

# Chapter 1

**DOEA Sponsored Programs:  
General Information, Planning Process  
and Aging Network, Monitoring, and  
Program Reporting Requirements**

**DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK**  
**Chapter 1: DOEA Sponsored Programs: General Information, Planning Process & Aging Network, Monitoring, and Program Reporting Requirements**

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#### **PURPOSE OF HANDBOOK:**

- A. Official Document:** This handbook is an official document of the State of Florida, Department of Elder Affairs (DOEA). DOEA develops program policies, procedures, and standards applicable to agencies which are recipients/providers of funding under the following programs:
1. Alzheimer's Disease Initiative (ADI)
  2. Community Care for the Elderly (CCE)
  3. Home Care for the Elderly (HCE)
  4. Local Services Program (LSP)
  5. Older Americans Act (OAA) as amended
  6. Respite for Elders Living In Everyday Families (RELIEF)
- B. State Unit on Aging:** The Department of Elder Affairs is, by law, Florida's State Unit on Aging (SUA). As such, it is required to provide written policies to carry out its activities.
- C. State and/or Federal Requirements:** This handbook is designed to do the following:
1. Reflect the provisions of legislation, state policies, and procedures;
  2. Interpret state and/or federal requirements for services funded under ADI, CCE, HCE, LSP, OAA, and RELIEF;
  3. Specify DOEA's procedures for carrying out the overall responsibilities and functions of the SUA; and
  4. Provide a reference for use by contract agencies in administering and providing services funded under these programs

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***SCOPE OF HANDBOOK:***

- A. Scope:** This handbook includes general requirements and policies applicable to all recipients of funding from ADI, CCE, HCE, LSP, OAA, and RELIEF.
- B. Minimum Standards:** This handbook sets forth the minimum standards required for specific programs.
  - 1. Provider Responsibility:** All provider agencies must ensure their services to older persons comply with these minimum standards.
  - 2. Monitoring:** All monitoring of service quality is to be performed based on these standards.
- C. Technical Assistance:** Provider requests for technical assistance or clarification regarding the contents of this handbook should be directed to the Area Agency on Aging (AAA) for response. The AAA, in turn, should request technical assistance or clarification from DOEA if assistance is needed.

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***REVISIONS AND CHANGES TO THE HANDBOOK:***

- A. Handbook Revisions:** Any revisions to this handbook will be made in accordance with DOEA policies and procedures and will be announced in the form of official revised or additional handbook pages. The revised pages of this handbook will be disseminated under the signature of the Secretary of the Department.
- B. Policy Changes and Clarifications:** DOEA has established procedures to ensure that AAAs receive consistent communication on policy, policy changes, policy clarifications, and information of interest to the aging network.
1. The Secretary or Deputy Secretary of the Department shall communicate policy and information matters to the AAA as follows:
    - a. **Notice of Policy:** The Notice of Policy is designed to communicate new policy or change in existing policy.
    - b. **Notice of Policy Clarification:** The Notice of Policy Clarification is designed to provide insight, explanation, or illumination on a policy that is currently in existence.
    - c. **Notice of Instruction:** The Notice of Instruction is designed to communicate the requirement to perform a task or activity.
    - d. **Notice of Transmittal:** The Notice of Transmittal is informational in nature and does not require action.
    - e. **Contractual Amendment:** Changes to the programs and services handbook, which is an attachment to the contractual agreement, can be communicated through a contract amendment.
  2. The AAAs shall disseminate the above-referenced notices to service providers as directed by the Department.
  3. The Notice of Policy and Notice of Policy Clarification shall have the same authority as other handbook directives. Policy issuances shall be incorporated in future revisions of this handbook.

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#### ***AREA AGENCY ON AGING AND SERVICE PROVIDER COORDINATION ON POLICY MATTERS:***

- A. PSA Collaboration:** Within each Planning and Service Area (PSA), the AAA and service providers should work collaboratively to serve seniors. AAAs should conduct regular meetings with providers to promote greater provider input in planning and advocacy efforts.
  
- B. Provider Appeals:** Providers have the right to appeal decisions made by the AAA to the AAA's board of directors after first trying to resolve issues with the AAA staff and executive director.

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***INTERAGENCY COOPERATION:***

The Department of Elder Affairs routinely participates with other agencies to represent the interest of older persons. Examples include:

	Name	Abbreviation
<b>A.</b>	Agency for Health Care Administration	AHCA
<b>B.</b>	Agency for Persons with Disabilities	APD
<b>C.</b>	Department of Agriculture and Consumer Services	DACS
<b>D.</b>	Department of Children and Families	DCF
<b>E.</b>	Department of Economic Opportunity	DEO
<b>F.</b>	Department of Education	DOE
<b>G.</b>	Department of Health	DOH
<b>H.</b>	Department of Transportation	DOT
<b>I.</b>	Division of Blind Services	DBS
<b>J.</b>	Department of Veterans' Affairs	DVA
<b>K.</b>	Executive Office of the Governor	EOG

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#### ***AUTHORITY FOR DOEA PROGRAMS:***

DOEA has been given specific statutory authority under federal law, state law, and the Florida Administrative Code to operate its programs. The specific authority citations are identified in each of the succeeding chapters and appendices in this Handbook.

#### ***POLICY FORMULATION:***

- A. Policy Development:** Policy development refers to the process of developing authoritative direction for planning and operating DOEA-funded programs and services. DOEA is responsible for preparing and promulgating policy concerning state and federal laws applicable to all programs and services.
- B. Policy Promulgation:** Significant policies affecting program design are contained in administrative rules promulgated in **Chapter 58** of the **Florida Administrative Code** under provisions of **Chapter 120, Florida Statutes**.
- C. Administrative Decisions:** Policies representing administrative decisions concerning procedures, specific program goals, and implementation methodologies are generally provided in this handbook.
- D. Statutory Authority:** DOEA is responsible for policy formulation.
  - 1. Existing Authority:** Policy formulation must be within existing governing statutory or regulatory authority.
  - 2. Aging Network Participation:** DOEA uses suggestions, comments, and recommendations from those in the aging network, including AAAs, provider agencies, and the public in its efforts to formulate policy.

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***PROGRAM STANDARDS:***

- A. Minimum Standards:** A primary DOEA function is the adoption of minimum standards for services and activities.
  - 1. Acceptable Performance Levels:** DOEA sets standards to establish specific criteria that define acceptable levels of program performance.
  - 2. Location of Minimum Standards:** Service chapters, service definitions, and service goals contain minimum standards for the provision of services.
- B. Quality Assurance:** DOEA monitors annually and provides ongoing technical assistance to ensure compliance with established standards.

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#### ***BACKGROUND SCREENING:***

Section 430.0402 (1) (a), F.S. requires Level 2 background screening for all direct service providers who are not exempt from background screening pursuant to Section 430.0402(2), F.S. Level 2 background screening includes fingerprinting for statewide criminal history records checks through the Department of Law Enforcement and national criminal history record checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.

DOEA has specific statutory authority under state law to require Level 2 background screening of all direct service providers. Instructions for completing background screening through the Care Provider Background Screening Clearinghouse, and the exceptions to Level 2 background screening are provided in Appendix E.

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***USE OF DEPARTMENT OF ELDER AFFAIRS LOGO:***

- 37. AAA Authorization:** The AAA may authorize the use of the most current DOEA logo in projects and presentations when DOEA funds are involved.
- 38. Written Request:** The AAA shall provide written authorization for using the most current logo upon written request from a DOEA-funded entity.
- 39. Authorization Determination:** The AAA shall make such determinations on a case-by-case basis.

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#### **DEFINITIONS:**

The following definitions apply throughout this handbook unless defined differently elsewhere or the context indicates otherwise. Definitions pertaining to a specific topic may be found in the chapter addressing that subject. Service definitions are contained in Appendix A of this handbook.

1. **Abuse:** Any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult's physical, mental, or emotional health. Abuse includes acts and omissions.
2. **Access Point:** A service provider or other entity that performs one or more ADRC functions under an agreement with the ADRC.
3. **Administration on Aging (AoA):** The agency, within the Administration for Community Living (ACL) of the U.S. Department of Health and Human Services, is charged with the responsibility of administering the provisions of the Older Americans Act, except for Title V, which is administered by the U.S. Department of Labor. The principal official of the AoA is the Assistant Secretary for Aging.
4. **Adult Family Care Home:**
  - a. An adult family care home is a private home where one to three aged or disabled adults receive room and board, personal care, and supervision.
  - b. The family care sponsor serves as a substitute family for the aged or disabled person.
  - c. In turn, the family care sponsor is paid for the expenses of caring for an extra person or persons in his/her home.
5. **Advisory Council:** A council organized to provide advice, suggestions, and recommendations concerning programs for older persons. Advisory councils exist at DOEA, each AAA and nutrition providers. Supportive services providers are not required to have advisory councils; however, providers are required to have some mechanism for receiving participant feedback. An advisory council does not have policy or decision-making authority. It provides advice and recommendations that may then be reviewed by the governing body (board of directors) of the grantee agency.

