



Service Provider Operation Guide

Purpose: To lay out the regulatory roles and responsibilities of contracted service providers in administering Older Americans Act (OAA) Programs.

Attention: All OAA Contracted Service Providers

Revised: August 20, 2024





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General Requirements

1. Contract Compliance

- a. Service providers shall:
 - (1) Comply with the terms and conditions of the contracts with San Mateo County Aging and Adult Services (AAS).
 - (2) Not subcontract any interest or obligation from a contract with AAS without the written agreement of AAS.

2. Client Information Confidentiality

- a. Service providers shall not disclose any information about a program participant, without the written consent of the individual or a designated legal representative. Records with client names, addresses and phone numbers shall:
 - (1) Be available only to authorized service staff assisting the individual.
 - (2) Remain in a secure, locked file or secure area to protect confidentiality of the records.
 - (3) Be removed from data or information used for reporting and planning purposes and from data or information made available to the public.

3. Training

- a. Service Providers shall assure all new staff and volunteers complete the California Department of Aging Privacy & Information Security Awareness Training immediately after onboarding. All staff and volunteers shall complete the training at the start of every fiscal year (July 1st). Certificates of Completion shall be sent to Lindsey Joyner, Office Specialist with Aging and Adult Services. The training can be accessed at: [CDA Privacy and Security Training](#)
- b. Service Providers shall maintain a written plan for the provision of training to paid staff and volunteers. The training plan will:
 - (1) Familiarize both paid staff and volunteers during orientation with the Older Americans Act and its program requirements.
 - (2) Define the role, purposes, and function of the service(s), the governing body, and the administrative structure and policies of the service(s).
 - (3) Familiarize both paid staff and volunteers with reporting practices to AAS.
 - (4) Familiarize both paid staff and volunteers with referral resources within AAS including:
 - i. Agency resource file(s)
 - ii. Aging and Adult Services Help at Home Booklet
 - iii. San Mateo County Network of Care
 - iv. 211
 - (5) Train both paid staff and volunteers on detecting and reporting signs of elder abuse.
- c. Service Providers shall ensure a comprehensive training is provided to both new and existing paid staff/volunteer on a regular basis. The following training topics are highly recommended:



- (1) Overview on older adults' health and social needs including but not limited to food, shelter, transportation, psychological and mental health.
 - (2) Overview on Social Security, Medical, Medicare.
 - (3) Specific skills and techniques for each position, especially for client facing positions.
- d. Service Providers shall ensure all staff, both paid and volunteer, who work directly with program participants are trained at least annually to handle emergencies, such as medical and natural disasters. The training shall consist of:
- (1) Familiarity with phone numbers of fire, police, and ambulance services for the geographic area served by the provider. These phone numbers shall be posted near the telephone for easy access when an emergency arises.
 - (2) Techniques to obtain vital information from program participants who require emergency assistance.
 - (3) Making written emergency procedure instructions available to all staff who have contact with program participants.

4. Programmatic Data and Fiscal Reporting

All data and fiscal reporting documentation and guidelines can be found on the Aging and Adult Services Provider [webpage](#) with the exception of invoice templates which AAS will send directly to each provider.

- a. Service providers shall provide complete, accurate programmatic data (MIS form) and fiscal reports (monthly invoices) to AAS by the 10th of each month. Providers are also required to submit quarterly unduplicated reports by the 10th of the month following the end of the quarter.
- b. For providers conducting their own data entry, all data should be entered into Q in advance of submitting monthly documentation. For step-by-step instruction on program data entry, please consult the Q Continuum User Guide on the [AAS provider page](#).
- c. Upon notification from AAS, corrections to invoices and reports must be made within five working days in order to receive reimbursement. Invoices submitted more than two months past the month of service may not be reimbursed.
- d. **[HICAP Services ONLY]** HICAP service providers shall ensure the submission of program information and support documentation to the State HICAP Office, for the development of required reports. These include but are not limited to, the SHIP Grant Application, Supplemental Grant Funding Applications, and the SHIP Grant Mid-term Report. The information and documentation will be sent in the format required, in a timely manner, and at intervals as determined by the State HICAP office.
- e. **[HICAP Services ONLY]** HICAP service providers shall send an email to CDA HICAP (HICAPTeam2@aging.ca.gov) by the 15th day of each month, following



service, verifying the review and approval of data for the reporting periods. If HICAP service providers fail to send a verification email to CDA HICAP by the stated due date, CDA HICAP assumes that data is approved for submission.

