



DEPARTMENT OF AGING AND COMMUNITY LIVING

SERVICE STANDARDS

Table of Contents

ADVOCACY	3
CASE MANAGEMENT	6
COMPREHENSIVE ASSESSMENT	13
CONGREGATE MEALS	17
COUNSELING.....	23
GERIATRIC DAY CARE	27
HEALTH PROMOTION	31
HEAVY HOUSECLEANING	34
HOME-DELIVERED MEALS	37
HOME HEALTH SERVICE.....	42
HOMEMAKER.....	46
LEGAL SERVICES	50
NUTRITION COUNSELING.....	53
NUTRITION EDUCATION.....	56
RECREATION AND SOCIALIZATION	59
TRANSPORTATION AND ESCORT	63
TRANSPORTATION OF HOME-DELIVERED MEALS	67
TRANSPORTATION TO SITES AND ACTIVITIES.....	71
WEEKEND CONGREGATE MEALS.....	74
WEEKEND HOME-DELIVERED MEAL SERVICE.....	79
WELLNESS: HEALTH PROMOTION	83

ADVOCACY

SERVICE DEFINITION

Under the District of Columbia Plan on Aging, Long Term Care Ombudsman program, advocacy is a service aimed at protecting and securing the rights, benefits and entitlements of District nursing home and community residence facility (CRF) residents 60 years old and older.

Advocacy services are provided on a personal level to an individual requiring representation in a situation over which a disagreement has arisen or where rights may have been violated.

Advocacy services may also be provided on an issue level, by identifying and attempting to resolve policy, regulatory, and/or legislative changes to strengthen the position of older persons.

Advocacy services are provided in nursing homes and CRFs.

SERVICE OBJECTIVE

The objective of advocacy is to protect and secure rights, benefits, and entitlements of older persons on a personal level and through issue resolution.

SERVICE UNIT (1 HOUR)

The unit of service for advocacy is one hour of service spent in a nursing home or CRF visiting residents, resolving complaints, providing in-service training to nursing home staff, attending residents' or family meetings.

In calculating units of service, the time spent outside the facility recording and following up on complaints, supervising and training volunteers, and traveling to and from the homes shall not be counted. Units of service may not be subdivided below one half (1/2) unit.

SERVICE AREA

Advocacy service is available to all eligible nursing home and CRF residents of the District of Columbia 60 years old and older, subject to available staff and priorities for service.

SERVICE LOCATION

Advocacy service may be provided in nursing homes and community residence facilities.

Advocacy service providers must take all possible steps to make sure residents of all sectors of the District of Columbia have substantially equal access to this service.

SERVICE PRIORITIES

Advocacy service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older. To conserve Department of Aging and Community Living funds, service should be provided only to those who would not qualify for advocacy service under any other program.

In particular, priority shall be given to those individuals most socially and economically disadvantaged, with special emphasis on low-income minority elderly.

SERVICE STANDARDS

Advocacy service includes the staff, goods, facilities, services and supports necessary to protect and secure the rights, benefits, and entitlements of eligible clients. Advocacy service must meet or exceed the following standards and include the following components:

- Receiving requests for service and completing the intake process;
- Conducting outreach in nursing homes, and community residence facilities;
- Investigating cases in which disagreements have occurred or rights may have been violated;
- Developing, implementing and monitoring plans of action to **remedy** disagreements or to correct possible rights violations;
- Researching issues of importance to older persons;
- Educating and informing the public about issues of concern to older people;
- Developing and implementing strategies to resolve issues of concern to older persons;
- Recruiting and training volunteers to implement the advocacy objectives.

- Providing information about other programs and services for which the client might be eligible, referring the client to proper services as necessary, and providing assistance to the client in gaining public benefits;
- Maintaining records, collect contributions, prepare reports, and perform other administrative efforts necessary to provide advocacy services.

- All requests for assistance must be processed within two (2) working days of receipt, including identification of possible eligibility for advocacy service funded from a source

other than the Department of Aging and Community Living, and beginning the investigation of the facts surrounding the request for assistance.

- All client records must be kept in a secure location to protect confidentiality.
- Clients, family members, and caretakers must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistance, etc.) may be obtained.
- Clients, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality and other matters germane to the client's decision to accept services.
- Agencies must provide the opportunity for other organizations, individuals, etc., to make voluntary contributions to help defray the cost of providing advocacy service, thereby making additional service available to others.
- All staff providing the service must be fully trained and professionally qualified.
- The agency must maintain, follow, and continually update training and supervision program to make sure advocacy staff are full trained and familiar with agency procedures.
- All records of participant services, costs, and agency procedures must be reviewed monthly or more regularly, if needed.
- The agency must keep the Department of Aging and Community Living continually informed of the issues in which it is involved.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, advocacy service may not include providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).

CASE MANAGEMENT

SERVICE DEFINITION

Case management is a method of providing services whereby a social worker/case manager assesses the needs of the client and the client's family, when appropriate, and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs. DACL case management services are a person-centered community-based service that provides Intake, Assessment, Service Planning, and Monitoring and coordination of services to District residents 60 years old or older. Case management services are provided to a participant twice per month, or more frequently as needed to resolve concerns and support the individual in maintaining functionality and independence to prevent unnecessary or premature institutionalization.¹

Person-centered:

- An approach to case management that empowers individuals to decide what they want to happen in their lives, that involves supporting the client's personal perspectives, values, beliefs, and preferences; and working in partnership with the client and their support system to design and deliver services.

Person-Centered Plan of Care:

- Shared Action Plan that addresses the primary needs the client has expressed that includes a description of service needs along with a timeline for completion.

SERVICE UNIT

The unit of service for case management is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in reviewing case notes, meeting with the participant, initiating and coordinating services and following up with the participant, family member, caregiver, friends and service providers.

The total time spent providing the service (face to face/telephone/electronic device) with the client) and planning for the service shall generally not exceed 90 minutes. Actual time spent should be rounded up to the nearest ½ unit of services, so the minimum amount of time billed would be .5 units of service/30 minutes.

All units and service notes must be entered into CSTARS 48 hours.

ELIGIBLE POPULATION

¹ <https://www.nia.nih.gov/health/what-long-term-care>

Case management funded by the Department of Aging and Community Living is available to District of Columbia residents 60 years of age or older. Seniors receiving EPD waiver services may not concurrently receive case management services from DACL.

Priority will be given to referrals from hospitals, nursing homes, DACL grantees, and to those individuals most socially and economically disadvantaged.

Case management service may be provided in a community facility, or the home of the participant. During the PHE, grantees must follow DACL's guidance on risk-level for clients to determine the need for in-person visits. A home may be defined as a house/apartment or shelter/temporary housing/hotel. When case management services are provided in a community facility, space should be adequate and allow for comfort and confidentiality. During the PHE, group sessions are suspended. The facility must meet or exceed all applicable District of Columbia requirements for licensing and certifications.

Wherever the service is provided, the case management service provider must respect the participant's right to privacy and confidentiality to the greatest extent possible.

SERVICE DELIVERY COMPONENTS

Case management service includes the staff, goods, facilities, services, and supports necessary to assess, coordinate, and manage services for seniors 60+ and caregivers of seniors 60+. Case management services must meet the following standards:

- Provided after the completion of a comprehensive assessment (see Comprehensive Assessment) by a District of Columbia licensed social worker;
- A request for service must have been received by the designated agency, and the client must have completed the intake process;
- The intake process must include the following:
 - Make contact with client within five (5) working days of receipt of a referral, including identification of service needs and routing service requests to the appropriate provider. Contact can be made by phone, virtually, or in-person. During the PHE, only phone or virtual intakes are allowed;
 - Contact for high priority referrals must be made within 24 hours or the next business day. High priority referrals include, but are not limited to, threats of eviction/homelessness, no food in the home, no utilities in the house, unsafe living conditions, and significant health concerns.
- Inform participants, family members, or caregivers of agency procedures for protecting the confidentiality, for reviewing progress in accordance with the plan of care, and participant rights related to their decision to accept services;

- Participate as a member of the participant's plan of care team;
- The plan of care must be developed within 15 business days of the initial comprehensive assessment and reviewed every 180 days after that;
- The Plan of Care (POC) shall include:
 - Participation by the client and their support network
 - Level, frequency and method of service delivery
 - Process for monitoring and modifying POC.

The case manager is responsible for the following:

- Implementing and monitoring the services listed in the POC;
- Providing supportive counseling to participant and family member or caregiver
- Providing participants family members, and caregivers with information about other programs and services for which the participant may be eligible (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistance, etc.), refer the participant to the identified service as necessary, and provide assistance to the participant in receiving public benefits;
- In the event, the case manager determines a client to be in crisis and cannot provide the intervention, or because of the client's unwillingness to accept services for other reasons, the case manager must attempt to resolve the immediate crisis/situation and document, within 48 hours, in CSTARS the efforts taken and the outcome. The case manager should review the situation with a supervisor for further direction. If services cannot be resumed, the case should be terminated, and the appropriate documentation entered in CSTARS;
- Case management files, including client notes should be uploaded in CSTARS within 48 hours of document completion or client contact to protect confidentiality;
- Case management files should contain:
 - *Consent to treatment*
 - *Consent to release of information*
 - *DAFL Intake*
 - *DAFL Nutrition Screening*
 - *Comprehensive Assessment*
 - *Client Grievance Policy*
 - *Signed Confidentiality Statement*
 - *Client Bill of Rights*
 - *Initial Plan of Care and Plan updates (initiated within 15 days of Comprehensive Assessment)*
 - *Case Notes*

- A case may be deemed inactive for the following reasons:
 - The client is placed in a rehab facility for less than 120 days (note: upon discharge to home, client case status will be reopened, and POC will be updated)

Reasons for case closure:

- All goals stated in the service plan have been met, and there is no need for additional services;
- A client has moved out of the service area;
- A client does not respond to attempts at service follow-up within 45 days;
- A client has refused services – refusal must be in writing and documented in CSTARS;
- A client has moved into a long term care facility
- A client is referred to another service provider; or
- A client is deceased.

Case Closure Process:

A social worker who determines a case should be closed shall review the case with their clinical supervisor. The clinical supervisor should sign off on the closure within ten days of case closure consultation. If a client is relocating to another service area or being referred to another provider, there must be a case transfer meeting, with the client, which should be documented in the record within five days of the date of the meeting. The sending agency should prepare a case transfer summary for the receiving agency.

Within 15 days of the decision to close the case, the worker must submit written correspondence to the client that the case will be closed and state the reason for case closure. The client should sign correspondence acknowledging receipt of the letter. This can be done electronically during PHE.

ADMINISTRATIVE AND REGULATORY COMPONENTS

- Case management services are provided to a participant after the completion of a comprehensive assessment (see Comprehensive Assessment standard) in the participant's home or via phone/virtually during the PHE by a licensed social worker in Washington DC;
- Secure all case management plans and other participant records in a safe location to protect confidentiality;
- Maintain separate case management and counseling files;
- Maintain records, collect participant contributions, prepare reports, and other administrative efforts necessary to provide case management services;

- Maintain, follow, and continually update a training and supervision program to make sure case management staff are thoroughly trained and familiar with agency procedures;
- Documentation of client contacts and client data should be maintained in CSTARs.

QUALITY ASSURANCE

Criminal Background Checks

Case Management providers/grantees must conduct criminal background checks for all staff providing services under the grant. Grantees that serve seniors and other vulnerable populations are exempt from the requirements of the Fair Criminal Record Screening Amendment Act of 2014. Given the vulnerable nature of the populations served, grantees are expected to use discretion throughout the hiring process and to avoid personnel decisions that may endanger client welfare or safety.

Staff Training

Case Management workers should receive a minimum of 12 hours per year of in-service training based on the need, skills, and abilities. Additionally, the training policies of the licensing agency shall be followed.

Service providers shall meet or exceed all staffing requirements as set forth by the provider agency and as mandated by DC Health.

Service providers must ensure new staff receives Person-Centered, Cultural Competency, and Sexual Harassment training within 30 days from the date of hire.

The grantee must maintain, follow, and periodically update a training and supervision program to ensure staff are thoroughly trained and familiar with agency procedures.

Client Records

Service providers shall meet or exceed all record requirements as set forth by the provider agency or as mandated by a regulatory agency. All providers are to maintain client records in the DACL CSTARs electronic database, which include:

- Completed Client Intake;
- Nutrition Risk Assessment;
- ADL and Federal Poverty guidelines/assessment;
- Service Documentation;
- Signed Client's Bill of Rights/Appeals Process; and
- Denial or Termination of Service Notice.

Programmatic documentation must be maintained in the file or electronically for three years and financial documents five years from case closing.

Incident Reports

Any accident, injury, unusual occurrence, or attempts by employees to lobby or conduct political activity must be reported to DACL, or in the District ERisk Portal within 24 hours and a copy of the report form submitted to the DACL.

PROHIBITED SERVICE COMPONENTS

For purposes of DACL planning and reimbursement, case management service may **not** include any of the following components:

- Serving ineligible individuals;
 - Non-DC residents
 - Less than 60 years old
 - Clients receiving case management funded /provided by any other District Health and Human Services agency, including Medicaid waiver clients
- Providing psychotherapy, unless provided by a licensed, certified, or therapist; or
- Providing medical, financial, legal, or other service or advice (except for referral to qualified individuals, agencies, or programs).
- Services provided outside the scope of this document will not be authorized for reimbursement.

