

***FFY 2005 - 2007  
Area Plan on Aging  
Contract Module***

***FORMS***

***For the Period  
01/01/2005 through 12/31/2005***



***Released July 2004***

# CONTRACT MODULE

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# CONTRACT MODULE

## CERTIFICATION PAGE

### 1. AREA AGENCY ON AGING INFORMATION:

Executive Director:

Legal Name of Agency:

Mailing Address:

Telephone: [   ]

FEDERAL ID NUMBER :

### 2. GOVERNING BOARD CHAIR: (Name/Address/Phone)

### 3. ADVISORY COUNCIL CHAIR: (Name/Address/Phone)

### 4. FUNDS ADMINISTERED: Check all that apply

- |   |                                 |                                     |  |
|---|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> OAA Title IIIB | <input type="checkbox"/> CCE    | <input type="checkbox"/> USDA       | <input type="checkbox"/> EHEAP               |
| <input type="checkbox"/> OAA Title IIIC | <input type="checkbox"/> HCE    | <input type="checkbox"/> ADA Waiver | <input type="checkbox"/> USDA                |
| <input type="checkbox"/> OAA Title IIID | <input type="checkbox"/> ADI    | <input type="checkbox"/> ALE Waiver | <input type="checkbox"/> Contracted Services |
| <input type="checkbox"/> OAA Title IIIE | <input type="checkbox"/> LSP    | <input type="checkbox"/> SHINE      | <input type="checkbox"/> Others (List)       |
| <input type="checkbox"/> OAA Title VII  | <input type="checkbox"/> RELIEF |                                     |  |

### 5. CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

#### I hereby certify that the attached document:

- ☐ Reflects input from a cross section of service providers, consumers, and caregivers that are representative of all areas and culturally diverse populations of the PSA.
- ☐ Incorporates the comments and recommendations of the Area Agency's Advisory Council.
- ☐ Has been reviewed and approved by the Area Agency's Board of Directors.

I further certify that the contents are true, accurate and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved the 2005 area plan of \_\_\_\_\_ (insert area agency name).

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(President, Board of Directors)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Advisory Council Chair)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Area Agency on Aging Director)

**PSA:** \_\_\_\_\_

Date: \_\_\_\_\_

### C.II.C. FINANCIAL AND COMPLIANCE AUDIT SCHEDULE

[illegible]

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

### C.III.A. AAA BUDGET NARRATIVE

**Explain how the projected expenditures will address the objectives and strategies developed by the Area Agency on Aging to support the following goals and priority areas:**

AoA Goal 1: Increase the number of older people who have access to an integrated array of health and social supports

DOEA Priority Area 1: Create a long-term care system that is streamlined, cost-effective and consumer-friendly

AoA Goal 2: Increase the number of older people who stay active and healthy

DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders

AoA Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community

Priority Area 2: Create a greater support network for elders, families and caregivers

AoA Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation

DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders

Explain any shifts in resources to address unmet needs identified in the needs assessment section of the area plan program module:

Explain why resources were not shifted if unmet needs were identified in the needs assessment section of the area plan program module:

**PSA:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **C.III.B. NARRATIVE ON REVENUE ENHANCEMENT**

Summarize the Area Agency on Aging's plans to enhance revenue sources and expand fund raising efforts.

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

### C.IV.A. AAA MONITORING PLAN



PSA: \_\_\_\_\_

Date: \_\_\_\_\_

### C.IV.B. AAA MONITORING SCHEDULE

[illegible]

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

**C.V.A. ASSURANCE OF COMPLIANCE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_\_, Hereinafter, Applicant,  
(insert name of AAA)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of the applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, it's successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(AAA Board President or other authorized official)

Title: \_\_\_\_\_

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

**C.V.B. ASSURANCE OF COMPLIANCE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED**

\_\_\_\_\_, hereinafter called the "recipient"  
(insert name of AAA)

HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to 84.5(a) of the regulation [45 C.F.R. 84(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in his Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in 84.5(b) of the regulation [45 C.F.R. 84.5(b)]. The recipient: a. ( ) employs fewer than fifteen persons; b. ( ) employs fifteen or more persons, and pursuant to 84.7(a) of the regulation [45 C.F.R. 847(a)], has designated the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s): \_\_\_\_\_

Recipient's Address:

\_\_\_\_\_

IRS Employer I.D. Number: \_\_\_\_\_

I certify that the above information is complete and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(AAA Board President or other authorized official)

Title: \_\_\_\_\_

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

## C.V.C. AVAILABILITY OF DOCUMENTS

\_\_\_\_\_  
(insert name of AAA)

HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by the DOEA or its designee(s) at any time. The AAA further understands that these documents are subject to review during monitoring by DOEA.

- (1) Current board roster
- (2) Articles of Incorporation
- (3) AAA Corporate By-Laws
- (4) AAA Advisory Council By-Laws and membership composition
- (5) Corporate fee documentation
- (6) Insurance coverage verification
- (7) Bonding verification
- (8) AAA staffing plan
  - (a) position descriptions
  - (b) pay plan
  - (c) organizational chart
  - (d) executive director's resume and performance evaluation
- (9) AAA personnel policies manual
- (10) Financial procedures manual
- (11) Functional procedures manual
- (12) Interagency agreements
- (13) Affirmative Action Plan
- (14) Civil Rights Checklist
- (15) Conflict of interest policy
- (16) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
- (17) Consumer outreach plan
- (18) ADA policies
- (19) Documentation of match commitments for cash, voluntary contributions and building space, as applicable
- (20) Detailed documentation of AAA administrative budget allocations and expenditures
- (21) Detailed documentation of AAA expenditures to support cost reimbursement contracts

Certification By Authorized Agency Official:

I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that the DOEA or its designee(s) will be given immediate access to these documents, upon request.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(AAA Board President or other authorized official)

**PSA:** \_\_\_\_\_

Date: \_\_\_\_\_

## C.VI. FY 2005 CONTRACT PROVIDERS

**(List name, address, phone number, fax number and contact person for each entity listed)**

Page 1

[illegible]

PSA: \_\_\_\_\_

Date: \_\_\_\_\_

## C.VI. FY 2005 CONTRACT PROVIDERS

**(List name, address, phone number, fax number and contact person for each entity listed)**

Page 2

[illegible]

\*CCE, ADI, HCE, LSP, Contracted Services, EHEAP, Other (please specify)

**PSA:** \_\_\_\_\_

Date: \_\_\_\_\_

## C.VI. FY 2005 CONTRACT PROVIDERS

**(List name, address, phone number, fax number and contact person for each entity listed)**

Page 3

[illegible]

PSA: \_\_\_\_\_

DATE: \_\_\_\_\_

### C.VII.A. AAA BOARD OF DIRECTORS

[illegible]



PSA: \_\_\_\_\_

**DATE:** \_\_\_\_\_

### C.VII.B. MEETING SCHEDULE OF AAA BOARD OF DIRECTORS

[illegible]

PSA: \_\_\_\_\_

DATE: \_\_\_\_\_

### C.VIII.A. AAA ADVISORY COUNCIL MEMBERS

[illegible]

PSA: \_\_\_\_\_

**DATE:** \_\_\_\_\_

### C.VIII.B. MEETING SCHEDULE OF AAA ADVISORY COUNCIL

[illegible]