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6. Agency for Health Care Administration (AHCA): AHCA is the chief health policy and planning entity for the state; primarily responsible for oversight of the state's Medicaid program, and the licensure of health care facilities.
  
7. **Aging and Disability Resource Center (ADRC):** The Department of Elder Affairs administers programs and services for elders across the state of Florida through 11 Area Agencies on Aging, which operate Aging and Disability Resource Centers (ADRCs). The ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services.
  
8. **Allowable Cost:** Categories of costs that can be charged to a grant or contract.
  
9. **Alzheimer's Disease (AD):**
  - a. A disease that affects the cells of the brain. It produces a diminished capacity to think or understand; as well as the inability to perform routine duties.
  - b. It affects primarily elderly individuals from all socio-economic levels.
  - c. There are also several other related disorders, which mimic Alzheimer's disease.
  - d. Memory loss, to the extent experienced by AD clients, is not a natural part of the aging process, as was popularly believed in the past.
  - e. There is no treatment available to stop or reverse the mental deterioration characteristic of AD.
  - f. An absolute diagnosis can only be made upon examination of brain tissue, usually at autopsy.
  
10. **Alzheimer's Disease Initiative (ADI):** A state general revenue funded program for providing the following: respite care, , memory disorder clinic services and a brain bank. For program description and service eligibility requirements, see Chapter 5, Administration of the Alzheimer's Disease Initiative (ADI).

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11. Alzheimer's Disease-or Related Dementias (ADRD): Used as an inclusive umbrella term for the variety of diseases that have dementia, cognitive impairment, memory loss, and/or changes in behavior as major symptoms. The ADRD spectrum includes individuals who live with Alzheimer's disease (AD), frontotemporal degeneration (FTD), Lewy body dementia (LBD), vascular contributions to cognitive impairment and dementia (VCID), as well as mixed etiology dementias (MED). ([NIH, 2019](#))
12. **Area Agency on Aging (AAA):**
  - g. Under the authority of the Older Americans Act of 1965, as amended, DOEA designates this entity within a PSA to develop and administer a plan for a comprehensive and coordinated system of services for older persons.
  - h. The AAA is authorized to accept contributions, gifts or grants to fund community care service systems.
13. **Area Plan on Aging (Area Plan for the Planning and Service Area):**
  - i. A plan developed by the AAA outlining a comprehensive and coordinated service delivery system in its PSA in accordance with 45 CFR 1321. It follows the uniform area plan format prescribed and provided by DOEA.
  - j. This plan identifies funding resources, sets forth measurable objectives, and identifies the planning, coordination, and evaluation activities to be undertaken for the period of the plan. The area plan must be submitted to DOEA for approval prior to contracting for funding.
14. **Assisted Living Facility (ALF):** An ALF provides room and board as well as other personal services for its residents. It is designed for the person who does not require bed care except for minor temporary illness, not to exceed seven consecutive days, and who would benefit from living in a group setting.

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15. **Assistive Technology:** Equipment, technology, and engineering that are appropriate and assist in meeting the needs of, and addressing the barriers confronted by individuals with functional limitations. The term “assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.
16. **Audit (independent):** A formal examination of an organization’s accounts or financial situation by a certified public accountant that results in the auditor issuing an attestation (opinion) on the fairness of the financial statements. An audit may also include an examination of compliance with applicable terms, laws, and regulations.
17. **Below Poverty Level:** Having income below the amount annually established by the federal government as the poverty level.
18. **Board of Directors:**
  - a. A group of individuals serving as the legally recognized body of an organization, such as the AAA or service provider.
  - b. A board of directors, in contrast to an advisory council, has policy-making responsibility and is required to operate per a charter and a set of bylaws
10. **Breach of Contract:** Material noncompliance with the terms of the contract.
11. **Budget:** A budget for the purposes of this handbook is a financial plan of action and an aid to program coordination and implementation.
12. **Caregiver:** This is an individual responsible for the care of an older individual, either voluntarily because of family relationship or friendship (known as an informal caregiver), or by contract or receipt of payment for care (known as a formal caregiver).
13. **Care Plan:**
  - a. The tool used by the case manager to document a client’s assessed needs, services to be provided, and costs associated with the provision of services.

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- b. The care plan is a plan of action, developed in conjunction with the client, caregiver, and the client's family or representative. It is designed to assist the case manager in the overall management of the client's care.
  
- 14. **Case Management:** A client-centered service that assists clients in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses these needs; arranging and coordinating agreed upon services; and monitoring the quality and effectiveness of the services.
  
- 15. **Case Record:** A client-specific file, maintained manually and/or electronically, that contains necessary client information, client assessment, and other required forms, and narrative recordings of contacts and assistance provided.
  
- 16. **Client:** An individual being assessed or served in a DOEA program.
  
- 17. **Community:** A geographic area designated by the AAA after considering the incidence of need, availability and delivery pattern of local services, and natural boundaries of neighborhoods. A community may be a county, a portion of a county, or two or more counties.
  
- 18. **Community Care for the Elderly (CCE):** A program to assist eligible, functionally impaired elderly person age 60 and over in living dignified and reasonably independent lives in their own homes or in the homes of relatives or "caregivers" through the provision and coordination of various community-based services. For program description and service eligibility requirements, see Chapter 4, Community Care for the Elderly (CCE).
  
- 19. **Community Care Service System:**
  - a. A service network offering a variety of home-delivered services, day care, case management, and other basic network services for functionally impaired elderly persons.
  
  - b. Service agencies under the coordination of a single Lead Agency provide the services.
  
  - c. Its purpose is to provide a full range of preventative, maintenance, and restorative services to functionally impaired elderly persons.

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20. **Comprehensive Assessment and Review for Long-Term Care Services (CARES):** DOEA's nursing home pre-admission assessment program, which provides a comprehensive, on-site assessment of individuals seeking admission to a nursing home under a state, assisted program. The program explores all available options to nursing home placement and recommends, and may facilitate, alternative placements for individuals who are determined able to remain in the community. The program represents the state's commitment to meet the individual's needs by recommending placement and proper support services in the least restrictive, most appropriate setting possible.
21. **Contract:** A legally binding agreement between the state and another entity, public or private, for the provision of services.
22. **Contractor/Subcontractor:** The entity selected as the result of a procurement decision using competitive or non-competitive methods to provide goods or services pursuant to a legally executed agreement. The contractor/subcontractor can be a recipient, subrecipient or vendor.
23. **Contract Manager:** A person designated, respectively, by the Department or the AAA to manage the performance of the contract.
24. **Contribution:** A voluntary donation.
25. **Co-pay:** A fee assessed to persons receiving CCE and ADI services. The fee is based on the person's income level and ability to pay.
26. **Corrective Action:** Action taken by a recipient/subrecipient that corrects identified deficiencies, produces recommended improvements, or demonstrates that deficiencies or findings are either invalid or do not warrant action.
27. **Dementia:**
  - a. The loss of cognitive functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with an individual's daily functioning.
  - b. Dementia is not a disease. It is a group of symptoms which may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood, and behavior.

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28. **Dementia Care and Cure Initiative (DCCI):** DCCI encourages the collaboration of area agencies on aging, memory disorder clinics, service providers, and other community entities to engage their communities to be more dementia caring, promote better care for Floridians affected by dementia, and support research efforts to find a cure.
29. **Department:** The Florida Department of Elder Affairs (DOEA).
30. **Department of Children and Families (DCF):** The state agency responsible for social and financial assistance services for categorically eligible children and adults.
31. **Department of Economic Opportunity (DEO):** The state agency that provides DOEA with a portion of Low-Income Home Energy Assistance Program (LIHEAP) funding, to administer the Emergency Home Energy Assistance for the Elderly Program (EHEAP).
32. **Department of Health:** The Florida Department of Health works to protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.
33. **Department of Health and Human Services (DHHS):** The federal agency, which includes the AoA, responsible for administering the Older Americans Act programs.
34. **Designee:** Anyone whom the client wants to be involved in assisting or to act on behalf of the client in obtaining services and communicating with the agency providing services. This definition includes any court-appointed guardians or attorneys-in-fact.
35. **Direct Costs:** Expenses that can be easily associated with a project, service or other direct program activity. For example, an expense for purchasing and delivering meals (e.g. salaries and fringe benefits, travel, supplies) is a direct cost of that service; wages for an individual who performs homemaker and chore can be directly allocated to these services proportionate to time spent in each service. Expenses must be consistently treated as either a direct or indirect cost in like circumstances. For example, administrative costs cannot be allocated directly to some programs but allocated indirectly to others.

