



**DELAWARE HEALTH
AND SOCIAL SERVICES**
**Division of Services for Aging and
Adults with Physical Disabilities**

Policy Manual for Division Contracts

Revision History

Revision Date	Sections Revised	Description
7/21/2011	X-Q	Revised: The invoice must utilize an approved DSAAPD Invoicing Workbook (IW) referenced in their program service specifications or contain at the least, the following information:
7/21/2011	X-Q	Added: All copies of receipts for expenditures for invoicing period must be submitted with invoices in order to verify expenditures.
8/2/2011	X-A-1	Deleted: The Division shall distribute the Policy and Procedures Manual in one or more of the following formats: Print, Electronic (distributed by diskette, CD or email), or Internet. Deleted: The Division shall maintain a list identifying the agencies and individuals who have received a print or e-mail copy of the manual. Deleted: The Division shall distribute updates to the manual to those agencies and individuals who received a print or electronic version of the manual. Deleted: If published on the Internet, the Division will notify contractors in writing when updates are made. The Internet version will clearly indicate the date of the last update for each policy and procedure.
8/2/2011	X-A-1	Revised: Each contractor will receive a web link reference to the DSAAPD Policy manual as Appendix E of their contract. A print copy will be supplied upon request.
8/2/2011	X-L-1	Deleted: Each quarter, the internal auditor will select at least one agency with a unit cost contract, one agency with a cost reimbursement contract and at least one agency with multiple contracts for a more detailed review.
8/2/2011	X-L-2	Deleted: The internal auditor will conduct a risk assessment for each contractor at least annually. This process includes the use of a standardized risk assessment tool. The risk assessment will determine the frequency and timing of each contractor's assessment. The internal auditor is the team leader for assessments and will be responsible for the financial component of the assessment.
9/16/2011	X-L-1	When the program manager identifies irregularities in the fiscal reports or questions an expenditure, the report may be forwarded to the internal auditor for review.
1/4/2012	X-O	Deleted entire X-0 section (original page 36) as DHSS Procurement has stated that the DHSS boilerplate wording is sufficient. Deleted section as follows: <i>PURPOSE: To ensure that all Contractors implement an Affirmative Action Program in compliance with federal requirements (45 CFR Parts 80, 84), Delaware Department of Health and Social Services and Division policies.</i> <i>POLICY: The Division is responsible for receiving and disbursing federal and state funds for Programs and projects. The Division is committed to the principle of Equal Opportunity and Affirmative Action. All policies, procedures and management practices of Contractors contracted by the Division shall be designed and implemented to reflect this commitment. Contractors are required to ensure that all activities related to recruitment, hiring, training, compensation, benefits, promotions, tuition assistance, recreational and social programs and all treatment on the job will be administered without regard to race, religion, sex, age, national origin, political affiliation, physical or mental handicap or other non-merit factors.</i> <i>PROCEDURE: Non-compliance by any agency shall be reported to the Director. Technical assistance and careful monitoring of the agency must be provided until the</i>



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1/14/2012	X-O	agency is compliant. Contractor shall complete and submit to the program manager the Affirmative Action Performance Report on an annual basis.
2/14/2012	X-O	Added entire section: SSBG Alien Verification
2/14/2012	X-S-6	Deleted entire section: <u>Purpose</u> - To provide policy regarding confirmation of receipts from the Division. <u>Policy</u> - Each Contractor will review and verify receipts from the Division on a quarterly basis. <u>Procedure</u> - The Division fiscal office will compile and send a quarterly statement to the Contractor for each contract based on the invoices paid to date and the balance remaining on the contract. The Contractor will review the information and either confirm its accuracy or seek clarification. The Contractor shall return the report to the Division fiscal office to the attention of: Fiscal Office-DHSS – DSAAPD-1901 N. DuPont Highway, Main Building Annex-New Castle, DE 19720. This report must contain a signature and date.
2/24/2012	X-Q	Revised: Providers must produce copies of receipts for expenditures for invoicing period in order to verify expenditures upon request of the DSAAPD Program Manager or designee.
2/29/2012	X-L-1	Added: Analysis of Fiscal Self-Monitoring Questionnaires (if applicable)
3/1/2012	X-L-2	Deleted <u>Purpose</u> - To establish policy for the assessment of Contractor performance under the contract with the Division. <u>Policy</u> -An on-site assessment of a Contractor's performance will be conducted as often as deemed necessary, as determined through risk assessment activities, but not less than once every three years. <u>Procedure</u> - Assessment is the periodic process by which the Division gathers and analyzes all available information through use of a structured tool, during an on-site visit, in order to identify the strengths and weaknesses and determine the efficiency and effectiveness of activities carried out under the service contract. At least one-third of the Division's contractors will be assessed each year. Each contractor will be assessed at least once during a three year period. An assessment visit is followed-up with a formal report to the contractor. At any time during normal business hours, the Contractor shall make available to the Division all records with respect to all matters covered by the contract including, but not limited to: 1. volunteer contact information, job descriptions and timesheets; personnel records and timesheets for paid staff; 2. individual client records; 3. documentation to support all invoices and program and fiscal reports to the Division; 4. documentation to demonstrate compliance with service specifications; The Contractor must provide or permit Division staff to make excerpts or transcripts from and copies of any records as needed to conduct the assessment and resolve any discrepancies. An exit conference will be conducted at the end of the visit to discuss preliminary findings and potential corrective actions with the Contractor staff.



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3/1/2012	X-L-2	<i>Within thirty (30) days of the on-site visit, Division staff will generate a written report detailing the findings, stating any corrective action needed and the timeframe for implementing the corrective actions. The report will be distributed to the Contractor Chair of the Board of Directors, Executive Director, other appropriate senior management of the agency and to the Division Director or designee.</i>
3/29/2012	X-F	<i>Deleted: All modifications and amendments requested by the contractor will use the CONTRACT CHANGE REQUEST FORM (CF-003). Upon review, the Division staff will determine whether a modification or an amendment is appropriate. If the request is accepted the amendment will be drawn, approved and executed consistent with contractual procedures. Request for change shall be in writing, specifying the changes sought and the reason.</i>



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DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 2000	CURRENT REVISION: August 2011	LOG: X-A-1
SECTION: Contract Management		
SUBJECT: Purpose		

PURPOSE

The purpose of the *DSAAPD Contract Management Policy and Procedure Manual* is to set forth basic guidelines for all contracts that are financially supported in whole or in part by funding from the Division.

DEFINITION

For the Purposes of this policy manual, the Division of Services for Aging and Adults with Physical Disabilities shall be referred to as The Division.

POLICY

The Division shall publish and distribute policies and procedures for contracts funded by the Division.

The Policies and Procedures:

- are meant to clarify matters that are addressed in various parts of the contract
- shall address both financial and program issues
- are not all inclusive
- will be reviewed by Division staff and updated as necessary.

Significant policy and procedural changes made while a contract is in effect will be negotiated with the contractor.

This manual governs all contract types including but not limited to consulting, training, program and services as applicable.