5. Grievance Process

- a. Service providers shall have a written Grievance Process Policy and Procedure, pursuant to Title 22, California Code of Regulations, Section 7400, for program participants who wish to file a complaint or grievance about the provision of services from the service provider.
- b. The Grievance Process policy and procedure must include:
 - (1) Time Frames: complaints must be acted upon with set time frames outlined in the policy.
 - (2) Written notification: the policy must ensure that complainants will receive a written summary of the results of the complaint review and include the clients right to appeal the results to AAS.
 - (3) Confidentiality: the policy must include confidentiality provisions to protect the privacy of the complainant, with only relevant information disclosed.
 - (4) Scope: complaints may include issues like service amount, duration, denial, discontinuance, and dissatisfaction with services or providers.
- c. Service providers shall notify all program participants of the grievance process by:
 - (1) Posting notification of the process in visible and accessible areas, such as the bulletin boards in multipurpose senior centers.
 - (2) Advising homebound program participants of the process either orally or in writing upon the service providers' contact with the individuals.
 - (3) Posting grievance process on website and/or newsletter.
 - (4) All grievance process notifications must be made available in the primary language(s) of clients, in addition to English.

6. Voluntary Contribution

- a. If service providers combine funds received from AAS with other monies, the service providers shall make accommodations to track the funds received from AAS for audit purposes.
- b. Services providers shall establish written procedures to:
 - (1) Protect contributions and fees from loss, mishandling, and theft.
 - (2) Differentiate the difference between "Voluntary Contribution" and "Donation".
 - (3) Ensure that contributions will not be tracked by individual.
 - (4) Such procedures shall be kept on file at the provider's site.
- c. Service providers shall notify all program participants that they will not be denied services based on their ability or willingness to contribute.



- d. Service providers shall notify all program participants of the opportunity to contribute to the cost of the service available to them by:
 - (1) Written notification through letters, websites, newsletter and/or onsite postings in visible and accessible areas, such as the bulletin boards in multipurpose senior centers
 - (2) Advising home delivered meal, FCSP, I&A and other program participants who are not on-site of the process either orally or in writing upon the service providers' contact with the individuals.
- e. Service providers shall develop a suggested contribution. When developing this contribution amount, the income ranges of the program participants in the community and the providers' other sources of income shall be considered.
- f. **[Nutrition Services ONLY]** An eligible individual who receives a meal shall be given the opportunity to contribute to the cost of the meal. For eligible individuals, refer to Eligibility for Nutrition Services in the Program IIC Nutrition Service sections. All other individuals who receive a meal shall pay the "guest fee" as determined at providers' discretion. In determining the "guest fee," Nutrition service providers are recommended to take the follow costs into consideration. The list is not exhaustive.
 - (1) Food costs
 - (2) Rent
 - (3) Utilities
 - (4) Office supplies
- g. **[Transportation Services ONLY]** Transportation service providers shall inform paratransit riders by written notice of the suggested contribution. Contributions will be collected and included as part of the Transportation budget. All contributions are to be voluntary, confidential, and must be used to provide expanded transportation services. If the vehicle is provider-owned, a sign will be posted in the vehicle indicating the suggested contribution. Otherwise, written notice of suggested contribution must be posted in program service areas.

7. Notice of Program and Personnel Changes

- a. Service Providers shall notify AAS of any changes in program or service delivery at least thirty (30) days prior to the implementation of the change.
- b. Notification includes, but is not limited to, service closures due to special events, holidays, cleaning, construction, staff changes.

8. Multilingual Services

- a. Based on program participant demographics, service providers are highly recommended to have available a sufficient number of qualified bi/multilingual persons to adequately assist non-English speaking program participants.



- b. Based on program participant demographics, service providers are highly recommended to have distribution materials in multiple languages for non-English speaking program participants
- c. Being mindful of client confidentiality, the bi/multilingual services may be provided by any of the following:
 - (1) Professional interpretation service.
 - (2) Paid or volunteer staff.
 - (3) Other program participants or family members who are available and offer to provide interpreter services as needed.

9. Contract Monitoring and Evaluation

- a. Provider shall maintain all required records relating to services provided under this Agreement for three (3) years after AAS makes final payment and all other pending matters are closed.
- b. The Provider shall cooperate with AAS in the monitoring and evaluation processes, which include making any Administrative program and fiscal staff available during any scheduled process.
- c. Onsite program monitoring will be conducted every two (2) years for all programs except Title IIIC-1 and Title IIIC-2, which must be conducted every year.
- d. Onsite fiscal monitoring must be conducted every two (2) years for all programs including Title IIIC-1 and Title IIIC-2.

Title IIIB Information and Assistance Program

This program assists individuals or their representative in finding needed services and resources. I&A service staff and volunteers shall provide information on a wide range of services and at times assist them with obtaining those services. I&A staff and volunteers should also provide follow up when needed. It shall be the responsibility of the I&A provider to advise all eligible inquirers of the assistance that is available, such as posting signage and advertising.

I&A service providers shall intervene on behalf of the program participant to assist in establishing eligibility for a needed service, provided that the program participant has given permission for the I&A service provider to do so.

1. Definitions

- a. Information refers to current facts and data, ranging from a provider's name, telephone number and address to detailed data about community service systems, agency policies and procedures for application.
- b. Assistance refers to any or all of the following:
 - (1) Assessing the needs of the inquirer.



- (2) Identifying appropriate and alternative resources to meet the inquirer's needs.
- (3) Specifying entities known to be suppliers of the products and/or services required to meet the identified needs.
- (4) Referring and actively participating in linking the inquirer to needed services.

