. Essential shopping trips, such as:
 - (1) groceries, food, essential household supplies; and
 - (2) pharmacy or other provider of medical equipment.

- d. Essential business, such as:
 - (1) utility service, court appearances, legal assistance;
 - (2) governmental services, i.e. social security, Missouri Department of Health and Senior Services and its divisions, housing authority, etc.

It is current policy to utilize the lift/ramp service to transport mobility impaired persons who cannot access conventional vehicles to the senior centers.

Adopted: January, 1992

IX. AMERICANS WITH DISABILITIES ACT OF 1990 (ADA):

The Americans with Disabilities Act of 1990, Public Law 101-336, makes it unlawful to discriminate in employment against a qualified individual with a disability. The ADA also outlaws discrimination against individuals with disabilities in state and local government services, public accommodations, transportation and communications.

The departments of the Executive Branch of the government have been given regulatory and enforcement responsibilities for the implementation of ADA. the programs and services that are provided by the Commission on Aging and its subrecipients, contractors and suppliers are regulated as follows:

- A. Department of Justice:** State and local government support functions. "public entities" include any state or local government and any of its departments, agencies or other instrumentalities. MARC is a totally owned instrumentality of local governments.

- B. Department of Health and Human Services:** Health care and social service providers and institutions, including "grass-roots" and community services organizations and programs; and pre-school and day care programs.

- C. Department of Labor:** Labor and the work force.

- D. Department of Transportation:** Public transportation.

E. Equal Employment Opportunity Commission (EEOC): Job discrimination.

The employment requirements are ranked by the number of employees: organizations with 25 or more employees must meet the employment requirements by July 26, 1992, and those with 15-24 employees have until July 26, 1994, to come into full compliance. However, current Missouri law (Missouri Human Rights Act) covers employers with six or more employees.

All respondents to RFP's are required to include with their proposal a signed Assurance of ADA Compliance certificate.

Adopted January, 1992

X. AIDS POLICY:

Acquired Immune Deficiency Syndrome (AIDS) has become a major health issue in the United States. The potential impact of AIDS on the social service delivery system requires that agencies involved in the provision of social services develop policies and procedures to assure that the delivery of services is not governed by fear, prejudice or ignorance. Towards this end, the Commission on Aging of the Mid-America Regional Council, as the designated Area Agency on Aging (AAA) hereby establishes the following guidelines to be followed in the provision of services to the elderly population within MARC's planning and service area.

It is the policy of MARC that no otherwise eligible person will be denied services or discriminated against on the basis of creed, color, race sex, nationality, age, or handicapping condition. Agencies who serve as subrecipients, contractors or subcontractors in the direct delivery of services are also required to follow in the direct delivery of services are also required to follow this policy of non-discrimination. All contracts issued by MARC, or between MARC and the service provider, and subcontracts developed by providers utilizing funds provided by MARC include required compliance with Title VI of the Civil Rights Act of 1964, as amended, and prohibit discrimination in the delivery of services.

It is neither necessary or required that service providers be informed if a client, or potential client, has been diagnosed as having AIDS, ARC, or any related condition. An individual is eligible for MARC/COA funded services because of age (aged 60 or above), the inability to perform a number of the activities of daily living (ADL), and/or the lack or a resource system to provide the services for them.

It has been noted by health care providers and the CDC that the lack of an immune system (as caused by the AIDS virus) makes the body subject to a wide range of opportunistic infections and diseases. These can then cause the handicapping condition that would cause an individual to require services (cancer, heart disease, kidney disease, dementia, etc.).

Although the elderly are not generally thought of as a group that is at high risk for contracting AIDS, the possibility is there. From what is known about the disease, the period at which one is most likely to be able to transmit the virus to another may be prior to actually being diagnosed (from two to eight years after initial contact). The general population is equally a risk.

Information currently available to us indicates that the virus is transmitted through body fluids. The Center for Disease Control (CDC) has developed guidelines for the health care professions that emphasize precautions that should be followed in working in close physical contact with clients/patients. Although the emphasis has been placed on AIDS, they suggest that all body fluids should be treated as potentially infective.