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36. **Direct Service Provider:** A person age 18 or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.
37. **Disallowed Costs:** A charge to a grant that the awarding agency determines to be unallowable, in accordance with the applicable cost principles or other terms and conditions contained in the award. The Department will not pay for these expenditures and the disallowed expenditure becomes the responsibility of the recipient or subrecipient and must be paid for with non-state/federal resources.
38. **Elder Helpline Information and Referral Service:** An access service for individuals and community agencies seeking unbiased information about local, state, or federal social and human services, resources, and opportunities for older adults and persons with disabilities.
39. **Emergency Home Energy Assistance for the Elderly Program (EHEAP):** A program that assists low-income households experiencing a home energy emergency provided the household includes at least one person, age 60 or older. The program is administered by DOEA, through a contract with the Department of Economic Opportunity (DEO).
40. **Equipment:** Tangible nonexpendable personal property, including exempt property, charged directly to the funding source, having a useful life of more than one year and an acquisition cost of \$5000 (federal) or \$1000 (state) or more per unit.
41. **Evidence-Based Program:** Programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce risk of injury, disease, and disability among older individuals. Programs are based on research and provide documented health benefits.
42. **Exploitation:** "Exploitation" means, but is not limited to, the following:
- a. Improper or illegal use or management of a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the person of the use, benefit, or possession of the funds, assets, or property for the benefit

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- b. of someone other than the vulnerable adult; or
  - c. Intentional or negligent failure to effectively use a vulnerable adult's income and assets for the necessities required for that person's support and maintenance.
- 43. Federal Flow Through Funds:** An arrangement where the initial source of funds for a project is directly attributable to the federal government through a grant or contract to a nonfederal sponsor, such as the funds received by the subrecipient AAA from DOEA. Federal flow-through funds gain the identity of federal funds upon receipt of an award to the state and federal rules apply to the receipt, spending, and accounting of the funds unless expressly exempted by the federal agency initially making the award.
- 44. Federal Regulations:**
- a. Non-statutory policies/procedures/requirements adopted by U.S. governmental agencies to fulfill and implement a statutory purpose.
  - b. Regulations are published in the Federal Register and are codified in the Code of Federal Regulations (CFR).
  - c. These regulations have the force and effect of law and are binding on agencies or persons to which they apply.
- 45. Fiscal Compliance:** Assurance that funds are appropriately spent and that the work is completed to specified standards.
- 46. Fiscal Year:** A specified twelve-month period during which state and/or federal funding sources are expended. Specific fiscal years are listed below:
- a. The Federal Fiscal Year (FFY) - October 1 through September 30.
  - b. The State Fiscal Year (SFY) - July 1 through June 30.
  - c. OAA Title III Contract Year - January 1 through December 31.
  - d. Provider Fiscal Year - a specified twelve-month period determined by the provider agency.
- 47. Florida Abuse Hotline:** The program/system administered by the Florida Department of Children and Families to identify and investigate abuse, neglect and exploitation cases.

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48. **Focal Point:** Refers to Community Focal Point, which is a facility established under the Older Americans Act to encourage the maximum collocation and coordination of services for older individuals.
49. **Frail/Functionally Impaired Elderly Person:** A person 60 years of age or older, with -physical and/or mental limitations including Alzheimer's disease or a related disorder with neurological brain dysfunction, that restricts an individual's ability to perform normal activities of daily living or threatens the individual's capacity to live independently.
50. **Functional Assessment:**
- a. A comprehensive, systematic, and multidimensional review of a person's ability to remain independent and in the least restrictive living arrangement.
  - b. Persons assessed by case managers will be asked questions to determine status and needs pertaining to the following functional areas (also known as assessment sections):
    - i. Memory
    - ii. Sensory and Communication
    - iii. Mental health
    - iv. Behavior and Supervision;
    - v. General physical health;
    - vi. Activities of Daily Living
    - vii. Instrumental Activities of Daily Living;
    - viii. Nutrition;
    - ix. Health condition(s);
    - x. Therapies or Special services;
    - xi. Medications and Substance Use;
    - xii. Caregiver assessment;
    - xiii. Social resources;
    - xiv. Abuse Screening; and
    - xv. Living environment.

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- 51. Generally Accepted Accounting Principles (GAAP):** These are the uniform minimum standards for financial accounting and reporting that govern the form and content of the financial statements of an entity. GAAP encompass the conventions, rules and procedures necessary to define accepted accounting practices at a time. They include broad guidelines of general application, and detailed practices and procedures. The primary authoritative body on the application of GAAP to state and local governments is the Governmental Accounting Standards Board.
- 52. Greatest Economic Need:** The need resulting from an income level at or below the poverty level established by the U.S. Department of Health and Human Services.
- 53. Greatest Social Need:** The need caused by noneconomic factors, which restricts an individual's ability to perform normal daily tasks or threatens his/her capacity to live independently. These needs include the following:
- a. Physical and/or mental disabilities;
  - b. Language barriers;
  - c. Cultural, social or geographical isolation; and
  - d. Isolation due to racial or ethnic status.
- 54. HIPAA: Health Insurance Portability and Accountability Act of 1996.** HIPAA is the federal law passed governing the transmission, disclosure and security provided by covered entities and their business associates for protected health care information.

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**55. Home Care for the Elderly (HCE):**

- a. The program encourages the provision of care for elders in family-type living arrangements in private homes as an alternative to nursing homes or other institutional care settings.. A relative or other caregiver, living in the home, provides basic services of maintenance, supervision, and any necessary specialized service needs on a not-for-profit basis. For a description of the program and service eligibility requirements, see Chapter 6, Administration of the Home Care for the Elderly Program.

**56. Home-bound:** Individuals who are confined to their homes for any period and are unable to leave the residence without assistance from another person.

**57. Independent Contractor:** A person working or an entity under contract and not as an employee of the contracting entity. The contracting entity does not pay unemployment, disability or workers' compensation insurance, or withhold taxes from payments made to the person.

**58. Indirect Costs:** Expenses that have been incurred for common or joint objectives and that cannot be readily associated with a program or service function (usually management and general administrative expenses).

**59. In-Kind:** A service or item the subrecipient or a third party donates or pays for from nonfederal funds to the operations of a funded project. In the project budget, a subrecipient must designate an in-kind contribution and must reference the contribution as a real direct project cost. A subrecipient must keep a written record of the in-kind contribution and make the record available to the auditors.

**60. Internal Control:** A system of checks and balances within a business enterprise that ensures that the enterprise's assets are properly safeguarded, and that the financial information produced by the enterprise is accurate and reliable.

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- 61. Lead Agency:** An agency designated by an AAA at least every six (6) years through competitive procurement, in each community care system which has the authority and responsibility to:
- a. Provide case management;
  - b. Perform functional assessments; and
  - c. Integrate and coordinate the delivery of service to functionally impaired elderly persons.
- 62. Level 2 Screening:** Security background investigations as a condition of employment and continued employment which includes, but need not be limited to, fingerprinting for statewide criminal history records checks through the Department of Law Enforcement, and national criminal history record checks through the Federal Bureau of Investigation, and may include local criminal records checks through local law enforcement agencies.
- 63. Long-Term Care Ombudsman Program (LTCOP):** Federally funded program in compliance with the OAA and 45 CFR 1321, which provides for investigation and resolution of complaints made by or for older persons in long-term care (LTC) facilities. The program monitors laws, regulations, and policies regarding LTC facilities and carries out related protective advocacy.
- 64. Matching Funds:** Financial contribution by the grantee when required level of match is required for cost sharing.
- 65. Means Test:** The use of an individual's income or resources to accept, deny or limit their receipt of services. The test is prohibited for services under OAA.
- 66. Monitoring:** The collection and analysis of contract agencies' performance data related to current and past activities to determine whether the agency:
- a. Complied with its contracts and state and federal rules,
  - b. Adhered to standards of good practice within the industry, and

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- c. Produced outcomes consistent with DOEA's statutory mission and focus.

