

This chapter defines and explains the authority, roles and responsibilities of the State and the Area Agencies on Aging for all programs under the Pennsylvania Department of Aging's (hereafter referred to as "the Department") jurisdiction.

I. STATE ADMINISTRATIVE AUTHORITY

The Pennsylvania Department of Aging was created in 1978 by the Pennsylvania legislature. The Older Americans Act, 2006 Reauthorization and the Pennsylvania General Assembly charge the Department to advocate for the interests of older Pennsylvanians at all levels of government.

The Department administers a comprehensive State Plan for services, programs and activities for older Pennsylvanians. Services are carried out through Area Agencies on Aging and other entities as authorized in accordance with the Older Americans Act and Pennsylvania Statute (Act 70). The Department functions as the sole State agency to receive and disburse Federal funds under the Older Americans Act for Title IIIB (Supportive Services); Title III(C)(2) (Home Delivered Nutrition Services); and Title IIIE (National Family Caregiver Support Act Subpart 1, Caregiver Support Program, Sections 372-374).

In addition, the Department is responsible for:

- Developing and administering a system of assessment for persons at risk of needing institutional care, in cooperation with DPW and the Department of Health
- Performing or assisting in the performance of Information and Referral activity in conjunction with and under the direction of DPW.

A. OVERVIEW

1. LEVEL OF CARE

Prior to determining the appropriate service program for consumers, a level of care assessment must be completed. This assessment will determine if a consumer is Nursing Facility Clinically Eligible (NFCE) or Nursing Facility Ineligible (NFI). The accuracy of level of care determinations is critical in placing consumers in appropriate programs since some programs require a NFCE level of care.

Level of Care assessments are completed for:

- All individuals 18 years of age and older applying for: Medical Assistance for nursing facility admission, the SSI State Supplement for residents of a

Personal Care Home or a Domiciliary Care Home, MA funded Home and Community Based Services and for consumers age 60+ requesting Aging Home and Community Based Services as identified in Chapter IX (Level of Care).

- Individuals applying for Nursing Facility placement as mandated under the Omnibus Reconciliation Act of 1987 (OBRA 1987), also known as the Nursing Home Reform Act (see Chapter IX).

2. PROGRAMS AND SERVICES

A broad array of Home and Community Based Programs and Services (HCBS) are available to provide supports to enable older individuals to remain in the community. The following provides an overview of the types of HCBS programs available.

PROGRAMS

APPRISE Program

APPRISE is a State Health Insurance Assistance Program which provides free health insurance counseling to Medicare beneficiaries about Medicare and Medicaid benefits and eligibility, Medicare supplement insurances, Medicare HMO's, Medicare prescription (Part D), and long term care insurance.

Caregiver Support Program

National Family Caregiver Support Program (NFCSP) - The provision of funding is granted under the authority of the Department of Health and Human Services – Administration on Aging. The NFCSP is designed to assist three populations of individuals:

- Family and other unpaid adult primary caregivers caring for functionally dependent older persons (age 60 and older) and adult relatives with chronic dementia
- Non- parent caregivers, age 55 and older providing care for adult relatives with disabilities, who are between 19 and 59 years of age
- Caregivers age 55 and older who are caring for related children age 18 or under with priority given to those children with severe disabilities

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Pennsylvania Caregiver Support Program (PACSP) - The PACSP is designed to assist family and other unpaid adult primary caregivers caring for:

- Functionally dependent older persons (age 60 and older)
- Care receivers age 18+ with chronic dementia.

Domiciliary Care Program

The Domiciliary Care program provides for the certification and monitoring of the Dom Care homes and care management for consumers age 60+ for those who reside in a Dom Care residence.

Nutrition Services Incentive Program (NSIP)

The NSIP cash or commodity allocation or grant to the Department is based on actual number of meals served in the previous year in relationship to the total number of meals actually served by all states in the previous year. NSIP includes Congregate meals as well as the Non-Congregate/In-Home meal service.

Ombudsman Program

The Long Term Care Ombudsman Program is designed to provide an advocacy force to protect and enhance the health, safety, welfare and rights of older individuals receiving long-term care.

OPTIONS Program

The OPTIONS program is designed to provide assistance to consumers, 60 years old or older, to maintain their independence in the community with the highest level of functioning. See OPTIONS Core and Supplemental Services below. OPTIONS service standards can be found in Chapter VII, Appendix E.