2. Service Priority

- a. I&A service providers shall place particular emphasis on linking services first to the individuals specified in either (1) or (2) below followed by the individuals specified in either (3) or (4) below:
 - (1) Isolated program participants, regardless of whether the individuals are also in greatest economic or social need.
 - (2) Program participants with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and their caretakers), regardless of whether the individuals are also in the greatest economic or social need.
 - (3) Program participants in the greatest economic need.
 - (4) Program participants in the greatest social need.

3. Resource Files and I&A Directory

- a. I&A service providers shall develop, maintain, and use an accurate, up-to-date resource file that contains information on available community resources.
- b. I&A service providers shall on an annual basis verify the resource file, including the social/human services available to program participants in the community, and information about, those services including, but not limited to, the following:
 - (1) Name, address, and telephone number of the service provider.
 - (2) Hours and days that the service provider is open for business.
 - (3) Type of service(s) being provided.
 - (4) Eligibility requirements for receipt of service(s).
 - (5) Area served.
 - (6) Application procedure to receive service(s).
 - (7) Transportation available.
 - (8) Wheelchair accessibility for individuals with disabilities.
 - (9) Language(s) spoken.

I&A service providers should also update the resource list as the changes become known to the provider.

- c. I&A service providers and Aging and Adult Services may have printed I&A directories for public distribution. The printed I&A Directory shall:
 - (1) Be approved by AAS.
 - (2) Have a disclaimer stating that the directory may not be current after initial printing.
 - (3) List the name and address of the agency responsible for public response to information contained in the directory.



- (4) Include a list of services available in the service area covered by the directory.
- (5) Not serve as a substitute for I&A services.

4. Service Accessibility and Publicity

- a. When I&A services are provided in a facility, the facility shall:
 - (1) Be open during the hours provided for in the contract.
 - (2) Provide the program participant with the requested I&A service(s) no later than one working day after the individual's visit to the I&A facility.
 - (3) Provide privacy when interviewing individuals to ensure confidentiality of information.
 - (4) Be accessible to program participants with disabilities.
 - (5) Be conveniently located to public transportation and have parking available in the vicinity.
 - (6) Be equipped with a telephone system, office equipment, and furniture.
- b. When I&A services are provided through a telephone answering system, the I&A telephone line shall be available to callers between 8 a.m. and 5 p.m., Monday through Friday. The I&A provider shall attempt to make contact with any caller who leaves a message no later than one working day from the date the message was left. The contact shall be made by telephone if a return telephone number is included in the message. If only a return address is provided, the contact shall be in the form of a written response.
- c. I&A service providers shall publicize the availability of I&A services to program participants within the Planning Service Area. The publicity at a minimum shall include:
 - (1) Name of the I&A provider and telephone number for client use.
 - (2) Services offered.
 - (3) Hours and days of operation.

5. Referral Follow up

- a. I&A service providers shall follow-up with referred participants within 30 days to ascertain if their needs were met. If contact cannot be made with the referred service, the entity(ies) to which the program participant was referred shall be contacted by the I&A service provider.
- b. Where follow up was conducted with the program participant or person acting on behalf of the program participant:
 - (1) Program participant's service needs **were met** - the I&A service provider shall ascertain the individual's satisfaction with the service(s). If the individual was dissatisfied with the service, the I&A provider shall make another referral, if appropriate.
 - (2) Program participant's service needs **were not met** - the I&A service provider shall reassess the program participant's needs and assure the



individual that the I&A service provider will continue to assist them until an entity is able to meet their assessed needs.

- c. Where follow up was conducted with the entity(ies) to which the program participant was referred:
 - (1) Program participant's service needs **were met** - record the result of the follow-up (refer to part D below).
 - (2) Program participant's service needs **were not met** – the I&A service providers shall:
 - i. Confirm the types of services the entity(ies) provides.
 - ii. Ascertain the service(s) the program participant requested/needed.
 - iii. Attempt to provide another referral, if appropriate, to the program participant.
- d. I&A service providers shall record and take action on the follow-up by maintaining either a manual or a computer file system to record the outcome of the referral.

6. Client Information Confidentiality

- a. Names, addresses, and phone numbers of program participants shall be removed from data/information used for reporting or planning purposes.
- b. Records with program participant's names, addresses, and phone numbers shall be available only to authorized service staff assisting the program participant. Written permission of the program participant shall be obtained before this data/information can be released to persons other than authorized service staff.
- c. Records with program participant's names, addresses, and phone numbers shall remain in a secure, locked file or, in the case of computerized information systems, password-secured or otherwise protected to protect the confidentiality of the client's records.
- d. During any interview with the program participant, service staff shall solicit only information that is required to identify the individual's service needs and make a proper referral. The individual shall have the right to withhold information when being interviewed. If the individual refuses to disclose information that is essential to identify service needs and make a proper referral, this should be thoroughly explained before concluding the inquiry.