**67. Senior Center :** A community or neighborhood facility used for the organization and provision of a broad spectrum of services for elders including the health, social, nutritional, and educational services. These facilities may also be used for recreational and group activities for older persons.

**68. Neglect:**

- a. The failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult; or
- b. The failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

**69. Nonprofit Organization:**

- a. A nonprofit organization is a corporation, trust, association, cooperative, or other organization which is:
  - xvi. Operated primarily for scientific, education, service, charitable, or similar purposes in the public interest;
  - xvii. Not organized primarily for profit; and
  - xviii. Uses its net proceeds to maintain, improve and/or expand its operations.
- b. No part of the net earnings may benefit any private shareholder or individual.

**70. Nutrition Services Incentive Program (NSIP):** A program that provides cash and/or commodities to supplement congregate and home-delivered meals provided under the authority of the Older Americans Act. For program description and service eligibility requirements, see Chapter 3, Older Americans Act.

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71. **Older Americans Act (OAA):** Federal legislation that provides funding for social services for persons age 60 and older.
  - a. The Act emphasizes the development of a comprehensive and coordinated service delivery system for the elderly; elimination of duplicating and overlapping functions; the integration of social and nutritional services; and
  - b. The establishment of priorities and methods for serving older persons with greatest economic or social need with attention to low- income older individuals, including low-income minority, individuals with limited English proficiency, and older individuals residing in rural areas. Such methods must conform to state and AAA policies.
72. **OAA Title III B:** Older Americans Act section providing funding for supportive service programs, including multipurpose senior centers, for older persons.
73. **OAA Title III C1:** Older Americans Act section providing funding for congregate meals, outreach, and nutrition education for older persons.
74. **OAA Title III C2:** Older Americans Act section providing funding for home delivered meals, outreach, and nutrition education for older persons.
75. **OAA Title III D:** Older Americans Act section providing funding for evidence-based disease prevention and health promotion services for older persons.
76. **OAA Title III E:** Older Americans Act section known as the National Family Caregiver Support Program. It funds supportive services for caregivers who provide in-home care for frail older individuals and grandparents or older persons who are relative caregivers of children 18 years of age or younger or individuals with a disability.
77. **OAA Title V:** Older Americans Act section providing for the Senior Community Service Employment Program (SCSEP).

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- 78. OAA Title VII:** Older Americans Act section which incorporates separate authorizations of appropriations for the:
- a. Long-Term Care Ombudsman Program;
  - b. Program for prevention of elder abuse, neglect, and exploitation; and
  - c. Elder rights and legal assistance programs.

Note: For program description and service eligibility requirements for the Title III and Title VII Programs, see Chapter 3, Older Americans Act.

- 79. 2 CFR PART 200 (Formerly OMB CIRCULAR A-110):** This part sets forth standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and agreements with, institutions of higher education, hospitals, and other nonprofit organizations. DOEA, as the recipient of federal awards, shall apply the provisions of this part to subrecipients performing substantive work under those federal grants and agreements that are passed through or awarded to its subrecipients.

- 80. Personal Identification Information:** Any name or number that may be used, alone or in conjunction with any other information, to identify a specific individual, including any of the following:

- a. Name, postal or electronic mail address, telephone number, Social Security number, date of birth, mother's maiden name, official state-issued or United States-issued driver's license or identification number, alien registration number, government passport number, employer or taxpayer identification number, Medicaid or food assistance account number, bank account number, credit or debit card number, or personal identification number or code assigned to the holder of a debit card by the issuer to permit authorized electronic use of such card;
- b. Unique biometric data, such as fingerprint, voice print, retina or iris image, or other unique physical representation;
- c. Unique electronic identification number, address, or routing code;
- d. Medical records;
- e. Telecommunication identifying information or access device; or
- f. Other number or information that can be used to access a person's financial resources.

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81. **Planning and Service Area (PSA):** A geographic service area established by the Department, in which the programs of the Department are administered, and services are delivered.
82. **Procurement:** The method used to select contractors and subcontractors (recipients, subrecipients, and vendors) for award, and includes both competitive and noncompetitive methods. It is also the process of obtaining services, supplies and equipment in conformance with applicable laws and regulations.
83. **Program Income:** Gross income earned by a recipient/sub recipient that is directly generated by the grant-supported project/activity or earned because of the award.
84. **Purchase of Services Contracting:** A form of contracting that constitutes a legally binding agreement between two parties (generally a state agency and a nonprofit entity) that contain mutually binding obligations requiring the nonprofit entity, under a privatization arrangement, to deliver services to a third party (consumer) at the behest and direction of the government agency.
85. **Quality Assurance:** Evaluation of the quantity, quality, economy and appropriateness of services in accordance with prescribed standards of care and level of professionalism. It also includes methods for determining participants' level of satisfaction with services being delivered.
86. **Recipient/Subrecipient:** A person or entity (not an employee), who performs all or part of the services under a contract with a pass-through entity. Recipients and subrecipients typically determine program eligibility, are responsible for program decision-making and must adhere to compliance requirements. Their performance is measured against state and federal goals, and federal and state program funds are used to carry out services under programs.
87. **Rural Area:** As defined by the United States Census Bureau, any population, housing, or territory not included within an urban area..

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- 88. Service Provider:** An entity that is awarded a sub-grant or contract from an AAA to provide direct services under the following programs:
- a. Older Americans Act,
  - b. Alzheimer's Disease Initiative,
  - c. Community Care for the Elderly,
  - d. Home Care for the Elderly, or
  - e. Local Services Program.
- 89. Significant Change:** A difference in an individual's health status after an accident or illness; an actual or anticipated change in the individual's living situation, a change in the caregiver relationship; loss of or damage to the individual's home or deterioration of the home environment; or, loss of the spouse or caregiver.
- 90. Single Audit:** A financial internal control and compliance audit of a nonfederal entity administering federal awards and state financial assistance including the financial statements of the entity. The federal Single Audit Act and Florida Single Audit Act (Section 215.97, F.S.) require an independent audit be performed if a subrecipient expends  $\geq$  a threshold of \$750,000 of federal or \$500,000 state awards.
- 91. State:** The State of Florida.
- 92. State Plan on Aging:**
- a. A multi-year plan developed by the Department which describes the service needs of elders; identifies priority services and target client groups; provides for periodic evaluation of activities and services funded under the plan; and provides for the administration of funds available through the Older Americans Act.
  - b. The plan will be based on area plans in accordance with the requirements of the Act.

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- 93. State Unit on Aging:** The single state agency designated to develop and administer the State Plan on Aging. In Florida, this is the Department of Elder Affairs.
- 94. Subcontract/Sub-award/Sub-grant:** An agreement or secondary contract in which a third party agrees to perform some of the activities defined in a primary contract proposal. This agreement or secondary contract is agreed upon at the time of the original proposal submission, but not initiated until after the award has been made to the designated organization.
- 95. Technical Assistance:** The provision of information to recipient and subrecipients with the goal of increasing the competence or capacity in an area. Technical assistance should be ongoing and proactive.
- 96. Units of Service:**
- a. A standard method for counting and reporting services provided.
  - b. Units of service are listed with each service description in Appendix A.
- 97. Vendor:** An entity providing goods or services pursuant to an agreement and not meeting the definition of recipient/subrecipient

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#### **ABBREVIATIONS/ACRONYMS TERM**

**AAA** Area Agency on Aging

**ACL** Administration for Community Living

**AD** Alzheimer's disease

**ADI** Alzheimer's Disease Initiative

**ADRD** Alzheimer's Disease or Related Dementia

**ADL** Activities of Daily Living

**ADRC** Aging and Disability Resource Center

**ALF** Assisted Living Facility

**AoA** Administration on Aging

**APCL** Assessed Priority Consumer List

**APD** Agency for Persons with Disabilities

**CCE** Community Care for the Elderly

**CIRTS** Client Information and Registration Tracking System

**DCCI** Dementia Care and Cure Initiative

**DEO** Department of Economic Opportunity

**DCF** Department of Children and Families

**DOEA** Department of Elder Affairs

**EHEAP** Emergency Home Energy Assistance for the Elderly Program

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**F.A.C.** Florida Administrative Code

**F.S.** Florida Statutes

**HCE** Home Care for the Elderly

**IADL** Instrumental Activities of Daily Living

**ICP** Institutional Care Program

**LSP** Local Service Program

**LTCOP** Long-Term Care Ombudsman Program

**MDC** Memory Disorder Clinic

NH – Nursing Home

**NSIP** Nutrition Services Incentive Program

**OAA** Older Americans Act

**PSA** Planning and Service Area

**PACE** Program for All-Inclusive Care

**QMB** Qualified Medicare Beneficiary

**RDI** Recommended Dietary Intake

**SLMB** Special Low-Income Medicare Beneficiary

**SMMC LTC** Statewide Medicaid Managed Care Long-term Care

**SNAP** Supplemental Nutrition Assistance Program

SSI – Supplemental Security Income

**SPA** Service Provider Application

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***PURPOSE:***

- A. Planning Process:** This section outlines the planning responsibilities of DOEA.
- B. Guidance:** The section also provides guidance to the AAAs for the following tasks concerning the comprehensive and coordinated area plan for services to older persons:
  - 1. Planning;
  - 2. Development;
  - 3. Preparation;
  - 4. Coordination; and
  - 5. Submission of the area plan.

