SCOPE OF WORK: HOME DELIVERED MEALS PROGRAM

NOTE: An italicized word in the body of the scope of work or standard indicates that applicable definitions can be found in the Definitions Section.

The AAA shall ensure that nutrition services provided under the OAA, CLTC and SSBG programs comply with these general requirements, Quality Assurance Standards, and Policies and Procedures of the SUA.

PURPOSE:

To maintain and/or improve the nutrition and health status and quality of life of older adults by:

1. Assuring service recipients receive at least one meal per day, for a minimum of five days a week that meets the nutrition requirements in the Older Americans Act;

2. Providing frequent contact with others and reducing social isolation;

3. Offering monthly nutrition and health/wellness information.

TARGET POPULATION:

Older individuals and spouses regardless of age in need of nutritional support through home delivered meal (HDM) services because they are homebound and unable to purchase, prepare, or otherwise obtain their own meals, or because of a physical or mental impairment they are unable to participate in the Group Dining Program.

SERVICE ACTIVITIES:

The contractor shall have the capacity to provide:

1. Initial collection and annual update of service recipient information required in the state electronic client data system;

2. Service management, including annual face-to-face service recipient assessment using criteria in the state electronic client data system, a written meal service plan, progress notes, and daily service delivery documentation.
3. Prepare or purchase and deliver to service recipients, based on their individual meal service plan, meals that meet nutrition and safety requirements and are satisfying to service recipients.

4. Where feasible and appropriate, arrange for the provision of ethnic, religious, modified, and/or therapeutic diets.

5. If contractor prepares meals there shall be uniform recipes used for all foods production facilities.

6. The registered dietician who certifies that the nutrient content of meals comply with nutrition requirements specified by the OAA shall use the contractor’s recipes for those calculations.

7. Whether meals are prepared by the contractor, or purchased from a vendor, all menus shall be reviewed by a Registered Dietitian who certifies that each meal complies with nutrition requirements specified in the OAA.

8. Provide referral to other agencies when service recipient needs cannot be met by the contractor

9. Actively solicit volunteer participation and financial support from the community to help meet the demand for HDM services.

10. Establish and regularly update meal delivery routes to ensure that meals are delivered within time frames required to preserve food safety and palatability.

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CONTRACT STANDARDS:

The contractor shall maintain and make available to those monitoring service delivery information that documents compliance with all standards for the home-delivered meal program.

DETERMINATION OF ELIGIBILITY:

The contractor assures that HDM services are provided to eligible individuals who are at high nutritional risk and have the greatest economic, social and/or health need using uniform criteria specified by the AAA in the RFP.
1. Those eligible for HDM services are: (a) homebound individuals age 60 or over; (b) spouses of eligible service recipients, regardless of age; and (c) disabled dependents of any age residing with a homebound older recipient if serving that dependent is in the best interest of the older person.

2. Written policies and procedures are followed for determining priority for this service. Criteria shall include individuals with the greatest need who are (a) at high nutritional risk, (have a score of 6 or more on the DETERMINE Checklist tool developed by the Nutrition Screening Initiative); (b) unable to prepare meals without assistance; (c) unable to shop for food without assistance; (d) unable to eat without assistance; and/or (e) lacking adequate support from relatives or other caregivers.

DOCUMENTATION:

The contractor shall comply with the following documentation requirements:

1. Meet all reporting requirements of the AAA.

2. Enter all data into the state-approved data collection system.

3. Provide the following recipient documentation:
   • initial assessment;
   • annual reassessments;
   • nutrition risk assessments;
   • meal service plan;
   • appropriate progress notes; and
   • termination forms when applicable.

4. Provide the following service documentation:
   (a) daily record of meals delivered to each service recipient;
   (b) daily record of the number of complete meals ordered, received and served;
   (c) daily record of hot and cold food temperatures;
   (d) action on any shortages or temperature discrepancies as applicable; and
(e) daily comments on recipient satisfaction with the meal served.

5. Keep incident reports and registered complaints with documentation of follow-up on file.

6. Keep on file at the contractor's office, the monthly reports of planned nutrition/health education.

7. If contractor prepares meals there shall be uniform recipes used for all foods production facilities.

8. The registered dietician who certifies that the nutrient content of meals comply with nutrition requirements specified by the OAA shall use the contractor’s recipes for those calculations.