PACE and PACENET

Pharmaceutical Assistance Contract for Elderly (PACE) and the extended eligibility tier (PACENET) is the prescription assistance program for Pennsylvania residents, 65 years of age and older who meet certain financial criteria.

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Prime Time Health/Health Promotion

The Older Americans Act provides funding to the states for evidence-based disease prevention and health promotion programs, screenings and education. "Prime Time Health" promotes wellness outcomes for older adults.

Senior Community Service Employment Program (SCSEP)

As authorized by the Title V of the Older Americans Act of 2006, the SCSEP fosters and promotes useful part-time work-based training opportunities in private non-profit or public agencies for unemployed individuals ages 55 and older who meet income guidelines.

SERVICES

Congregate Meals

Congregate Meals are meals provided to eligible older persons in a group setting either in senior centers or adult day care centers. Hot or other appropriate meals which meet at least one-third of the recommended nutritional needs of older persons are available.

Guardianship

Guardianship activities include the evaluation of consumers as to the appropriateness and type of guardianship needed, petitioning for guardianship and acting a guardian when so appointed by the court.

Information and Referral/Assistance

Information and Referral/Assistance Services provide information on available services and facilities. Information and Referral Services link the consumer with appropriate agencies or community resources that can provide the needed service.

Legal Assistance

Legal assistance, counseling and representation are provided by lawyers, paralegal aides and non-lawyers to older persons to understand, secure, protect or expand their legal rights.

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Older Adult Daily Living Services (where available)

Older Adult Daily Living Centers (also known as Adult Day Service Centers) provide a planned program of congregate, social, recreational, nutritional and developmental activities for persons incapable of total independent living. These services are provided within a protected non-residential environment.

Older Adult Protective Services

Older Adult Protective Services provides for the investigation and intervention for older persons who are at risk of being abused, neglected, exploited or abandoned.

OPTIONS Core Services (OCS)

- Adult Day Services
- Care Management
- Consumer Reimbursement:
 - Consumer-Directed Personal Care
 - Pest Control/Fumigation
- Emergent Services:
 - OPTIONS Core Services
 - Overnight shelter
 - Emergency life sustaining supplies
- Non-Congregate/In-Home Meal Service
- Personal Emergency Response System (PERS)
- Personal Care Services (agency model)

OPTIONS Supplemental Services (OSS)

- Consumer Reimbursement:
 - Minor Home Repairs and Maintenance
 - Counseling (PDA funds must be payer of last resort)
 - Other services/items not provided by OPTIONS that are needed as evidenced by a Needs Assessment Tool (NAT) and that can be obtained by the consumer at a more cost effective rate
- Home Health
- Home Modifications
- Home Support
- Medical Equipment, Supplies, Assistive/Adaptive Devices

Senior Community Center Services

Senior Community Centers meet the socialization, recreational, educational and enrichment needs of older persons. These activities take place within a senior center facility or at other locations and are available to all older Pennsylvanians.

Transportation – Non-Care Managed (where available)

Includes essential rides provided to senior centers, medical appointments, social service agencies, Adult Daily Living Centers, grocery stores and pharmacies for individuals age 65 and older; rides to individuals aged 60-64 for any reason; rides for individuals aged 65+ for any non-essential reason. This service can also be provided to riders 60+ where an AAA owned vehicle is the means of transportation.

Volunteer Services

The Volunteer Services program provides for the placement of persons in a variety of volunteer roles within the community.

B. ROLES AND RESPONSIBILITIES OF THE STATE AUTHORITY

General Responsibilities

In accordance with the State's administrative authority, the Department's functions and responsibilities include the following:

- The establishment and maintenance of policies and procedures for the fiscal and programmatic operation of the programs.
- The establishment of minimum standards for the provision of services and benefits.
- Enter into contracts or grants between the State and the Area Agencies on Aging (AAA) to set forth the responsibilities and performance requirements.
- Provide oversight and monitoring of the AAAs for compliance with all program's standards.
- Provide oversight and fiscal management of fund utilization based on funding source requirements.
- The development and maintenance of fiscal and service data collection forms and the related procedures for collecting

information on individuals and/or families served to include services and benefits provided.