OUTCOME MEASURES

	Benchmark	DACL Reporting Mechanism	DACL Monitoring Time Frame	DACL Monitoring Activity
Contact made within 5 days of referral	85%	CSTARS monthly data report Case Review	Monthly. Desk review by monitors Quarterly onsite review by monitor	On-site review will be a percentage of cases opened in that review period.
Contact made in 24 hours for high priority referrals	90%	CSTARS weekly data report. Case Review	Weekly	Monitors must receive alert in CSTARS by grantees.

Comprehensive assessment completed within 10 working days	85%	CSTARS monthly report	Monthly. Desk review by monitors	On site review will be a percentage of cases opened in that review period.
Plan of Care – initial within 15 days of CA; 180 days thereafter	85%	CSTARS monthly report	Monthly. Desk review by monitors	On site review will be a percentage of cases opened in that review period.
Case Notes entered in 48 hours	85%	CSTARS– monthly report and desk review	% of cases to be reviewed quarterly	There will be minimally two contacts per month.

***Rating Scale**

Benchmark Goal	1	2	3	4
85%	0-69%	70-89%	90-94%	95 - 100%
90%	0-79%	80-89%	90-94%	95 - 100%
Classification	Unacceptable	Acceptable	Good	Excellent

COMPREHENSIVE ASSESSMENT

SERVICE DEFINITION

Comprehensive assessment is an evaluation service, provided to District residents 60 years and older, in order to (1) identify physical, economic, social and psychological challenges² which affect the individual's ability to carry out the normal activities of daily living, and (2) identify the resources available to assist in resolving the identified problems. Comprehensive assessment services are provided to participants who have multiple, long-term challenges, and who appear to need case management services (see Case Management definition). District of Columbia licensed social workers using a standardized format approved by the Department of Aging and Community Living (DACL), provide comprehensive assessment service.

This service, combined with case management, is intended to prevent unnecessary or premature institutionalization and allow the participant to achieve and maintain the maximum functioning and independence of which he or she is capable.

ELIGIBLE POPULATION

Comprehensive assessment service funded by the Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older.

Priority will be given to referrals from hospitals, nursing homes, DACL grantees, and to those individuals most socially and economically disadvantaged.

Comprehensive assessments may be provided in a community facility or in the home of the participant. A home may be defined as a house/apartment or shelter/temporary housing/hotel. When assessment services are provided in a community facility, space should be adequate and should allow for comfort and confidentiality. The facility must meet or exceed all applicable District of Columbia requirements for licensing and certifications.

Wherever the service is provided the service provider must respect the participant's right of privacy and confidentiality to the greatest extent possible.

SERVICE UNIT (1 HOUR)

The unit of service for comprehensive assessment is 90 minutes (1.5 units of service) of social worker's time spent conducting the assessment interview(s) with an eligible participant. Time spent in preparing for the interview and following up on the assessment may not be billed as part of the assessment.

² Older Americans Act of 1965 as amended, Section 102(11)(B)(i)

SERVICE COMPONENTS

Comprehensive Assessment is to discover the individual's strengths and challenges, their resource network, and identify services that maximize their potential for independence to prevent unnecessary or premature institutionalization. It includes the staff, goods, facilities, services, and supports necessary to conduct a comprehensive evaluation of each eligible participant's condition. Comprehensive assessment services must meet the following standards:

- Receive and process requests for service within five (5) working days of receipt, including identification of possible eligibility for comprehensive assessment service funded from another source other than the DACL;
- Start the comprehensive assessment using the standard DACL approved comprehensive assessment instrument within ten (10) working days of receipt of referral;
- Conducted by a District of Columbia licensed social worker;
- Conduct the initial and annual comprehensive assessment interviews with participants, family members, caregivers, or friends as appropriate;
- Develop a comprehensive person-centered plan of care for each new participant within fifteen (15) working days after completion of the comprehensive assessment;
- Identify and refer participant for specialized evaluations (e.g., physical, psychological, vision, etc.) as indicated by the assessment interview. Coordinate with other service providers as necessary;
- Provide participants, family members, and caregivers with information about other programs and services for which the participant might be eligible (e.g., Medicare, Medicaid, SSI), refer the participant to the proper service as necessary (e.g., transportation, housing, legal assistance, energy assistance, etc.), and provide assistance to the participant in gaining public benefits.

ADMINISTRATIVE COMPONENTS

- Secure all comprehensive assessment plans and other participant records in a secure location to protect confidentiality;
- Inform participants, family members, or caregivers of the cost of providing comprehensive assessment service and offer the opportunity to make voluntary contributions to help defray the cost, thereby creating additional service available to others;
- Review all records of participant services, costs, and agency procedures monthly, or more often if needed;
- Maintain records, collect contributions, prepare reports, and other administrative efforts necessary to provide assessment services;

- Maintain, follow, and continually update a training and supervision program to make sure comprehensive assessment staff are fully trained, professionally supervised, and familiar with agency procedures;
- Documentation of client contacts and client data should be maintained in CSTARs.

QUALITY ASSURANCE

Criminal Background Checks

Comprehensive Assessment providers/grantees must conduct criminal background checks for all staff providing services under the grant. Grantees that serve seniors and other vulnerable populations are exempt from the requirements of the Fair Criminal Record Screening Amendment Act of 2014. Given the vulnerable nature of the populations served, grantees are expected to use discretion throughout the hiring process and to avoid personnel decisions that may endanger client welfare or safety.

Staff Training

Case Management workers should receive a minimum of 12 hours per year of in-service training based on the need, skills, and abilities. Additionally, the training policies of the licensing agency shall be followed.

Service providers shall meet or exceed all staffing requirements as set forth by the provider agency and as mandated by DC Health.

Service providers must ensure new staff receives Person-Centered, Cultural Competency, and Sexual Harassment training within 30 days from the date of hire.

The grantee must maintain, follow, and periodically update a training and supervision program to ensure staff are thoroughly trained and familiar with agency procedures.

Client Records

Services providers shall meet or exceed all record requirements as set forth by the provider agency, DACL and as mandated by the Administration on Aging and Community Living regulation.

Programmatic documentation must be maintained in a file or electronically for three years and financial documents five years from case closing.

PROHIBITED SERVICE COMPONENTS

For purposes of DACL planning and reimbursement, comprehensive assessment service may not include providing medical, financial, legal, or other service of advice (except for referral to qualified agencies or programs).

Services outside the scope of this document will not be authorized for reimbursement.

CONGREGATE MEALS

SERVICE DEFINITION

Congregate Meals (1 Meal) - Provision, to an eligible client or other eligible participant at a nutrition site, senior center or other congregate setting, of a meal which:

- complies with the Dietary Guidelines for Americans (published by the Secretaries of the Departments of Health and Human Services and Agriculture;
- provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;
- provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and,
- provides, if three meals are served, together, 100% of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA that an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.

SERVICE OBJECTIVE

The objective of congregate meal service is to provide a nutritious mid-day meal, improve or maintain nutritional status and maintain the maximum functioning and independence of elderly individuals.

SERVICE UNIT (1 MEAL)

The unit of service for a congregate meal is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds one-third of the current daily Recommended Dietary Allowances, National Academy of Sciences, Revised 1989, for the male 51 +, as well as standards set by the D.C. Office on Aging. For example, if 35 meals are delivered to the congregate meal service center and are served to 33 eligible participants and two center staff members or meal service volunteers under age 60, only 33 service units (complete meals served to eligible participants) may be counted. Units of congregate meal service may not be subdivided (e.g., into half-meals).

ELIGIBILITY

While there is no means testing for participation in the Elderly Nutrition Program (ENP), services are targeted to older people with the greatest economic or social need, with special attention given to low-income minorities.

In addition to focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service:

- a spouse of any age;
- disabled persons under age 60, who reside in housing facilities occupied primarily by the elderly where congregate meals are served;
- disabled persons who reside at home and accompany older persons to meals; and,
- meal service volunteers.

SERVICE LOCATION

Congregate meal service shall be provided in a suitable facility which meets the following criteria established by the D.C. Department of Aging and Community Living:

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- The nutrition center should be accessible within the target area, preferably within walking distance for the participants or on a public transportation route.
 - The center should serve a minimum of 25 eligible participants each day for the congregate meal. If fewer than 25 eligible participants are served, the exception shall be justified by documentation that the target population is less than 25 persons and that no other centers are available.
 - The center shall meet the minimum standards of the District of Columbia's Building, Fire, and Department of Consumer and Regulatory Affairs regulations, and a Certificate of Occupancy must be obtained.
 - Nutrition centers may be located in senior centers, geriatric day care centers, housing projects, recreation centers, churches, and other locations approved by the D.C. Department of Aging and Community Living. Meals are served between 11 AM and 1 PM Monday through Friday.

- Generally, a contract caterer provides meals to nutrition centers with the D.C. Department of Aging and Community Living. In approved situations, other sources of meals and means of delivery can be used.

SERVICE AREA

Congregate meal service is available to all residents of the District of Columbia age 60 and over and to their spouse if he or she attends the nutrition center with the elderly person (subject to available spaces and SERVICE PRIORITIES below.) Specific providers of congregate meal service are assigned sub-areas of the District from which to accept participants. Participants are encouraged to attend the nutrition center closest to their residence, but are not required to do so.

Meals are provided in nutrition centers throughout the District of Columbia under the Nutrition and Supportive Service Projects. Therefore, congregate meals units of service are reported by nutrition centers through the Nutrition and Supportive Service Projects.

SERVICE PRIORITIES

Priority for congregate meal service should go to those individuals who are most in need and unable to prepare or purchase adequate meals for themselves.

In particular, priority shall be given to referrals from Geriatric Assessment and Case Management Sites, nutrition and supportive services outreach staff, and to those individuals 60 and older who are most socially and economically disadvantaged, with special emphasis on low-income minority elderly.

SERVICE STANDARDS

Congregate meal service includes staff, goods, facilities, services and supports necessary to serve a complete mid-day meal to each individual enrolled in the program. Meals are reserved for participants to allow for planning and accountability. The meal service shall meet or exceed the following standards:

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- Applicants must be referred to the nutrition center nearest their residence;
 - Congregate meal service delivery must be coordinated with the District caterer;
 - A client intake and nutrition screening shall be conducted for each participant to determine eligibility and updated at least annually.

- The nutrition site shall maintain a system of meal reservations and meals served to allow for accurate planning and accountability by the Lead Agency and the District caterer.
- The nutrition site shall meet criteria set forth under SERVICE LOCATION.
- Congregate meals shall be served within two hours after delivery, if catered, or within two hours, if prepared on site. During transportation of meals, while holding meals and when serving meals, HOT food temperatures should be 140°F or greater and COLD food temperatures should be 45 °F or less. All meals, including those held for latecomers, should be served by 1 p.m.
- In addition to serving a complete mid-day meal in a group setting, the site shall offer two or more activities daily (e.g., Recreation/ Socialization, Nutrition Education, Counseling, etc.) as posted on a preplanned calendar.
- Special programs must be planned and coordinated in conjunction with congregate meals, including (but not limited to) nutrition education, health education, and other health and social supportive services and activities.
- Participants shall have an opportunity to take part in the Senior Service Neighborhood Advisory Council (SSNAC).
- Recreation and socialization activities must be coordinated with nutrition centers and other service providers.
- Meals shall be served as planned and delivered.
- For sites not served by a District caterer, meals shall meet or exceed one-third of the RDA, and any additional standards set by the D.C. Department of Aging and Community Living, as certified by a licensed and registered dietitian.
- Copies of menus as served, other than those furnished by a District caterer, shall be retained for a period of three years.
- Participants shall be provided with information on how needed services may be obtained, and shall be provided assistance in gaining access to those services.
- The site shall have adequate space and operable equipment for the program, including range, oven, refrigerator, sink, tables, and chairs, where applicable.
- When food is prepared on-site, the site shall be licensed and inspected by the Department of Consumer and Regulatory Affairs and certified as a food service establishment. Current

food service inspection reports by the Department of Consumer and Regulatory Affairs shall be posted. All required certificates must be on file and available for review at all times.

- The site shall have a pleasant environment, adequate lighting, and pleasing decor.
- The site shall be accessible and free of both physical and psychological barriers, insofar as possible.
- The site shall have locked, sanitary, and secure storage space available for supplies and caterer's equipment (if catered).
- The site, including restrooms, shall be maintained in a clean and sanitary condition.
- The site shall be available a minimum of 4 hours daily Monday through Friday.
- The site shall operate under the auspices of the D.C. Department of Aging and Community Living's Lead Agency responsible for the service area.
- The center shall have a plan of operation, describing coordination with other community resources and programs.
- The older population in the area should support the center location by participating, volunteering, or helping to sponsor the center. The recipients of services should be involved as much as possible in assisting the center manager in planning and developing relevant programs, and in neighborhood outreach.
- The sponsor of the center, in cooperation with the Lead Agency, shall contribute program support by developing neighborhood awareness, involving churches, organizations, and other interested persons. Sponsorship should also include providing space, utilities, maintenance, incidental expenses, recruitment of volunteers, programming activities, and service development.
- The specific role of the sponsor in the nutrition center is defined by the Lead Agency in its project plan.
- Personnel and volunteers associated with the congregate meal service shall be trained in the sanitary handling of food, fire safety, and basic first aid, particularly in dealing with choking and coronary attacks. Center managers and assistant center managers shall have current food handlers' certificates.
- All staff providing the service must be fully trained and professionally qualified; a licensed registered dietitian/licensed nutritionist should be available at least as a consultant.