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9. Maintain a prioritized waiting list for HDM services and information on the availability of other meal and food resources provided to individuals.

UNIT OF SERVICE:

Meals: one meal delivered to the service recipient’s home. All necessary costs associated with delivery of the service according to the Quality Assurance Standards for HDM services are to be included in the unit cost.

Nutrition Education: Program-wide distribution of printed information that was reviewed and approved by nutrition educators or a registered dietician.

NOTE: General administrative activities such as record keeping, travel and training time, time spent coordinating with other agencies, etc. are not counted as units of service but are elements of total unit cost.

QUALITY ASSURANCE STANDARDS: HOME-DELIVERED MEALS

DEFINITIONS:

Adequate Intakes (AIs): the daily dietary intake level of healthy people assumed to be adequate when there is insufficient evidence to set a Recommended Dietary Allowance (RDA). The National Academy of Sciences recommends that the Adequate Intake be used if an RDA is not available. The AIs and RDAs are two of the four Dietary Reference Intake (DRI) values.

Contractor: agency responsible for the provision of meals to homebound individuals.
Dietary Guidelines for Americans: The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101-445) requires that the Secretaries of Health and Human Services and Agriculture publish reports on nutrient requirements and status of the United States and to develop Dietary Guidelines every 5 years. The Act requires that all federal food, nutrition, and health programs promote the Dietary Guidelines. These guidelines are incorporated in the selection of foods and serving sizes for meals as well as the basis for nutrition guidance for individuals and groups.

Dietary Reference Intakes (DRIs): The Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences establishes the DRIs. DRIs is an umbrella term that refers to quantifiable amounts of nutrients used as reference values by health professionals to (1) plan and assess diets for healthy people and (2) provide the scientific basis for federal nutrition and food policy. The DRIs apply to healthy individuals and refer to average daily nutrient intake.

Eligible: Individuals who are: (a) age 60 and over; (b) spouses of eligible service recipients, regardless of age; (c) disabled dependents of any age residing with program service recipients; and (d) individuals of any age who volunteer to deliver meals on a regular basis if allowable in the RFP issued by the AAA.

Food management: Paid employment managing a food services operation or cook with management responsibilities in a restaurant, school, hospital, nursing home, etc.

Homebound: unable to leave the home without assistance due to physical or mental limitations or lack of transportation to a group dining center.

Meal service plan: a written plan developed based on the service recipient assessment that considers the capabilities of the service recipient and their support system.

Modified meals: meals similar to the regular menu but contain modifications or substitutions to one or more menu items.

Nutrition and health information: including but not limited to information relating to dietary practices for the prevention and reduction of effects of chronic disabling conditions (including diabetes, osteoporosis and cardiovascular disease); impact of alcohol and substance abuse on nutritional health; materials to encourage smoking cessation, weight control, stress management; and physical activity.
Nutrition Program Director: contractor staff responsible for managing the HDM program.

Nutrition risk: a score of 6 or more on the DETERMINE Your Nutritional Health Checklist, a screening tool developed by the Nutrition Screening Initiative.

Potentially hazardous foods: Any food that requires temperature control to prevent the growth of dangerous microorganisms such as eggs, meats, poultry, fish, or milk.

Recommended Dietary Allowances (RDAs): the average daily dietary intake level that is sufficient to meet the nutrient requirement for nearly all (97-98%) healthy individuals of a specified age range and gender. The RDAs are one of the four DRI reference values.

Registered dietitians (or individuals with comparable expertise): minimum BS in food and nutrition; meets the requirements and passed Commission on Dietetic Registration exam; and completes continuing professional educational requirements to maintain registration. An individual with comparable expertise is one who is eligible to take the registration exam or is a registered diet technician.

RFP: a Request for Proposal used by the AAA in soliciting contractors to provide the service(s). Contained in the RFP are the compliance elements that must be addressed by the offeror.

Therapeutic diets: meal plans ordered by a physician that is included in a current South Carolina Dietetics Association Diet Manual.

Training: as specified in the standards or required by the AAA or the AAA’s grantor agency. Uniform criteria: specific assessment criteria documenting the individuals physical, mental, emotional and social well-being, support system, and the physical aspects of the individuals' living arrangement.

Volunteers: included in the staff only if they perform one or more necessary functions as identified in service standards that would be performed by paid staff if volunteers were not available.