The Department, at its discretion, may grant waivers to certain requirements of the home and community based programs it administers. AAAs may request, in writing, an administrative waiver if it is consistent with meeting the overall goals and objectives of the respective program and is not in conflict with other federal and state laws and regulations. All waiver requests, with full justification included, must be submitted in writing prior to implementation by the AAA. All waivers will be granted for a specified period. Continuance or renewal must be requested prior to the end of the waiver period. Written requests for administrative waivers to program requirements must be submitted to Pennsylvania Department of Aging, Bureau of Finance.

II. ROLES AND RESPONSIBILITIES OF AREA AGENCIES ON AGING

A. General Responsibilities

There is a Grant Agreement, between the Department and the individual AAA, setting forth responsibilities and performance requirements. The Department shall consider the designated AAA responsible for assuring the delivery of home and community-based services and programs in compliance with state and federal laws, regulations and requirements. As directed by [45 CFR 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments](#), the Department contracts with the AAAs for the provision of Aging Block Grant services.

The AAAs' functions and responsibilities include, but are not limited to, the following:

- The establishment and maintenance of local policies and procedures for the operation (fiscal and programmatic) of the programs in compliance with the Department's requirements.
- Procurement of sub-contractors and/or vendors for the provision of services funded by the Aging Block Grant.
- Monitoring of the sub-contractors and/or vendors for compliance with local and Department requirements.
- The oversight and fiscal management of fund utilization based on funding source requirements.

B. Required Programs and Services

Note: italicized with an * are further defined in Appendix 11/19/2014

1. Programs and Services that AAAs are **required** to provide:

- Information Referral and Assistance
- Level of Care Determinations
- Family Caregiver Support Program
 - Pennsylvania (PACSP) and National (NFCSP)
 - Care Management to the consumers enrolled
- Older Adult Protective Services
- Ombudsman Program
- Legal Assistance
- Senior Community Services/Programs
- Prime Time Health/Health Promotion
- Congregate Meals
- Transportation- non care managed
- OPTIONS Core Services (OCS) must include:

Note: Congregate Meals and Non Congregate Meals/In-Home Meals are required services that may be outsourced at the AAA's discretion. Area Agencies on Aging that do not provide the remaining services and/or contract for services should request an administrative waiver, in writing, through Pennsylvania Department of Aging, Bureau of Finance.

2. Programs and Services that are **optional** for the AAA to provide:

- Domiciliary Care (pending provider availability)
- Senior employment (SCSEP)
- Guardianship/POA and Representative Payee
- OPTIONS Supplemental Services (OSS):

Note: When an AAA decides to provide any service or program that is indicated as optional, the AAA must have a clear process and procedure by which the service or program is provided. Funding for optional services must be secondary to providing required services.

C. Procurement Responsibilities

The Department's procurement direction for Area Agencies on Aging for Aging Block Grant Services is set forth by the Older Americans Act and state requirements. This section contains provisions to address general procurement policy for these

services. This section applies to all programs and services provided through the AAA utilizing funds received from the Department under the Aging Block Grant.

The Department supports the Aging network's effort to recruit qualified providers/vendors of all participant services and set reasonable rates for services. Regional alliances may be formed. The AAAs may elect to establish geographic areas for contract procurement activities that will encompass multiple planning and service areas. Nothing in this section is intended to limit the AAA in the provision of service; rather, the intention is to provide a minimum set of standards which will enable the AAA in many instances to offer participants control over the provider that will deliver the services they need. AAAs must reference other PDA policy documents (e.g., Statutory Requirements, Aging Program Directives, etc.) concerning specific service provision requirements when developing Requests for Proposals (RFP) and subcontracts.

Procurement Principles

The procurement system for Aging Block Grant funded programs must incorporate the following four (4) guiding principles:

- Ensuring an *adequate supply** of quality service
- Increasing the opportunity for *participant choice**
- Providing a mechanism for cost containment, and
- Complying with local, state and federal contracting requirements to maximize available resources

Purpose

The major purposes of the contract procurement process are:

- To establish an open and *competitive bidding process** that attracts enough qualified vendors to determine a fair market price for each service
- To identify all qualified vendors who are able to provide the requested type(s) of service
- To establish *minimum rates** for services sufficient to enlist enough providers to make services and a choice of provider available to enrolled consumers.

Note: If the vendor is a MA provider and they are proposing providing the same service in OPTIONS the vendor must adhere to the MA usual and

customary rate. If the usual and customary MA rate is not utilized the provider may be violating their MA agreement.