Each contractor will receive a web link reference to the DSAAPD Policy manual as Appendix E of the contract. Contractors are responsible to review the web link for updates and revisions as documented on the Revision History Page.

It is the responsibility of the Contractor to be aware and knowledgeable of the manual and train its staff on the contents.

DELAWARE HEALTH & SOCIAL SERVICES		
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ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-2
SECTION: Contract Management		
SUBJECT: Division Contact		

PURPOSE

To specify the Division contact person for each contract.

POLICY

The primary point of contact for a contract is the point person¹ for that activity or program.

PROCEDURE

Unless otherwise specified or instructed, the contractor's first point of contact within the Division is the program manager for the contract.

All written requests, correspondence, reports and questions shall be sent to the contract program manager.

¹ From this point forward, the "point person" is referred to as "Program Manager." Program Manager as used in this manual is a generic term that may include a number of official personnel position classifications and job titles.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-3
SECTION: Contract Management		
SUBJECT: Policy Waivers		

PURPOSE

To establish a procedure for granting policy waivers.

POLICY

The Division may at its sole discretion waive or modify any provision in this manual not mandated by state or federal statute or regulations. A waiver may be granted for a specific period of time not to exceed one year. A written waiver must include:

1. a statement of the rule for which the waiver is requested,
2. the reason the Division is waiving the policy, and
3. the waiver expiration date.

PROCEDURE

A written request for a waiver must be made to the Division. The request must specify the policy to be waived, the reasons and the length of time a waiver is needed.

The program manager in consultation with other appropriate Division staff, if any, will review the request to determine, based on clear and convincing evidence, all of the following:

1. The application of the rule would impose an undue hardship on the organization requesting the waiver or on the consumer receiving the service;
2. The waiver from the policy in the specific case would not prejudice the substantial legal right of any person;
3. The provisions of the policy subject to the request for a waiver are not specifically mandated by statute or another provision of law; and
4. Substantially equal protection of public health, safety, and welfare will be afforded by a means other than that prescribed in the particular policy for which the waiver is requested.

The program manager in consultation with other appropriate Division staff, if any, will submit a recommendation to the Division Director through the Chief Financial Officer to:

1. approve the request
2. approve the request in part
3. approve time period waiver will be in effect
4. deny the request.

DELAWARE HEALTH & SOCIAL SERVICES		
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ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-4
SECTION: Contract Management		
SUBJECT: Signatures		

PURPOSE

To establish requirements and standards for signatures on documents and reports.

POLICY

The contract between the Division and contractor and all related requests and reports must be signed.

PROCEDURE

The contract document must have an original handwritten signature of the person legally authorized to enter into contracts on behalf of the organization. The contractor must ensure that all documents requiring a signature are signed by a designated official of the agency.

For all other documents and reports, the contractor may choose to use an electronic signature of the person authorized to sign the documents and reports. The electronic signature must meet the [Delaware Uniform Electronic Transmissions Act](#) requirements.

The Division program manager is the point of contact if technical assistance is needed to determine the methods to obtain an electronic signature.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-5-1
SECTION: Contract Management		
SUBJECT: Continuity of Operations Plan		

PURPOSE

Establish Division requirements for disaster planning.

POLICY

Each contractor shall develop a continuity of operations plan compatible with those of the Department and Division for use during a disaster.

PROCEDURE

Disasters have many different forms. A disaster may be statewide in scope or limited to a single locality or building. A disaster may have an effect on the agency staff, facilities, participants, and suppliers. Each of these may limit the agency's ability to operate. The health and safety of participants may be endangered if services are not provided. To ensure participant health and safety, the continuity of operations plan must have provisions to coordinate with the Department/Division's emergency plan.

At a minimum, the continuity of operations plan includes the following information:

- An alternate location for agency operations if the agency office or service delivery facilities are not accessible.
- The person who is the agency's primary crisis manager and will serve as the agency spokesperson in an emergency.
- The person designated as the backup spokesperson.
- A prioritized list of the agency's critical operations, staff and procedures needed to recover from a disaster.
- Backup suppliers and contractors should the prime supplier or contractor experience a disaster.
- An evacuation plan for the agency office and other service delivery facilities.
- A shelter in place plan for the agency office and other service delivery facilities.
- A communications plan detailing how the agency will communicate with clients, employees and the Division.
- How the agency will protect computer hardware, software and where back-up computers will be located.
- Records backup: The person responsible, where backup records are stored on site, where backup records are stored off-site.
- If participant records are destroyed, how the agency will provide services to participants.

For additional information, go to the U.S. Department of Homeland Security's web site [Ready America](http://www.ready.gov) (<http://www.ready.gov>).

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-5-2
SECTION: Contract Management		
SUBJECT: Continuity of Operations Plan – Change in Provider		

PURPOSE

To establish policy to insure access to records and continuity of participant services in case of a change in provider agency.

POLICY

The discharging contractor is responsible for facilitating the timely transfer of the participant records and related program information to the receiving agency to ensure uninterrupted services.

PROCEDURE

A participant may be discharged from one provider agency to another for a number of reasons, including but not limited to: participant request, provider request, contract termination or contract non-renewal.

In such situations, the continuity of service to the participant is paramount. Clear, timely communication among the discharging agency, the receiving agency and the Division must be maintained.

The discharging agency must provide access to the participant’s records and related program information to the receiving agency, such as but not limited to:

- volunteer lists and contact information on volunteers who perform critical tasks that are deemed necessary to the operation of the program,
- participant records necessary to ensure continuity of care and
- reports, including backup documentation.

DSAAPD retains the specific right to access, copy and retain possession of all participant records, plans, reviews and essentially similar materials that relate to the services provided to the participant(s), as well as contact information on volunteers who perform critical tasks that are deemed necessary to the operation of the program under the terms of this contract. The contractor shall not restrict the Division from such access.

DELAWARE HEALTH & SOCIAL SERVICES		
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ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-6
SECTION: Contract Management		
SUBJECT: Request Submissions		

PURPOSE

To establish a process for submitting requests requiring a decision or permission from the Division

POLICY

All requests to the Division requiring a decision or permission are made in writing/email.

PROCEDURE

All requests, requiring a Division decision or permission, must be submitted to the Division on the required form or in written/electronic correspondence. The form/request must be signed by the authorized individual of the agency making the request.

This policy does not apply to requests not requiring a Division decision or permission such as requests for technical assistance and/or resources.

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ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-A-7
SECTION: Contract Management		
SUBJECT: Acknowledgement of Division Funding		

PURPOSE

To establish a requirement to acknowledge the role of the Division in service provision.

POLICY

All materials distributed by contractors to service recipients and the public must contain a statement acknowledging the role of the Division in funding the agency/service.

PROCEDURE

All materials relating to programs, services and activities receiving funding from DSAAPD, including but not limited to, brochures, posters, flyers, forms, PowerPoint/slide presentations, videos, public service announcements, press releases, pamphlets, newsletters, and other publications, must include the most appropriate of the following statements or their equivalent:

**“This agency receives funding from the
DHSS Division of Services for Aging and Adults with Physical Disabilities.”**

**“This service receives funding from the
DHSS Division of Services for Aging and Adults with Physical Disabilities.”**

Materials containing findings, conclusions, recommendations, points-of-view or opinions related to programs and services receiving DHSS DSAAPD funding shall include the following statement:

“DHSS-DSAAPD encourages Contractors to express freely their findings and conclusions. Points of view or opinions do not necessarily represent official DHSS-DSAAPD policy.”