7. Staffing and Personnel

- a. I&A service providers shall recruit management and staff who are experienced in information and assistance services and who demonstrate the ability to:
 - (1) Communicate clearly, both orally and in writing, to program participants and to organizations in the community.
 - (2) Understand and assess the needs of program participants in delivering I&A services.



- (3) Inform program participants of the services available and assist them in utilizing these services.
- b. I&A service provider staff shall:
 - (1) Maintain the Resource Files and keep the information current.
 - (2) Provide information and assistance to inquirers.
 - (3) Follow-up in cases where referrals have been made.
 - (4) Collect statistical data on clientele to document the types of referral services that are in highest demand.
- c. I&A service provider management and supervisory staff shall:
 - (1) Determine number of staff and volunteers required and the hours staff shall work.
 - (2) Develop a written training plan for I&A staff and volunteers.
 - (3) Train paid staff and volunteers on job duties.
 - (4) Implement personnel policies and practices, including personnel evaluations of paid staff and volunteers at least annually.
 - (5) Provide new paid staff and volunteers with an orientation in federal law and I&A principles.
- d. I&A service providers may use volunteers to augment, but not to replace, paid staff.
- e. I&A service providers shall establish personnel policies which shall, at a minimum, include all of the following:
 - (1) Hiring policies which shall include a formal screening and selection process.
 - (2) Written job descriptions for each staff position outlining the knowledge and skills required, the job duties, and the lines of supervision.
 - (3) Annual evaluations of paid and volunteer employees' job performance.
 - (4) Orientation and training opportunities for staff.
 - (5) Provisions for the reimbursement of out-of-pocket expenses incurred while paid and volunteer employees are performing the job duties.

Title III B Legal Assistance Program

This program assists older adults and adults with disabilities with a variety of legal problems concerning housing, consumer fraud, elder abuse, Social Security, Supplemental Security Income (SSI), Medicare, Medi-Cal, age discrimination, pensions, nursing homes, protective services, conservatorships, and other matters.

All persons over the age of 60, or over the age of 18 and living with a disability, are eligible for services regardless of income level.

Current legal assistance providers can be found in the Help at Home directory;
<https://www.smchealth.org/helpathome>



Title III B Transportation Program

Transportation is one of the Home & Community Services that enables older adults to access services that support healthy living and promote independence. Together with other services including but not limited to Information and Assistance and Legal Assistance, it promotes older adults' ability to maintain the highest possible levels of function, participation, and dignity in the community.

1. Eligibility for Transportation Services

- a. Individuals who are 60 years of age or older are eligible to receive Transportation Services.
- b. Where demand for services is greater than available service supply, priority shall be given to the following 60-or-above population:
 - (1) In greatest economic and social need.
 - (2) Low-income minority.
 - (3) Individuals with Limited English Proficiency.
 - (4) Older individuals residing in rural areas.

2. Coordination with Transit Providers

- a. Transportation service providers shall coordinate services with all other relevant transit providers, especially paratransit services available from Redi-Wheels and Redi-Coast.

3. Training

- a. Transportation service providers shall maintain written emergency and accident policies and be responsible for ensuring that all transportation staff are trained in these procedures.
- b. Transportation service providers shall be responsible for ensuring that drivers participate in annual driver education that will include sensitivity training related to transporting seniors and adults with disabilities.

4. Contingency Plan

- a. Transportation service providers shall develop contingency plans for providing back-up coverage when a vehicle is inoperable or when the driver is ill or on vacation, if the agency operates its own vehicle.

5. Vehicles

- a. Transportation service providers shall provide verification of vehicle inspection by the California Highway Patrol, if provider operates own vehicle.



Title III C Nutrition Services Program

This program provides nutrition services and to assist program participants to live independently, by promoting better health through improved nutrition, and reduced isolation through programs coordinated with nutrition-related supportive services. Nutrition services are provided through Congregate Meals and Home Delivered Meals.

The Congregate Meals Program serves nutritious meals to older adults in a group setting with an opportunity to socialize with others. The Home Delivered Meals Program serves nutritious meals to older adults in their home. These programs also provide nutrition education, nutrition risk screening, and, in some areas, nutrition counseling.

1. General Nutrition Services Requirements

- a. Each Nutrition Service provider shall provide at least one (1) meal per day; serve at least five (5) days per week, but not necessarily five (5) days per week at each site unless a waiver is obtained from AAS.
- b. Nutrition Service providers shall comply with the California Retail Food Code (CRFC) and their local health department regarding safe and sanitary preparation and service of meals. (See Appendix A)
- c. Nutrition Service providers shall comply with the Division of Occupational Safety and Health (Cal/OSHA), California Department of Industrial Relations requirements regarding staff and participant safety.
- d. Nutrition Service providers shall conduct a nutrition screening of Congregate and Home Delivered Meal participants in accordance with Federal requirements found in US Code, Title 42, Chapter 35, §3030g–21. (See Appendix A)
- e. Where feasible and appropriate, Nutrition Service providers shall make arrangements for the availability of meals to participants during a major disaster, as defined in US Code, Title 42, Chapter 68, §5122(2). (See Appendix A)
- f. When it is known or reasonably suspected that a program participant has been the victim of abuse, Nutrition Service providers shall report the abuse to the authorities in accordance with Welfare and Institutions Code, Section 15630. (See Appendix A)

2. Eligibility for Nutrition Services

- a. The following individuals are eligible to receive a meal at a Congregate Nutrition site:
 - (1) Any older adults, i.e individuals aged sixty (60) or above.
 - (2) The spouse of any older adult.
 - (3) A person with a disability, under age sixty (60) who resides in housing facilities occupied primarily by program participants at which Congregate Nutrition services are provided.