The standards and regulations that have been developed for each category of service funded by MARC include general standards for the protection of both the client and the service provider or worker. These standards include sanitation at the senior centers, procedures for food handling, safety procedures for transportation providers and training of in-home service workers. Subrecipients/Contractors providing direct services to clients in their homes should review their training programs and operational procedures to insure compliance with or incorporation of the CDC guidelines for health care professions. These standards should be used at all times, with all clients, not just those for whom the worker or provider assumes has a special condition. If these standards are followed at all times, then there is no rational reason to fear contamination or exposure to an infectious disease.

Adopted April, 1988

XI. SUSPENSION POLICY

TRANSPORTATION SERVICES:

To address THE CONDUCT OF BOTH PASSENGERS AND SUBRECIPIENT/CONTRACTOR PERSONNEL, the following comprehensive suspension policy is provided as guidance for circumstances requiring temporary and/or permanent severance from service. Subrecipients/Contractors are required to provide a copy of this policy to riders.

A. Temporary Passenger Suspension by Service Provider:

Service Providers may suspend service to a passenger for up to five consecutive working days without MARC's prior written approval due to problems with the service recipient. The service provider is required to maintain full and complete documentation of the events and circumstances causing the suspension of a passenger.

A written warning of an impending suspension specifying the nature of the reasons and containing copies of relevant Incident Reports should be mailed to the passenger that is subject to suspension, when possible. If the activities subjecting the passenger to suspension are not corrected as specified in the warning, the passenger may be suspended. The service provider is required to maintain written documentation of the events leading up to and resulting in the suspension.

Circumstances that compromise the safety of the driver, the violating passenger, other passengers, or innocent bystanders, shall be considered cause for an immediate suspension followed by written documentation and notification from the service provider to the suspended passenger.

Examples of passenger problems that may (at the discretion of the transportation service provider) lead to suspension include, but are not limited to:

1. Two (2) consecutive no-shows or no-runs
2. Frivolous trip scheduling and cancellations
3. Theft from other passengers or contractor personnel
4. Intentional misrepresentation of fact
5. Use of obscenities, profanity, and other offensive language
6. Violence (either by threat or by act)
7. Intentional harassment of MARC and/or contractor personnel
8. Failure to comply with program requirements as explained by the contractor
9. Repeated attempts by a passenger to circumvent the driver responsibilities listed under C. of this suspension policy.

B. Driver Refusal to Permit a Person to Board the Vehicle:

Drivers are authorized to deny transportation to a service recipient attempting to board the vehicle who, in the judgment of the driver:

1. Is intoxicated (from alcohol and/or drugs);
2. Is too ill or experiencing an emergency health episode;
3. Has a mobility limitation that prevents safe entry or exit from the vehicle even with reasonable human or mechanical assistance;
4. Demonstrates violent or unruly behavior; or
5. Insists on transporting prohibited items.

Drivers shall report any incidents of service denial to the transportation service provider. Written documentation of each incident shall be maintained.

C. Safety Expectations of Drivers and Passengers:

Drivers (and passengers) shall observe the following safety precautions:

1. Assure that all passengers are seated before vehicle is put into motion.

2. Encourage passengers to use seat belts.

3. Not allow firearms, alcoholic beverages in opened containers, unauthorized controlled substances or highly combustible materials to be transported in the vehicle.
4. Allow service animals in the vehicle, as needed; however, other animals shall not be allowed.
5. Assure that all packages are safely stored before putting vehicle in motion.
6. Assist each passenger to enter and exit the vehicle as needed.
7. Assure that passengers enter and exit the vehicle in unobstructed and safe locations.
8. Observe all posted speed limits and modify driving according to weather hazards.
9. Not use alcohol prior to or while driving.
10. Not use any prescribed or patent medication [or illegal drugs and/or other substances that may impair driving ability prior to or while driving.
11. Not smoke during transport of riders.

D. MARC Indefinite Suspension of a Passenger:

MARC may suspend passengers for indefinite periods of time for documented reasons. Reasons for indefinite suspension may originate with the service provider, or they may be revealed in the administrative recordkeeping process. The transportation provider may suspend passengers for indefinite periods of time only with MARC approval, and only after first submitting to MARC a written request. Actions or activities that may result in indefinite suspensions are exhibitions of behavior by a service recipient that, in the judgment of MARC or the subrecipient/contractor;

1. Are contrary to this policy,
2. Which have been and continue to be hazardous to the safety of self and or others.

NOTE: Whenever there is a question regarding the applicability of the State Standards for transportation services (upon which this policy is based) and standards presented in the Americans with Disabilities Act, the more restrictive of the two standards shall apply.