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DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: October 2007	LOG: X-B
SECTION: Contract Management		
SUBJECT: Service Specifications		

PURPOSE

To establish definitions, standards and service criteria for services financially supported in whole or in part by the Division.

POLICY

The Division may prepare written specifications for services it supports. The specifications set forth service definitions, standards, and eligibility criteria.

PROCEDURE

Service specifications are reviewed at least annually by Division staff and may be revised as needed. Specifications are part of the contract.

The service specifications are available at the website below or by contacting the Division office at (302) 255-9390.

<http://www.dhss.delaware.gov/dhss/dsaapd/funding1.html>

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-B-1
SECTION: Contract Management		
SUBJECT: Senior Community Service Employment Program Requirements (Page 1 of 2)		

PURPOSE

To establish contractor requirements for the Senior Community Service Employment Program, Older Americans Act Title V.

POLICY

Senior Community Service Employment Program contractors shall comply with the Older Americans Act Title V requirements, Department of Labor regulations, training and employment guidance letters (TEGLs), and Division policies, procedures and contract requirements.

PROCEDURES

Contractors must expend at least 97% of the “Participant Wages and Fringe Benefits” portion of the contract within the contract year.

At least 10% of the contractor’s modified authorization level shall be rotated within the contract year.

100% of the contractor’s modified authorization level must participate in at least one (1) workshop during the contract year.

Authorized community service employment slots shall be equitably apportioned among areas within the State by taking into consideration each area’s proportion of the total eligible population. The U.S. Department of Labor’s Equitable Distribution Report will be the basis for apportioning slots.

It is the contractor’s responsibility to distribute the authorized slots to participants residing throughout the project area (e.g. County). For New Castle County, the goal is to have 60% of authorized slots filled by City of Wilmington residents and 40% by participants residing outside the city. Current participants must not be adversely impacted by any redistribution.

Training assignments may not be concentrated at the contractor’s organization.

Each contractor shall meet or exceed program service standards and performance measure requirements.

Each contractor shall comply with all federal and state program guidance and attend staff training events.

The contractor is legally obligated to enter all required participant data into the Data Collection System.

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ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-B-1
SECTION: Contract Management		
SUBJECT: Senior Community Service Employment Program Requirements (Page 2 of 2)		

The contractor is legally obligated to provide complete data files in the specified electronic format, as well as hard copy case files; to the Division at the time the contractor ceases to administer the SCSEP.

A new contractor is legally obligated to enter complete data related to any participant acquired upon becoming a SCSEP contractor.

Each contractor will assist the Division in training new contract organizations, new program director and/or staff in the technical aspects of the Data Collection System and SCSEP operations. The contractor shall work in conjunction with the Department of Labor regarding the Workforce Investment Act One-Stop Career Center system as specified in the Memorandum of Understanding among the Governor, the Workforce Investment Board and the Division.

Each contractor must contribute to the grant's annual 10% match requirement. Actual amounts will be determined during contract negotiations.

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ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-C
SECTION: Contract Management		
SUBJECT: Application and Funding Through the Request For Proposal (RFP) Process (Page 1 of 2)		

PURPOSE

To describe the Request for Proposal process for awarding funds to agencies that wish to provide services under contract with the Division.

POLICY

The Division, in conjunction with the Procurement Office for Delaware Department of Health and Social Services and Department Policy Memorandum #9, shall provide a formal process by which application can be made for State and Federal funds. It shall be the Division's policy to ensure that all contracts are developed in accordance with Department/Division policies/guidelines using Contractor's realistic budgetary needs and viable program performance goals.

PROCEDURE

The steps below will be utilized in the Request For Proposal (RFP) process:

- 1) Division staff will develop a RFP for agencies applying for State and Federal funds administered by the Division.
- 2) The RFP application will contain all forms necessary to apply for funding, including, but not limited to, instructions, scope of work, guidelines, evaluation criteria, budget information, etc. for the services requested.
- 3) The availability of the RFP shall be publicized through the [Department of Health & Social Services website](http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm). (<http://www.dhss.delaware.gov/dhss/rfp/dhssrfp.htm>)
- 4) All applicants must also attend a mandatory Pre-Bid Meeting at the time and date specified in the RFP.
- 5) All applicants responding must submit an application package to the Department of Health and Social Services Procurement Office that includes completed forms and the information specified in the RFP in the required format by the date and time specified therein.

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ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-C
SECTION: Contract Management		
SUBJECT: Application and Funding Through the RFP Process		(Page 2 of 2)

- 6) The Division will review and consider for approval all proposals submitted by the specified deadline, based on various criteria including the following:
 - a) availability of funds for the proposed project, and;
 - b) compliance with applicable Federal and State laws and requirements; and
 - c) completion and submission of the proposal in accordance with instructions in the RFP; and
 - d) past performance of the applicant; and
 - e) demonstration through the proposal that funds will be used effectively.
- 7) The Division reserves the right to reject any or all proposals.
- 8) A Technical Review Committee will be established that may include representatives of the Governor’s Advisory Council, consumers, Division/Department staff and members of the community with expertise in the applicable field.
- 9) The Division’s Staff will provide the Committee with a copy of the proposals and other relevant information in order to make informed funding recommendations.
- 10) Applicants may be called or invited to give an oral presentation before the Committee to discuss their proposals.
- 11) Committee recommendations will be presented to the Director of the Division for final selection.
- 12) Each applicant will be notified in writing of the outcome of its proposal.
- 13) Negotiation sessions will be scheduled. Areas subject to negotiation may include but are not limited to funding level, budgetary items, program goals, service objectives and staffing. If agreement cannot be reached, the Division has the right to solicit bids from other vendors to provide the needed service.
- 14) Final contracts will be prepared and presented to the Director of the Division for review and signature. Contracts over \$500,000 will be forwarded to the Department Secretary for review and signature as well.
- 15) The Division may exercise the option to renew contracts. Renewal periods may vary. The full RFP process will take place at the end of the renewal period, or sooner, if the Division deems it necessary.

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DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-D
SECTION: Contract Management		
SUBJECT: Administrative Violations and Sanctions		(Page 1 of 2)

PURPOSE

To identify sanctions available to the Division when a contractor is in violation of administrative or performance requirements.

POLICY

The Division may apply sanctions that can be both progressive and cumulative in nature

PROCEDURE

Administrative violations may result in disciplinary and/or corrective actions as specified in this section, unless the violation occurred as a result of a man made or natural disaster or action by the Division/Department. The Division is responsible for documenting violations. Higher levels of administrative sanctions will be applied for non-compliance issues deemed most serious, and for continued non-compliance, including failure to take appropriate corrective action, for less serious issues.