- The agency must maintain, follow, and continually update a training and supervision program to make sure staff are fully trained and familiar with agency procedures.
- All records of participant services, costs and agency procedures shall be reviewed monthly or more often if needed.
- The grantee agency shall provide training and supervision of nutrition center staff, or coordinate training provided by others.
- The grantee agency shall reconcile the records of nutrition centers and the caterer to make sure the number of meals delivered agrees with the number of meals received.
- Participants, family members, and/or caretakers shall be informed of the cost of providing congregate meal service and shall be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- Participants, family members, and/or caretakers shall be informed of agency procedures for protecting confidentiality, accounting for participant contributions, and other matters germane to the participant's decision to accept services.
- The grantee agency shall ensure each center has paid or volunteer staff qualified to provide the service.
- The grantee agency shall interpret program policy for staff based at nutrition centers.
- The grantee agency shall maintain records, reserve meals, collect contributions from centers, prepare reports, and perform other administrative activities necessary to see that congregate meal services are provided.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, congregate meal service may not include any of the following components:

- Taking meals (or allowing meals to be taken) from the congregate meal service center to be consumed in the participant's home; and,
- Providing meals to ineligible persons.

COUNSELING

SERVICE DEFINITION

Counseling service is a problem identification and resolution service, provided by professionally trained workers, to District residents 60 years of age and older, their family members, or caregivers, who need emotional support and guidance to develop and strengthen the older person's capacity for personal and emotional functioning. Counseling is not a separate program, but a service that is provided by trained personnel working as part of a community-based program providing other services, i.e., social, nutritional, or health services. Counseling may be provided on a scheduled or ad-hoc basis to individuals or a group.

SERVICE OBJECTIVE

The objective of counseling is to develop and strengthen an older person's emotional and personal capacity for functioning that allows the participant to maintain the maximum functioning and maximum independence as determined capable with proper screening for depression, possible abuse, or other negative social indicators.

ELIGIBLE POPULATION

Counseling funded by the D.C. Department of Aging and Community Living is available to District of Columbia residents 60 years of age or older. Seniors receiving EPD waiver services may not concurrently receive counseling services from DACL.

Priority will be given to referrals from hospitals, nursing homes, DACL grantees, and to those individuals most socially and economically disadvantaged.

Counseling service may be provided in a community facility or in the home of the participant. Home may be defined as a house/apartment or shelter/temporary housing/hotel. When counseling services are provided in a community facility, space should be adequate for providing individual and/or group sessions, and to allow for comfort and confidentiality. The facility must meet or exceed all applicable District of Columbia requirements for licensing and certifications.

If counseling service is provided as an in-home service, the participant may be living in the home of a relative, friend, or other caregiver. However, the counseling service provider must respect the participant's right of privacy and confidentiality to the greatest extent possible.

Counseling service providers must take all possible steps to make sure residents of all sectors of the District of Columbia have equal access to this service.

SERVICE UNIT

The unit of service for counseling is one hour of service provided to an eligible participant. Up to one hour may be allowed for pre and post group sessions. Actual time spent should be rounded up to the nearest ½ unit of services, so the minimum amount of time billed would be .5 units of service/30 minutes.

SERVICE DELIVERY COMPONENTS

Counseling service includes the staff, goods, facilities, services and supports necessary to carry out the program. Counseling service must meet the following standards:

- Receive and respond to requests for service within five (5) working days of receipt, including identification of possible eligibility for counseling service funded from another source other than DACL;
- Examples of counseling service include but are not limited to educating seniors on available resources, conducting home delivered meal assessments, well checks, telephone reassurance, and assistance in applying for public benefits.
- Individual counseling may include a person-centered counseling plan (POC) to be developed within five (5) working days after enrollment;
- Provide person-centered counseling, and group counseling, as needed or requested;
- Reassess participant needs every six (6) months or more frequently, revising the plan as necessary. Any observed changes must be immediately noted in the POC;
- Participants, family members, and/or caregivers must be informed of the cost of providing counseling service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others;
- Provide counseling services with agency personnel who are qualified by education, training or licensure;
- Person Centered Counseling Plan should include a summary of the services being requested and a description of the goals to be achieved along with proposed dates of completion;
- Close counseling cases when objectives are achieved:
 - Document in CSTARs that objectives have been achieved; and
 - Meet with client to discuss completion of objectives;

- In the event that the counselor determines a client is in crisis or in need of case management a referral should be made to a social worker for immediate follow-up.
- Group Counseling should be conducted in the following manner
 - Provide counseling services with personnel who are qualified by education, training or licensure
 - Provide participants with information about programs and services for which the participant might be eligible (e.g. Medicare, Medicaid, SSI), refer the participant to the proper service as necessary (e.g., transit, housing, legal assistance, energy assistance, etc.).

ADMINISTRATIVE AND REGULATORY COMPONENTS

- Secure all counseling plans and other participant records in a secure location to protect confidentiality;
- Maintain records, collect participant contributions, preparing reports, and other administrative efforts necessary to provide counseling services;
- Documentation of client contacts should be maintained in CSTARs.

QUALITY ASSURANCE

Criminal Background Checks

Counseling providers/grantees must conduct criminal background checks for all staff providing services under the grant. Grantees that serve seniors and other vulnerable populations are exempt from the requirements of the Fair Criminal Record Screening Amendment Act of 2014. Given the vulnerable nature of the populations served, grantees are expected to use discretion throughout the hiring process and to avoid personnel decisions that may endanger client welfare or safety.

Staff Training

Staff should receive a minimum of 12 hours per year of in-service training based on need, skills, and abilities. Additionally, the training policies of the licensing agency shall be followed.

Service providers shall meet or exceed all staffing requirements as set forth by the provider agency and as mandated by DACL.

Service providers must ensure new staff receive Person-Centered, Cultural Competency, and Sexual Harassment training within 30 days from the date of hire.

Client Records

Service providers shall meet or exceed all record requirements as set forth by the provider agency or as mandated by a regulatory agency. All providers are to maintain client records in the DACL CSTARs electronic database, which include:

- Completed Client Intake;
- Nutrition Risk Assessment;
- ADL and Federal Poverty guidelines/assessment;
- Service Documentation;
- Signed Client's Bill of Rights/Appeals Process; and
- Denial or Termination of Service Notice.

Programmatic documentation must be maintained in the file or electronically for three years and financial documents five years from case closing.

Incident Reports

Any accident, injury, unusual occurrence, or attempts by employees to lobby or conduct political activity must be reported to DACL, or in the District ERisk Portal within 24 hours and a copy of the report form submitted to the DACL.

PROHIBITED SERVICE COMPONENTS

For purposes of DACL planning and reimbursement, counseling service may not include any of the following components:

- Providing psychotherapy counseling, unless provided by a licensed therapist;
- Providing medical, financial, legal, or other service or advice (except for referral to qualified agencies or programs); or
- Current events discussions at Community Dining Sites.

GERIATRIC DAY CARE

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, geriatric day care is a therapeutic service provided to functionally-impaired District residents 60 years of age and older, in order to avoid or forestall institutionalization. Geriatric day care involves care and supervision, provided during the day, by professionally-qualified personnel, in a suitable facility. Geriatric day care is a more intense level of care than center-based social and recreation services.

SERVICE OBJECTIVE

The objective of geriatric day care is to provide supervision, socialization, rehabilitation, training, therapy and supportive services to create a therapeutic environment in which functionally-impaired older persons can achieve and maintain the maximum functioning and independence of which he or she is capable, in a community setting.

SERVICE UNIT (1 HOUR)

The unit of service for geriatric day care is one hour of care provided to one eligible participant. This care may include providing supervision, socialization, rehabilitation, training, therapy and supportive services to an eligible participant.

For example, if an eligible participant arrives at a day care program at 10:00 a.m. and participates in adult day care services such as art therapy, music therapy, and other therapeutic or supportive services until 2:00 p.m., the units of day care service are 4. This is calculated by counting the number of hours that the participant received service. NOTE: Units of service may not be further subdivided (below 1/2 unit).

SERVICE AREA

Geriatric day care is available to all eligible residents of the District of Columbia, subject to available spaces and priorities for service (see below). Specific providers of geriatric day care services may be assigned sub-areas of the District from which to enroll participants.

SERVICE LOCATION

Geriatric day care must be provided in a suitable facility. The facility should be as free as possible of architectural and psychological barriers. It should be secure from outside interference during the hours of day care operation. Space should be adequate for carrying out required group and individual participant activities without crowding. Offices should provide sufficient space and security to allow comfort and confidentiality for the participants during counseling. The facility must meet or exceed all District of Columbia requirements for licensing, inspection, and certification, as applicable.

SERVICE PRIORITIES

Geriatric day care funded by the D.C. Department of Aging and Community Living is available only to functionally-impaired District of Columbia residents 60 years of age or older who are able to maintain themselves with some assistance (i.e., who are usually able to attend to toilet and feeding without assistance), who are not bedfast, and who represent no threat to themselves or others.

Priority for geriatric day care services should go to those individuals who meet the above conditions who are otherwise at risk for institutionalization if they do not receive geriatric day care services.

In particular, priority shall be given to referrals from hospitals, doctors, Geriatric Assessment and Case Management Sites, and to those individuals most socially and economically disadvantaged, particularly low-income minority elderly.

In determining the level of impairment, an individual should be judged moderately to severely impaired on the basis of whether he or she has one or both of the following problems:

- The individual has definite psychiatric symptoms or moderate intellectual impairment. The individual may be able to make routine decisions, but cannot carry out the activities of daily living or handle major problems without supervision.
- The individual has one or more disabilities, diseases, or illnesses that restrict the ability to carry out the activities of daily living.

SERVICE STANDARDS

Geriatric day care includes the staff, goods, facilities, services and supports necessary to carry out the plan of care developed for each older individual enrolled. Geriatric day care must meet or exceed the following standards:

- Receiving requests for admission and completing the intake process;
- Conducting a comprehensive assessment of the participant's social circumstances, economic condition, medical history, physical status;
- Testing and evaluating specific functional limitations (and retesting as necessary);
- Developing a plan of care for each participant;
- Re-evaluating the plan of care periodically, and modifying it as necessary;

- Providing supportive counseling, family counseling and group psychotherapy as necessary;
- Providing such personal care and supervision as required by the plan of care, including therapy, drug supervision, injections, and other services (provided that medical or nursing services shall only be provided by a qualified and licensed professional);
- Serving a complete mid-day meal (see Congregate meals definition for specifics);
- Providing social, recreational, physical, or other activities and therapies as part of the plan of care;
- Providing or arranging transportation to the geriatric day care facility in the morning and transportation to the participant's home in the evening, as necessary;
- Providing information about other programs and services for which the participant might be eligible, referring the participant to proper services as necessary, and providing assistance to the participant in gaining public benefits;
- Referring the participant to a physician or medical facility for needed specialized health care or treatment;
- Providing limited telephone reassurance and friendly visiting to participants who are unable to come to the geriatric day care facility for a temporary period;
- Providing other supportive services and activities as needed by the participant to carry out the plan of care including -- but not limited to -- outreach, emergency shopping, serving snacks, arranging and supervising field trips, advocacy, health education, exercise, adapted sports, and working with family and friends of the participant to see that time away from the geriatric day care facility contributes to the plan of care; and
- Maintaining records, collecting contributions, preparing reports, and other administrative efforts necessary to provide day care services.
- Developing a preliminary plan of care for each new participant within five (5) working days after enrollment.
- Completing a final plan of care (incorporating therapy plans) for each new participant within fifteen (15) working days after enrollment.
- Keeping all plans of care and other participant records in a secure location to protect confidentiality.

- Reassessing participant needs every six (6) months or more frequently, with revisions made in the plan of care as necessary.
- Reviewing the geriatric day care center caseload whenever a vacancy arises (or more frequently) to ensure that participants are being served in priority order.
- Providing participants with information on how needed services (e.g., Medicare, Medicaid, SSI, transit, prosthetic or rehabilitative devices, housing, etc.) may be obtained, and must be provided assistance in gaining access to those services.
- Participants, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality, reviewing progress against the plan of care, and other matters germane to the participant's decision to accept services.
- Participants, family members, and/or caretakers must be informed of the cost of providing geriatric day care services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- All staff providing the service must be fully trained and professionally qualified.
- The agency must maintain, follow, and continually update a training and supervision program to make sure day care staff are fully trained and familiar with agency procedures.
- All participants' records on level of care, service costs, sources of funds, and agency procedures must be reviewed weekly, or more often if needed.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, geriatric day care may not include any of the following components:

- Providing nursing care, unless provided by a Registered Nurse, Licensed Practical Nurse, or Home Health Aide;
- Providing medical services, unless provided by a Medical Doctor, Podiatrist, or Doctor of Osteopathy;
- Providing care outside the geriatric day care facility (e.g., in the participant's home).