- (4) A disabled individual who resides at home with and accompanies a program participant who participates in the program.
 - (5) A volunteer under age sixty (60) may be offered a meal if doing so will not deprive a program participant of a meal. A written policy for providing and accounting for volunteer meals shall be developed and implemented. Refer to “guests fee” under “General Requirements”, Section 6(e) for contribution to be made by non-participants.
- b. The following individuals are eligible to receive a Home Delivered Meal:
- (1) Any older adult who is frail and homebound by reason of illness, disability, or isolation.
 - (2) A spouse of a person in (b)(1) above, regardless of age or condition, if an assessment concludes that it is in the best interest of the homebound program participant.
 - (3) An individual with a disability who resides at home with program participants if an assessment concludes that it is in the best interest of the homebound program participant who participates in the program.
 - (4) Priority shall be given to older adults in (b)(1) above.

3. Congregate Nutrition Services Requirements

- a. Each Congregate Meal site shall meet all of the following:
- (1) Have a paid staff or volunteer designated to be responsible for the day-to-day activities at each site, and physically be on-site during the time that Elderly Nutrition Program activities are taking place.
 - (2) Have restrooms, lighting, and ventilation which meet the requirements of the CRFC. (See Appendix A)
 - (3) Have equipment, including tables and chairs, that is sturdy and appropriate for program participants. Tables shall be arranged to assure ease of access and encourage socialization.
- b. Congregate Meal service providers shall develop procedures for obtaining the views of participants about the services received.
- c. Congregate Meal service providers shall not preclude the service of a meal to a participant who has failed to make a reservation when food is available.

4. Home Delivered Nutrition Services Requirements

- a. Each Home Delivered Meal service provider shall develop and implement criteria to assess the level of need for Home Delivered Nutrition Services of each eligible participant following the steps below:
- (1) An initial determination of eligibility may be accomplished by telephone.
 - (2) A written assessment shall be done in the home within two (2) weeks of beginning meal service and shall include an assessment of the type of meal appropriate for the participant in their living environment.



- (3) A program participant eligible for receiving Home Delivered Meals shall be assessed for need for nutrition-related supportive services and referred as necessary.
 - (4) Reassessment of need shall be determined quarterly. Such reassessment shall be done in the home of the participant at least every other quarter.
- b. Home Delivered Meal service providers shall provide written instructions in the language of the majority of the participants for handling and re-heating of the meals.
 - c. Home Delivered Meal service providers shall establish a waiting list for Home Delivered Meals whenever the Home Delivered meal providers are unable to provide meals to all eligible individuals. The decision to place eligible recipients of a Home Delivered Meal on a waiting list, and their position on such a list, shall be based on greatest need and/or in accordance with policy established by the Home Delivered Meal provider, in consultation with AAS.

5. Meals Nutrition and Menu Requirements

- a. In accordance with Section 339 of the Older Americans Act, each meal shall provide the following to participating individuals:
 - (1) If the program provides one (1) meal per day, a minimum of one-third of the in the Dietary Reference Intakes (DRIs) by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences (2006), which are incorporated by reference.
 - (2) If the program provides two (2) meals per day, a minimum of two-thirds of the DRIs.
 - (3) If the program provides three (3) meals per day, one hundred percent of the DRIs.
- b. Meals shall comply with the Dietary Guidelines for Americans by the U.S. Department of Health and Human Services and the USDA, which is incorporated by reference.
- c. A meal analysis approved by AAS Registered Dietitian shall be done to ensure compliance with (a) above, using either a meal component system or a detailed nutritional analysis.
- d. All menus and food substitutions to meals originally planned must meet the requirements of this section and be approved by AAS Registered Dietitian.
- e. Menu and meal component forms must be submitted to AAS Registered Dietitian for approval by the 15th of the month prior and before menu is released to the public and food purchasing/preparation is done. Meals shall not be served if they are not from an approved menu.



- f. Menus shall:
 - (1) Be planned for a minimum of four (4) weeks.
 - (2) Be posted in a location easily seen by participants at each Congregate Meal site.
 - (3) Be legible and easy to read in the language of the majority of the participants.
 - (4) Reflect cultural and ethnic dietary needs of participants, when feasible and appropriate.