Violations which may result in the imposition of sanctions include, but are not limited to, the following:

- (a) failure to satisfactorily resolve an identified contractual breach within specified timeframes;
- (b) failure to submit a required fiscal or program report by the due date or date of approved extension;
- (c) failure to submit required reports accurately and completely, if identified by the Division (not to exceed two instances in one fiscal year), and not corrected within five workdays following notification;
- (d) failure to submit an acceptable corrective action plan for findings of program and fiscal monitoring and assessments within forty-five (45) calendar days;
- (e) failure to resolve deficiencies noted in an audit review within timeframes established by contract;
- (f) failure to submit in a timely manner a Single Audit, in accordance with OMB Circular A-133, to the Division;
- (g) failure to act upon reported or identified threats to the health and safety of program participants in a timely manner;
- (h) failure to appropriately report and respond to allegations of abuse, neglect, exploitation, and allegations of fraud or ethics code violations.

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ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-D
SECTION: Contract Management		
SUBJECT: Administrative Violations and Sanctions		(Page 2 of 2)

Sanctions, at the discretion of the Division may include one or more, but are not limited to:

- (a) Written warning;
- (b) Development, submission and implementation of an acceptable corrective action plan;
- (c) Submission of additional and/or more detailed financial and/or performance reports;
- (d) Additional monitoring and assessments;
- (e) Repayment of disallowed costs;
- (f) Amendments to the contract;
- (g) Withholding payments to the contractor;
- (h) Imposition of required technical assistance;
- (i) Prohibition of participation in the RFP or other contracting process for a period of time specified by the Division;
- (j) Cancellation of the contract.

All allegations of fraud will be investigated by the Department and/or other agency (ices) with jurisdiction. Complaints will be referred to the appropriate agency for action. Since payments to contractors are made from both State and Federal funds, submission of false or fraudulent claims, statements, documents, or the concealment of a material fact may be prosecuted as a felony in either Federal or State Court.

DELAWARE HEALTH & SOCIAL SERVICES		
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ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-E
SECTION: Contract Management		
SUBJECT: Contract Termination		

PURPOSE

To establish a procedure for contract termination.

POLICY

If, through any cause, a Contractor fails to fulfill in a timely and proper manner their obligation under this contract or violates any of the agreements or stipulations of the contract, the Division has the right to terminate the contract. The contract may also be terminated or not renewed without cause by either party.

PROCEDURES

In the case of termination for cause, the Division shall give a written notice to the Contractor of the pending termination. The notification letter shall specify the reason, based on documented evidence of non performance and/or non-compliance with contract terms and conditions, and contain the effective date of termination. The notice must be given at least five (5) days before the termination effective date.

If contractor decides to terminate the contract without cause or decides not to renew, it shall give the Division ninety (90) days notice.

At the option of the Division, copies of all information/documentation including, but not limited to:

- volunteer lists and contact information on volunteers who perform critical tasks that are deemed necessary to the operation of the program,
- participant records, including care plans, necessary to ensure continuity of care, and
- reports, including backup documentation prepared by the Contractor under this contract shall be provided to the Division and become its property.

The Contractor shall be entitled to receive just and equitable compensation for services satisfactorily completed. The Contractor shall not be relieved of liability to the Division for damages sustained by the Division by virtue of any breach of the contract by the Contractor. The Division may withhold any payments to the Contractor until such time as the exact amount of damages due the Division from the Contractor is determined.

Standard close-out procedures, as described in policy X-N, must be followed.

Additional information regarding the termination of contracts may be found in the Department boilerplate, Clause 11.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: March 2012	LOG: X-F
SECTION: Contract Management		
SUBJECT: Contract Modifications/Amendments		

PURPOSE

To establish a policy regarding contract modifications and amendments.

POLICY

No contract shall be modified or amended except by written consent by all parties.

PROCEDURE

At any time during the term of the contract, either party may request a modification or amendment. Requests must be made and approved prior to any changes being implemented. The parties shall review the requested changes in terms of the laws, regulations, and desired outcomes.

Modifications or amendments to the contract must be executed under the terms of this policy, and prior to the termination date. In some instances, requests involving revisions under the Senior Community Service Employment Program (Older Americans Act Title V) may require a formal Grant modification, as well as a contractual amendment

Modifications

A modification will be used for a minor change or adjustment. This would include such things as, with some exceptions, minor changes to individual line items in the budget. A modification requires only the Division's signed approval of the **CONTRACT CHANGE REQUEST FORM (CF-003)**

Exception: Modifications are not applicable to unit cost contracts.

Amendments

More significant changes to the contract will require a formal amendment.

For cost reimbursement contracts, these changes include such things as increases or decreases in the total budget and/or units of service, or an increase or decrease of ten (10) percent or more in any budget line item.

For unit cost contracts, these changes include such things as a change in the total contract amount, an increase or decrease in the unit rate or the number of service units to be provided.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-G-1
SECTION: Contract Management		
SUBJECT: Local Matching Share		

PURPOSE

To ensure local participation in supplementing state and federal funds.

DEFINITION

Local matching share is that portion of the approved budget not paid by either the federal or state government.

POLICY

All Contractors for Older Americans Act Title III-B, C and E services must supply a ten percent (10%) local match. Match requirements for Older Americans Act Title V are included in policy X-B-1. Failure of any Contractor to provide and document to the Division's satisfaction the required budget match could result in an audit finding and funds returned to the Division. All resources utilized as match are subject to audit.

PROCEDURE

Each Contractor must establish and maintain procedures and records to account for local matching resources.

Contractors may include, but are not limited to, cash from local sources, in-kind (see In-Kind Resources as Match policy) and non-federal resources not used as match in any other program. Federal resources cannot be used as match except where federal statute authorizes use as cost sharing or matching.

Federal funds cannot be used as match.

Program income (see Program Income policy) is not allowable for use as match.

All matching funds must be properly expended and recorded according to terms and conditions of the contract and generally accepted accounting principles and practices. Documentation must be available for compliance monitoring.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG:X-G-2
SECTION: Contract Management		
SUBJECT: In-Kind Resources as Match		(Page 1 of 2)

PURPOSE

To provide guidelines for Contractors to identify allowable in-kind resources and establish their value for matching purposes.

DEFINITION

In-kind resources mean the value of non-cash contributions provided by third parties and the contractor. Third party and contractor in-kind contributions may be in the form of real property, equipment, supplies and other expendable property, and the value of goods and services directly benefiting and specifically identifiable to the project or program.

POLICY

In-kind resources shall be valued at rates consistent with those ordinarily paid for similar resources in the community. All in-kind resources used to meet the match requirement are subject to audit.

PROCEDURE

Test to Determine If a Resource Is Allowable As In-Kind Match

- 1) Is necessary and reasonable for proper and efficient accomplishment of the program/service goals and objectives;
- 2) Is allowable under the applicable cost principles;
- 3) Is not from a Federal source except where Federal statute authorizes use as cost sharing or matching;
- 4) Is not program income;
- 5) Is provided for in the approved budget.