SENIOR CENTER SERVICES:

MARC has the obligation to protect the rights of all participants in the nutrition program by denying access to a center by any individual whose behavior at the center is offensive, seriously disrupts the activities at the center and threatens bodily harm to other participants or the staff. In prohibiting access to a center, MARC shall follow procedures that will assure that the rights and

privileges of the individual are not arbitrarily infringed upon without good cause, and that the needs of one individual will, if required, be met by an alternative service.

- A. An individual may be asked to leave the center who engages in threatening or offensive behavior including, but not limited to:
 - 1. Assault and battery on another participant or staff, or presents a clear and present danger that such an assault will occur.
 - 2. Offensive or insulting language to another individual.
 - 3. Use of profanity and/or obscenities.
 - 4. Willful interference with the activities of the center.
 - 5. Willful violation of the rules and procedures established, and similar activities.
 - 6. Interference in the proceedings of a meeting of the site/advisory council.
 - 7. Willful damage of center equipment.
 - 8. Theft from other participants, or from the center.

- B. The Senior Center Administrator shall request that any individual engaging in such unacceptable behavior shall cease the behavior.
 - 1. If the behavior continues, the Senior Center Administrator shall request the individual to leave the center, and shall report the incident to the central office immediately.
 - 2. If the individual does not leave, the Senior Center Administrator shall immediately call the central office for instructions.
 - 3. If there is a clear and present danger of bodily harm or serious property damage, the Senior Center Administrator shall immediately call the police and then shall inform the central office of the incident before the close of business on the day the incident occurred.

- C. Issues of suspension and expulsion of participating in programs and activities at the senior center shall be determined by the service provider. Such policies shall be submitted to MARC for review to ensure compliance with federal and state laws and regulations governing federally funded programs.
 - 1. If the participant disagrees with the decision made by the Senior Center Administrator, and the Director of Aging Services, he/she may request a conference with the aforementioned staff to discuss their decision within five working days after the participant has been notified.

2. The agency committee shall, within a period of one week after the conference, make a recommendation to support the staff decision, allow the individual to attend the center under special conditions, recommend an alternative center, or if required, recommend an alternative service.
 3. The suspended individual must receive prior approval from the Director of Aging Services before attending any of the MARC centers during the period of suspension.
 4. If the staff recommends permanent suspension or reassignment to another center, the participant has a right to file a grievance or request a hearing with the Director of Aging Services.
- D. When a request for a hearing is received, the Aging Services Director shall be informed within 24 hours, and shall be requested to appoint an ad hoc committee to investigate the incident.
1. The investigative committee shall have a minimum of three members in addition to the Aging Services Director. One shall be a participant from another senior center, one shall be a professional in the field of aging and one shall be a member of the Commission on Aging.
 2. The investigative committee shall be assisted by the Aging Department staff in obtaining information concerning the incident, including confidential interviews with other participants and staff involved in the incident.
 3. The individual involved shall be present at the hearing.
 4. The individual shall be informed by registered letter of the decision of the investigating committee within five working days of the decision and shall be advised of the privilege to appeal the decision at the next meeting of the Commission on Aging, provided that the meeting will occur no sooner than two weeks after the mailing of the letter.
 5. If so requested, the Commission shall allow time on the agenda at the next meeting for the appeal and shall act on the appeal by either confirming the action of the committee setting specific conditions for participation, allowing unrestricted participation or other action deemed most appropriate to the situation.
 6. If the individual is not satisfied with the decision of the Commission, the individual will be informed of the procedure for appealing to the Missouri Division of Senior and Disability Services.
 7. The legal counsel shall take any necessary steps, including requesting an injunction, to assure that any prohibition is enforced.