Requirements

- Each AAA must ensure that all services, which the AAA does not provide directly, are obtained from vendors selected through an established procurement process.

The following exemptions to this requirement are permitted:

- Coordinated transportation programs are excluded from this requirement.
- Services that are procured and utilizing the “small purchase procedure” as defined below.

Note: Title III Legal Services contracts must be awarded as a result of a competitive procurement process regardless of the amount of the contract.

- All contracts must be for a minimum of three (3) years, with an option to renew for up to 5 years.
- All services and coordinative activities that the AAA subcontracts must be advertised for competitive bid at least once every five (5) years.

Note: The length of the procurement cycle may be extended if the AAA is able to negotiate a rate of increase that is equal to or less than the amount of the increase in the AAA’s Regular Block Grant categorical allocation provided by the Department in the annual Aging Block Grant APD.

- When more than one (1) potential provider/vendor in any way demonstrates interest in contracting with the AAA, the AAA must utilize a competitive procurement system and may establish a maximum rate. A formal Request for Proposal (RFP) is developed and a bidders’ conference is offered.
- All organizations which have demonstrated interest in bidding on the contract are invited. A bidders’ conference must, at a minimum, set out an explanation

of the competitive procurement process being employed, including timetable requirements and selection procedures.

- The AAA must establish in writing the minimum criteria for a provider to be identified as a qualified vendor. The criteria must include the service definitions, standards, and/or specifications as defined by the Department. The criteria cannot require unnecessary experience or excessive bonding.
- AAAs must have at least two (2) contracted vendors for each service in order to provide consumer choice as required by the Older Americans Act
- In situations when the AAA receives responses from fewer than two (2) qualified bidders:
 - The AAA is required to solicit all service providers that contract with the AAAs in the adjoining Planning and Service Areas.
 - If this process results in fewer than two (2) qualified bidders, the AAA must request a waiver to provide services with only one (1) vendor.
 - The AAA must submit to the Department, a detailed written description of the actions taken by the agency to incorporate vendors into its system and any additional information to justify the request.
 - The Department may determine that the public notice will satisfy this requirement for **one (1) year only** regardless of the contract period publicized in the notice for interested bidders.
 - If the AAA is looking to have a multi-year contract let, they cannot do so until they have received at least two bidders.
 - The AAA must continue to annually advertise and recruit for interested bidders until two (2) or more qualified providers/vendors are secured.
- In situations where the AAA subcontracts services and only one (1) qualified bidder is identified, the AAA may contract with the provider for the length of the period advertised in the bid notice (maximum 5 years). The AAA must publish an annual notice if no response is received.
- The AAA cannot subcontract with any entity that is under suspicion or debarment by the Commonwealth or any governmental entity, instrumentality

or authority and must abide by all related requirements as outlined in the Cooperative Grant Agreement (Appendix C).

- AAAs are not required to have rolling open enrollment for vendors of any service funded through the Cooperative Grant. At any time in the procurement cycle, a new provider/vendor of multi-vendor services that meets the established qualifications for the service **may** be contracted with and placed at the bottom of the provider list established as a result of the AAA's competitive procurement process.
- The new provider/vendor will be placed at the bottom of the list, regardless of price, for a maximum time period of six (6) months or until a new competitive procurement process is completed (which ever happens first). At the end of the period, the provider will be ranked on the list according to price. New provider/vendor rates cannot exceed the lowest contracted provider rate for the specific service.

Contracts

- All contracts must specifically delineate:
 - Type of Service
 - Length of Contract
 - Reimbursement System (unit cost or program funded)
- All contracts must incorporate the standard provisions as necessary to ensure compliance with federal and state regulations and the terms and provisions of the Pennsylvania Department of Aging Cooperative Grant (Appendix C, appendix F, and Appendix G).
- Contracts with service providers shall include stipulations concerning the collection and processing of consumer contributions and program income. These stipulations should be based on written policies and procedures developed by the AAA. These written guidelines must include:
 - Methods for collecting program income to assure contributor confidentiality and privacy,
 - Procedures for the processing and deposit of program income,
 - Identification of what individual(s) have the authority to deposit, withdraw and transfer these funds,
 - Delineation of rules governing expenditure of these funds, and

- The bonding of staff and other security measures.
- Mandated return of unused program income upon termination of the contract.