PSA: \_\_\_\_\_

DATE: \_\_\_\_\_

**C.IX. CONTRACT MODULE REVIEW CHECKLIST**

<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<b>Table of Contents</b>				
<i>The location of each section of the contract module is accurately reflected.</i>				
<b>Contract Module Certification Page</b>				
<i>The form is properly completed.</i>				
<i>The form is signed by Board President (or Designee) and dated.</i>				
<i>The form is signed by Advisory Council Chair and dated.</i>				
<i>The form is signed by Executive Director and dated.</i>				
<b>Section C.I.A. Allocation to the Planning and Service Area</b>				
<i>The OAA funding amounts are correct.</i>				
<i>Transfers between titles are within allowable percentages (B to C or C to B - no more than 30%; C1 to C2 or C2 to C1 - no more than 40%).</i>				
<i>The Title IIIB total includes the Set Aside amount and includes a footnote that indicates the amount of Set Aside.</i>				
<i>The Title IIIB Set Aside Amount currently approved by the department did not increase.</i>				
<i>General revenue amounts are correct.</i>				
<i>Amounts for supplemental resource activities are reflected.</i>				
<b>Section C.I.B. OAA Title III Priority Services Expenditures</b>				
<i>Title IIIB funds allocated to OAA Access services meet or exceed 20%.</i>				
<i>Title IIIB funds allocated to OAA In-Home services meet or exceed 8%.</i>				
<i>Title IIIB funds allocated to OAA Legal Assistance services meet or exceed 1%.</i>				

<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<b>Section C.I.C. Service Units and Costs Projections Provider Summary</b>				
<i>Provider summary information has been entered correctly in the WebDB for each provider.</i>				
<i>Services provided directly by the AAA are reflected.</i>				
<i>The contract module includes a hard copy of C.I.C. printed from the WebDB.</i>				
<i>Funds are allocated only to allowable services.</i>				
<i>The actual and negotiated unit rates are provided.</i>				
<b>Section C.I.D. Service Units and Costs Projections County Summary</b>				
<i>County summary information has been entered correctly in the WebDB.</i>				
<i>The contract module includes a hard copy of C.I.D. printed from the WebDB.</i>				
<b>Section C.I.E. Service Units and Costs Projections Planning and Service Area Summary</b>				
<i>PSA summary information has been entered correctly in the WebDB.</i>				
<i>The contract module includes a hard copy of C.I.E. printed from the WebDB.</i>				
<i>Data in the WebDB reconciles to the contract amounts.</i>				
<b>Section C.I.F. County Funding Profile</b>				
<i>Accurate information for each county in the PSA is displayed on a separate form.</i>				
<b>Section C.I.G. Areawide Funding Summary</b>				
<i>The roll-up of all funds allocated to the PSA, including funds allocated to services provided directly by the AAA, is accurately reflected.</i>				
<b>Section C.II.A. AAA Administrative Budget Allocation</b>				
<i>All pages (1-6) were submitted.</i>				

<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<i>Pages 1- 6 of the detailed operating budget and cost allocation plan accurately display the breakout of salaries and expenses by positions and funding sources.</i>				
<i>Includes narrative explanation of the use of salary dollars for IIIB Set Aside funds.</i>				
<i>Includes narrative justification for the planned purchase/ expenditures in the equipment and other categories in the IIIB Set Aside funds.</i>				
<i>Includes written explanation of planned expenditures in the communications category.</i>				
<i>All expenses of the agency are reflected in the budget. Non-DOEA column is completed with the portion not funded through DOEA.</i>				
<b>Section C.II.B. AAA Budget Summary</b>				
<i>The budget summary is properly completed.</i>				
<i>The minimum match requirement of 25% is met for administration.</i>				
<i>The minimum match requirement of 10% is met for services.</i>				
<i>IIIB Set Aside Amount was not increased.</i>				
<b>Section C.II.C. Financial and Compliance Audit Schedule</b>				
<i>The form is completed in its entirety.</i>				
<b>Section C.III.A. Budget Narrative</b>				
<i>The narrative ties projected expenditures to AoA Goal 1 and DOEA Priority 1:</i> <i>AoA Goal 1: Increase the number of older people who have access to an integrated array of health and social supports</i> <i>DOEA Priority Area 1: Create a long-term care system that is streamlined, cost-effective and consumer-friendly</i>				
<i>The narrative ties projected expenditures to AoA Goal 2 and DOEA Priority 3:</i> <i>AoA Goal 2: Increase the number of older people who stay active and healthy</i> <i>DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders</i>				