Valuation for Match

- 1) The value of **donated equipment** shall not exceed the fair market value of equipment of the same age and condition at the time of donation;
- 2) The value of **donated space** shall not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately-owned building in the same locality;
- 3) The value of **loaned equipment** shall not exceed its fair rental value;
- 4) If the Contractor's indirect cost exceeds the amount permitted by the Division to be charged, the **unrecovered indirect costs** may be included as match;
- 5) Wage and benefit costs for **volunteer labor** shall be credited at the same rates as similar positions in the Contractor's organization.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-G-2
SECTION: Contract Management		
SUBJECT: In-Kind Resources as Match		(Page 2 of 2)

- 6) If the Contractor does not have employees performing similar work, the wage and benefit rates shall be consistent with those paid by other employers for similar work in the same labor market. http://stats.bls.gov/oes/current/oes_de.htm
- 7) When an employer other than the recipient furnishes the services of an employee, these services shall be valued at the employee's regular rate of pay (plus an amount of fringe benefits that are reasonable, allowable, and allocable, but exclusive of overhead costs), provided these services are in the same skill for which the employee is normally paid.
- 8) Volunteer services shall be documented and, to the extent feasible, supported by the same methods used by the contractor for its own employees, including time records.
- 9) Documentation must be maintained on the method used to value each in-kind resource. The contractor shall provide the Division access to all documentation.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: January 2009	LOG: X-H-1
SECTION: Contract Management		
SUBJECT: Program Income		

PURPOSE

To provide information and definition of program income under the contract.

POLICY

The Division shall require Contractors to generate program income and to establish program income targets which will become part of the approved contract.

PROCEDURE

Program income includes:

- a) Participant contributions, donations and fees;
- b) Payments from staff and guests for the full cost of meals consumed;
- c) Income earned from contract supported activities, such as the sale of arts and crafts, bazaars, dinners, dances, and any other fund-raising activity supported by contract funds;
- d) Interest income earned from program funds.

The Contractor's program income target must be approved by the Division and specified in the contract.

Contractors must have procedures and records in place to safe guard and account for program income.

When invoicing the Division for services paid by the number of units provided or services reimbursed according to actual expenditures as in the approved budget, the amount of program income collected during the period must be shown on the invoice (ref. Policy X-Q Invoicing).

All program income must be used to expand services.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-H-2
SECTION: Contract Management		
SUBJECT: Participant Contributions		

PURPOSE

To provide standards for collecting and managing voluntary participant contributions.

POLICY

Each Contractor is required to provide all participants an opportunity to make voluntary contributions toward the costs of the services received and have documented procedures in place for collecting and safeguarding participant contributions, while ensuring that no eligible person will be denied service for failure or refusal to contribute to the cost of the service received.

This policy does not apply if a service has a cost sharing/fee requirement or if the funding source prohibits voluntary participant contributions.

PROCEDURE

Each Contractor shall:

- 1) Inform each participant on the agency's cost to provide the services.
- 2) Provide each participant with an opportunity to voluntarily contribute to the cost of the service;
- 3) Clearly inform each participant that there is no obligation to contribute and that the contribution is purely voluntary;
- 4) Protect the privacy and confidentiality of each participant with respect to his or her contribution;
- 5) Safeguard and account for all contributions; and
- 6) Use all contributions to expand the service for which the contribution was given;
- 7) Not means test² for any service for which contributions are accepted;
- 8) Assure that no eligible person be denied service for failure or refusal to contribute.

Participant contributions are included in the definition of program income and must be expended before any state and federal funds.

² A "means test" is determining eligibility for services based upon the applicant's income and assets. For example: an individual must have an income no greater than 100% of the poverty level and assets of less than \$2000. If the individual's income and/or assets are above this level the individual is not eligible for services.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-H-3
SECTION: Contract Management		
SUBJECT: Participant Cost Sharing/Fees		

PURPOSE

To provide standards for participant cost sharing/fees.

POLICY

For those services the Division has elected to utilize client cost sharing/fees, the Contractor is required to have documented procedures in place for collecting and safeguarding participant cost share/fees.

PROCEDURE

Cost sharing/fees shall not be applied to a low-income individual if the income of such individual is at or below the Federal poverty line unless otherwise permitted by statute.

Assets, savings, or other property owned by individuals cannot be used to determine if a person is subject to cost sharing or determining the amount of the cost share unless otherwise required by law.

Eligibility of individuals to cost share or pay a fee is determined solely by a confidential declaration of income and with no requirement for verification unless required by law.

Contractors must use a Division approved sliding fee schedule based solely on individual income and the cost of delivering services.

Contractors must have procedures in place to:

1. protect the privacy and confidentiality of each individual with respect to the declaration or non-declaration of individual income and to any share of costs paid or unpaid by an individual;
2. establish appropriate procedures to safeguard and account for cost share payments;
3. use each collected cost share payment to expand the service for which such payment was given;
4. not deny service for an individual due to the income of such individual or such individual's failure to make a cost sharing payment unless permitted by law to do so;
5. determine the eligibility of individuals to cost share solely by a confidential declaration of income and with no requirement for verification, unless required by law; and

Participant fees are included in the definition of program income and must be expended before any state and federal funds.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-I
SECTION: Contract Management		
SUBJECT: Indirect Costs		

PURPOSE

To establish policy on the use of indirect cost.

DEFINITION

Those costs that have been incurred for common or joint objectives, and thus are not readily subject to treatment as direct costs of a specific program/service or other ultimate or revenue producing cost centers.

POLICY

Approved indirect cost rates are allowable budget items.

PROCEDURE

Entities with an approved indirect cost rate may include it in its budget development.

Public agencies (city, county, state or public governmental body) must have a rate negotiated and approved by the U.S. Department of Health and Human Services or other applicable Federal agency.

Non-Governmental Organizations, not receiving federal funds directly from any federal agency, must have a rate negotiated and approved by DSAAPD.

A copy of the Federal or State agency approval must be submitted with the application for funds. The approved rate must be applied to gross salary and wages only.

If the approved indirect cost rate is used, it must be used for all grants and contracts.

The Division reserves the right to establish a cap on the amount of indirect cost charged to the contract.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-J
SECTION: Contract Management - Miscellaneous Contract Information		
SUBJECT: Contractor Training		

PURPOSE

To establish a policy on allowable training expenditures for Division contracts.

POLICY

It is the policy of the Division that Contractors provide training opportunities for staff to stay current on practices in their field and to improve knowledge and skills.

PROCEDURES

Training funds are budgeted in accordance with the budget development guidance.

1. Training funds may be used for:
 - a. Materials and supplies (purchase, print, copy)
 - b. Trainers/facilitators
 - c. Space rental
 - d. Travel expenses
 - e. Registration fees
 - f. AV equipment rental
2. Contractors are encouraged to partner with other agencies and organizations in order to maximize training resources.
3. In-service training is encouraged as a means to improve performance, correct specific deficiencies, increase motivation and provide professional development.
4. The Division may require attendance for specific groups of provider staff at Division provided training events.
5. Travel to attend out-of-state conferences and training more than 100 miles from Dover, DE require prior approval by the Division.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2001	CURRENT REVISION: October 2007	LOG: X-K
SECTION: Contract Management		
SUBJECT: Participant Service Waiting Lists		(Page 1 of 2)

PURPOSE

The purpose of this policy is to ensure that public resources are allotted fairly to citizens in need of Services funded by the Division.