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#### **INTRODUCTION:**

- A. Legislation:** The Department of Elder Affairs is the agency constitutionally designated by Florida voters to “serve as the primary state agency responsible for administering human services programs for the elderly.” (Section 430.03, Florida Statutes). The Department is Florida’s State Unit on Aging and, as such, receives federal Older Americans Act funds to provide opportunities and supports for older persons to live independent, meaningful, productive lives in their communities.
  
- B. Mission:** The Department's mission is to promote the well-being, safety, and independence of Florida’s seniors, their families, and caregivers..
  
- C. Vision:** For all Floridians to live well and age well.
  
- D. Responsibilities:** The Department is responsible for preparing the Florida State Plan on Aging (Section 307, Older Americans Act of 1965 as amended) and the Long-Range Program Plan (Chapter 216, Florida Statutes).

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#### **STATE PLAN ON AGING:**

- A. Purpose:** The state plan on aging, published at two-year, three-year, or four-year intervals, is necessary for the Department to remain eligible to participate in grants to the states from allotments under the Older Americans Act of 1965 (as amended), and to comply with its statutory mandates provided under Chapter 430, Florida Statutes, and the Older Americans Act of 1965 (as amended).
- B. Plan Contents:** The state plan on aging includes the following:
- 1. General Descriptions:**
    - a. Conditions of older Floridians;
    - b. Current service system;
    - c. Department goals and objectives under the plan; and
    - d. Department priority initiatives (strategies) to be pursued to achieve its goals and objectives.
  - 2. Fund Allocations:** A formula for the intrastate allocation of anticipated Older Americans Act Title III funds.
  - 3. Assurances:** All the general and specific operational assurances required by law and regulation.

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##### ***PUBLIC INPUT IN THE PLANNING PROCESS:***

To achieve its legislatively mandated purposes, the Department will “hold public meetings regularly throughout the state for purposes of receiving information and maximizing the visibility of important issues.” [Section 430.04(13), Florida Statutes]

- A. Philosophy:** DOEA’s philosophical basis of all planning efforts is that agency plans should be:
1. Driven by issues developed at the local level;
  2. Practical and understandable to constituents; and
  3. Focused on addressing the needs of elders.
- B. Practicality:** The Department’s system for collecting public input utilizes and builds upon, rather than supplants, existing local planning activities. At the same time, recognizing the fiscal constraints on the state, the Department uses various methods to gather public input from individuals and organizations that represent the interest of Florida’s elders.
- C. DOEA Foundation Principle:** Local communities and the people served should have a major impact on the Department’s direction.
1. **Florida Law:** In the section of Florida law creating the Department, several mechanisms were developed to ensure that the Department’s multiple constituencies have a major role in the Department’s planning and functioning.
  2. **Stakeholders:** The law identifies the Department’s stakeholders and includes any person, group, association, private or public entity, or governmental body directly or indirectly affected by the activities of the Department.
  3. **AAAs:** Directors of the AAAs are key informants in all the Department’s planning efforts.

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##### **STRATEGY FOR GATHERING PUBLIC INPUT:**

- A. Input Process:** The Department developed its public input process to use and build upon the existing mechanisms listed in B below. The purpose of the public input process is to provide:
1. Direction in the development of its plans;
  2. Evaluation of current plans; and
  3. Feedback on Department strategies to meet unmet needs.
- B. DOEA Plan Creation/Revision:** For the creation and revision of the Department's plans, staff collate information gained from sources, such as the following:
1. Public meetings and/or hearings;
  2. Key informants;
  3. Focus groups on aging issues;
  4. Meetings with AAA directors and planning staff;
  5. Survey responses and other data sources; and
  6. Other meetings and hearings.
- C. Priority Issues:** Staff of the Department uses this information to formulate draft priority issues.
- D. State Plan:** After Department staff develops the draft state plan, input from AAAs and other stakeholders is incorporated into the document.

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#### **AREA AGENCIES ON AGING (AAA):**

- A. AAAs:** Eleven (11) AAAs administer a substantial portion of Florida's programs for elders.
- B. OAA Authority:** Sections 305(a)(1)(E) and (a)(2)(A) of the Older Americans Act (OAA) specify that a single agency will be designated in each PSA to locally plan and administer OAA programs.
- C. Board of Directors:** A board of directors governs each AAA.

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#### **AREA PLANS:**

##### **A. Federal Requirements:**

1. Federal regulations at 45 CFR 1321.53 require that each AAA, as part of its mission and under the leadership and direction of DOEA, proactively perform planning, monitoring and evaluation relating to programs for older persons.
2. OAA Section 306(a) requires AAAs to prepare and develop an area plan for a two, three or four-year period determined by the State Agency and based upon a uniform format for area plans within the state.

**B. Specific Services:** Area plans shall describe in detail the specific services to be provided in serving the PSA's older population.

**C. Plan Development:** The area plan is developed based on an assessment of an area's need, and incorporates public input obtained through public hearing and information solicited from elders, their caregivers, and service providers.

**D. AAA Goals/Objectives/Strategies:** The area plan also outlines the goals and objectives that the AAA and its staff and volunteers plan to accomplish each year and the strategies to show how they plan to achieve those goals and objectives.

**E. Performance and Outcome Measures:** The area plan includes outcome and output performance measures. Goals, objectives, and strategies are associated with the relevant outcomes. Achieving the goals and objectives helps ensure successfully meeting outcome and output standards.

**F. Financial Information:** The area plan includes information to illustrate the distribution of funding by services, funding source, provider, and county.

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#### **AREAWIDE PLANNING RESPONSIBILITIES:**

- A. AAA Primary Functions:** The AAA's primary functions are to:
1. Develop a comprehensive and coordinated system within the PSA for the provision of supportive and nutrition services for older persons; and
  2. Establish, maintain, or develop multiple sources of information, referral, screening, and services, where appropriate.
- B. Planning:** The term planning refers to the process of making rational decisions affecting the future wherein:
1. **An analysis** of organizational, network, and PSA capacities and characteristics is conducted;
  2. **Needs and priorities** are established;
  3. **Goals and objectives** are defined to attend to identified needs and priorities; and
  4. **Strategies** are detailed by the agency and service system (network of service provider agencies) to achieve the defined goals and objectives.
- C. Area Plan:** Area plans are the foundation of the state plan on aging. As determined by the Department, area plans are developed and submitted by each AAA on a three-year cycle, and an update is submitted by the AAA to the Department annually., or They document and provide assurances as to how the AAA and the service provider network will:
1. Address the identified needs of elders within the PSA;
  2. Conduct targeted outreach to OAA priority groups of elders in the PSA; and
  3. Maintain compliance with the rules, regulations and policy guidance governing the Older Americans Act and all other programs sponsored by the Department.

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- D. Appropriate Planning Criteria:** Proper planning is based on the following:
1. Current knowledge of the conditions of older persons.
  2. Knowledge about the extent of the need for services.
  3. Knowledge about the location of older persons who may need services.
  4. Realistic appraisal of existing available organizational, community, and PSA resources.
  5. An analysis, based on numbers 1, 2, 3, and 4 above, to determine how best to conduct outreach and provide services to improve the welfare of elders in the PSA.
- E. Evaluation Process:** To evaluate the effectiveness of the use of resources in meeting needs, the plan must explicitly incorporate a properly designed system of performance measures including outputs and outcomes. This system must include, at a minimum, a prescribed set of performance measures that the Department considers necessary for the proper administration of the statewide system of Older Americans Act providers. The plan must include the AAA's strategies for achieving the prescribed performance and outcome measures.

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#### ***UNIFORM AREA PLAN FORMAT:***

#### **A. Plan Format and Availability:**

1. **Uniform Format:** The Department will prepare a uniform format for use by AAAs in developing their area plans.
2. **Availability:** The Department will distribute the uniform area plan format to the AAAs via Notice of Instruction, which will include relevant guidance and time frames.