6. Staff and Personnel

- a. The nutrition services provider shall have a manager on staff who shall conduct the day-to-day management and administrative functions of the Elderly Nutrition Program, and either have:
 - (1) Possess an associate degree in institutional food service management, or a closely related field, such as, but not limited to, restaurant management, plus two (2) years' experience as a food service supervisor, or,
 - (2) Demonstrate experience in food service, such as, but not limited to, cooking at a restaurant, and within twelve (12) months of hire successfully complete a minimum of twenty (20) hours specifically related to food service management, business administration, or personnel management at a college level. Prior to completion of meeting the hours, this individual's performance shall be evaluated through quarterly monitoring by a registered dietitian, or,
 - (3) Two years' experience managing food services.
- b. There shall be, at a minimum:
 - (1) a manager as required in (a) above, and
 - (2) a paid staff or volunteer as required in Section 6 (a)(1) above.
- c. There shall also be a sufficient number of qualified staff with the appropriate education and experience to carry out the requirements of the Program. The total number of staff shall be based on the method and level of services provided, and size of the service area.
- d. Under the California Health and Safety Code §113947, all food facilities that prepare, handle, or serve unpackaged foods are required to have at least one Certified Food Manager (CFM) or Person in Charge, either an owner or an employee, who has successfully passed an approved and accredited food safety certification examination.
- e. Volunteers shall be recruited and used in any phase of program operations where qualified.

7. Nutrition Services Training for Staff and Volunteers

- a. All staff, paid and volunteer, shall be oriented and trained to perform their assigned responsibilities and tasks. Training, at a minimum, shall include:



- (1) Food safety, prevention of foodborne illness, food allergens and Hazard Analysis Critical Control Point (HACCP) principles.
 - (2) Accident prevention, instruction on fire safety, first aid, choking, earthquake preparedness, and other emergency procedures.
 - (3) Pre-approved trainings by AAS Registered Dietitian and relevant forms can be found on the Aging and Adult Services website:
<https://www.smchealth.org/older-adult-providers>
- b. Nutrition Services providers shall develop, implement, and maintain on file a yearly written plan for staff training. The training plan shall identify who is to be trained, who will conduct the training, content of training, and when it is scheduled. The written plan shall be submitted by June 15 to AAS Registered Dietitian for review and approval for implementation starting July 1.
- c. Nutrition Services providers shall provide a minimum of four (4) hours of staff training to paid and volunteer food service staff, including Congregate and Home Delivered Meal staff.
- d. Training sessions shall be evaluated by those receiving the training. Documentation of training evaluations and attendance records shall be maintained. Evaluation forms can be found on Aging and Adult Services website:
<https://www.smchealth.org/older-adult-providers>
- e. Optional training on operating a nutrition services program, menu planning, diversifying funding, and more can be found on the Nutrition and Aging Resource Center website; <https://acl.gov/senior-nutrition/ican>

8. Data Record and Reports

- a. Nutrition Services providers shall establish procedures to ensure the accuracy and authenticity of the number of eligible participant meals served each day. Such procedures shall be kept on file at the provider's site.
- b. Nutrition Services providers' records and reports shall be made available for audit, assessment, or inspection by authorized representatives of AAS, or the California Department of Aging. Records and reports include, but not limited to:
 - (1) Menus.
 - (2) Meal Component forms.
 - (3) In-service training plan, sign in sheets and evaluations for staff and volunteers.
 - (4) Nutrition Education plan and sign in sheets/rosters for participants.
 - (5) Attendance record of all trainings.
 - (6) Emergency/Disaster plan.
 - (7) Meals, refrigerators and freezers temperature logs.
 - (8) Home delivered meal temperature logs.
 - (9) Kitchen cleaning schedule.
 - (10) Participants' Views of Services Received.



- (11) Current Environmental Health permit and inspection.
- (12) At least one staff with valid food manager certification on-site at all times.
- (13) All other records/reports mentioned in the General Requirements section.

9. Nutrition Education Services for Participants

- a. Nutrition education for Congregate sites is defined as demonstrations, presentations, lectures, or small group discussions, all of which may be augmented with printed materials.
- b. Nutrition education shall be provided a minimum of four (4) times per year to participants in Congregate and Home Delivered Meal programs. Printed material may be used as the sole nutrition education component for the Home Delivered Meal participants, as well as in conjunction with a Congregate Meal nutrition education presentation.
- c. Nutrition Services providers shall develop, implement, monitor, and keep on file a yearly written nutrition education plan. The written plan shall be submitted by June 15 to AAS Registered Dietitian for review and approval for implementation starting July 1.
- d. Nutrition education services shall be based on the need of Congregate and Home Delivered Meal participants. Nutrition Services providers shall perform an annual needs assessment to make this determination.

10. Nutrition Counseling Service for Participants

- a. Nutrition counseling service is a nutrition service which may be provided when feasible and appropriate.
- b. Nutrition Services providers shall have written policies and procedures, which ensure that nutrition counseling is provided only by a registered dietitian hired by the provider.