**APPENDIX 2
OLDER AMERICANS ACT**

Originally Passed: 1965
Last Amendment: 2006

Title I Declaration of Objectives for Older Americans

Title II Administration on Aging

Title III Grants for State and Community Programs Aging:

| | |
|----------|----------------------------------------|
| Sec. 309 | Nutrition Services Incentive Program |
| Sec. 310 | Consumer Contributions |
| Sec. 311 | Supportive Services and Senior Centers |
| Sec. 312 | Nutrition Service |
| Sec. 313 | Congregate Nutrition Program |
| Sec. 314 | Home Delivered Nutrition Services |
| Sec. 315 | Criteria |
| Sec. 316 | Nutrition |
| Sec. 317 | Study of Nutrition Projects |
| Sec. 320 | Caregiver Support Program Definitions |
| Sec. 321 | Caregiver Support Program |
| Sec. 322 | National Innovation |

Title IV Activities for Health, Independence and Longevity:

| | |
|----------|---------------------------------------------------------------|
| Sec. 403 | Career Preparation for the Field of Aging |
| Sec. 404 | Health Care Service Demonstration Projects |
| Sec. 405 | Technical Assistance and Innovation to Improve Transportation |
| Sec. 409 | Community Innovations for the Aging in Place |

Title V Senior Community Services Employment Program

Title VI Grants for Native Americans:

| | |
|----------|--------------------------------------------|
| Sec. 601 | Clarification of Maintenance Requirement |
| Sec. 602 | Native Americans Caregiver Support Program |

Title VII Allotments for Vulnerable Elder Rights Protection Activities

| | |
|----------|-----------------------------------------------|
| Sec. 701 | Vulnerable Elder Rights Protection Activities |
| Sec. 702 | Elder Abuse, Neglect and Exploitation |
| Sec. 703 | Native American Organization Provisions |
| Sec. 704 | Elder Justice Programs |

Title VIII Federal Youth Development Council

Title IX Conforming Amendments

Funding Stream:

Congress appropriates

to AOA.....

to SUA.....

to AAA..... to subrecipients, contractors or direct services

APPENDIX 3 COORDINATING FEDERAL LEGISLATION

The Older Americans Act makes reference to the role of the AAA and the direct providers of services to insure that service provided to the older persons are coordinated with other programs in the community. The legislation also references other laws and regulations that are applicable to AAA funded activities. That list includes the following pieces of national legislation adopted by the U. S. Congress:

Older Americans Act of 1965, as amended

Civil Rights act of 1964, as amended

Age Discrimination in Employment Act of 1967

National Housing Act: Sections 231 and 232

Housing Act of 1959: Section 202

Housing and Community Development Act of 1974: Title I

Food Stamp Act of 1977

Social Security Act: Titles XVI, XVIII, XIX, and XX

Public Health Service Act: Title XIX, and Section 1515

Job Training Partnership Act

Domestic Volunteer Service Act of 1973

Higher Education Act of 1965: Title I

Adult Education Act

Low-Income Home Energy Assistance Act of 1981

Energy conservation In Existing Buildings act of 1976: Part A

Community Services Block Grant

Rehabilitation Act of 1973, Sections 503 and 504

Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978 (P.L. 95-602)

Rehabilitation Act Amendments of 1986 (P.L. 99-506)

Drug-Free Workplace Act of 1988

OBRA (Omnibus Budget Reconciliation Act)

Urban Mass Transportation Act of 1964

Americans with Disabilities Act of 1990 (P.L. 101-336)

SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users) – replaces TEA-21 (Transportation Equity Act for the 21st Century)

Capital Program - Chapter 5309 of title 49, United States Codes - replaces FTA, Section 3

Urbanized Area Formula Program - Chapter 5307 of title 49, United States Codes - replaces FTA, Section 9

Nonurbanized Area Formula Program - Chapter 5311 of title 49, United States Codes - replaces FTA, Section 18

Elderly and Persons with Disabilities Program - Chapter 5310 of title 49, United States Codes - replaces FTA, Section 16

Health Insurance Portability and Accountability Act of 1996

American Recovery and Reinvestment Act of 2009

APPENDIX 4 GLOSSARY

Abuse: The willful--

- A. Infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm or pain, or mental anguish; or
- B. Deprivation by a caretaker of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.
- C. The infliction of physical sexual or emotional injury to an individual 60 years of age or older.

Access Services: A category of services which facilitated access to and utilization of other services. Access services may include transportation, outreach, care coordination and information and referral.