The following standards apply to all contractors of home-delivered meal (HDM) services, including both public and private agencies and businesses.

NOTE: An italicized word in the body of the scope of work or standard indicates that applicable definitions can be found in the Definitions Section.

ALL STANDARDS AND INDICATORS ARE REQUIRED.

HUMAN RESOURCES STANDARDS
Personnel covered by these standards include both paid employees and volunteers, if volunteers are performing essential functions required of the contractor providing home delivered meal (HDM) services.

STANDARD 1.1: The contractor assures that all group dining services shall be delivered by personnel with the necessary qualifications and supervised by staff with appropriate qualifications.

Indicators:

1. The contractor has designated staff responsible for the overall management of nutrition programs and services.

2. Staff with supervisory responsibility has a high school diploma, or the equivalent, and two years of relevant work experience.

The following two indicators apply to contractors who prepare food rather than purchase meals from a vendor:

1. Where applicable, staff supervising on-site meal preparation has one year of experience in food management.

2. Where applicable, head cook(s) have at least one year of paid employment as a cook.

3. Each home delivered meal packaging/delivery center has designated staff present during all hours of program operation and there is a trained backup person on duty when the center staff is absent.

4. Volunteers receive written descriptions of their responsibilities, and are provided an orientation, and training appropriate for their specific tasks, and ongoing formal and informal recognition of their service.

7. All staff receive and understand the contractor’s policy on confidentiality regarding service recipients.

STANDARD 1.2: The contractor assures that all personnel providing HDM services shall receive initial and ongoing training.

Indicator:
1. Staff who interface with service recipients shall receive training to recognize major physical and emotional needs of the service recipients, including observation and recognition of signs of trouble or emergency.

2. Both paid and volunteer meal delivery staff are instructed in procedures for reporting: (a) special request of service recipients; (b) meals uneaten; (c) observations of the physical and mental conditions of the service recipient; and (d) the physical and social environment in the home.

3. Within three months of hire and annually thereafter, appropriate staff receive training in the use of fire safety equipment and proper evacuation procedures.

4. Within three months of hire, new staff and all volunteers who handle food receive training in portion control and safe food handling procedures.

STANDARD 1.3: The contractor provides adequate supervision of all personnel, paid and volunteer.

Indicators:

A designated supervisor is available for in-office or on-call supervision and consultation during any hours that personnel are engaged in service delivery activities.

STANDARD 1.4: The contractor covers necessary expenses incurred by staff in the performance of their duties, according to procedures established in contractor policy.

Indicators:

1. The contractor reimburses HDM staff for the costs of travel necessary to perform their duties in accordance with contractor travel policy and at a rate equitable with that paid to other contractor staff.

2. The contractor has procedures to allow HDM staff to make needed purchases and receive timely reimbursements for out-of-pocket expenses necessary for program operations.

FACILITY STANDARDS

HDM program facilities covered by these standards include both contractor offices and food preparation facilities, whether owned, leased or donated.
STANDARD 2.1: The facilities used for HDM services accommodate the operational needs of HDM staff and supervisors.

Indicators:

1. are a sufficient number of telephone lines to assure staff and volunteers have Program administration offices are open at least 5 days a week, except for legal holidays or other pre-approved closings.

2. There is designated office space, equipment and supplies for staff and volunteers to use when performing record keeping duties.

3. There reasonable access to the central office, service recipients and emergency services.

STANDARD 2.2: The contractor assures that the HDM program facilities are in compliance with applicable DHEC requirements, local occupancy and fire safety requirements, and have adequate security.

Indicators:

1. All facilities where meals are assembled for delivery are clean and sanitary and have the necessary equipment to keep food items free of contamination and at proper temperatures.

2. Food service items and cleaning supplies are stored in separate storage areas.

3. All facilities are equipped to limit the theft of food items, supplies and equipment as much as possible.

4. There is periodic inspection to verify that all facilities used in the operation of the HDM program meet local fire and occupancy ordinances.

5. All the facilities used in the operation of the HDM program have installed smoke alarms and the number and type of fire extinguishers required. Fire evacuation procedures are posted and fire extinguishers have current inspection tags.

STANDARD 2.3: For any facility not owned by the contractor there are written facility agreements governing the use and specifying the responsibilities of each party.