11. AAA Registered Dietitian Scope of Work

- a. AAA Registered Dietitian shall, at a minimum, quarterly monitor for safe food handling and sanitation practices of food facilities.
- b. AAA Registered Dietitian shall monitor each nutrition services provider on-site to evaluate the provision of nutrition services. At a minimum, this monitoring shall include verification that:
 - (1) Meals comply with the nutrition requirements of menus, as specified in Section 5 "Meals Nutrition and Menu Requirements" above.
 - (2) Food safety standards are in accordance with the CRFC. (See Appendix A)
 - (3) The curriculum content of all staff training complies with Section 7 above.



Health Insurance Counseling and Advocacy Program (HICAP)

HICAP is a consumer-oriented program providing Medicare and related health insurance counseling and education. Program services include Community Education, Individual Health Insurance Counseling, Informal Advocacy Services and Legal Assistance or Legal Referral.

The Program provides crucial education and counseling to individuals as they navigate the complex decisions in selecting Medicare health insurance, a prescription plan, and Medigap coverage. Each of these choices has a specific and individualized impact on services, cost-sharing, and premium structures that can change year-to-year or as an individual's health status changes.

Counseling is provided to:

- Persons 65 years of age or older and are eligible for Medicare
- Persons younger than age 65 years of age with a disability and are eligible for Medicare
- Persons soon to be eligible for Medicare

Education events are available for individuals of any age.

Current HICAP providers can be found in the Help at Home directory;
<https://www.smchealth.org/helpathome>

Title III D Disease Prevention and Health Promotion Program

The Disease Prevention and Health Promotion Program (Title IIID) supports programs that are based on scientific evidence and demonstrated through rigorous evaluation to be effective in improving the health of older adults. Chronic diseases and conditions such as heart disease, stroke, cancer, diabetes, obesity, arthritis, and mental health are among the most common preventable health problems. Many older adults experience limitations in activities due to such conditions. Title IIID evidence-based health promotion programs provide adults with techniques and strategies to delay and/or manage chronic health conditions and include activities that promote; improved nutrition, emotional and social well-being, physical fitness and fall prevention.

Programmatic, reporting and staffing requirements will vary depending on the program selected by the service provider.

For examples of state approved evidence-based programs, refer to Appendix B.

Title III E Family Caregiver Support Program

The Family Caregiver Support Program (FCSP) provides a multifaceted system of support services to unpaid caregivers of older adults and older relatives with primary



caregiving responsibilities for a child. FCSP services are designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver.

1. Eligibility and Intake

- a. The following caregivers are eligible for FCSP services:
 - (1) An unpaid family or friend over the age of 18 who is providing care for someone over the age of 60.
 - (2) An unpaid family or friend over the age of 18 who is providing care for an individual of any age with Alzheimer's disease or related disorder with neurologic and organic brain dysfunction.
 - (3) A relative 55 or older providing care to children under the age of 18.
 - (4) A relative 55 or older providing care to individuals of any age with a disability.
- b. To register caregivers in your program, visit the San Mateo County Health website for up-to-date participant intake forms; <https://www.smchealth.org/older-adult-providers>
 - (1) For caregivers caring for someone 60 years or older, or someone of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction, use the participant intake form "Master Intake FCSP."
 - (2) For caregivers caring for someone 18 years of age or younger, or someone of any age with a disability, use the participant intake form "Master Intake FCSPGP."

2. FCSP Service Categories

This manual provides only a brief description of each service category. Detailed definitions and reporting requirements can be found in the CDA Service Categories and Data Dictionary:

<https://aging.ca.gov/download.ashx?IE0rcNUV0zb%2FeBOVwxlurw%3D%3D>

a. Category 1: Support Services

- (1) Counseling - An FCSP Support Service provided to a registered caregiver by a person appropriately trained and experienced in the skills required to deliver the level of support needed.
- (2) Support Groups - An FCSP Support Service provided to a group of caregivers, registered or non-registered, that is led by a trained individual; conducted at least monthly within a supportive setting or via a controlled access, moderated online or teleconference approach.
- (3) Training - An FCSP Support Service that provides registered caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities.



b. Category 2: Respite Care

- (1) In-Home Respite - An FCSP Respite Care service that includes the provision of personal care or supervision provided by an appropriately skilled provider in the care receiver's home.
- (2) Other Respite - An FCSP Respite Care service that includes the provision of home chores and homemaker assistance.
- (3) Out-of-Home (Day) - An FCSP Respite Care service provided in settings other than the caregiver/care receiver's home, where an overnight stay does not occur.
- (4) Out-of-Home (Overnight) - An FCSP Respite Care service provided in residential settings or one or more nights.

c. Category 3: Supplemental Services

- (1) Assistive Technology - An FCSP service domain of supplemental services that involves the procurement of any equipment to facilitate and fulfill caregiving responsibilities.
- (2) Caregiver Assessment - An FCSP service domain of supplemental services conducted by persons trained and experienced in conducting assessments of caregiver needs.
- (3) Caregiver Registry - An FCSP service domain of supplemental services that maintains a listing of homemaker or respite care workers who may be matched with caregivers who are able and willing to use personal resources to pay for assistance with their caregiving responsibilities.
- (4) Consumable Supplies - An FCSP service domain of supplemental services that provides assistance to caregivers in the form of material aid.
- (5) Home Modifications - An FCSP service domain of supplemental services that makes home adaptations that aid in fulfilling caregiving responsibilities.
- (6) Legal Consultation - An FCSP service domain of supplemental services involving one-to-one guidance provided by an attorney for caregiving-related legal issues.