ADA: Americans with Disabilities Act of 1990. The comprehensive legislation makes it unlawful to discriminate in employment against a qualified individual with a disability. The ADA also outlaws discrimination against individuals with disabilities in state and local government services, public accommodations of at least an ICF level of care.

Adult Child with a Disability: A child who

- A. is 18 years of age or older;
- B. is financially dependent on an older individual who is a parent of the child;
- C. and has a disability.

Adult Day Care: A program of organized therapeutic, rehabilitative and social activities provided outside the home for a period of less than twenty-four (24) hours but more than two (2) hours per day to persons with functional impairments of at least an ICF level of care.

A program designed to provide care and supervision to meet the needs of functionally impaired adults for periods of less than twenty-four (24) hours, but more than two (2) hours per day to persons with functional impairments of at least an ICF level of care.

Advisory Council: A council of older individuals, including minority individuals, representatives of older individuals, and local elected officials who advise the area agency on aging on matters pertaining to development and administration of the area plan and on operations conducted under the plan. (The MARC Commission on Aging is an advisory council.)

Advocacy: The act of speaking or writing in support of older persons or programs for older persons.

Assistive Technology: Technology, engineering methodologies or scientific principles appropriate to meet the needs of, and address the barriers confronted by older individuals with functional limitations. I

and A includes information relating to assistive technology.

Care Coordination: A service which ensures that individuals with chronic or acute care needs are assessed and provided with a comprehensive and coordinated service program designed to meet those assessed needs.

Caregiver: An individual who has the responsibility for the care of an older individual either voluntarily, by contract, by receipt of payment for care or as a result of the operation on the law.

Caretaker: A family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) uncompensated care to an older individual who needs supportive services.

Case Management: (condensed from the Older Americans Act)

- A. Case management is a service provided to an older individual, at the direction of the older individual or a family member of the individual:
 - 1. by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described below; and
 - 2. to assess the needs, and to arrange, coordinated, and monitor an optimum package of services to meet the needs, of the older individual.

- B. Case Management includes services and coordination such as:
 - 1. comprehensive assessment of the older individual (including the physical, psychological and social needs of the individual);
 - 2. development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services:
 - a. with any other plans that exist for various formal services, such as hospital discharge plans; and
 - b. with the information and referral services provided by the AAA;
 - 3. coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided;
 - 4. periodic reassessment and revision of the status of the older individual with
 - a. the older individual
 - b. a primary caregiver or family member of the older individual, if necessary;

5. in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources.

Caterer: A restaurant, hospital, school or commercial organization which prepares meals under contract (usually at fixed price per meal).

Center: Any facility, regardless of terminology used, i.e. senior center, congregate nutrition center, nutrition site, supportive services center, satellite center, or site or multipurpose senior center, that is utilized to provide one or more services to older persons.

CFR - Code of Federal Regulations: The codification of rules and regulations of the agencies within the Executive Branch of the federal government.

COA - Commission on Aging: the advisory body to the MARC Board of Directors on issues and programs relating to the elderly.

CSR - Code of State Regulations: The codification of rules and regulations promulgated by the administrative agencies within (Missouri) state government.

Chore Maintenance: Assistance with the heavier tasks required to maintain a household, and may include the following: washing walls and woodwork, cleaning closets, basements and attics; shampooing carpets and rugs; airing mattresses and bedding, mowing lawns and snow removal, installing windows and screens, minor carpentry, electrical or plumbing repairs, and simple handyman activities.

Confidentiality: Procedures which assure the anonymity of the individual service recipient.

Congregate Nutrition Services: The provision of nutrition services to older persons in an approved center.

Continuum of Care: A full range of economic, physical, psychological and social support programs and services necessary to maintain or restore elderly persons to optimum functioning.

Contributions: Money or food stamps (for meals only) given voluntarily and confidentially towards the cost of a service received.

Direct Service: Services provided by employees of the Area Agency rather than by a subrecipient or contractor.