Indicator:

1. As applicable and appropriate, agreements shall cover:
(a) utility/rent payments;

(b) specific areas and square footage available for the program;

(c) hours and days available to the contractor and notation of any seasonal variations;

(d) responsibility for care and maintenance of the facility;

(e) responsibility for fire inspections and obtaining any applicable DHEC licenses;
(f) insurance coverage for items owned by the contractor;

(g) personal liability insurance;

(h) security for contractor equipment and food;

(i) responsibility for replacement of damaged or stolen equipment; and

(j) rules concerning identifying signage, phone usage, and parking.

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STANDARD 2.4: The contractor ensures that the days and hours of operation shall be sufficient to provide the services required in the RFP issued by the AAA.

Indicators:

1. HDM services are available for five or more days per week or as specified by the AAA in the RFP.

2. Any changes in days, hours or location of service shall receive prior approval from the AAA.

SERVICE RECIPIENT STANDARDS

STANDARD 3.1: The contractor assures that HDM services are provided to eligible individuals who are at nutrition risk and have the greatest economic, social and/or health need.

Indicators:

1. Those eligible for HDM services are individuals who are:

(a) age 60 or over and homebound;
(b) spouses of eligible service recipients, regardless of age;
(c) disabled persons under 60 years of age that reside with a homebound older recipient if it is in the best interest of the older person; and
(d) individuals of any age who volunteer to deliver meals on a daily basis, if allowable in the RFP issued by the AAA.

2. Priority for this service shall be given to eligible individuals who meet one or more of the following conditions:
   (a) at high nutritional risk;
   (b) unable to prepare meals without assistance;
   (c) unable to shop for food without assistance;
   (d) unable to eat without assistance; and
   (e) lack adequate support from relatives or other caregivers.

3. Applicants determined to be at high nutrition risk must be given first priority for services.

4. When individuals referred to the program because they are at high nutritional risk cannot be provided services within two weeks the contractor shall notify the referring entity of a projected date that service will be available.

5. Outreach activities are conducted in the communities served by the contractor to inform older persons and others in the community of the availability of the HDM program.

STANDARD 3.2: The contractor assures that service recipient assessments are performed promptly and thoroughly.

Indicators:

1. The face-to-face initial assessment of the service recipient is completed in their home within 30 days of service initiation. Service recipients are reassessed as specified by the AAA in the RFP. The initial assessment and reassessment collects data using uniform criteria required in the statewide client information system.

2. A written meal service plan is developed for each service recipient that indicates:
(a) the type of meals to be served (hot, frozen, shelf stable);

(b) any dietary restrictions;

(c) the days of the week and number of meals per day that will be provided;

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(d) the need for meals in emergency situations;

(e) the individual’s ability to attend congregate dining events on occasion; and

(f) referrals to other service providers if all elements of the plan cannot be met by the HDM contractor.

3. When indicated by the service recipient reassessment, changes in the meal service plan are made.

4. Uniform criteria developed by the contractor are used to determine when the delivery of HDM services to other eligible household members is in the best interest of the homebound service recipient.

5. Individuals on waiting lists for HDM services must be prioritized to receive service using the same criteria used to select service recipients.

6. When placed on the waiting list, the individual shall be informed of the availability of meals from other sources such as purchasing meals from the service provider or receiving assistance from a food bank or a Meals on Wheels program.

STANDARD 3.3 Service recipient requests for change in service, such as a different number of delivery days, modified meals, or transfer to the group dining program will be honored within two weeks of the request, when possible.

Indicator:

The participant’s meal service plan is updated noting both the date of the requested change and the date service was changed.

STANDARD 3.4: The contractor assures that service recipients who may be eligible for other benefits including, but not limited to, Food Stamps, Home Energy Assistance, or Medicaid are provided information about and referral to those other benefits.
Indicator:

The participant’s service plan is updated noting both the date of the referral and the outcome of that referral.

STANDARD 3.5: The contractor assures that the termination of HDM services shall be a carefully planned process.

Indicators:

1. When it becomes necessary to terminate an individual’s participation in the HDM program the contractor follows a clearly defined criteria to plan for that termination.

2. Reasons for termination may include failure to follow program guidelines.

3. Prior to making a decision to terminate an individual, contractor staff may try decreasing service levels or other alternatives to sudden service termination.

4. The service recipient or caregiver, if appropriate and feasible, are involved in the planning for the termination of services.