#### **B. Area Plan Format Comments/Suggestions:**

1. **Comments/Suggestions:** DOEA's policy is to accept comments or suggestions regarding any aspects of the uniform area plan format from any source at any time during the year.
2. **Format Review:** DOEA shall consider such comments and suggestions at the next review of the uniform area plan format.

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##### ***PREPARATION OF THE MULTI-YEAR AREA PLAN:***

- A. The AAAs shall prepare area plans on a **multi-year cycle**, as directed by the Department. Subsequent years, after the original multi-year plan submission, shall include an **annual update** consisting primarily of financial and programmatic documentation.
- B. Area plans will be prepared in a format prescribed and provided by the Department in accordance with the requirements of the Older Americans Act, as amended.
- C. **Public Hearing Requirement:** Each AAA shall conduct at least one public hearing on the multi-year area plan.
  - 1. **Adequate Notice:** The AAA shall provide older persons, public officials and interested parties at least 15 days' notice of the **time, date and location** of the public hearing. If the AAA proposes to provide a service directly, other than outreach, information and assistance, or referral, a public hearing must be held. The hearing notice must clearly list each proposed service the AAA plans to provide directly.
  - 2. **Reasonable Opportunity:** The time and location of the hearing must permit a reasonable opportunity for older persons, public officials and other interested persons to participate. The hearing location must meet Americans with Disabilities Act (ADA) standards for accessibility.

##### ***PREPARATION OF AREA PLAN ANNUAL UPDATE:***

- A. **Annual Update Requirements:** DOEA will provide the AAA with specific requirements for the annual update of the multi-year area plan through Notice of Instruction.
- B. **Review and Approval at the Local Level:**
  - 1. The AAA advisory council must review and sign-off on the multi-year area plan and annual update. The signature of the advisory council chair is required prior to the annual update's submission to DOEA.
  - 2. The AAA board of directors must review and approve the area plan annual update. The signature of the board president is required prior to the annual update's submission to DOEA.

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##### **REVIEW AND APPROVAL OF AREA PLAN AND AREA PLAN ANNUAL UPDATE:**

- A. DOEA Responsibility:** DOEA will carefully review the multi-year area plan or annual update and advise the AAA in writing as to the acceptance of the plan or update. If the plan or update is not acceptable, the Department will provide the AAA with written comments regarding the need for revisions. The Department's responsibility is to ensure that the final multi-year area plan and annual updates conform to OAA requirements, and that all comments and suggestions identified in the review have been addressed in the final submission.
- B. DOEA/AAA Contract:** Once the multi-year area plan or annual update is submitted to DOEA, it becomes a referenced exhibit in the formal contract with DOEA for federal and state funding.
- 1. Changes:** DOEA must approve any changes to the goals and objectives of the multi-year area plan or annual updates.
  - 2. Noncompliance Issues:** DOEA may require changes at any time in any portion of the multi-year area plan or annual updates if the Department determines the document is incompatible with established policy, or the document is not in compliance with current program guidelines and criteria for use of funds.
- C. Identified Multi-Year Area Plan or Annual Update Deficiencies:** If there are portions of the multi-year area plan or annual update which DOEA determines to be deficient, DOEA may proceed with the multi-year area plan or annual update and contract approval by placing a condition of award in the contract language, or by requiring the AAA to correct the identified deficiencies by a specific date.
- D. Unacceptable Multi-Year Area Plan or Annual Update:** If DOEA determines the final multi-year area plan or annual update is unacceptable as submitted and is subject to disapproval, DOEA shall promptly advise the AAA of the likelihood of such disapproval. The AAA shall be given a specified time to revise the multi-year area plan or annual update to be in full compliance with the required changes.

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- E. Continued Noncompliance:** If DOEA determines the AAA changes continue to be inadequate to bring the plan to an acceptable standard, the following policies will apply:
- 1. Certified Mail/Hand Delivered Notification:** The DOEA Secretary shall submit a formal notification letter addressed to the AAA executive director with a copy submitted to the president (chairperson) of the AAA governing board. The notification shall be submitted by U.S. Certified Mail or hand delivered. The notification shall contain the following:
    - a. Reason for Disapproval:** A brief statement of the reasons the submitted multi-year area plan or annual update cannot be approved;
    - b. Facts/Circumstances/Evidence:** Information as to the facts, circumstances and evidence which substantiate the multi-year area plan or annual update disapproval;
    - c. Chronology:** A brief chronological summary of DOEA actions to identify the deficiencies and assist the AAA for corrective action;
    - d. AAA Remedies:** A summary of the observed AAA actions to remedy the identified deficiencies to date; and
    - e. Fair Hearing:** The AAA's right to request a hearing on this decision under Chapter 120.57(2), F.S., within 15 days after receipt of the formal notification.
  - 2. AAA Designation Withdrawal:** The disapproval of a multi-year area plan or annual update is valid justification for withdrawal of the AAA designation. For this reason, the formal disapproval notification may be combined with procedures outlined in Chapter 4, Older Americans Act, Section 1, of this handbook or precede the de-designation process.

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#### ***PURPOSE OF MONITORING AND QUALITY ASSURANCE:***

This section addresses various aspects of monitoring and quality assurance for DOEA administered programs from the perspective of the Department, the AAA and service providers.

#### ***MONITORING AND QUALITY ASSURANCE OVERVIEW:***

- A. DOEA as Pass-Through Entity:** The Department of Elder Affairs, as the designated State Unit on Aging (SUA) and pass-through entity, is responsible for monitoring the activities of subrecipients as necessary to ensure that state and federal awards are used in compliance with laws, regulations, contract provisions, and grant agreements. The Department is also responsible for achieving performance outcomes.
  
- B. Monitoring and Quality Assurance:** Monitoring is the review process used to determine a subrecipient's compliance with the requirements of state and federal programs, applicable laws and regulations, and required results and outcomes. Monitoring includes internal control review to determine if financial management and accounting systems are adequate to control and account for program funds in accordance with state and federal requirements. Quality assurance is the comprehensive approach of reviewing, assessing, evaluating, and improving the quality of services provided by subrecipients, sub-grantees and service providers.
  
- C. Monitoring Focus:** The Department's subrecipient monitoring encourages proactive measures and addresses strategic areas or business processes that may impact services delivery. Key monitoring emphasis areas include:
  - 1. Corporate Governance and Oversight;
  - 2. Effective Internal Controls Establishment and Implementation;
  - 3. Effective and Efficient Public Resources Management;
  - 4. Continuous Improvement of Business Processes and Service Delivery;
  - 5. Administrative, Operational and Program and Fiscal Oversight of Subrecipients Monitoring;
  - 6. Quality Assurance and Standards of Care; and
  - 7. Legislatively Mandated Performance Outcome Measures.

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- D. Monitoring Premises:** Area Agencies on Aging are designated local level administrative entities that plan and coordinate federal and state funded services and local services.

Area Agencies on Aging establish and maintain an effective internal control system to ensure that:

1. Program goals and outcome measures are met;
2. Resources are safeguarded and properly accounted for;
3. Laws and regulations are followed;
4. Reliable data is obtained, maintained, and disclosed appropriately;
5. Significant or material events with a potential impact on service delivery or quality are promptly communicated verbally and in writing; and
6. Generally accepted good practice standards are followed in delivering timely high-quality services to clients.

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#### **ROLES AND RESPONSIBILITIES:**

- A. DOEA's Role and Responsibility:** As the pass-through entity, the Department is responsible for ensuring all federal funds it receives, including those passed through to subrecipients and contractors, are used solely for program-related purposes.
- B. AAA's Role and Responsibilities:** As the DOEA subrecipient, the AAA is responsible for complying with all sub-award and contract agreement requirements and the applicable laws and regulations resulting from receiving federal and state funds. These responsibilities include:
1. Ensuring the AAA has a procurement, property management and financial management system that properly accounts for all program activities, equipment and expenditures.
  2. Establishing program budgets and a method for tracking actual costs against the budget.
  3. Keeping abreast of grant and program changes affecting AAA policies, procedures, and requirements.
  4. Developing and submitting an annual AAA subrecipient and subcontractor monitoring plan.
  5. Informing subrecipients and subcontractors of contractual and compliance requirements and monitoring their performance and compliance.
  6. Reviewing subrecipients' and subcontractors' single audit reports, issuing management decisions within six months of audit findings and ensuring that subrecipients take effective and timely corrective action.
  7. Requiring subrecipients and subcontractors to grant Department representatives' access to original and complete records for monitoring.