HEALTH PROMOTION

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, health promotion is a community service program provided to District residents 60 years of age or older, designed to promote healthy behaviors and lifestyles through health education and physical fitness provided by health related professionals and/or trained workers. Health promotion that involves a range of structured programs and activities to educate the elderly on how to develop healthy lifestyles to prevent and/or control disease will be provided in a community-based setting. Health promotion services are provided on a scheduled basis for groups.

SERVICE OBJECTIVE

The objective of health promotion is to promote healthy behaviors through educational programs and activities aimed at enhancing physical and emotional well being through classes, activities and programs (e.g. nutrition, medication management and physical fitness).

SERVICE UNIT (1 HOUR)

The unit of service for health promotion is one hour of service provided to an eligible participant.

Health promotion is a program conducted by a health-related professional and/or trained person to promote better health by providing accurate and culturally sensitive accident prevention, drug and alcohol abuse prevention, medication management, and smoking cessation information to participants in a group setting. Screening for hypertension/high blood pressure (HBP), diabetes and high cholesterol and exercise programs are other health promotion activities.

SERVICE LOCATION

Health Promotion services shall be provided in an accessible community-based facility which meets or exceeds all applicable District of Columbia requirements of licensing and inspections, is reasonably free of architectural and psychological barriers, and will be the center for one or more additional services for the elderly, preferably within walking distance for the participants or on a public transportation route.

SERVICE AREA

Specific agencies are assigned geographic service areas. Participants are encouraged, but not required, to attend a program near their residence.

SERVICE PRIORITIES

Health Promotion services funded by the D.C. Department of Aging and Community Living are available only to District of Columbia residents 60 years of age or older, who are able to maintain themselves and who represent no threat to themselves or others. In particular, priority shall be given to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Health Promotion service includes the staff, equipment, facilities, services and supports necessary to carry out the program and must meet or exceed the following standards:

- Physical activity sessions shall be held a minimum of two times a week.
- An intake process shall be developed and completed to make sure eligible applicants know about conditions for participation.
- The health promotion activities program shall be planned as a well-rounded set of activities and sessions designed to appeal to the needs of the elderly population in the service area.
- Program procedural instruments (e.g., personnel manual, affirmative action plan, etc.) shall be developed within three (3) months after initial opening of the program, and shall be updated annually thereafter.
- A citywide health resource file shall be developed within six (6) months of operation, and shall be updated semi-annually thereafter.
- All participant records shall be kept in a secure location to protect confidentiality.
- Participants, family members, and caretakers must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistant, etc.) may be obtained.
- Participants, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality, for reviewing progress against the plan of care, participant rights, and other matters germane to the participant's decision to accept services.
- The grantee must maintain, follow, and continually update training and supervision programs to make sure health promotion staff are fully trained and familiar with agency procedures.

- All records of participant services, costs, and agency procedures must be reviewed monthly or more often if needed.
- The grantee shall develop and distribute monthly calendars of scheduled activities and events;
- The grantee shall implement and report all sessions accurately.
- The grantee shall maintain records, collect participant contributions, and prepare reports and other administrative efforts necessary to provide health promotion activities.
- Each grantee shall plan and schedule at least three health promotion activities per week.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, health promotion service may not include any of the following components:

- Providing medical services.
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).
- Services that exceed a two-hour period, except for planned all day activities.

HEAVY HOUSECLEANING

SERVICE DEFINITION

Heavy housecleaning service is an in-home service provided to frail and vulnerable District residents 60 years of age and older who are infirm, disabled, chronically-ill or mentally impaired, in order to create a habitable environment. Heavy housecleaning service provides a one-time only thorough cleaning of living quarters that pose serious sanitation, safety and health risks.

SERVICE OBJECTIVE

The objective of heavy housecleaning service is to provide the necessary assistance and cleaning to enhance comfort for the client and accessibility to home health personnel into the clients' home. Heavy housecleaning service will allow elderly persons to remain in their homes without risk of health hazards, and prevent premature institutionalization.

SERVICE UNIT (1 HOUR)

The unit of service for heavy housecleaning service is one hour of cleaning service provided by licensed and bonded workers to an eligible participant. In calculating the hours of service provided, the time spent in preparing for the heavy housecleaning and traveling to the participant's home shall not be counted.

SERVICE AREA

Heavy housecleaning service is available to all eligible residents of the District of Columbia, subject to available workers and priorities for service.

SERVICE LOCATION

Heavy housecleaning service is to be provided in the home of the participant, in which he/she is either the lessee or principal occupant.

SERVICE PRIORITIES

Heavy housecleaning service funded by the D.C. Department of Aging and Community Living is available on a one-time only basis only to District of Columbia residents 60 years of age or older who are unable to perform this service due to chronic illness, frailty, or mental impairment. Priority for heavy housecleaning service should go to those individuals who are referred by Homemaker Services, and the Geriatric Assessment and Case Management sites and to those individuals most socially and economically disadvantaged with emphasis on low-income minority elderly.

SERVICE STANDARDS

Heavy housecleaning includes the staff, materials, services and supports necessary to carry out the heavy housecleaning. Components of the service may include the following and heavy housecleaning service must meet or exceed the following standards:

- Removal of old books, clothing, newspapers, magazines and broken dishes/glassware. When appropriate, light hauling is available for rugs, chairs and mattresses.
- Cleaning of kitchen appliances, (including defrosting of refrigerator) and washing, drying, and stacking glassware, pots, pans and dishes.
- Dusting, sweeping/vacuuming and scrubbing linoleum and tile covered floors.
- Washing windows and mirrors.
- Collecting and bagging soiled clothing.
- Stacking books, magazines, et al., not earmarked for trash.
- Transporting bags earmarked for trash pick-up to secured designated area.
- Hauling designated items to a trash drop-off site (when appropriate).
- Extermination of roaches, lice and rodents when necessary.
- All requests for service must be processed within 3 working days of receipt.
- An intake form must be completed for all clients requesting heavy housecleaning service.
- Participants must be provided information about other programs and services, for which the participant may be eligible and referred for proper services, as necessary.
- Records must be maintained, contributions must be collected, reports must be prepared, and other administrative duties must be performed as necessary to provide heavy housecleaning service.

PROHIBITED SERVICE COMPONENTS

Heavy housecleaning service may not include any of the following components:

- Repair of plumbing fixtures, i.e. toilets, faucets etc.

- Repair of broken windows, doors, stairs or railings.
- Hauling of broken appliances or furniture such as sofas, and washers/dryers.
- Light housecleaning on a regular basis.
- Extensive preliminary sorting and packing of articles (i.e., clothing, jewelry, glassware, and dishes).
- Yard work or sidewalk maintenance.

HOME-DELIVERED MEALS

SERVICE DEFINITION

Home Delivered Meals (1 Meal) - Provision to an eligible client or other eligible participant at the client's place of residence, a meal which:

- complies with the Dietary Guidelines for Americans (published by the Secretaries of the U.S. Departments of Health and Human Services and Agriculture;
- provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;
- provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily proportional in calories and nutrients; and,
- provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.

Home-delivered meals are coordinated throughout the District of Columbia under the supervision of Lead Agencies. Therefore, units of home-delivered meals service are reported by nutrition centers through the Lead Agencies.

Meals are to be delivered and/or served between 10:00 a.m. and 2:00 p.m. Monday through Friday and weekends.

Generally, food for home-delivered meals is prepared by a caterer under contract to the Department of Aging and Community Living, and is delivered by the Lead Agency or another Department of Aging and Community Living contractor or grantee (see Transportation of Home-Delivered Meals definition). In approved situations, other sources of meals and means of delivery can be used.

SERVICE OBJECTIVE

The objective of home-delivered meals service is to provide a nutritious meal to improve or maintain nutritional status and to maintain the maximum functioning and independence of the homebound individual.

SERVICE UNIT

The unit of service for home-delivered meal service is one complete meal delivered to one eligible participant. A complete meal is one that meets or exceeds one-third of the Recommended Dietary Allowance, National Academy of Sciences, Revised 1989, for a male, 51 +, as well as standards set by the D.C. Department of Aging and Community Living.

For example, if 35 meals are prepared but 33 are served to eligible participants, 33 service units (complete meals delivered to eligible participants) may be counted. Units of home-delivered meals service cannot be subdivided (e.g., into half-meals). Meals that are not delivered, because the participant is not at home may be delivered to other eligible participants. Therefore, there may be instances when a participant could receive more than one meal in a day.

ELIGIBILITY:

Home-delivered meal service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older (and their spouses, if in the best interest of the homebound older person) who are determined to be in need, according to the following criteria:

- Physical inability to prepare meals, which may be caused by:
 - impaired vision, hearing, or mobility
 - general lassitude,
 - dependence on medications and/or other life supports,
 - medical needs,
 - therapy (causing appetite loss),
 - moderate or severe senile dementia, or
 - other ailments such as alcoholism and drug dependence;
- Emotional inability, which can be temporarily or permanently disabling to a degree that affects the ability to acquire, prepare and consume well-balanced meals (many emotional disorders commonly in older persons -- depression, alcoholism, and drug dependence -- result in loss of appetite, apathy, and lassitude);
- Other inabilities which can include the absence of a homemaker, family, or friends to assist with shopping and preparation of food, a lack of adequate money to pay for enough food, lack of transportation for shopping, lack of facilities to store, prepare and maintain foods safely, and unawareness of proper nutrition practices.
- Degree and nature of illness, disability and isolation;
- Duration of need for home-delivered meal service; and

- Individual is not qualified for (or has inadequate resources to purchase) "meals-on-wheels" services funded from another source.

SERVICE LOCATION

The home-delivered meals service is provided in the client's home.

SERVICE AREA

Home-delivered meal service is available to all residents of the District of Columbia age 60 and over, subject to available spaces and priorities for service (see below). Lead Agencies are assigned subareas of the District from which to accept participants and to monitor meal assembly and delivery. Participants are assigned to the Lead Agencies responsible for the area of their residence.

SERVICE PRIORITIES

In particular, priority shall be given to referrals from Geriatric Assessment and Case Management Sites, referrals from Lead Agency outreach staff, and to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Home-delivered meal service includes the staff, goods, facilities, service and supports necessary to ensure the delivery of a complete mid-day meal to each older homebound individual determined to be eligible for a meal. Home-delivered meal service must meet or exceed the following standards:

- Clients or responsible person shall be informed of the time limit for this service; the need for home visit, and an in-home assessment by a social worker or other qualified person every six months or more often, if needed.
- Meals shall be served as planned.
- Meals shall meet or exceed one-third of the daily RDA, as certified by a registered dietitian or nutritionist, and comply with the Dietary Guidelines for Americans.
- Participants shall be provided with information on how needed services (e.g., Medicare, Medicaid, SSI, transit, housing, etc.) may be obtained, and shall be provided assistance in gaining access to those services.
- Participants, family members, and/or caretakers shall be informed of the cost of preparing home-delivered meals and shall be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.

- The agency shall maintain, follow, and continually update a training and supervision program to make sure staff are fully trained and familiar with agency procedures.
- All records of participant services, costs, and agency procedures shall be reviewed monthly or more often if needed.
- Food temperatures should be adequately maintained during transportation. Hot foods should be 140°F or higher and cold foods should be 45°F or less during transportation. Hot and cold foods should not be combined at any time for any reason.
- An intake process shall be conducted, and shall include nutrition screening, to determine each participant's eligibility, according to the criteria outlined under Service Eligibility (see above); and obtain proper documentation to support the need for meals within 5 working days of the application/request;
- Assemble a complete meal from prepared bulk food for delivery to eligible individuals, except when provided preplated by caterer;
- Arrange for delivery of meals;
- Provide information about other programs and services for which the meals participant might be eligible, and refer the participant to proper services as necessary;
- Coordinate home-delivered meals service with the District caterer and the transportation of meals provider;
- Interpret program policy;
- Train and supervise nutrition center staff, or coordinate training provided by others;
- Order supplies, maintain an adequate stock of supplies, and provide secure storage for supplies;
- Reconcile the records of preparation sites and the delivery agencies to make sure the number of meals delivered agrees with the number of meals received; and
- Maintain records, collect contributions from centers, prepare reports, and perform other administrative activities necessary to see that home-delivered meals are assembled and delivered to eligible participants.
- Home-delivered meal slots will not be held for clients who are hospitalized.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, home-delivered meal

service may not include any of the following components:

- Removing foods from insulated containers before arrival at delivery location.
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs.)

HOME HEALTH SERVICE

SERVICE DEFINITION

Home health service is an in-home maintenance service providing medical care and treatment to vulnerable District residents 60 years of age and older who are infirm, disabled, or chronically ill, in order to avoid or forestall institutionalization. Home health service involves planned and regularly scheduled medical, nursing, and other therapeutic service, provided according to a plan of care prescribed by a physician, in the participant's home, by professionally qualified personnel working under the supervision of a Public Health Agency.

SERVICE OBJECTIVE

The objective of home health service is to provide the necessary health care to allow the participant to maintain the maximum functioning and independence of which he or she is capable, in familiar surroundings.