POLICY

When resources are not adequate to serve all applicants qualifying for a service, the Division recognizes the need to maintain waiting lists. These waiting lists must be developed and maintained with the best interests of Delaware’s most vulnerable citizens in mind.

In accordance with DHSS Policy Memorandum # 7, August 10, 2001, the Division Director in consultation with the DHSS Secretary or his/her designee may make exceptions to this rule.

PROCEDURE

All services for which a waiting list becomes necessary shall maintain that list in accord with the contract service specifications. The list shall be maintained in the following fashions:

1. When funds are not available to assess all prospective consumers, the Contractor will establish a waiting list for assessments. As funds become available, participants will be assessed on a first come, first served basis.
2. Where program resources are insufficient to meet the demand for services for individuals who have been assessed, each Contractor shall establish and utilize written procedures for establishing and maintaining a waiting list. Waiting lists may be based on either first come, first served or needs.
3. The following factors may be utilized in developing a prioritization methodology for waiting lists based on needs:
 - a. For Social Need – isolation, living alone, age 75 or over, minority group member, non-English speaking, living in a rural area;
 - b. For Functional Need – Activities of Daily Living³ and Instrumental Activities of Daily Living⁴ limitations;
 - c. For Economic Need -- eligibility for income assistance programs, self-declared income at or below 100% of the poverty threshold.
4. Waiting lists based on need must be reviewed periodically to re-evaluate the relative needs of participant/potential participants.

³ Activities of daily living are activities related to personal care and include bathing or showering, dressing, getting in or out of bed or a chair, using the toilet, and eating.

⁴ Instrumental activities of daily living are activities related to independent living and include preparing meals, managing money, shopping for groceries or personal items, performing light or heavy housework, and using a telephone.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2001	CURRENT REVISION: October 2007	LOG: X-K
SECTION: Contract Management		
SUBJECT: Participant Service Waiting Lists		(Page 2 of 2)

5. Participant names may be removed from the waiting list at the request of the consumer or if the Contractor determines that another funding source is available to the consumer, or the participant has entered a hospital, residential care facility or nursing facility for longer than 30 days, or upon the death of the consumer.
6. Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by the funded program.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: August 2011	LOG: X-L
SECTION: Contract Management		
SUBJECT: Contract Monitoring		

PURPOSE

To establish a policy regarding the Division’s contract monitoring process.

POLICY

Each Contractor shall be monitored for compliance with terms and conditions of the contract.

PROCEDURE

Monitoring is the ongoing process by which the program manager systematically gathers and assembles data about activities carried out under service contracts to assure that they operate within the constraints of the program service specifications, provider work plan, policy manual, and allowable costs within the contract budget.

Division program managers will review all invoices, program reports and financial reports as they are submitted to determine the Contractor’s progress in delivering services as specified in the contract and to identify any potential issues.

This review may be augmented through:

1. periodic contact (through telephone calls, electronic mail or physical meetings)
2. informal visits to the provider agency to observe service delivery operations
3. volunteer contact information, job descriptions and timesheets; personnel records and timesheets for paid staff
4. individual participant records
5. documentation to support all invoices and program and fiscal reports to the Division
6. documentation to demonstrate compliance with service specifications
7. Analysis of ***Program Self-Monitoring Questionnaires***
8. Analysis of ***Fiscal Self-Monitoring Questionnaires*** (if applicable)

The Contractor must complete, sign and return the required self-monitoring questionnaires provided to them by the DSAAPD Program Manager on an annual basis; or, more frequently if requested by the Division.

It is anticipated that in completing the questionnaire, the contractors will become more knowledgeable of their internal operations which will lead to a better awareness of any improvement/changes that need to be made.

Upon receipt of the required Self-Monitoring Questionnaires, the assigned DSAAPD Program Manager will complete a Monitoring report that will include a compilation of information from all data sources, including, invoices, in-formal provider correspondence, site visits, feed-back from DSAAPD CSP staff, program reports, and the self-monitoring reports. Lastly, the monitoring report will detail findings, stating any corrective action needed and the timeframe for implementing the corrective actions. The report will be distributed to the provider in question and a copy will be kept with the DSAAPD Program Manager for future audit purposes.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: October 2007	LOG: X-M
SECTION: Contract Management		
SUBJECT: Audits		

PURPOSE

To establish policy governing the frequency and content of audits and financial reports.

POLICY

Contractors meeting A-133 requirements must have an audit conducted on an annual basis. New contractors must submit a copy of their most recent audit with the application.

PROCEDURE

All providers must complete and submit no later than the end of the first quarter of the contract period an A-133 Eligibility Determination form. Medicare and Medicaid payments are not included in the calculation of the amount of federal funds expended. Other federal funds from all sources, not just from the Division, are included in the calculation.

Government and non-profit contractors expending **less than** \$500,000 in federal funds are not required to have an audit.

Government and non-profit contractors expending **\$500,000 or more** in federal funds or as otherwise required by the federal funding source are required to have an audit. The audit must conform to Office of Management and Budget [Circular A-133](#). A Certified Public Accountant (or public accounting firm) or an auditor, qualified and independent, in fact and in appearance, must conduct the audit to express an unbiased opinion.

- Contractors must submit to the Division one copy of the audit report, including any Administrative Findings, within 90 days of its publication.
- Audit reports citing deficiencies must be accompanied by the agency’s corrective action plan. Additional follow-up information may be required by the Division.

Agencies, without a current contract with the Division that are applying for Division funds, must submit with its application a copy of its most recent audit or, if an audit has not been conducted within the prior two years, a copy of its most recent annual financial statements conforming with Financial Accounting Board Standard 117.

If the contractor is an organization operating in multiple states, the entity subject to audit is:

- the Delaware office if it is a separate corporation;
- the parent corporation, if the Delaware office is not a separate corporation.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-N-1
SECTION: Contract Management		
SUBJECT: Close-out Procedures – Yearly Contract Close-out Procedures		

PURPOSE

To establish policy regarding a yearly close-out process for contracts funded through the Division.

POLICY

At the end of each contract year, the Contractor will go through a close-out process for each contract funded through the Division.

PROCEDURES

No additional obligation of funds may be made by the Contractor beyond the contract end date.

All invoices must be submitted to the Division within sixty (60) calendar days following the end of the contract period.

Within ninety (90) calendar days following the end of the contract, the Contractor shall submit the following to the Division:

- A final Financial Report, marked FINAL
- A final Program Report
- A property inventory, if requested by the Division

Upon receipt of acceptable reports and documents listed above, the Division will make immediate settlement for any upward adjustment.

Contractors who have line item budget contracts must return all remaining unspent and unobligated funds.

Funds expended by the Contractor that are determined to be disallowed costs must be returned to the Division.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-N-2
SECTION: Contract Management		
SUBJECT: Close-out Procedures – Contract Terminations		

PURPOSE

To establish policy regarding closing out a program which will receive no subsequent funding from the Division.