Disability: A disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that result in substantial functional limitations in one or more of the following areas of major life activity:

- A. self-care
- B. receptive and expressive language
- C. learning
- D. mobility

- E. self-direction
- F. capacity for independent living
- G. economic self sufficiency
- H. cognitive functioning
- I. emotional adjustment

Disaster: Any occurrence or condition involving serious and widespread threat to life, health, or property. Disasters may result either from natural or human causes and include, among other occurrences, conflagrations, explosions, flood, windstorm, tornado or other natural disasters, riots or civil disorder.

Education and Training: A supportive service designed to assist older individuals to better cope with their economic, health, and personal needs through services such as consumer education, continuing education, health education, pre-retirement education, financial planning, and other education and training services which will advance the objectives of the Older Americans Act.

Elder Abuse: Abuse of an older individual.

Elderly: A person aged 60 or above (as defined in the Older Americans Act).

Emergency: A situation actual or imminent, including life-threatening incidents and accidents or conditions which, if left uncorrected may result in injury, loss of life, damage to buildings or contents, or situations which present an immediate safety hazard or security risk.

Escort Service: The provision of an individual to go with or accompany an elderly or disabled person who is physically or psychologically unable to travel alone. If required, the escort stays with the person at the destination and returns with them.

Exploitation: The illegal or improper act or process of a caretaker using the resources of an older individual for monetary or personal benefit, profit, or gain.

The illegal or improper use of a person's property or resources, who is 60 years of age or older, to the degree that substantial risk or harm exists.

Focal Point: A facility established to encourage the maximum collation of coordination of services for older persons.

Frail: Having a physical or mental disability, including having Alzheimer's disease or a related disorder with neurological or organic brain dysfunction, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of the individual to live independently.

Friendly Visiting: A service within the in-home category involving a visit to a homebound person to provide comfort or help. this visit may also include the provision of letter writing, reading, interpretation and/or translation of business or personal correspondence or other social activities.

Friendly Visitor: Visiting the home of an individual on a regular basis to relieve the isolation of the person and to check on the condition of the person.

Greatest Economic Need: The need resulting from an income level at or below the poverty level established by OMB (Office of Management and Budget).

Greatest Social Need: The need caused by non-economic factors which include physical or mental disabilities, language barriers, and cultural, social or geographic isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently.

Handicapped Adult: A person aged eighteen through fifty-nine (18-59) with a mental or physical condition that results in a functional impairment which significantly hampers daily living activities if the condition is reasonable expected to continue for an extended period or time.

Handicaps: Various actions of the Congress, as presented in federal legislation, have distinguished between the disabled (Older Americans Act) and the handicapped. For general reference and legal purposes handicapped individuals are legally defined in Section 119 of the Rehabilitation, Comprehensive Services, and Developmentally Disabilities Amendments of 1978 (P.L. 96-602) which amended the Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112) to prohibit discrimination on the basis of handicap in programs and activities receiving federal financial assistance.

"Individual with handicaps" means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

- A. "physical or mental impairment" includes:
 - 1. any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin and endocrine; or
 - 2. any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

- B. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism;
 - 1. "Major life activities" includes functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
 - 2. "Has a record of such an impairment" means has a history of, or has been misclassified as having a mental or physical impairment that substantially limits one or more major life activity.

3. "Is regarded as having such an impairment" means --
 - a. has a physical or mental impairment that does not substantially limit major life activities but is treated by the agency as constituting such a limitation;
 - b. has a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such impairment;
or
 - c. has none of the impairments defined above but is treated as having an impairment.

Text of handicapped definition and discussion found at 29 CFR Part 1615.103

Health Screening Services: Services in which the service recipient's general health is reviewed, health education is provided, simple tests are provided or referral is made, if indicated.

Homebound: One who is confined to the home because of illness or incapacitating disability.

Home Health: Any of the following items and services provided at the residence of the patient on a part-time or intermittent basis: nursing, physical therapy, speech therapy, occupational therapy, home health aid, or medical social service. The unit of service is one (1) visit.

Homemaker Service: Activities directed toward home management and assistance with activities of daily living on a regular basis for a service recipient who has a multiplicity of needs and requires this assistance to remain in the home.

ICF: Intermediate Care Facility

Inclement Weather: Upon occasion, severe weather conditions may necessitate closing of senior centers, suspension of services, and or changes in other activities. These weather conditions may include, but are not limited to, extreme cold, significant accumulations of ice and/or snow, extreme heat, and other weather related conditions designated as emergencies by local public safety agencies.