<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<p><i>The narrative ties projected expenditures to AoA Goal 3 and DOEA Priority 2:</i></p> <p><i>AoA Goal 3: Increase the number of families who are supported in their efforts to care for their loved ones at home and in the community</i></p> <p><i>Priority Area 2: Create a greater support network for elders, families and caregivers</i></p>				
<p><i>The narrative ties projected expenditures to AoA Goal 4 and DOEA Priority 3:</i></p> <p><i>AoA Goal 4: Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation</i></p> <p><i>DOEA Priority Area 3: Create an elder-friendly environment that values the contributions and needs of elders</i></p>				
<i>The narrative explains shifts in resources to address unmet needs identified in the needs assessment.</i>				
<i>The narrative justifies lack of resource shifts if unmet needs were identified in the needs assessment.</i>				
<b>Section C.III.B. Narrative on Revenue Enhancement</b>				
<i>The plan summarizes revenue enhancement and expanded fund raising efforts.</i>				
<b>Section C.IV.A. AAA Monitoring Plan</b>				
<i>The plan includes the AAA's priorities for assuring effective service delivery.</i>				
<i>The plan includes the AAA's priorities for assuring achievement of established performance measures.</i>				
<i>The plan includes monthly consumer visits.</i>				
<i>The plan includes a monthly review of a minimum of 1% of the PSA's consumer files to assure compliance with assessment and reporting requirements, the appropriateness of services, and the provision of consumer choices in the delivery of services.</i>				
<i>The plan must address efforts to assure the integrity of data in CIRTSS and the use of CIRTSS reports to monitor compliance with contractual and programmatic requirements.</i>				

<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<i>Results from consumer satisfaction surveys are addressed in the monitoring plan.</i>				
<b>Section C.IV.B. AAA Monitoring Schedule</b>				
<i>The form displays the schedule for conducting fiscal and programmatic monitoring of service providers.</i>				
<b>Section C.V.A. Civil Rights Assurance</b>				
<i>The form is properly completed, signed and dated.</i>				
<b>Section C.V.B. Section 504 of the Rehabilitation Act of 1973 Assurance</b>				
<i>The form is properly completed, signed and dated.</i>				
<b>Section C.V.C. Availability of Documents Assurance</b>				
<i>The form is properly completed, signed and dated.</i>				
<b>Section C.VI. Contract Providers</b>				
<i>The form includes the name and address for each contract and subcontract provider.</i>				
<i>The form includes the telephone number for each contract and subcontract provider.</i>				
<i>The form includes the fax number for each contract and subcontract provider.</i>				
<i>The form includes a contact person for each contract and subcontract provider.</i>				
<i>The form identifies the type of organization (gov't, non-profit, profit-making) for each contract and subcontract provider.</i>				
<b>Section C.VII.A. AAA Board of Directors</b>				
<i>The form includes the name, home address, and home and office telephone numbers for each board member.</i>				
<b>Section C.VII.B. Meeting Schedule of Board of Directors</b>				
<i>The 2005 meeting schedule for the AAA Board of Directors is provided.</i>				
<b>Section C.VIII.A. AAA Advisory Council</b>				
<i>The form includes the name, home address, and home and office telephone numbers for each council member.</i>				



<b>Contract Module</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>PAGE</b>
<b>Section C.VIII.B. Meeting Schedule of Advisory Council</b>				
<i>The 2005 meeting schedule for the AAA Advisory Council is provided.</i>				
<b>Section C.IX. Contract Module Review Checklist</b>				
<i>The form indicates if each item is included.</i>				
<i>The form identifies the page location(s) of the items.</i>				

**Other comments (identify relevant sections):**

## **Contract Module Comments and Recommendations:**

*For completion by DOEA Staff*

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*Section C.VIII.B.: Meeting Schedule of Advisory Council*

*Section C.IX.: Contract Module Review Checklist*

*Other changes: Identify section and provide comments or recommendations.*