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8. Ensuring the AAA's subrecipient and subcontractor monitoring plan considers the following:
  - a. Total number of subcontracts;
  - b. A program description of each program being monitored;
  - c. Risk assigned for each subrecipient and contractor (see sample risk factors in Section VII).
  - d. Previous monitoring year findings summary;
  - e. Identification and communication of current or remaining issues, problems or deficiencies in writing;
  - f. Corrective action plans and time schedule; and
  - g. Complete and thorough follow-up on corrective actions taken, including the review of supporting documentation and files to ensure required corrective action is implemented.
  
- C. **Service Providers' Role and Responsibilities:** As the subrecipient or subcontractor, the service provider is responsible for complying with all sub-award or contract agreement requirements, including compliance with laws and regulations related to receiving federal or state funds.

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#### **PROGRAM LEVEL REQUIREMENTS:**

- A. Allowed Activities:** Program funds can be used solely for allowable activities defined by the program requirements. Expenditures charged against state funds must be authorized by law and must meet the intent of the law. Payment for activities not required by or for the benefit of the program(s) is not allowed and must be treated as disallowed costs.

In accordance with Department of Financial Services' Reference Guide to State Expenditures, state funds expenditures for items listed below are prohibited unless expressly provided by law:

1. Congratulatory telegrams;
2. Flowers and/or telegraphic condolences;
3. Presentation of plaques for outstanding service;
4. Entertainment for visiting dignitaries;
5. Refreshments such as coffee and doughnuts;
6. Decorative items (globes, statues, potted plants, picture frames, etc.) and
7. Greeting cards.

Only costs that are directly attributable to specific work activities under a grant or program that are part of the normal administration of the program are allowable for reimbursement.

- B. Allowable Cost/Cost Principles:** Program funds can be used for allowable expenditures only and must be recorded in accordance with cost principles as defined by the 2 CFR, Part 200. To qualify for reimbursement, program costs must:

1. Be necessary and reasonable for proper and efficient program administration (and allowable under the provisions of the applicable cost principles). Reasonable considerations include the following:
  - a. The restraints or requirements imposed by such factors as sound business practices, arms-length bargaining, laws and regulations, and terms and conditions of the program;



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- D. Equipment and Real Property Management:** Title to equipment and real property acquired by a nonfederal entity with federal funds vest with the nonfederal entity (AAA), however, requests for disposition must be approved by the Department. An inventory listing of property acquired with federal funds must be maintained with the following data elements in accordance with 2 CFR, Part 200:
1. A description of the equipment;
  2. Manufacturer's serial number, model number, federal stock number, national stock number, or other identification number;
  3. Source of the funding for the property; ;
  4. Indication whether title vests with the recipient or the federal government;
  5. Acquisition date (or date received, if the equipment was furnished by the Federal Government) ;
  6. Information from which one can calculate the percentage of federal participation in the cost of the equipment (not applicable to equipment furnished by the federal government);
  7. Location and condition of the equipment and the date the information was reported;
  8. Unit acquisition cost; and
  9. Ultimate disposition data, including date of disposal and sales price, or the method used to determine current fair market value where a recipient compensates the federal awarding agency for its share.
- E. Matching, Level of Effort, and Earmarking:** Program funds must be spent and matched in accordance with specified program requirements. Matching level of effort, and earmarking are defined as follows:
1. **Matching or cost sharing:** Refers to the portion of project or program costs not borne by the Federal Government, including requirements to provide contributions (a specified amount or percentage to match program award). Matching may be in the form of allowable costs from third party contributions and/or cash from nonfederal sources.



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2. Rental or lease of real or personal property acquired with program funds; and
3. Sale of commodities and program fabricated items.

**J. Subrecipient Monitoring:** The subrecipient monitoring requirement establishes that any nonfederal recipient of federal assistance, which passes that assistance (in whole or in part) to another recipient, is responsible for monitoring the activities of that subrecipient, as well as ensuring that they both comply with laws and regulations. Compliance includes ensuring that required audits are performed, as well as evaluating the impact of subrecipient activities and ability to comply with the law. A pass-through entity is responsible for identifying the following regarding a subrecipient:

1. CFDA/CSDA title and number;
2. Award name;
3. Name of awarding agency; and
4. Applicable compliance requirements.

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#### ***RISK-BASED MONITORING APPROACH:***

- A. A risk-based monitoring approach involves identifying areas of risk and prioritizing monitoring around those risks.
  
- B. Risk Assessment Considerations: In delivering client services, risk exists at two levels – the program level and the subrecipient/subcontractor level.
  
- C. Risk assessment considerations at the program level include, but are not limited to, the following:
  - 1. **Program history:** Is it a new or long-established program or service? Have significant changes occurred?
  - 2. **Total funding:** Does this contract represent a significant portion of the total program funding?
  - 3. **Complexity:** Are program requirements simple or complex?
  - 4. **Client health and safety:** How vulnerable are the clients that the program serves?
  - 5. **Responsibility for key decisions:** Does the state agency, federal government, or the contractor make decisions about eligibility and amount or type of service to be provided to a client? For federal funds, is the contractor a vendor or subrecipient?
  - 6. **Federal risk assessment:** Has the U.S. General Accounting Office and U.S. Office of Management and Budget identified the program as high risk?
  - 7. **Payment method:** What type of payment method is used (e.g., cost reimbursement, unit rate, performance-based)? What experience does the Department have with the method?
  - 8. **Competition:** Are contracts awarded on a competitive basis, which includes detailed evaluations of the service proposal, costs and contractor qualifications, or are they awarded on an entitlement, sole source or noncompetitive basis?

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9. **Monitoring methods:** Are the existing methods of monitoring effective for this program? Do these monitoring methods effectively mitigate the other types of possible risks?
10. **Client choice:** Is the client able to choose or select the service provider as required by some federal programs?

**D. Risk assessment considerations at the client service subrecipient / contractor level include, but are not limited to, the following:**

1. **Total funding that the contractor receives from the Department:** Is the amount or percentage of total funding small or large? Does the contractor have only a few contracts or several contracts with the state?
2. **Multiple funding sources:** Is the contractor receiving funding from several sources for similar services? Are multiple funding sources involved and to what extent?
3. **Collaboration:** Has the contractor established and promoted a collaborative relationship between itself and all its funded service providers?
4. **Length of time in business:** Has the contractor been in business for several years or is it a new client service provider?
5. **Experience and past performance:** Does the contractor have contracts for similar services with other governmental entities? How extensive is the contractor's experience with the state for the types of services being provided?
6. **Accreditation/licensure:** Are contractors subject to accreditation or licensure requirements?
7. **Financial health and practices:** Is the contractor's financial condition good or poor? Does the contractor demonstrate sound financial practices? Is the contractor's financial recordkeeping system adequate for the number and complexity of funding? Is the contractor's cost allocation methodology equitable?
8. **Current and prior audit experience:** Has the contractor had weaknesses in internal control over federal or state programs?

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9. **Oversight exercised by funding agencies:** Has there been monitoring or other reviews by any funding agency that could indicate the degree of risk? Is the contractor proposing to operate under a waiver from customary program and financial management requirements?
10. **Board of Directors:** If the contractor is a nonprofit organization, does the board take an active role in directing the organization, establishing management and programmatic (accounting, fiscal, procurement, etc.) policies and procedures and monitoring the organization's financial and programmatic performance?
11. **Subcontracting:** Does the contractor subcontract key activities? Does the contractor have an effective monitoring function to oversee these subcontracts?
12. **Organizational changes:** Has there been frequent turnover of contractor management, senior accounting staff, or key program personnel? Has the contractor taken on new services within the last 12 months? Has the contractor experienced a recent rapid growth, or downsizing? Has the contractor experienced reorganization within the last 12 months? Has the contractor changed major subcontractors?
13. **Management structure:** Is the organization centralized or decentralized? How much control does the organization have over decentralized functions?
14. **Legal actions:** Have any lawsuits been filed against the contractor within the last 12 months? Has any employee, officer and/or board member been involved in or alleged to have been involved in any allegations of fraud or malfeasance?
15. **Defaulted contracts:** Has the contractor defaulted on any of its contracts within the past five years? If so, what were the circumstances?

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#### **E. Other risk assessment considerations:**

1. Type and number of prior period findings;
2. Overall effectiveness of administrative and fiscal controls;
3. Unresolved prior-period findings;
4. OMB Circular A-133 “High Risk” designation;
5. Management (DOEA/AAA) concerns/issues;
6. Agency management, staff and key employee turnover;
7. Ineffective subrecipient monitoring and oversight;
8. Weak and/or ineffective internal controls;
9. Conflicts of interest, fraud, unethical or illegal acts; and
10. Quality of care concerns.