SERVICE UNIT (1 HOUR)

The unit of service for home health service is one hour of service provided by a nurse, therapist, or home health aide to an eligible participant. In calculating the hours of service provided, the time spent in preparing for the visit, traveling to the participant's home, and returning to the home health worker's home shall not be counted.

For example, if a grantee provides 90-minute visits to 50 eligible older people in one day, it has provided 75 units of service (50 x 1.5 hours). If one of those provided care is only 59 years old (even though functionally impaired), the home health service provider has provided only 73.5 service units, according to this definition. NOTE: Units of service may not be further subdivided (below 1/2 unit).

SERVICE AREA

Home health service is available to all eligible residents of the District of Columbia, subject to available staff and priorities for service.

SERVICE LOCATION

Home health service must be provided in the home of the participant. The participant may be living in the home of a relative, friend, or other caretaker. However, the home health service provider must respect the participant's right of privacy and confidentiality to the extent possible.

Home health service providers must take all possible steps to make sure residents of all sectors of the District of Columbia have equal access to this service.

SERVICE PRIORITIES

Home health service funded by the D. C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older, as prescribed by his or her physician, who would not otherwise qualify for this service under any other program.

Priority for home health service should go to those individuals meeting the above conditions who are otherwise eligible for admission to an Intermediate Care Facility if they do not receive home health service.

In particular, priority shall be given to referrals from hospitals, doctors, Geriatric Assessment and Case Management Sites, and to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Home health service includes the staff, goods, facilities, services and supports necessary to carry out the plan of care developed for each older individual enrolled. Components of the service may include the following. In addition, home health service must meet or exceed the following standards:

- Receiving requests for service and completing the intake process;
- Conducting an in-home comprehensive assessment of the participant's social circumstances, economic conditions, medical history, physical status, mental status, and ability to perform the activities of daily living (including family needs);
- Testing and evaluating functioning in specific areas of concern (e.g., vision, hearing, range-of-motion);
- Developing a plan of care for each participant;
- Administering and supervising medication and treatment, following the overall medical plan of care, including treatment, rehabilitation, medication, injection, and other medical care necessary for the participant's safety and comfort;
- Providing personal care as specified in the plan of care, including bathing, grooming, and assistance in the activities of daily living;
- Providing instruction and guidance to the participant, family, and other caretakers on preventive health care, including nutrition, accident prevention, and use of health and social service resources;

- Providing information about other programs and services for which the participant might be eligible, referring the participant to proper services as necessary, and providing assistance to the participant in gaining public benefits;
- Referring the participant to a physician or medical facility for needed specialized health care or treatment;
- Coordinating with other service providers for needed supportive services;
- Re-evaluating the plan of care periodically, and modifying it as necessary; and
- Maintaining records, collecting contributions, preparing reports, and other administrative efforts necessary to provide home health services.
- The grantee must meet and comply with all required rules, regulations, and standards set by the cognizant accrediting agency.
- All requests for service must be processed within three (3) working days of receipt, including identification of possible eligibility for home health service funded by a source other than the Department of Aging and Community Living.
- Comprehensive assessment and a plan of care must be completed within seven (7) working days after receipt of application.
- A plan of care and other participant records must be kept in a secure location to protect confidentiality.
- The home health service caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority participants are being served.
- Participant needs must be reassessed every six (6) months or more frequently, with revisions made in the plan of care as necessary; any observed changes must be immediately noted in the participant plan of care.
- Participants must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, prosthetic or rehabilitative devices, etc.) may be obtained, and must be provided assistance in gaining access to those services.
- Participants, family members, and/or caretakers must be informed of grantee procedures for protecting confidentiality, for reviewing progress against the plan of care, and other matters germane to the participant's decision to accept services.

- Participants, family members, and/or caretakers must be given the opportunity to learn how to perform some of the non-medical tasks performed by the home health worker, in order to give the participant and the informal support network a chance to function independent of grantee agency's service.
- Participants, family members, and/or caretakers must be informed of the cost of providing home health service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- All staff providing the service must be fully trained and professionally qualified.
- The grantee must maintain, follow, and continually update a training and supervision program to make sure homemaker staff are fully trained and familiar with agency procedures.
- All records of participant services, costs, and agency procedures must be reviewed monthly or more often if needed.

PROHIBITED SERVICE COMPONENTS

Home health service may not include any of the following components:

- Providing home health services to older people eligible under another program (e.g., Social Services Block Grant, Medicaid, Medicare, or private insurance), unless on a temporary basis, until eligibility is confirmed;
- Providing friendly visiting or telephone reassurance services, except as incident to delivery of the in-home service;
- Providing cosmetology service: makeup, hair-dressing, or barbering;
- Providing transportation for the home health service participant;
- Providing assistance with home repair or maintenance, appliance repair, heavy-duty cleaning, furniture moving, or other heavy work;
- Providing lawn care, garden care, raking or snow removal; or
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).

HOMEMAKER

SERVICE DEFINITION

Homemaker service is an in-home maintenance service provided to vulnerable District residents 60 years of age and older who are infirm, disabled, or chronically ill, in order to avoid or forestall institutionalization. Homemaker service involves planned and regularly-scheduled light housekeeping (including washing dishes, dusting, making bed, changing linen, laundering, vacuuming/sweeping, minimal ironing, washing bowl/basin/tub, mopping, etc.), provided according to a plan of care, in the participant's home, by trained personnel working under the supervision of a certified homemaker/home health agency.

SERVICE OBJECTIVE

The objective of homemaker service is to provide the necessary support in the activities of daily living to allow the participant to maintain the maximum functioning and independence of which he or she is capable, in familiar surroundings.

SERVICE UNIT (1 HOUR)

The unit of service for homemaker service is one hour of service provided by a homemaker to an eligible participant. In calculating the hours of service provided, the time spent in preparing for the visit, traveling to the participant's home, and returning to the homemaker's home shall not be counted.

For example, if an agency provides 90-minute visits to 50 eligible older people in one day, it has provided 75 units of service (50 x 1.5 hours). If one of those provided care is only 59 years old (even though functionally impaired), the homemaker service provider has provided only 73.5 service units, according to this definition. NOTE: Units of service may not be further subdivided (below 1/2 unit).

SERVICE AREA

Homemaker service is available to all eligible residents of the District of Columbia, subject to available staff and priorities for service (see below).

SERVICE LOCATION

Homemaker service must be provided in the home of the participant. The participant may be living in the home of a relative, friend, or other caretaker. However, the homemaker service provider must respect the participant's right of privacy and confidentiality to the extent possible.

Homemaker service providers must take all possible steps to make sure residents of all sectors of the District of Columbia have equal access to this service.

SERVICE PRIORITIES

Homemaker service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older, who would not otherwise qualify for this service under any other program.

Priority for homemaker service should go to those individuals meeting the above conditions who are otherwise at risk of institutionalization if they do not receive homemaker service.

In particular, priority shall be given to referrals from Geriatric Assessment and Case Management Sites and other providers in the Senior Service Network, from the Department of Aging and Community Living, and to those individuals most socially and economically disadvantaged, with particular emphasis on low-income minority elderly.

SERVICE STANDARDS

Homemaker service includes the staff, goods, facilities, services and supports necessary to carry out the plan of care developed for each older individual enrolled. Components of the service may include the following. In addition, homemaker service must meet or exceed the following standards:

- Receiving requests for service and completing the intake process;
- Conducting an in-home comprehensive assessment of the participant's social circumstances, economic conditions, medical history, physical status, mental status, and ability to perform the activities of daily living;
- Developing a plan of care for each participant;
- Re-evaluating the plan of care periodically, and modifying it as necessary;
- Providing supportive home management and maintenance, personal care, meal planning and preparation, and other supportive services identified in the plan of care;
- Providing information about other programs and services for which the participant might be eligible, referring the participant to proper services as necessary, and providing assistance to the participant in gaining public benefits;
- Referring the participant to a physician or medical facility for needed specialized health care or treatment;
- Maintaining records, collecting participant contributions, preparing reports, and other administrative efforts necessary to provide homemaker services;

- The grantee must meet and comply with all required rules, regulations, and standards set by the cognizant accrediting agency.
- All requests for service must be processed within three (3) working days of receipt, including identification of possible eligibility for homemaker service funded from a source other than the Department of Aging and Community Living.
- Comprehensive assessment and a plan of care must be completed within seven (7) working days after receipt of application.
- A plan of care and other participant records must be kept in a secure location to protect confidentiality.
- The homemaker service caseload must be reviewed whenever a vacancy arises (or more frequently) to make sure priority participants are being served.
- Participant needs must be reassessed every six (6) months or more frequently, with revisions made in the plan of care as necessary; any observed changes must be immediately noted in the participant's plan of care.
- Participants must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, prosthetic or rehabilitative devices, etc.) may be obtained, and must be provided assistance in gaining access to those services.
- Participants, family members, and/or caretakers must be informed of grantee's procedures for protecting confidentiality, for reviewing progress against the plan of care, and other matters germane to the participant's decision to accept services.
- Participants, family members, and/or caretakers must be given the opportunity to learn how to perform the tasks performed by the homemaker, in order to give the participant and the informal support network a chance to function independent of agency service.
- Participants, family members, and/or caretakers must be informed of the cost of providing homemaker service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- All staff providing the service must be fully trained and professionally qualified.
- The grantee must maintain, follow, and continually update a training and supervision program to make sure homemaker staff are fully trained and familiar with agency procedures.

- All records of participant services, costs, and agency procedures must be reviewed monthly or more often if needed.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, homemaker service may not include any of the following components:

- Homemaker service provided to those eligible under another financing program (e.g., Social Services Block Grant, Medicaid, or Medicare), unless on a temporary basis, until eligibility is confirmed;
- Providing nursing care, unless provided by a Registered Nurse, Licensed Practical Nurse, or Qualified Home Health Aide as part of the plan of care;
- Providing medical services, unless provided by a Medical Doctor, Podiatrist, or Doctor of Osteopathy as part of the plan of care;
- Nail or foot care of diabetics;
- Providing friendly visiting or telephone reassurance services, except as incident to delivery of the in-home service;
- Providing cosmetology services: Makeup, hair-dressing, or barbering;
- Providing transportation for the homemaker service participant;
- Providing home or appliance repair services;
- Providing lawn care, garden care, raking or snow removal;
- Providing assistance with heavy-duty cleaning, furniture moving, or other heavy work; or
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).

LEGAL SERVICES

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, legal services are aimed at protecting and securing the rights, benefits and entitlements of District of Columbia residents 60 years of age and older.

Legal services are provided through individual or class case representation in such areas of law as retirement, welfare, health, nutrition, probate, and protective services, by an attorney or by personnel supervised by an attorney. A second component of individual representation is assisting the client through the public benefits application, recertification, and/or appeal process. Legal services may also prevent legal problems from developing.

SERVICE OBJECTIVE

The objective of legal services is to protect and secure rights, benefits, and entitlements of older persons through personal representation and preventive measures.

SERVICE UNIT (1 HOUR)

The unit of service for local services is one hour of staff time spent representing an eligible client. Hours of service provided may include the time spent in preparing for a session, meeting with the client, and following up with the client and other parties involved.

For example, if a legal services worker spends 2 hours investigating the reasons an eligible older person is not receiving SSI benefits, plus 3 hours getting the benefits released, the worker has provided 5 units of legal services.

NOTE: Hours spent on administrative tasks or advocacy efforts not related to a specific client may not be counted as service units. Units of legal services should be rounded off to the nearest 1/4 unit (15 minutes).

SERVICE AREA

Legal services are available to all eligible residents of the District of Columbia 60 years of age and older, subject to staff availability and priorities for service (see below).

SERVICE LOCATION

Legal services may be provided in a community facility or in the client's home. Legal services providers must take all possible steps to make sure residents of all sectors of the District of Columbia have approximately equal access to this service.

SERVICE PRIORITIES

Legal services funded by the D.C. Department of Aging and Community Living are available only to District of Columbia residents 60 years of age or older. To conserve Department of Aging and Community Living funds, service should be provided only to those who would not otherwise qualify for this service under any other program.

In particular, priority shall be given to those individuals most socially and economically disadvantaged, with particular emphasis on low-income minority elderly.

SERVICE STANDARDS

Legal services include the staff, goods, facilities, services and supports necessary to protect and secure the rights, benefits, and entitlements of eligible clients. Components of the service may include the following and the services must meet or exceed the following standards:

- Receiving requests for service and completing the intake process;
- Conducting outreach in senior housing, senior centers, and other sites where older persons congregate;
- Investigating cases in which legal matters are at issue;
- Developing, implementing and monitoring plans of action to resolve or prevent legal issues from interfering with the safety or happiness of an eligible client;
- Educating and informing the public about legal issues of importance to older persons and of legal services funded by the District of Columbia Department of Aging and Community Living;
- Providing information about other programs and services for which legal services clients might be eligible, referring clients to proper services as necessary, and providing assistance to clients in gaining public benefits;
- Developing materials and conducting training for volunteers, community workers and others in substantive law and advocacy skills; and
- Maintaining records, collecting client contributions, preparing reports, and other administrative efforts necessary to provide legal services.