d. Category 4: Access Assistance

- (1) Case Management - An FCSP Access Assistance service provided to a caregiver, at the direction of the caregiver by an individual who is trained and experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.
- (2) Information & Assistance - An FCSP Access Assistance service that provides the individuals with information, assistance, outreach, and interpretation/translation services.



e. Category 5: Information Services

- (1) Information Services - An FCSP Information Services activity that conveys public information on caregiving services and/or provides community education on caregiving.

3. Title III E FCSP Unallowable Costs

Title III E funds cannot be used to support the following activities:

- a. To pay the costs for a family caregiver to attend a camp, spa, resort, or restaurant.
- b. To temporarily relieve workers from formally paid services (e.g., In Home Supportive Services or services required to be provided in a licensed facility such as a Residential Care Facility for the Elderly).
- c. To supplement the service unit cost of “a participant day” at an adult day care program
- d. Assisting a care receiver, unless there is an identified caregiver need that is met through assistance to the care receiver.
- e. Providing ongoing assistance to a care receiver living alone.
- f. Same level of service provided to all caregivers, rather than assistance based on caregiver level of need and priority.
- g. One-time, end-of-the-year assistance without an identified individual caregiver need.

Title VIIA Long Term Care Ombudsman Program

Long-Term Care Ombudsman Program (LTCOP) representatives assist residents in long-term care facilities with issues related to day-to-day care, health, safety, and personal preferences. Problems can include, but are not limited to:

- Violation of residents' rights or dignity
- Physical, verbal, mental, or financial abuse
- Poor quality of care
- Dietary concerns
- Medical care, therapy, and rehabilitation issues
- Medicare and Medi-Cal benefit issues
- Improper transfer or discharge of a resident
- Inappropriate use of chemical or physical restraints

All residents of Long-Term Care facilities regardless of age are eligible for Long-Term Care Ombudsman service.

Current Long Term Care Ombudsman providers can be found in the Help at Home directory; <https://www.smchealth.org/helpathome>



Appendix A

Code and Regulation References

California Code of Regulations Title 22 Division 1.8

[https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I04805F855B6111EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I04805F855B6111EC9451000D3A7C4BC3&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default))

California Department of Aging Older Californians Nutrition Program Menu Guidance

<https://www.aging.ca.gov/download.ashx?IE0rcNUV0zZ%2FmnsWdwFAig%3D%3D>

California Department of Aging Service Categories and Data Dictionary

The Data Dictionary provides definitions, guidance on interpretation, accepted meanings and representation of data elements for the purpose of Title III and Title VII program operations. Visit

<https://aging.ca.gov/download.ashx?IE0rcNUV0zZ1JLmhssv%2fnA%3d%3d>. (Revised July 2024)

California Retail Food Code (CRFC)

For Sections referencing the CRFC, i.e. 1(b), 3(a)(2) and 12(d), visit

<https://emd.saccounty.gov/EH/Documents/CALIFORNIA%20RETAIL%20FOOD%20CODE.pdf> for the pursuant articles.

US Code

For Section 1(e) and Section 9(a)(1) above which reference Title 42, Chapter 35, §3030g–21, visit <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section3030g-21&num=0&edition=prelim> for pursuant articles.

For Section 1(f) which references Title 42, Chapter 68, §5122(2), visit <https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section5122&num=0&edition=prelim> for pursuant articles.

Welfare and Institution Code

For Section 1(g) above which reference Welfare and Institutions Code, §15630, visit https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=11.&article=3.



Appendix B

Education and Training Resources

Reference Materials for OAA Contract Providers

San Mateo AAS data reporting forms, participant intake forms, training plan templates, and other helpful materials related to provision of services in San Mateo.

<https://www.smchealth.org/older-adult-providers>

California Department of Aging Privacy & Information Security Awareness Training

https://www.aging.ca.gov/Information_Security/Privacy_and_Information_Security_Awareness_Training/

Examples of Health Promotion and Evidence-Based Programs

Examples of specific health promotion and evidence-based program offerings compiled by the California Department on Aging.

https://www.aging.ca.gov/Providers_and_Partners/Area_Agencies_on_Aging/Health_Promotion_Evidence-Based_Programs/Evidence-Based_Programs/#provided

Help at Home Directory

Information about home and community-based services available in San Mateo County. The Help at Home directory is compiled by the San Mateo County Commission on Aging.

<https://www.smchealth.org/helpathome>

Instructional Campus on Aging Nutrition (ican!)

A series of interactive, study-at-your-own-pace online training modules that includes information on the Older Americans Act (OAA), partnerships, operating a nutrition services program, menu planning, diversifying funding, and more.

<https://acl.gov/senior-nutrition/ican>