Information and Assistance Source: A location where the State or any public or private agency or organization:

- A. maintains current information with respect to the opportunities and services available to older individuals, and develops current lists of older individuals in need of services and opportunities; and
- B. employs, where feasible, a specially trained staff to assess the needs and capacities of older individuals, to inform older individuals of the opportunities and services which are available, and to assist such individuals to take advantage of such opportunities and services.

1. Basic I & A: Providing the individual with general information on where a needed service can be obtained. It may include providing information on eligibility, location, fees, and alternate services.
2. Enriched I & A: Goes further and identifies needs other than those mentioned or requested. It may also include assisting the individual by contacting the service provider to set up appointments or make other arrangements.
3. Systemic advocacy

In-Home Rehabilitative Therapy Services: Rehabilitative therapy services provided to a specific elderly person in the home. The therapies provided include speech, physical, and occupational. All services must be ordered by a Doctor of Medicine or a Doctor of Osteopathy.

In-Home Respite Service: Personal Care/Companion Sitter provided on a regular or episodic basis to a homebound elderly client which is designed to relieve the regular primary care-giver.

In-Home Services: A category of services provided to the client in their home which are designed to prevent premature institutionalization. This category consists only of adult day care, friendly visitation, home health aid, homemaker, chore, minor home maintenance (modifications less than \$150.00), personal care, respite, and telephone reassurance.

Legal Assistance: Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) and includes counseling or representation by a non-lawyer where permitted by law, to older individuals with economic or social needs.

Likelihood of Serious Physical Harm: Likelihood of serious physical harm is one or more of the following:

- A. A substantial risk that physical harm to an individual, age 60 or over, will occur because of his failure or inability to provide for his essential human needs as evidenced by acts or behavior which has caused such harm or which gives another person probable cause to believe that an individual will sustain such harm.
- B. A substantial risk that physical harm will be inflicted by an individual, age 60 or over, upon himself as evidenced by recent credible threats, acts, or behavior which has caused such harm or which places another person in reasonable fear that the individual will sustain such harm.
- C. A substantial risk that physical harm will be inflicted by another upon an individual, age 60 or over, as evidenced by recent acts or behavior which has caused such harm or which gives another person probable cause to believe the individual will sustain such harm.
- D. A substantial risk that further physical harm will occur to an individual, age 60 or over, who has suffered physical injury, neglect, sexual or emotional abuse, or other maltreatment or wasting of his financial resources by another person.

Low-Income: Persons whose annual income is at or below the poverty threshold established by the Office of Management and Budget (OMB).

Means Test: The use of an older person's income or resources to deny or limit that person's receipt of services.

Medicaid: Financial assistance for medical services provided under Section 208.151, RSMo, in accordance with Title XIX, Public Law 89-97, 1965 amendments to the Social Security Act (42 USC 301).

MEHTAP: Missouri Elderly and Handicapped Transportation Assistance Program. The program is authorized by the Missouri Legislature and the funds are administered by the Missouri Highways and Transportation Department.

MHTD: Missouri Highway and Transportation Department

Minority: Individuals of the following racial/ethnic compositions: American Indian, Alaskan Native, Asian, Pacific Islander, Black (not of Hispanic origin) or Hispanic.

MoHealthNet: The Missouri Medicaid Program

Multipurpose Senior Center: A community or neighborhood facility for the organization and provision of a broad spectrum of services which shall include, but not be limited to, provision of health, including mental health, social, nutrition and educational services and the provision of facilities for recreational activities for older persons.

NAPIS: National Aging Program Information System

Neglect: The failure to provide for oneself the goods or services which are necessary to avoid physical harm, mental anguish, mental illness or the failure of a caretaker to provide such goods and services.

The failure by the individual or by those responsible for the care, custody and control of the individual, who is 60 years of age or older, to provide services which are reasonable and necessary to maintain the physical and mental health of the individual, when such failure presents either an imminent danger to the health, safety or welfare of the individual or a substantial probability that death or serious physical harm would result.

NEMT: Non-Emergency Medicaid Transportation

Older Person: Any individual who is 60 years of age or older.