POLICY

A program which will receive no funding for the subsequent year must fulfill the following close-out requirements as prescribed by the Division.

PROCEDURES

No additional obligation of funds may be made by the Contractor beyond the termination date.

All outstanding obligations must be paid within the sixty (60) calendar day period and prior to the final report.

Within ninety (90) calendar days following the end of the contract, the Contractor shall submit the following to the Division:

- A final Financial Report, marked FINAL
- A final Program Report
- A property inventory, if requested by the Division

For Line Item Budget Contracts, all remaining unspent and unobligated funds must be returned to the Division within the ninety (90) calendar day period.

Upon receipt of acceptable reports and documents listed above, the Division will make immediate settlement for any upward adjustment.

All disallowed costs incurred by the Provider shall be returned to the Division.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 2012	CURRENT REVISION: SAME	LOG: X-O
SECTION: Contract Management		
SUBJECT: Social Service Block Grant (SSBG) Alien Verification Procedure (Page 1 of 5)		

PURPOSE

To establish policy regarding the verification of Alien Verification for SSBG funded services within the Division.

POLICY

The active provider agency must execute the verification process detailed below confirming eligibility prior to the start of any SSBG funded services.

PROCEDURES

Verification of citizenship and identity must be obtained from original documents or certified copies from the issuing agency. Once documentation of citizenship and identity has been provided, it is not necessary to obtain documentation again. The list below provides acceptable documentation for verifying citizenship and identity. There are four levels of verification listed in order of preference. If a higher level document is not available, a lower level may be used.

First level documentation of both citizenship AND identity:

1. A U.S. passport. A U.S. passport does not have to be currently valid to be accepted as evidence of U.S. citizenship, as long as it was originally issued without limitation. Do not accept any passport as evidence of U.S. citizenship when it was issued with a limitation. However, such a passport may be used as proof of identity. Note: Spouses and children were sometimes included on one passport through 1980. The citizenship and identity of the included person can be established when one of these passports is presented. U.S. passports issued after 1980 show only one person.
2. A Certificate of Naturalization (DHS Forms N-550 or N-570)
3. A Certificate of U.S. Citizenship (DHS Forms N-560 or N-561)

Second level documentation of citizenship

1. A U.S. public birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (if born on or after January 13, 1941), Guam (on or after April 10, 1899), the Virgin Islands of the U.S. (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986 (NMI local time)).
2. A Certification of Report of Birth (DS-1350)
3. A Report of Birth Abroad of a U.S. Citizen (Form FS-240)
4. A Certification of birth issued by the Department of State (Form FS-545)
5. A U.S. Citizen I.D. card (I-197 or I-179)
6. A Northern Mariana Identification Card (I-873)
7. An American Indian Card (I-872)

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 2012	CURRENT REVISION: SAME	LOG: X-O
SECTION: Contract Management		
SUBJECT: Social Service Block Grant (SSBG) Alien Verification Procedure (Page 2 of 5)		

8. A final adoption decree showing the child's name and U.S. place of birth. In situations where an adoption is not finalized and the State in which the child was born will not release a birth certificate prior to final adoption, a statement from a State approved adoption agency that shows the child's name and U.S. place of birth is acceptable. The adoption agency must state in the certification that the source of the place of birth information is an original birth certificate.
9. Evidence of U.S. Civil Service employment before June 1, 1976
10. U.S. Military Record showing a U.S. place of birth. (DD-214 or similar official document showing a U.S. place of birth)
11. A data verification with the Systematic Alien Verification for Entitlements (SAVE) Program for naturalized citizens.
12. Child Citizenship Act - Obtain documentary evidence that verifies that at any time on or after February 27, 2001, the following conditions have been met: (i) at least one parent of the child is a U.S. citizen by either birth or naturalization and this has been verified; (ii) the child is under the age of 18; (iii) the child is residing in the U.S. in the legal and physical custody of the U.S. citizen parent; (iv) the child was admitted to the U.S. for lawful permanent residence and this has been verified; and (v) if adopted, the child satisfies the requirements of section 101(b)(1) of the Immigration and Nationality Act (8 U.S.C. 1101(b)(1) pertaining to international adoptions (admission for lawful permanent residence as IR-3 or IR-4).

Third level documentation of citizenship

1. Extract of a hospital record on hospital letterhead established at the time of the person's birth that was created 5 years before the initial application date and that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the date of application. Do not accept a souvenir "birth certificate" issued by the hospital.
2. Life, health, or other insurance record showing a U.S. place of birth that was created at least 5 years before the initial application date and that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the date of application. Life or health insurance records may show biographical information for the person including place of birth and can be used to establish U.S. citizenship when it shows a U.S. place of birth.
3. Religious record recorded in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of the birth or the individual's age at the time the record was made. The record must be an official record recorded with the religious organization.
4. Early school record showing a U.S. place of birth. The school record must show the name of the child, the date of admission to the school, the date of birth, a U.S. place of birth, and the name(s) and place(s) of birth of the applicant's parents.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 2012	CURRENT REVISION: SAME	LOG: X-O
SECTION: Contract Management		
SUBJECT: Social Service Block Grant (SSBG) Alien Verification Procedure		(Page 3 of 5)

Fourth level documentation of citizenship

1. Federal or State census record showing U.S. citizenship or a U.S. place of birth. Census records from 1900 through 1950 contain certain citizenship information. The census record must also show the applicant's age.
2. One of the documents listed that shows a U.S. place of birth and was created at least 5 years before the application for Medicaid. For children under age 16, the document must have been created near the time of birth or 5 years before the date of application. This document must be one of the following and show a U.S. place of birth:
 - a. Seneca Indian tribal census record.
 - b. Bureau of Indian Affairs tribal census records of the Navajo Indians.
 - c. U.S. State Vital Statistics official notification of birth registration.
 - d. A delayed U.S. public birth record that is recorded more than 5 years after the person's birth.
 - e. Statement signed by the physician or midwife who was in attendance at the time of birth.
 - f. The Roll of Alaska Natives maintained by the Bureau of Indian Affairs.
3. Institutional admission papers from a nursing facility, skilled care facility, or other institution created at least 5 years before the initial application date that indicates a U.S. place of birth. Admission papers generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth.
4. Medical (clinic, doctor, or hospital) record created at least 5 years before the initial application date that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the date of application. Medical records generally show biographical information for the person including place of birth. The record can be used to establish U.S. citizenship when it shows a U.S. place of birth. (Note: An immunization record is not considered a medical record for purposes of establishing U.S. citizenship.)
5. Written affidavit. Affidavits should only be used in rare circumstances. If the documentation requirement needs to be met through affidavits, the following rules apply:
 - a. There must be at least two affidavits by two individuals who have personal knowledge of the event(s) establishing the applicant's or recipient's claim of citizenship.
 - b. At least one of the individuals making the affidavit cannot be related to the applicant or recipient. Neither of the two individuals can be the applicant or recipient.
 - c. The persons making the affidavits must be able to provide proof of their own citizenship and identity.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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SECTION: Contract Management		
SUBJECT: Social Service Block Grant (SSBG) Alien Verification Procedure		(Page 4 of 5)