- All requests for assistance must be processed within two (2) working days of receipt, including identification of possible eligibility for legal services funded from another sources than the Department of Aging and Community Living, and beginning the investigation of the facts surrounding the request for assistance.
- All client records must be kept in a secure location to protect confidentiality.
- Clients, family members, and caretakers must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistance, etc.) may be obtained, and must be provided assistance in gaining access to those services.
- Clients, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality and other matters germane to the client's decision to accept services.
- Clients, family members, and/or caretakers must be informed of the cost of providing legal services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- All staff providing the service must be fully trained and professionally qualified; staff who are not attorneys qualified to practice before the bar must be supervised by such an attorney.
- The agency must maintain, follow, and periodically update a training and supervision program to ensure legal services staff are fully trained and familiar with agency procedures.
- All records of participant services, costs, and agency procedures must be reviewed monthly or more often if needed.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, legal services may not include any of the following components:

- Providing individual case representation to older persons who can afford to obtain legal services elsewhere (except in public benefit and protective services cases, or in other cases in which the older person cannot retain competent legal assistance from a private attorney);
or
- Providing individual case representation to persons who could be served using funds received from another financing program (e.g., legal services corporation).

NUTRITION COUNSELING

SERVICE DEFINITION

Nutrition Counseling (1 Hour) – Provision of individualized advice and guidance to individuals who are at nutritional risk because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.

SERVICE OBJECTIVE

The objective of nutrition counseling is to develop and strengthen the participants' capacity to develop methods for improving their nutritional status which will allow the participant to maintain the maximum functioning and independence of which he or she is capable.

SERVICE UNIT (1 HOUR)

The unit of service for nutrition counseling is one hour of service provided to an eligible participant. Hours of service provided may include the time spent in preparing for the session, meeting with the participant, and following up with the participant, family, or friends.

For example, if an agency Nutritionist spends 30 minutes preparing for a meeting with the family of an eligible older person, 30 minutes meeting with them, and 30 minutes discussing the results of the meeting with the older person, the Nutritionist has provided 1.5 units of service (.5 hours + .5 hours + .5 hours). NOTE: Units of service may not be subdivided below 1/2 unit.

Maximum units shall be 1 ½ per individual per consultation in a congregate facility or 2 ½ units in a home setting for a home delivered meal recipient.

ELIGIBILITY

Nutrition counseling is available to eligible residents 60 years or older who are at nutritional risk, subject to availability of staff and priorities for services.

SERVICE LOCATION

Nutrition counseling may be provided in a community facility or in the home of the participant.

If nutrition counseling service is provided in a community facility, space should be adequate for individual sessions, to allow for comfort and confidentiality. The facility must be the site for one or more additional services for the elderly.

If nutrition counseling service is provided as an in-home service, the participant may be living in the home of a relative, friend, or other caretaker. However, the nutrition counseling service provider must respect the participant's right of privacy and confidentiality to the extent possible.

SERVICE PRIORITIES

Nutrition counseling funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older and to their families and caretakers. To conserve Department of Aging and Community Living funds, service should be provided only to those who would not otherwise qualify for this service under any other program.

SERVICE STANDARDS

Nutrition counseling service includes the staff, goods, facilities, services and supports necessary to carry out the program. Nutrition counseling service must meet or exceed the following standards:

- All requests for service must be processed within three (3) working days of receipt, including identification of possible eligibility for nutrition counseling service funded from a source other than the Department of Aging and Community Living.
- A nutrition assessment must be completed within five (5) working days after receipt of request.
- A nutrition counseling plan must be developed for each new participant within five (5) working days after enrollment; the plan must include a schedule for follow-up nutrition counseling.
- All nutrition counseling plans and other participant records must be kept in a secure location to protect confidentiality.
- Participants' needs must be reassessed every six (6) months or more frequently if needed, with revisions made in the plan as necessary; any observed changes must be immediately noted in the plan of care.
- Participants, family members, and caretakers must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, health promotion, nutrition, safe use of medication, wellness program, legal assistance, etc.) may be obtained.
- Participants, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality, for reviewing progress against the plan of care, participant rights, and other matters germane to the participant's decision to accept services.

- All agency personnel providing nutrition counseling must be qualified, by educational, degree and be a DC licensed nutritionist and/or dietitian.
- Participants, family members, and/or caretakers must be informed of the cost of providing nutrition counseling service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional services available to others.
- In the event that the nutrition counselor determines a client is in crisis and cannot provide the intervention necessary to stabilize the situation due to the client's unwillingness to accept service for other reasons, the counselor must:
 - Contact by telephone the appropriate health care providers once this determination is made.
 - Submit a written referral as a follow-up to the telephone call to the health care providers within five (5) working days of the initial call.
 - Contact the crisis intervention agency within two weeks of the initial referral to ensure the appropriate intervention was begun.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, nutrition counseling service may not include any of the following components:

- Providing psychotherapy counseling, unless provided by a licensed therapist;
- Providing unlicensed medical services; or
- Providing social, financial, legal, or other service or advice (except for referral to qualified agencies or programs).

NUTRITION EDUCATION

SERVICE DEFINITION

Nutrition Education (1 Session) - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants and/or caregivers in a group setting overseen by a dietitian or individual of comparable expertise.

SERVICE OBJECTIVE

The objective of nutrition education is to develop, strengthen and promote healthy behaviors through culturally sensitive and accurate educational programs and activities aimed at enhancing the quality of life by developing healthier food choices and dietary habits, through good nutrition.

SERVICE UNIT (1 SESSION)

The unit of service for nutrition education is one session provided by a professionally trained worker to an eligible participant or group. A session is a planned activity available to one or all senior citizens who wish to participate. The time of the session is determined by the published schedule of activities for the center.

Nutrition education shall be offered twice yearly (semi-annually) at a minimum and shall not exceed 12 sessions annually (one per month) per congregate nutrition site.

ELIGIBILITY

- Nutrition education services are available to all residents of the District of Columbia who are 60 years of age and older, subject to available space.
- In particular, priority shall be given to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE LOCATION

- Nutrition education services must be provided in a community-based facility which meets or exceeds all applicable District of Columbia requirements of licensing and inspections, is reasonably free of architectural and psychological barriers, and is the center for one or more additional services for the elderly.

SERVICE AREA

Specific agencies are assigned geographic service areas. Participants are encouraged, but not required, to attend a program near their residence.

SERVICE STANDARDS

Nutrition education service includes the staff equipment, facilities, services and supports necessary to carry out the program. Nutrition education services must meet or exceed the following standards:

- An intake procedure must be developed to ensure eligible applicants know about conditions for participation.
- The nutrition education activities program must be planned as a well-rounded set of activities and sessions designed to appeal to the needs of the elderly population in the service area.
- Each program must plan and provide nutrition education on at least a semi-annual basis at each site as presented on a preplanned calendar of activities for participants in the elderly nutrition program;
- Program procedural instruments (e.g., personnel manual, affirmative action plan, etc.) must be developed within three (3) months after initial opening of the program, and must be updated annually thereafter.
- A citywide health resource file must be developed within six (6) months of operation, and must be updated semi-annually thereafter.
- All participant records must be kept in a secure location to protect confidentiality.
- Participants, family members, and caretakers must be provided with information on how other needed services (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistant, etc.) may be obtained.
- The agency must maintain, follow, and continually update a training and supervision program to make sure nutrition education staff are fully trained and familiar with agency procedures.
- All records of participant services and costs, and agency procedures must be reviewed monthly or more often, if needed.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, nutrition education service may not include any of the following components:

- Providing medical services
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).

RECREATION AND SOCIALIZATION

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, recreation and socialization service is a community service program provided to District residents 60 years of age and older, designed to meet individual and social needs for continued growth and development, to reinforce a sense of dignity and independence and to reduce isolation. Recreation and socialization is a center-based service that involves a range of structured and unstructured programs and activities provided by trained personnel working as part of a community-based program providing other social services (recreation and socialization may not be a separate program).

SERVICE OBJECTIVE

The objective of recreation and socialization is to provide supervision, socialization, training, and a supportive atmosphere to reinforce older persons' sense of dignity and independence, for both the well elderly and the functionally impaired.

SERVICE UNIT (1 HOUR)

The unit of service for recreation and socialization is one one-hour session provided to one eligible participant. The time of the session is determined by the published schedule of activities for the center.

For example, if an agency arranges two morning activities from 9:30 to 11:00, and one of these activities is attended by 10 persons 60 years old and older while the other is attended by 8 eligible participants, the agency has provided 27 units of recreation and socialization service (1 session @ 1.5 hours x 10 participants = 15 units plus 1 session @ 1.5 hours x 8 participants = 12 units). NOTE: For purposes of reporting and reimbursement, recreation and socialization service units may not be counted in less than 1/2 units.

SERVICE LOCATION

Recreation and socialization service must be provided in a community facility or some other place within the District of Columbia, which meets or exceeds all applicable District of Columbia requirements of licensing and inspections, is reasonably free of architectural and psychological barriers, and is to be the site for one or more additional services for the elderly.

SERVICE AREA

Recreation and socialization service is available to all residents of the District of Columbia who are 60 years of age and older, subject to available space. Specific agencies are assigned geographic service areas. Participants are encouraged, but not required, to attend a program near their residence.

SERVICE PRIORITIES

Recreation and socialization service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older, who are able to maintain themselves and who represent no threat to themselves or others. In particular, priority shall be given to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Recreation and socialization service includes the staff, goods, facilities, services and supports necessary to arrange, coordinate and manage services planned for participants. Recreation and socialization service must meet or exceed the following standards:

- The recreation and socialization activities program shall be planned as a well-rounded set of activities and sessions designed to appeal to the elderly population in the service area.
- Each site shall plan and schedule at least two activities each day a congregate meal is served, unless health promotion or another activity takes up the program day.
- Program procedural instruments (e.g., personnel manual, affirmative action plan, etc.) shall be developed within three (3) months after initial opening of the program, and must be updated annually.
- An intake procedure shall be developed to make sure eligible applicants for participation know about any conditions for participation and any waiting list.
- A citywide resource file shall be developed within six (6) months of operation, and must be updated semi-annually thereafter.
- All participant records shall be kept in a secure location to protect confidentiality.
- Participants, family members, and/or caretakers shall be provided with information on how to obtain needed services (e.g., Medicare, Medicaid, SSI, transit, housing, legal assistance, energy assistance, etc.).
- Participants, family members, and/or caretakers shall be informed of agency procedures for protecting confidentiality, for reviewing progress against the plan of care, participant rights, and other matters germane to the participant's decision to accept services.

- Participants, family members, and/or caretakers shall be informed of the cost of providing recreation and socialization service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- The agency shall maintain, follow, and continually update a training and supervision program to make sure recreation and socialization staff are fully trained and familiar with agency procedures.
- Staff and participants should be trained to carry out the scheduled recreation and socialization activities;
- All records of participant services, costs, and agency procedures shall be reviewed monthly, or more often if needed.
- Programs should be planned, developed, scheduled and implemented for recreation and socialization activities that are suitable for elderly participants;
- Recreation and socialization activities that are suitable for elderly participants should be planned, developed, scheduled, and implemented.
- .A monthly calendar of scheduled events shall be developed and distributed;
- Social and recreational activities shall be arranged with and for participants (e.g., arts and crafts, educational and recreational games, outings and parties, etc.);
- All recreation and socialization activities shall be supervised;
- Other supportive services shall be provided as needed (including -- but not limited to -- outreach, consumer education, placement, advocacy assistance, telephone reassurance, and friendly visiting);
- Maintain records, collect participant contributions, prepare reports, and other carry out other administrative efforts necessary to provide recreation and socialization services.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, recreation and socialization service may not include any of the following components:

- Providing health care or medical services; or
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs).

TRANSPORTATION AND ESCORT

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, transportation and escort is a specialized curb-to-curb transportation service provided to lower-income District residents 60 years of age and older in carrying out the activities of daily living. Transportation and escort involves specialized transportation and assistance, provided by trained personnel, in suitable vehicles.

SERVICE OBJECTIVE

The objective of transportation and escort is to provide specialized transportation to functionally impaired persons so they can achieve and maintain the maximum functioning and independence of which they are capable, in the community.

SERVICE UNIT (1 ONE-WAY TRIP)

The unit of service for transportation and escort is a one-way trip, provided to one eligible participant (i.e., one person-trip).

For example, if the transportation program picks up two eligible participants in the morning, takes them to the doctor, then to the pharmacy, and home, it has provided 6 units of service (2 persons x 3 one-way trips to these people). If one of those transported is only 59 years old, the transportation has provided only 3 service units, according to this definition.

SERVICE AREA

Transportation and escort is available to all eligible residents of the District of Columbia, subject to available spaces and priorities for service (see below). A Lead Agency is designated by the Department of Aging and Community Living in each Ward for determining user and trip eligibility. In cooperation with these Lead Agencies, the transportation and escort service provider must take steps necessary to make sure this service is equally accessible in all sectors of the District of Columbia.

SERVICE LOCATION

Not applicable.