5. All notices of service termination shall include written procedures to be followed if the service needs to be reinstated.

SERVICE DELIVERY STANDARDS

Services include the preparation and delivery of meals and the provision of nutrition and health information.

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STANDARD 4.1: THIS STANDARD APPLIES ONLY TO CONTRACTORS WHO PREPARE MEALS RATHER THAN USING MEALS PROVIDED BY A VENDOR

The contractor ensures that meals comply with the Dietary Guidelines for Americans and provide a minimum of one-third of the current Recommended Dietary Allowances (RDAs) and Adequate Intakes (AIs) as part of the Dietary Reference Intakes (DRIs) established by the Institute of Medicine. If a program serves an individual more than one meal per day, together the two meals will provide a minimum of 66 2/3 percent of the RDA/AI and together three meals will provide 100 percent of the RDA/AI. [OAA Sec. 339(2)(A)(i) & (ii)]

Indicators:
1. Contractors who prepare meals shall develop a 4-6 week set of repeating menus, that are reviewed and approved by a registered dietitian who ensures that each meal meets nutritional requirements of this standard.

2. Participant food preferences shall be solicited and used by the registered dietitian when developing the menu cycle.

3. Nutrition supplements such as canned formulas, powdered mixes, or food bars may be made available to service recipients when the need is determined by a registered dietitian or other health care professional. Unless a physical disability warrants their sole use, such products cannot replace conventional meals.

**STANDARD 4.2:** The contractor arranges for the provision of modified meals and/or therapeutic diets, if required by the AAA in the RFP Indicators:

1. Therapeutic diets, if offered, must be prepared under the supervision of a registered dietitian. If the meal vendor or contractor has the expertise to prepare therapeutic diets as ordered by a physician, those meals must comply with the requirements in the diet manual of the S.C. Dietetics Association.

2. Modified meals are not considered therapeutic and do not require a health professional's authorization for an individual to receive a modified meal.

3. The contractor shall establish procedures to ensure that each service recipient requiring therapeutic or modified meals receives only the meal ordered for the individual.

4. A service recipient who meets eligibility for a modified meal or therapeutic diet, must sign a release of liability form if the service recipient chooses a regular meal.

**STANDARD 4.3:** THIS STANDARD APPLIES ONLY TO CONTRACTORS WHO PREPARE MEALS RATHER THAN USING MEALS PROVIDED BY A VENDOR.

The contractor assures that all food service operations follow applicable DHEC procedures and requirements. [OAA Sec. 339(2)(F)]
1. Staff and volunteers preparing food follow appropriate DHEC hygienic techniques and practices.

2. All foods served meet those standards of quality, sanitation and safety that apply to foods that are purchased commercially. Only commercially prepared or commercially canned foods may be used.

3. *Potentially hazardous foods* are delivered, held and served at temperatures above 135 degrees F. or below 45 degrees F.

4. Just prior to portioning food for delivery to meal service centers, hot and cold temperatures are taken and recorded to ensure proper temperatures.

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5. Procedures are in place to document delivery times and temperatures at the meal service centers.

6. All food delivery carriers and vehicles used to transport food and supplies to meal service centers are clean and able to maintain proper hot and cold temperatures until delivery is completed.

7. Every effort should be made to limit the time from delivery of food at the meal service center to plating it for delivery to recipients to no more than three hours.

THE FOLLOWING STANDARDS APPLY TO ALL HDM CONTRACTORS

**STANDARD 4.4:** The contractor assures that all applicable safety procedures for serving meals are consistently followed.

**Indicators:**

1. Staff and volunteers use proper hand washing procedures and put on gloves immediately before handling food items when plating meals.

2. Immediately prior to plating the meals, the temperature of hot and cold food items are taken and recorded daily to ensure safe temperatures.

3. All carriers used for packing meals for delivery routes are cleaned and sanitized and maintain a tight seal.
4. Every effort should be made to limit the length of each delivery route to no more than one hour from the time the meals leave the serving center until the last meal is delivered.

STANDARD 4.5: The contractor assures that service recipients are served meals in accordance with their meal service plan.

Indicators:

1. Each meal is delivered at the time of day appropriate for the type of meal and delivery normally occurs within thirty minutes of expected time. If a recipient notifies the contractor that a meal was not delivered, the contractor will provide a meal within two hours if requested by the recipient.