Rate Setting

A negotiated increase to a service rate for an existing provider is limited to the percent increase provided in the AAA's Regular Block Grant categorical allocation as identified in the annual Aging Block Grant APD.

Small Purchase Procedure

Small Purchase procurement system is to be utilized to address:

- Unique individualized consumer services that are not available through an existing formal service provider (subcontractor) of the AAA and do not exceed an annual total cost of \$10,000.00 per item/purchase per participant;
- Participant services, excluding legal services, that are utilized on a limited basis and that in aggregate do not exceed an annual total cost of \$10,000.00 for the item/cost center and;
- Consultants for participant services (i.e., dietician, physician, and registered nurse) that do not exceed a total cost of \$10,000.00 per type of consultant contract.

The AAA must obtain and document price quotes from qualified vendors and then purchase the item/service from the qualified vendor

Direct Service Provider

An AAA is only permitted to be the direct provider of services when it is necessary to insure the availability of a service at a reasonable cost. The AAA must clearly demonstrate that a responsible provider does not exist to justify serving as a direct provider of a service.

In situations where the AAA publishes a notice to secure contractors for a service and receives no response and the AAA has contacted all of the providers that contract with AAAs for the service in contiguous planning and service areas, the AAA may then request a waiver from the Department to serve as a direct service provider.

To prevent conflict of interest issues, the AAAs will not be permitted to provide personal care or home health services.

Sole Source Contacts

The AAA may request a waiver to enter into a sole source contract for coordinative activities and consumer services in situations where the uniqueness of the service does not permit other providers from being capable of providing the service at a reasonable cost.

Demonstration Programs

Demonstration programs funded by the Department may be exempt at the discretion of the Department from the competitive procurement requirements of this directive. However, the AAA must receive written clarification from the Department that such an exemption exists for the specific program in question.

Consumer Choice

For any program where there are multi-vendor services contracts the AAA will prepare a list of providers with unit cost for consumer choice. The provider with the lowest unit cost will be listed first followed by all other contracted providers in ascending price order.

In situations where two (2) or more providers have the same rate, the AAA must rotate the order of those providers on the listing on at least a quarterly basis. Consumers or their primary caregiver will be provided with the listing and may choose any listed provider. If the consumer or the primary caregiver does not express a preference, the AAA must make the referral to the provider with the lowest unit cost.

If for any reason, the provider with the lowest cost cannot provide the needed service, the AAA must then contact the provider ranked next on the list until the individual is served.

D. Subcontractor Monitoring Requirements

In all cases the AAA shall be responsible for the quality and quantity of the work performed by all of its subcontractors. The AAA **must** perform monitoring visits of all sub-contracted or vendor activities funded by the Aging Block Grant allocation to

the AAA at a minimum of once per year, to ensure compliance with contracts. This process is necessary to ensure that subcontractors are adhering to requirements and service standards set forth in contracts formed with the AAA.

The monitoring shall consist of:

- Invoice Verification
- Onsite Monitoring (to include Fiscal Monitoring where applicable).

Invoice Verification

Invoice verification shall be done by every AAA with every provider that subcontracts with the AAA for service and must occur prior to any payment for services provided by the sub-contractor. The invoice will be reviewed for accuracy of all the services that were ordered to assure that they were delivered.

On-Site Monitoring

Annual onsite provider monitoring shall be done by every AAA who sub-contracts for services on a per service basis. In the case where a sub-contractor provides the same service to multiple AAAs and the contract language is the same, only one AAA will need to monitor this sub-contractor. The results of the monitoring should be shared with the other AAAs so they are assured that the sub-contractor is performing at an acceptable level.

Until which time a monitoring tool is developed by the Department for use by all AAAs, the agency's monitoring tool should be designed to ensure that the AAA is taking responsibility for areas that the Department monitors for compliance. Minimum areas that a monitoring tool should include are:

- Administrative requirements
- Fiscal requirements including, but limited to:
 - adequacy of sub-contractor accounting and internal control systems;
 - fiscal process documentation standards,
 - compliance with fiscal stipulations of contract,
 - compliance with procedures for collection, processing and accounting of consumer contributions and program income; validity of amounts reported to the AAA; and maintenance of financial records for these funds.