SERVICE PRIORITIES

Transportation and escort funded by the D.C. Department of Aging and Community Living is available only to lower-income District of Columbia residents who are 60 years of age or older or who are handicapped and non-ambulatory of any age. In addition, transportation and escort service is restricted to those who also meet the following five criteria:

- Transportation is not available through the individual's immediate household;
- The individual cannot afford private transportation;
- The individual is mobility-impaired and in need of door-to-door service,
- The individual has no reasonable access to public transportation;
- The individual might be endangered in trying to use public transportation.

In addition, priority for transportation and escort services should go to those individuals meeting the above conditions for the following high-priority transportation and escort purposes:

- Medical care trips, especially to hospitals and clinics for check-ups, basic medical service, and repetitive treatments;
- Essential shopping trips, especially to purchase food, prescription drugs, health-related support devices and necessary clothing, and
- Essential personal business trips, especially trips related to Social Security, income support, food stamps, banking and access to District government offices.

In particular, priority shall be given to referrals from hospitals, doctors, Department of Aging and Community Living Grantees, and to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Transportation and escort includes the staff, goods, vehicles, facilities, services and supports necessary to provide specialized transportation for each eligible individual. Transportation and escort service must meet or exceed the following standards and include the following components:

- Receiving requests for service from Lead Agencies;
- Preparing a pick-up schedule and confirming the schedule with the appropriate Lead Agency;
- Assigning pick-ups to drivers and vehicles;
- Assisting participants in boarding and leaving the vehicle;

- Recruiting and training drivers, dispatchers, maintenance workers, and other personnel necessary to carry out the service;
- Developing and maintaining necessary policies and materials to make sure drivers and other employees understand and comply with Department of Aging and Community Living procedures and service priorities;
- Storing and maintaining vehicles to make sure they are safe and available for service;
- Providing information about other programs and services for which the participant might be eligible, and referring the participant to proper services as necessary; and
- Maintaining records, collecting contributions, preparing reports, and other administrative efforts necessary to provide transportation to sites and activities.
- Coordinating this transportation service with other transportation services in the service area.
- The service must operate between the hours of 7:00 a.m. and 6:00 p.m. on weekdays;
- Service must be curb-to-curb;
- All pick-ups must take place not later than 15 minutes after the scheduled time;
- Passengers must be given whatever help is necessary to allow them to board and debark from the vehicle with maximum safety and comfort;
- All drivers must be properly licensed;
- All drivers and escorts must be helpful and courteous to passengers at all times;
- All wheelchairs, walkers, and other appliances must be properly secured when the vehicle is in motion;
- Vehicles must be operated with due regard for the comfort and safety of the passengers;
- Vehicles must be properly maintained and licensed at all times;
- Vehicles must be inspected at regular intervals, to ensure safety;
- Vehicles must have proper liability insurance;

- All participant records must be kept in a secure location to protect participant confidentiality;
- The agency must maintain, follow, and continually update a training and supervision program to make sure drivers are fully trained, properly supervised, and fully familiar with agency procedures;
- All participant records, vehicle records, financial records, and agency procedures must be reviewed weekly, or more frequently if needed.
- Participants, family members, and/or caretakers must be informed of the cost of providing geriatric day care services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.

For Lead Agencies, their role in this service includes the following:

- Performing intake interviews to determine basic eligibility for the service;
- Requesting this service for eligible individuals;
- Making home visits to reassess the individual continued eligibility for the transportation program, and/or to gather data for other service needs.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, transportation and escort may not include any of the following components:

- Transportation of ineligible individuals (see service priorities, above); or
- Transportation of eligible individuals to social, recreational, or other events not related to medical, essential shopping, or essential personal business needs (see Service Priorities, below).
- Transporting a wheelchair patient without an escort.

TRANSPORTATION OF HOME-DELIVERED MEALS

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, transportation of home-delivered meals is a transportation service which transports pre-plated meals to home-bound District residents 60 years of age and older, by appointment, by qualified personnel in suitable vehicles, in order to improve or maintain nutritional status.

SERVICE OBJECTIVE

The objective of transportation of home-delivered meals is to provide safe and reliable delivery of a nutritious mid-day meal to improve or maintain nutritional status and to maintain the maximum function and independence of a homebound individual.

SERVICE UNIT

The unit of service for transportation of home-delivered meals is one meal delivered to one eligible participant.

For example, if 35 home-delivered meals are scheduled for delivery, but 2 meals cannot be delivered, only 33 service units (meals delivered to the homes of eligible participants) may be counted. If 35 home-delivered meals are scheduled for delivery, but only 33 meals are picked up from the caterer, only 33 service units can be counted.

ELIGIBILITY

Transportation of home-delivered meal service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older who are unable to attend a congregate nutrition Center. Eligibility for home-delivered meal service is determined by the Lead Agency.

SERVICE AREA

Home-delivered meal service is available to all residents of the District of Columbia age 60 and over, subject to available funds and priorities for service (see below). Specific providers of transportation of home-delivered meals may be assigned subareas of the District in which to deliver meals.

SERVICE PRIORITIES

Transportation of home-delivered meal service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older who are unable to attend a congregate nutrition center.

Priority for transportation of home-delivered meal service should go to those meals which cannot be delivered through the Lead Agencies' delivery systems.

In particular, priority shall be given to referrals from Lead Agencies for those individuals most socially and economically disadvantaged, with emphasis on low-incomes minority elderly.

SERVICE STANDARDS

Transportation of home-delivered meals includes the staff, goods, vehicles, services and supports necessary to deliver a pre-plated mid-day meal to each older person scheduled by the lead agency to receive a home-delivered meal. Transportation of home-delivered meals must meet or exceed the following standards:

- Intake forms shall be in agency files for all clients receiving a home-delivered meal.
- The agency shall maintain a weekly roster of names and addresses of seniors receiving home-delivered meals grouped according to route.
- The agency shall maintain, follow, and continually update a training and supervision program to make sure staff are fully trained and familiar with agency procedures and standards;
- All records of participant services, costs, and agency procedures shall be reviewed monthly or more often if needed.
- All meals shall be delivered to the eligible participant or to the participant's caretaker (i.e., meals may not be left outside the participant's door). If the client is not home, the meal should be given to the next eligible client.
- Meals shall not be re-packaged before arriving at clients' home.
- Meals must be delivered within two (2) hours of breaking the seal on a caterette, with precautions taken to make sure food temperatures are maintained at safe levels; maximum holding time and temperature for all foods will be determined by the Department of Aging and Community Living.
- Meals shall be delivered as planned. Agencies transporting home-delivered meals may not add or subtract food items.
- Food carriers shall be approved by the Department of Aging and Community Living, properly maintained and thoroughly cleaned each day of service.
- Drivers shall be properly licensed and bonded.

- Vehicles shall be properly maintained (as to safety and cleanliness), licensed and insured.
- Requests for transportation of home-delivered meals are received from the appropriate Lead Agency;
- Delivery schedules are prepared and confirmed with the appropriate Lead Agencies;
- Pre-plated meals from the District caterer or other approved source are picked up and transported to the home of participants in properly-equipped vehicles;
- If the participant does not respond to receive the meal or in case of a participant emergency, contact the Lead Agency and/or the Department of Aging and Community Living;
- The delivery schedule received from Lead Agencies should be reconciled with the caterer (or other approved source of meals) to ensure the number of meals to be delivered agrees with the number of meals received;
- Drivers, dispatchers, maintenance workers, and other personnel necessary to carry out the service must be recruited and trained;
- Necessary policies and materials to ensure drivers and other employees understand and comply with Department of Aging and Community Living procedures and service priorities must be developed and maintained;
- Records, reports, and other administrative efforts necessary to deliver home-delivered meals must be prepared and maintained as needed.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, transportation of home-delivered meals may not include any of the following components:

- Providing friendly visiting or telephone reassurance services, except as incident to delivering a meal;
- Transportation of individuals;
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs);
- Preparing meals; or
- Replating or modifying meals as prepared for delivery.

TRANSPORTATION TO SITES AND ACTIVITIES

SERVICE DEFINITION

Under the District of Columbia State Plan on Aging, transportation to sites and activities is a service provided to District residents 60 years of age and older, in order to allow these individuals to participate in various programs and activities within the boundaries of the District of Columbia. Transportation to sites and activities involves scheduled transportation provided by trained personnel in suitable vehicles.

SERVICE OBJECTIVE

The objective of transportation to sites and activities is to provide specialized transportation and assistance to older District residents so they can participate in nutrition, social, and recreation services, in order to maintain the maximum functioning and independence to which they are capable in a community setting.

SERVICE UNIT (1 ONE-WAY TRIP)

The unit of service for transportation to sites and activities is a one-way trip, provided to one eligible participant (i.e., one person-trip). For example, if the transportation program picks up 150 eligible participants in the morning, takes them to the appropriate nutrition center for the congregate meal and other site activities and returns them to their homes in the afternoon, it has provided 300 units of service (one-way trips) to these people. If the transportation provider also takes 50 of these eligible participants to and from an activity scheduled by the site (e.g., a special event), it has provided 400 units of service (300 + 100 one-way trips). If one of those transported to and from the nutrition center is only 59 years old, the transportation provided amounts to only 398 units of service, according to this definition.

SERVICE LOCATION

Not applicable

SERVICE AREA

Transportation to sites and activities is limited to the activities and/or services within the District of Columbia.

SERVICE PRIORITIES

Transportation to sites and activities funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents who are 60 years of age or older. Priority shall be given to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Transportation to sites and activities includes staff, goods, vehicles, facilities, services and support necessary to provide transportation for each eligible individual. Transportation to sites and activities must meet or exceed the following standards.

- Receive requests from senior clubs, organizations and other service providers;
- Prepare pick-up schedule and confirm schedule with appropriate personnel;
- Assign driver and vehicle;
- Assist participants in boarding and leaving the vehicle, including, as necessary, personal assistance in negotiating stairs, ramps, and other architectural features for the program site and the point of destination;
- Recruit and train drivers and other personnel necessary to carry out the service;
- Develop and maintain necessary policies and materials to make sure drivers and other employees understand and comply with the Department of Aging and Community Living's policies and procedures including the service priorities;
- Provide storage and maintenance of vehicles to make sure they are safe and available for service;
- Provide information regarding other programs and services for which the participant might be eligible, refer participant to proper services as necessary; and
- Maintain records, preparing reports, and other administrative efforts necessary to provide transportation to sites and activities.
- The service must generally operate between the hours of 8:00 a.m. and 4:00 p.m. on weekdays.
- Service must be curb-to-curb (i.e., drivers must provide assistance to make sure the passenger can board and debark from the vehicle with maximum safety and comfort.
- All pick-ups must take place not later than 15 minutes after the scheduled time, weather and road conditions permitting.
- All drivers must be properly licensed.
- All drivers must be helpful and courteous to passengers at all times.

- Vehicles must be operated with due regard for the comfort and safety of the passengers.
- Vehicles must be properly maintained and licensed at all times.
- Proper liability insurance coverage must be maintained for all vehicles.
- Vehicles must be inspected at regular intervals to ensure safety.
- Vehicles must be safely and securely stored when not in use.
- All participant records must be kept in a secure location to protect participant confidentiality.
- The agency must maintain, follow, and continually update a training supervision program to make sure drivers are fully trained, properly supervised, and fully familiar agency procedures.
- All participant records, vehicle records, and agency procedures must be reviewed weekly or more frequently, if needed.
- Participants, family members, and/or caretakers must be informed of the cost of providing transportation services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, transportation to sites and activities may not include any of the following components:

- Providing transportation for an ineligible individual (see service priorities below); or
- Providing transportation beyond the boundaries of the District of Columbia.

WEEKEND CONGREGATE MEALS

SERVICE DEFINITION

Weekend Congregate Meals (1 Meal) -- Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting, a meal which:

- complies with the Dietary Guidelines for Americans (published by the Secretaries of the U.S. Departments of Health and Human Services and Agriculture);
- provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;
- provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and,
- provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA that an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.

SERVICE OBJECTIVE

The objective of weekend meal service is to provide a nutritious mid-day meal to improve or maintain nutritional status and to maintain the maximum functioning and independence of the individual.

SERVICE UNIT (1 MEAL)

The unit of service for weekend meal service is one complete meal provided to one eligible participant. For example, if 125 meals are prepared at the weekend meal service site and are served to 123 eligible participants and to two site staff members, only 123 service units (complete meals served to eligible participants) may be counted. Units of weekend meal service cannot be subdivided (e.g., into half-meals).

ELIGIBILITY

Persons 60 years of age and older residing in DC are eligible to participate in the weekend congregate meals program, targeting those with greatest economic or social need. In addition to

focusing on low-income and other older persons at risk of losing their independence, the following individuals may receive service including;

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- a spouse of any age;
 - disabled persons under age 60, who reside in housing facilities where congregate meals are served that are occupied primarily by the elderly;
 - disabled persons who reside at home and accompany older persons to meals; and nutrition service volunteers.