Ombudsman: An individual assigned by the Division or the Area Agency to investigate and resolve complaints made by or on behalf of older individuals who are residents of long-term care facilities relating to administrative action which may adversely affect the health, safety, welfare and rights of these residents.

Outreach: Establishing contact with an individual either by phone or by a personal visit, primarily to inform the individual of available services. A service within the access category involving a first-time individualized face-to-face contact initiated by the area agency or service provider to identify the unserved elderly population, inform them of available community resources and, if appropriate, assist them in gaining access to needed services.

Personal Care: Health oriented tasks provided by a trained personal care worker in an individual's home to meet the physical needs of the service recipient. This would include help in bathing, dressing, pedicures and manicures and moving from one location in the home to another.

Physical Harm: Bodily pain, injury, impairment or disease.

Preventive Health Services: Any of the following activities:

- A. routine health screening, which may include hypertension, glaucoma, cholesterol, cancer, vision and hearing screening;
- B. group exercise programs;
- C. home injury control services, including screening of high-risk home environments and educational programs on injury protection in the home environment;
- D. nutritional counseling and educational services;
- E. screening for the prevention of depression, coordination of community mental health services, educational activities and referral to psychiatric and psychological services;
- F. educational programs on the benefits and limitations of Medicare and various supplemental insurance coverage, including individual policy screening and health insurance-needs counseling;
- G. counseling regarding follow up health services based on any of the services provided for above.

Priority Services: Those services categorized as access, in-home and legal assistance.

Program: Any service funded under the approved area plan.

Program Costs: Costs incurred by the area agency in managing and delivering a service.

Program Evaluation: The review and determination of program effectiveness in meeting recipient needs.

Program Monitoring: The review and determination of progress in meeting program objectives.

Protective Services: Services provided by the division in response to the need for protection from harm or neglect to elderly persons under Sections 660.250-660.295 RSMo.

Public Education: A service which involves increasing the public's ability to identify abuse, neglect, and exploitation of individuals, age 60 or over. Public education includes the provision of conferences, training or written educational materials related to abuse neglect or exploitation of individuals.

Public Information: Any activity intended to inform the elderly or the general public about services, programs, problems, etc. relating to the elderly.

Request for Proposal (RFP): A formal invitation to prospective subrecipients/contractors and service providers to submit proposals for procurement of a defined set of activities, services or goods.

Request for Qualifications (RFQ): A type of RFP which is a formal invitation to prospective providers to submit information suitable for determining eligibility as a qualified provider.

Rural Areas: Non-urbanized areas.

Senior Center: A facility providing nutrition services and a variety of supportive services to older persons.

Senior Community Employment Program: Authorized and funded by Title V of the Older Americans Act. A service that provides useful part-time community service employment for low-income persons 55 years of age and over. the service recipient (enrollee) is assigned to work in a public or private non-profit host agency to receive training which will assist them in gaining unsubsidized employment.

Service Provider: An entity that is awarded a subgrant or contract from an area agency to provide services under the area plan.

Service Recipient: An eligible individual who receives one or more services.

Severe Disability: A severe chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments that:

- A. is likely to continue indefinitely;
- B. results in substantial functional limitation in three (3) or more on the major life activities.

(Older Americans Act: Title I, Section 102)

SNF: Skilled Nursing Facility

SSBG: Social Services Block Grant. Title XX of the Social Security Act, as amended.

Staff Hour: An hour of staff time spent on any activity related to the service identified.

Standards: The minimum requirements to be met for the operation of programs and the delivery of services.

Target Population: Individuals age 60 or over, with the greatest social and economic need, especially low-income minorities.

TEA-21: Transportation Equity Act for the 21st Century (Replaces ISTEA)

Telephone Reassurance: Telephoning an individual on a regular basis, usually daily, to relieve the isolation of the individual and monitor their condition.

Transportation Service: A vehicular service which facilitates access to other services.

USDA: United States Department of Agriculture

USDOT: United States Department of Transportation

Volunteer: A person, other than staff or Senior Service Employment Program (SCSEP/Title V) enrollees, who contributes personal service without direct compensation.

Waiver: The granting of a deviation from portions of the service standards, administrative requirements, and/or subrecipient/contractor requirements contained in the RFP (Request for Proposal) issued by MARC.