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#### ***ANNUAL MONITORING METHODOLOGY:***

**Monitoring Approach:** The Department may use, but is not limited to, one or more of the following methods:

- A.** Desk reviews and analytical reviews;
- B.** Scheduled, unscheduled and follow-up on-site visits;
- C.** Client visits;
- D.** Review of independent auditor's reports;
- E.** Review of third-party documents and/or evaluation;
- F.** Review of progress reports;
- G.** Review of customer satisfaction surveys;
- H.** Agreed-upon procedures review by an external auditor or consultant;
- I.** Limited-scope reviews; and
- J.** Other procedures as deemed necessary.

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***DOEA AREA AGENCY ON AGING MONITORING:***

**Focus Areas:** The Department is responsible for monitoring the AAAs to ensure compliance with contract obligations and federal and state rules and regulations. Areas reviewed shall include, **but are not limited to**, the following:

**A. Organization Governance, Leadership and Administration:**

1. Board of Directors Governance and Oversight;
2. Single Audit Act Compliance;
3. Legislative/Strategic Outcome Measures; and
4. Prior Period Findings/Corrective Actions.

**B. AAA Operations - Effectiveness, Efficiency and Appropriateness of Service Delivery:**

1. Prioritization and Targeting;
2. Service Delivery/Client Satisfaction;
3. Grievance Procedures/Client Complaints;
4. Budgeting and Utilization of Resources; and
5. Information and Referral (OAA-I&R).

**C. Regulatory/Contractual Compliance – Federal and State Programs:**

1. Emergency Home Energy Assistance for the Elderly Program;
2. Nutrition Programs - OAA Title IIIC1 and IIIC2;
3. Health Promotion - OAA Title IIID;
4. National Family Caregiver Support Program – OAA Title IIIE;
5. Serving Health Insurance Needs of Elders; and
6. Elder Abuse Prevention – OAA Title VII.

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#### **D. Financial Management, Internal Controls and Subrecipient Monitoring:**

1. Subrecipient Monitoring and Oversight – Fiscal Only;
2. Subrecipient Monitoring and Oversight – Program Only;
3. Accounting, Fiscal and Operational Controls;
4. Co-Payments;
5. In-Kind;
6. Property Acquisition and Accountability;
7. Internal Controls; and
8. Procurement and Contracting.

#### **E. Information Management and Data Integrity: Client Data Integrity**

1. Client data is entered in the Department Client Information and Registration Tracking System (CIRTS) promptly and correctly; and
2. Subrecipient Monitoring and Oversight – for CIRTS entry and accuracy.

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#### ***AAA SUBRECIPIENT AND CONTRACTOR MONITORING:***

The AAA shall monitor its subrecipients/contractors in accordance with its contract and/or agreement with each entity.

As part of its monitoring process, DOEA will review the AAA's subrecipient, contractor, subcontractor and vendor monitoring reports.

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**Attachment A: Governing Laws and Regulations**

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***GOVERNING LAWS AND REGULATIONS***

- A. Governing Laws and Regulations include, but are not be limited to, the following:**
- 1. Origin and Source of Grant Requirements:** Grant and financial award requirements originate from several sources, including the following:
    - a. U.S. Constitution;
    - b. Statutes and Executive Orders;
    - c. Grant Enabling Statutes;
    - d. OMB Circulars and Codes of Federal Regulations (CFR); and
    - e. Public Policy Requirements;
  
  - 2. Public Policy Requirements:** As a condition of receipt, federally-funded programs are governed by a myriad of federal rules and regulations. These rules and regulations apply to virtually all programs funded by federal resources and are as follows:
    - a. **Civil Rights Act of 1964:** Prohibits discrimination based on race, color or national origin in all federally funded programs.
    - b. **45 CFR Part 80:** Regulates implementation of Civil Rights Act of 1964.
    - c. **Age Discrimination Act of 1975:** Prohibits discrimination based on age in federally funded programs.
    - d. **45 CFR Part 90:** Regulates implementation of Age Discrimination Act of 1975.
    - e. **Americans with Disabilities Act of 1990, Public Law (P.L.) 101336:** Prohibits discrimination based on disability and provides equal opportunities in employment, state and local governmental entities, public accommodations, transportation and telecommunications for persons with disabilities.

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- f. **28 CFR Part 35:** Regulates implementation of Subtitle A of Title II of the Americans with Disabilities Act of 1990.

**3. Government Imposed Restrictions:**

- a. **Debarment and Suspension (Executive Order 12549):** Prohibits doing business with persons suspended or barred from doing business with any agency of the executive branch.
- b. **45 CFR Part 76:** Regulates implementation of Executive Order 12549, certifying that contractors have not been declared ineligible for participation in public transaction by a federal department or agency.
- c. **Anti-Lobbying Act (P.L. 101-121 Section 319):** Prohibits contractors of federal contracts, grants and loans from using appropriated funds for lobbying the executive or legislative branches of the federal government about a specific contract grant or loan.
- d. **Section 1352, Title 31 U.S.C:** Regulates implementation of the Anti-Lobbying Act. Contractor receiving more than \$100,000 per award of federally appropriated funds per fiscal year must certify that they will not use these funds to pay lobbying activities. They must also disclose each instance of lobbying that does occur.
- e. **Drug-Free Workplace Act of 1988 (41 U.S.V 702 et seq.):** Requires contractors and grantees of federal agencies to certify that they will provide drug-free workplaces. **(P.L. 100 - 690)**
- f. **45 CFR Part 82:** Regulates implementation of Drug-Free Act of 1988.
- g. **Section 504 of the Rehabilitation Act of 1973:** Prohibits discrimination based on handicap in federally funded programs.
- h. **Health Insurance Portability and Accountability Act (HIPAA) of 1996 (P.L. 104-191, Sections 261-264):** Requires covered entities to comply with HIPAA standards for the electronic exchanges, privacy and security of health information.

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- i. **Domestic Volunteer Act (P.L. 93-113):** Senior Companion Sections 430.07-430.071, Florida Statutes.
- j. **45 CFR Part 84:** Regulates implementation of uniform administrative requirements for grants and cooperative agreements of state, local and tribal governments.

#### 4. Cost/Administrative Requirements:

- a. **Cash Management Improvement Act of 1990 (P.L. 101-453):** Requires the timely transfer of funds between a federal agency and a state agency to encourage development of efficient cash management systems.
- b. **Program Fraud Civil Remedies Act of 1986 (P.L. 99-509):** Establishes administrative procedures for imposing civil penalties and assessments against persons who make, submit, present or cause to be made, false, fictitious or fraudulent claims or written statements to authorities or to their agents.
- c. **Federal Grant and Cooperative Agreement Act of 1977 (P.L. 95-224):** Provides criteria for distinguishing whether a transaction is procurement or financial assistance.
- d. **2 CFR, Part 200:**
  - Grants and Cooperative Agreements with States and Local Governments.
  - Cost Principles for State, Local and Indian Tribal Governments
  - Cost Principles for Nonprofit Organizations.
  - Regulates implementation of uniform administrative requirements for grants and agreements with institutions of higher education, hospitals and other nonprofit organizations.
- e. Federal Acquisition Regulation (FAR) Part 31.2: Cost Principles for Commercial Organizations
- f. **45 CFR Part 74:** Regulates implementation of uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations and commercial organizations.



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#### **B. Governing State Laws and Regulations:**

1. Sections 430.201-203-205, F.S., Community Care for the Elderly (CCE)
2. Sections 430.601-603, F.S., Home Care for the Elderly (HCE)
3. Sections 430.501-504, F.S., Alzheimer's Disease Initiative (ADI)
4. Section 430.071, F.S., Respite for Elders Living In Everyday Families (RELIEF)
5. General Appropriations Act – Local Service Programs (LSP)
6. Section 409.508, F.S., Emergency Home Energy Assistance for the Elderly (EHEAP)
7. Chapter 73C-26, F.A.C., Emergency Home Energy Assistance for the Elderly (EHEAP)
8. DOEA Rules, Regulations and Notices of Instruction (NOIs)
9. Agreements and/or contracts.
10. Department of Financial Services' Reference Guide for State Expenditures

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**Section IV: Program Reporting Requirements**

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***PROGRAM REPORTING REQUIREMENTS:***

Program reports must be prepared and submitted as specified in DOEA contracts.