SERVICE LOCATION

Weekend meal service must be provided in a suitable facility which meets the following criteria established by the Department of Aging and Community Living for congregate meal programs:

- The weekend meal center should be centrally located in the target area, preferably within walking distance for the participants or on a public transportation route.
- The center must meet the minimum standards of the District of Columbia's Building, Fire, and Department of Consumer and Regulatory Affairs regulations, and a certificate of occupancy must be obtained.
- When food is prepared on-site, the center shall be licensed and inspected by the Department of Consumer and Regulatory Affairs and certified as a food service establishment. Current food service inspection reports by the Department of Consumer and Regulatory Affairs must be posted. All required certificates must be on file and available at all times for review.
- The center must have adequate space and operable equipment for the program, including range, oven, refrigerator, sink, tables, and chairs.
- The center must have locked, sanitary, and secure storage space available for supplies and caterer's equipment (if catered).
- The center must have a pleasant environment, adequate lighting, and pleasing decor.
- The center must be accessible and free of both physical and psychological barriers, insofar as possible.

- The center, including restrooms, must be maintained in a clean and sanitary condition.

SERVICE PRIORITIES

Weekend congregate meal service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older (and their spouses) who are able to attend a weekend nutrition center.

Priority for weekend meal service should go to those individuals who are unable to prepare or purchase adequate meals for themselves.

In particular, priority shall be given to those individuals who are most socially and economically disadvantaged, who are not regular participants in the weekday congregate meal program, and to referrals from Lead Agencies and Geriatric Assessment and Case Management Center.

SERVICE STANDARDS

Weekend congregate meal service includes the staff, goods, facilities, services and supports necessary to serve a complete mid-day meal to each older individual enrolled. Weekend congregate meal service must meet or exceed the following standards:

Information about other programs and services, including assistance to gaining public benefits, shall be provided.

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- Records of contributions collected, intakes, nutrition screening and administrative reports shall be maintained.
 - Client intake must be updated at least annually.
 - Meal reservation system and sign-in must be maintained and used for basis of contracting meals.
 - Meals must meet or exceed one-third of the RDA, as certified by a licensed and registered dietitian/nutritionist.
 - Meals must be served within two (2) hours after preparation.
 - One or more activities must be provided daily, in addition to the meal, and posted on a preplanned monthly calendar.

- Participants, family members, and/or caretakers must be informed of the cost of providing weekend meal service and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- Participants, family members, and/or caretakers must be informed of agency procedures for protecting confidentiality, accounting for participant contributions, and other matters germane to the participant's decision to accept service.
- The agency must maintain, follow, and continually update a training and supervision program to make sure staff are familiar with agency procedures.
- All records of participants' services, costs, and agency procedures must be reviewed monthly or more often if needed.
- The center should serve a minimum of 50 eligible participants each day for the weekend meal.
- The center must be available for a minimum of four (4) hours on both Saturday and Sunday.
- The center must have a plan of operation, describing coordination with other community resources and programs.
- The older population in the area should generally support the weekend meal center location by participating, volunteering, or helping to sponsor the center. The recipients of services should be involved as much as possible in assisting the center manager in planning and developing relevant programs, and in neighborhood outreach.
- The sponsoring agency of the weekend meal center must contribute program support by developing neighborhood awareness (involving churches, organizations, and other interested persons), provision of space, utilities, maintenance, incidental expenses, and recruitment of volunteers, programming activities, and service development. The specific role of the sponsoring agency in the nutrition center is defined by the agency in its project plan.
- Personnel and volunteers associated with the weekend meal service should be trained in the sanitary handling of food, fire safety, and basic first aid, particularly in dealing with choking and coronary attacks.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, weekend congregate meal service may not include any of the following components:

- Taking meals (or allowing meals to be taken) from the weekend meal service center to be consumed in the participant's home;
- Providing meals to ineligible persons;
- Providing friendly visiting or telephone reassurance service, except as incident to confirming a meal reservation;
- Providing social, financial, legal, or other service or advice (except for referral to qualified agencies or programs).

WEEKEND HOME-DELIVERED MEAL SERVICE

SERVICE DEFINITION

Home Delivered Meals (1 Meal) - Provision to an eligible client or other eligible participant at the client's place of residence, a meal which:

- complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture.)
- provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;
- provides, if two meals are served, together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily proportional in calories and nutrients; and,
- provides, if three meals are served, together, 100 percent of the current daily RDA; although there is no requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.

SERVICE OBJECTIVE

The objective of weekend home-delivered meals service is to provide nutritious meals to eligible residents to improve or maintain nutritional status and to maintain the maximum functioning and independence of the homebound individual.

SERVICE UNIT

The unit of service for weekend home-delivered meal service is one complete meal delivered to one eligible participant.

NOTE: Since two meals are delivered on Saturday (for Saturday and Sunday), two units are earned for a single weekend per eligible participant.

For example, if 35 (2 pack) meals are prepared but only 33 (2 packs) are served to eligible participants, for the weekend, 66 service units (complete meals delivered to eligible participants) may be counted. Meals that are not received because the participant was not home or was unable to accept the meal cannot be counted as service units (see Transportation of Home-Delivered Meals

definition). Units of weekend home-delivered meals service cannot be subdivided (e.g., into half-meals).

ELIGIBILITY

Weekend home-delivered meal service funded by the D.C. Department of Aging and Community Living is available only to District of Columbia residents 60 years of age or older (and their spouses, if in the best interest of the homebound older person) who are determined to be in need, according to the following criteria:

- Physical inability to prepare meals, which may be caused by:
 - impaired vision, hearing, or mobility
 - general lassitude,
 - dependence on medications and/or other life supports,
 - medical needs,
 - therapy (causing appetite loss),
 - moderate or severe senile dementia, or
 - other ailments such as alcoholism and drug dependence;
- Emotional inability, which can be temporarily or permanently disabling to a degree that affects the ability to acquire, prepare and consume well-balanced meals (many emotional disorders common in older persons -- depression, alcoholism, and drug dependence -- result in loss of appetite, apathy, and lassitude);
- Other inabilities which can include the absence of a homemaker, family, or friends to assist with shopping and preparation of food, a lack of adequate money to pay for enough food, lack of transportation for shopping, lack of facilities to store, prepare and maintain foods safely, and unawareness of proper nutrition practices.
- Other Determinants: Special Considerations may be given to the:
 - degree and nature of illness, disability and isolation;
 - duration of need for home-delivered meal service; and
 - to individuals not qualified for (or has inadequate resources to purchase)"meals on-wheels" services funded from another source.

SERVICE LOCATION

Weekend home-delivered meals are provided in client's home.

SERVICE AREA

Lead Agencies are assigned subareas of the District from which to accept participants and to monitor meal assembly and delivery. Participants are assigned to the Lead Agency responsible for the area of their residence.

SERVICE PRIORITIES

In particular, priority shall be given to referrals from Geriatric Assessment and Case Management Sites, referrals from Lead Agency outreach staff, and to those individuals most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Weekend home-delivered meal service includes the staff, goods, facilities, services and supports necessary to ensure the delivery of a complete mid-day meal to each older homebound individual determined to be eligible for a meal. Weekend home-delivered meal service must meet or exceed the following standards:

- Client's need shall be reassessed by a social worker or other qualified person at least every six months to determine continuing need for service.
- Meals shall be served as planned.
- Meals shall meet or exceed one-third of the RDA, as certified by a registered dietitian or nutritionist as well as standards set by the D.C. Department of Aging and Community Living.
- Participants shall be provided with information on how needed services (e.g., Medicare, Medicaid, SSI, transit, housing, etc.) may be obtained, and shall be provided assistance in gaining access to those services.
- Participants, family members, and/or caretakers shall be informed of the cost of preparing home-delivered meals and shall be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- All staff preparing the meals shall be fully trained and qualified.
- The agency shall maintain, follow, and continually update a training and supervision program to make sure staff are fully trained and familiar with agency procedures.
- All records of participant services, costs, and agency procedures shall be reviewed monthly or more often if needed.

- An intake process to determine each participant's eligibility, according to the criteria outlined under Service Eligibility (see above), shall be conducted;
- A complete meal from prepared bulk food for delivery to eligible individuals shall be prepared;
- Delivery of meals shall be arranged;
- Information about other programs and services for which the meals participant might be eligible, and referral to proper services as necessary shall be provided;
- Weekend home delivered meals service shall be coordinated with caterer and the transportation of meals provider;
- Staff shall interpret program policy;
- The records of preparation sites and the delivery agencies shall be reconciled in order to ensure the number of meals delivered agrees with the number of meals received; and
- Records shall be maintained, contributions collected from users, reports prepared and other administrative activities necessary for weekend home-delivered meals shall be carried out.

PROHIBITED SERVICE COMPONENTS

For purposes of Department of Aging and Community Living planning and reimbursement, weekend home-delivered meal service may not include any of the following components:

- Providing meals to ineligible persons;
- Providing friendly visiting or telephone reassurance services, except as incident to confirming a meal reservation;
- Providing transportation for delivery of home-delivered meals (see Transportation of Home-Delivered Meals definition);
- Providing financial, legal, or other service or advice (except for referral to qualified agencies or programs);
- Providing case management services for weekend homebound meal participants with multiple needs.

WELLNESS: HEALTH PROMOTION

SERVICE DEFINITION

Wellness: Health Promotion service is a comprehensive program of core classes in physical exercise, nutrition, and health dialogues for District of Columbia residents 60 years of age or older. Staffed by professional and trained personnel in health and wellness modalities, e.g., exercise physiology, kinesiology, and nutrition, services are designed to enhance and integrate physical, social and emotional well-being; promote good health habits; help seniors to be better informed health consumers; and, help to prevent unnecessary and costly medical encounters. Wellness: Health Promotion services will be provided on a scheduled basis.

SERVICE OBJECTIVE

The objective of Wellness: Health Promotion is to promote physical, social and emotional well-being through elements and activities such as, physical exercise, nutrition counseling, health education and smoking cessation which are designed to promote good health habits and a healthy lifestyle.

SERVICE UNIT (1 HOUR)

A unit of service for Wellness: Health Promotion is one hour of service provided to an eligible participant during wellness activities held at the center or off site.

NOTE: Units of service may not be subdivided below 1/2 units.

SERVICE AREA

Wellness: Health Promotion services are available to all eligible residents of the District of Columbia who have enrolled in the wellness program.

SERVICE LOCATION

Wellness: Health Promotion services will be conducted in a community facility. Space must be adequate for providing individual and/or group sessions and to allow for comfort and confidentiality.

The facility must meet or exceed all applicable District of Columbia requirements for licensing and inspections, and must be reasonably free of architectural or psychological barriers.

SERVICE PRIORITIES

Wellness: Health Promotion services funded by the D.C. Department of Aging and Community Living are available only to District of Columbia residents who are 60 years of age and older. To comply with the laws and regulations governing Older American's Act programs, services should be targeted to those individuals who are the most socially and economically disadvantaged, with emphasis on low-income minority elderly.

SERVICE STANDARDS

Wellness: Health Promotion includes the staff, goods, facilities, services and supports necessary to carry out the program and must meet or exceed the following standards:

- Orientations shall be conducted so that potential enrollees may be briefed on the program and scheduled activities.
- When an eligible participant consents to enroll, an Intake Form must be completed. Only one enrollment process is needed to participate in all aspects of the Wellness: Health Promotion program.
- A customized Wellness: Health Promotion Plan must be developed for each new participant at the time of enrollment using the Lifestyle Assessment or similar health and fitness assessment tool that alerts participants to issues and identifies problematic areas within their wellness system.
- All grantee personnel providing Wellness: Health Promotion service must be qualified by education, training or certification, applicable under D.C. Law (e.g., physician, nurse, nutritionist, social worker (M.S.W.), health educator, psychologist, and certified physical fitness instructor).
- Peer leaders must be trained for the services rendered.
- Core classes, seminars, workshops and screenings in physical fitness, nutrition and health dialogues shall be developed using factual, culturally sensitive and interactive methodologies. Activities shall be conducted by health related professional and trained personnel.
- Participants must be informed of the cost of providing services and offered the opportunity to make voluntary contributions to support the program.
- The grantee must maintain and continually update its training program to make certain that Wellness: Health Promotion staff are fully trained, professionally supervised and

familiar with agency procedures.

- A system of recordkeeping for programmatic and administrative services shall be developed and used.
- Participant's records must be kept in a secure location to protect confidentiality.
- All records of participant services, costs and agency procedures shall be maintained and reviewed periodically.
- Quality assessments shall be conducted as mandated by grant award.
- Information about other programs and services for which the participant might be eligible shall be made available to the participant and referrals to the services made as necessary.
- Support group sessions shall be conducted as scheduled or requested.
- Individual consultations shall be made available to participant as needed.
- A structured forum for family and friends to learn about the aging process shall be conducted as a part of client education.
- Educational research projects that validate results of specific behavioral changes shall be conducted as approved by the D.C. Department of Aging and Community Living.
- The grantee shall maintain records, collect participant contributions, prepare reports and perform other administrative duties as stated in grant award.
- Intergenerational activities that support better understanding of youth and senior citizens shall be available.
- Methods of training of Senior Service Network health educators and nutritionists shall be provided, upon request.
- Grantee shall participate in outreach such as community days, health fairs and other community-oriented activities.

PROHIBITED SERVICE COMPONENTS

For purposes of D.C. Department of Aging and Community Living planning and reimbursement, Wellness: Health Promotion services may not include any of the following components:

- Serving ineligible individuals.

- Providing psychotherapy unless provided by a licensed therapist.
- Providing medical services.