- Sample review of consumer files for evidence of supervision and communication
- Validation of the completion of specific tasks authorized to occur during provision of service
- Review of employee qualifications, and
- Any outstanding findings or scoring system to track deficiencies/areas of improvement.

The AAA must maintain reports of the monitoring visits, showing findings, recommendations and corrective actions taken. These reports must be shared with the monitored agency and available upon request by the Department.

E. Merit System Requirements for AAAs

AAAs that utilize the State Civil Service Commission's merit system must follow the civil service policies and rules. AAAs that are governed by a Board of Directors and have incorporated as a 501(c)(3) organization under the Internal Revenue System and AAAs that use an authorized merit system prescribed by their county shall abide by the federal merit system principles contained in 5 C.F.R. § 900.601 – 900.605. These are:

- Recruiting, selecting and advancing employees on the basis of their relative ability, knowledge, and skills, including open consideration of qualified applicants for initial appointment;
- Providing equitable and adequate compensation;
- Training employees to assure high quality performance;
- Retaining employees on the basis of the adequacy of their performance, correcting inadequate performance and separating employees whose inadequate performance cannot be corrected;
- Assuring fair treatment of applicants and employees in all aspects of personnel administration without regard to political affiliation, race, color, national origin, sex, religious creed, age or handicap and with proper regard for their privacy and constitutional rights as citizens, including compliance with federal equal employment opportunity and nondiscrimination laws;
- Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or a nomination for office.

Note: This is binding upon each AAA upon their signing of the Aging Block Grant Agreement. This section rescinds APD 88-01-07 that pertains to Personnel Action Plan for Private Non-Profit Agencies.

F. Record Retention Policy

General

According to the General Terms and Conditions of the PDA Cooperative Agreement and applicable federal requirements, all financial records, supporting documents and all other records pertinent to the PDA Block Grant shall be retained for a period of three(3) years from the date of submission of the final expenditure report.

However, if any litigation, claim or audit is started before the expiration of the three-year period, all financial records and documents shall be retained until all litigation, claims or audit findings involving the records have been resolved and final action taken.

With reference to the retention of consumer clinical records, an individual consumer's complete record shall be retained for at least three (3) years following the formal closing of the case for any reason. A "complete record" is defined as any and all pertinent information collected regarding a consumer. The record retention requirements also apply to enrollees in the Title V Senior Community Service Employment Program. "Departure" is defined as the formal closing of the case for any reason. This does not include short-term closures which occur when for example, a consumer is temporarily out of the area, hospitalized, etc.

Should the storage of these records become a problem, the AAA should consider having this information placed on microfilm, computer disk, flash drive or other automated storage devices.

Once it is decided the consumer clinical records are no longer required to be maintained, they must be destroyed in the same manner as utilized for all confidential records. This section rescinds APD 97-29-01 that pertains to Record Retention.

Protective Service Case Record Retention

As required by statute (6 PA Code Chapter 15 §10225.303) and regulations, unsubstantiated cases are to be retained for a period of 6 months, unless

additional reports lead to the case being reopened. The reporter and the alleged perpetrator identification must be removed from these records once unsubstantiated.

Substantiated cases are to be kept for three (3) years or until litigation regarding a case is resolved whichever is longer.

G. HIPAA Standards

Each AAA when it signs their Block Grant Agreement is obligated to follow the provisions of the Health Insurance Portability and Accountability Act of 1996. This section rescinds APD03-01-07.

Recognizing the ways AAAs have organized themselves and the way they operate in their local community, the Department assumes there may be some difference in the way various AAAs approach HIPAA. To assist AAAs with this determination, Covered Entity Decision Tools can be found on the CMS web site at: <http://www.hhs.gov/ocr/privacy/>.

- Each AAA is responsible to determine its responsibilities under HIPAA.
- AAAs who declare themselves as entities under HIPAA are responsible to determine Business Associate status for the agencies they interact with.
- The Ombudsman Program operates as a Health Oversight Agency and has access to Protected Health Information (PHI) as it relates to the program outside of HIPAA requirements.
- The Protective Services Program operates as a Health Oversight Agency and has access to PHI information as it relates to the program outside of HIPAA requirements.

H. Staffing Requirements

The AAA is responsible for ensuring that they have adequate and appropriate staffing to meet the program and service provision responsibilities as outlined in the Cooperative Grant. A report to assist AAA's in determining staff complement is available from PDA's Metric & Analytics Division.