2. If a supply of frozen or shelf stable meals is delivered to the service recipient, storage, cooling and heating facilities must be available in the home and the service recipient must be able to prepare and consume the meal alone or must have assistance available.

3. All service recipients and/or their caregiver(s) understand how to handle and prepare all meal components so that they are palatable and safe to consume. When a supply of frozen or shelf stable meals are delivered, a printed menu is provided to assist the service recipient in choosing the appropriate items and/or supplements to meet nutrition requirements.

4. Ambulatory homebound service recipients are encouraged to participate in the Group Dining Program, at least occasionally. Such opportunities could include annual picnics, major holiday meals, and when in town for medical or other appointments. Provisions should be noted in service recipient’s meal service plan.

5. Tableware and flatware are available according to individual need. When appropriate, service recipients are informed about resources available for obtaining assistive devices such as silverware with special handles or plates that secure to the table.

STANDARD 4.6: The contractor has appropriate and adequate procedures to handle participant, volunteer or service emergencies.

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1. Contractor staff and volunteers know and follow written procedures in response to a service recipient who does not open or come to the door, or is found ill, injured, or deceased.

2. Written procedures, approved by the AAA, are followed for weather-related emergencies, disasters, or situations that may interrupt meal preparation and service to homebound service recipients.

3. Service recipients who need special assistance during declared emergencies, issued by the National Weather Service, the Governor, or any emergency announced on the Emergency Broadcast Network are identified, and the plan developed to meet those needs is implemented.

4. The contractor identifies for the AAA an emergency food supplier in their area that can provide meals in the event of unplanned cancellations by the meal vendor.

STANDARD 4.7: The contractor assures that nutrition and health information is provided.

Indicators:

1. Pre-planned nutrition and health information handouts are provided to service recipients at least monthly.

2. Service recipients' needs, comments and requests are considered when planning instructional materials.

3. Information is presented in language, reading levels and formats that are appropriate, e.g., large print handouts.

ADMINISTRATIVE STANDARDS

STANDARD 5.1 The contractor defines, systematically collects, and maintains in retrievable form the information needed to administer the service program and report results.

Indicator:

The contractor maintains a management information system specified in the RFP issued by the AAA to identify participants and document services and program activities and the outcomes.

STANDARD 5: The contractor shall establish and follow written procedures for compliance with the contributions and cost sharing policies of the AAA.
Indicators:

1. All service recipients are informed of the contractor’s policies and procedures related to the collection and use of voluntary contributions or cost sharing income.

2. When the contractor policies include cost sharing, the policy must stipulate the basis on which fees are charged.

3. Cost sharing procedures must address conditions under which payments are waived.

4. The contractor shall assure that procedures for collection of voluntary contributions do not place undo pressure on participants.

STANDARD 5.3 The contractor shall establish and follow written procedures for guiding staff performance.

Indicators:

1. Staff and service supervisors shall receive a written job descriptions identifying the specific duties of each position.

2. A written job performance evaluation based on the written job description, shall be developed and provided to staff and supervisors at least annually.

3. Any changes to an individual’s job duties shall be in writing and a revised job description provided to the employee.

STANDARD 5.4: The contractor covers necessary expenses incurred by staff in the performance of their duties, according to procedures established in contractor policy.

Indicators:

1. The contractor reimburses staff or volunteers for the cost of required travel in accordance with contractor policy.

2. The contractor shall have written procedures for staff to follow when out-of-pocket expenditures are necessary for program operations.
3. The contractor shall make timely reimbursements for purchases made according to those procedures.

COMMUNITY RELATION STANDARDS

STANDARD 6.1 The contractor shall involve the community in planning services to achieve interagency cooperation and coordinated programs for older adults.

Indicators:

1. Services provided by the contractor shall be in addition to other services already available in the community.

2. The contractor shall use existing resources, whenever possible, in the delivery of services.

STANDARD 6.2 The contractor shall promote the use of its program in the community and engage in appropriate activities to market the service.

STANDARD 6.3 The contractor shall make maximum use of volunteers in the delivery of programs and services.

Indicators:

1. The contractor has an active program to recruit and train program volunteers.

2. At least annually, the contractor solicits input from volunteers regarding their satisfaction with assignments, the work environment, and training opportunities and uses that information to improve its volunteer program.

3. The contractor formally and publicly recognizes the contribution of volunteers on an annual basis.