- d. If the individual making the affidavit has information which explains why documentary evidence establishing the applicant's claim of citizenship does not exist or cannot be readily obtained, the affidavit should contain this information as well.
 - e. The applicant or representative must make a separate affidavit explaining why the evidence does not exist or cannot be obtained.
 - f. The affidavits must be signed under penalty of perjury and need not be notarized.
6. Documentation of identity.
- a. Identity documents described in 8 CFR 274a.2(b)(1)(v)(B)(1). Exception: Do not accept a voter's registration card or Canadian driver's license as listed in 8 CFR 274a.2(b)(1)(v)(B)(1).
 - i. Driver's license issued by a State or Territory either with a photograph of the individual or other identifying information of the individual such as name, age, sex, race, height, weight, or eye color.
 - ii. School identification card with a photograph of the individual.
 - iii. U.S. military card or draft record.
 - iv. Identification card issued by the Federal, State, or local government with the same information included on drivers' licenses.
 - v. Military dependent's identification card.
 - vi. Certificate of Degree of Indian Blood, or other American Indian/Alaska Native Tribal document with a photograph or other personal identifying information relating to the individual such as age, weight, height, race, sex, and eye color.
 - vii. U.S. Coast Guard Merchant Mariner card.
 - b. A cross-match with Office of Vital Statistics.
 - c. Three or more documents that together reasonably corroborate the identity of an individual provided such documents have not been used to establish the individual's citizenship and the individual submitted second or third level evidence of citizenship. Such documents must at a minimum contain the individual's name, plus any additional information establishing the individual's identity. All documents used must contain consistent identifying information. These documents include employer identification cards, high school and college diplomas from accredited institutions (including general education and high school equivalency diplomas), marriage certificates, divorce decrees, and property deeds/titles.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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SECTION: Contract Management		
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7. Special identity rules for children
 - a. For children under age 16, a clinic, doctor, hospital, or school record may be accepted. School records include nursery or daycare records and report cards if verified with the issuing school. If none of the above documents in the preceding groups are available, an affidavit may be used. An affidavit is only acceptable if it is signed under penalty of perjury by a parent, guardian, or caretaker relative stating the date and place of the birth of the child and cannot be used if an affidavit for citizenship was provided. The affidavit is not required to be notarized. An affidavit for children under age 18 may be accepted when a school ID card or driver's license is not available.

8. Special identity rules for individuals [with disabilities] in institutional care facilities.
 - b. An affidavit signed under penalty of perjury by a residential care facility director or administrator on behalf of an institutionalized individual in the facility

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: August 1985	CURRENT REVISION: October 2007	LOG: X-P
SECTION: Contract Management		
SUBJECT: Grievance Policy and Delaware's Equal Accommodation Law		(Page 1 of 2)

PURPOSE

To provide a procedure by which individuals who are dissatisfied with or denied services can formally register a grievance.

POLICY

It is the policy of the Division to ensure all that programs and services equally accommodate all persons eligible under the terms of the contract, regardless of race, age, marital status, creed, color, sex, national origin or handicap. Each Contractor is responsible for Public/Participant awareness, and must be prepared to handle complaints concerning the lack of compliance. A poster stating the policy and the complaint procedure must be posted in a conspicuous area of the agency.

PROCEDURE

Designate a single point of contact within the agency to receive, investigate and resolve complaints. In the event that a complaint is received either by an agency or Division, the following procedure shall be implemented:

Step 1. In the interest of maintaining harmonious relationship and in order to allow the Contractor an opportunity to resolve the complaint or misunderstanding regarding a service, the complaint shall be referred to the Contractor's single point of contact identified to the Division for the program cited.

Step 2. In the event that service has been denied or that the decision from Step 1 is not satisfactory to the complainant, the next level of grievance shall be the Executive Director (or equivalent) or designee of the Contractor. Also, this person shall provide written notification of the grievance to the Board of Directors.

Step 3. In the event that the decision from Step 2 is not satisfactory to the complainant, then the Director of the Division or designee will take the complaint under consideration for proper resolution. It is emphasized that all parties should make every effort to resolve the complaint at Step 1.

For any individual who has been denied service, nothing in the above procedure shall prohibit grieving directly to or simultaneously with the Department of State, Division of Human Relations.

Individuals lodging complaints on the basis of being denied services will be given a copy of the attached *Delaware's Equal Accommodations Law*.

Complainants using dissatisfaction as the basis for their grievance should be given the appropriate contact personnel names and addresses for Steps 1 through 3 by the Contractor.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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SUBJECT: Grievance Policy and Delaware's Equal Accommodation Law		(Page 2 of 2)

Response to complaints should be handled in a timely manner with a maximum of thirty (30) days from inception to resolution. Contractors must notify the Division, in writing, of any formal complaints and the progress of their resolution.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: July 2011	LOG: X-Q
SECTION: Contract Management		
SUBJECT: Invoicing		

PURPOSE

To establish standards for invoicing for services provided.

POLICY

Contractors shall invoice the Division once per month.

PROCEDURE

Contractors shall submit one (1) invoice each month within 15 days following the end of the month being invoiced.

Unit cost invoices shall be for actual number of units provided.

Cost reimbursement contract invoices shall be for actual expenditures. Providers must produce copies of receipts for expenditures for invoicing period in order to verify expenditures upon request of the DSAAPD Program Manager or designee.

Each contractor shall establish a system to ensure that each invoice has a unique, unduplicated, invoice number.

The invoice must utilize an approved DSAAPD Invoicing Workbook (IW) referenced in their program service specifications, or contain at the least, the following information:

1. Contractor name
2. Type of Service
3. Division contract number
4. Division purchase order number
5. Contractor invoice number
6. Funding source
7. Period of service
8. Date submitted
9. Contact Person
10. Program specific requirements (as attachment) if indicated in the program service specifications

Each contract and funding source must be invoiced separately.

A contractor can submit only one (1) invoice each month per contract per funding source.

Title III Unit Cost contracts will be invoiced at the reimbursement rate. Program Income (PI) collected in excess of the budgeted rate per unit will be deducted from the contract's final invoice. PI that exceeds the final month's invoice must be refunded to DSAAPD.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-R
SECTION: Contract Management		
SUBJECT: Accessibility		

PURPOSE

To ensure that programs operated under the jurisdiction of this Division meet federal standards for accessibility by persons with disabilities.

POLICY

Recipients of funds from the Division must comply with the requirements of the [Americans with Disabilities Act, Section 504](#) of the Rehabilitation Act of 1973 and [45 CFR Part 84](#).

PROCEDURE

Title II of the ADA prohibits discrimination against qualified individuals with disabilities in all programs, activities and services of public entities. It requires funded entities to eliminate any eligibility criteria for participation in programs, activities and services that screen out or tend to screen out persons with disabilities, unless it can establish that the requirements are necessary for the provision of the service, program or activity. It further requires public entities to reasonably modify their policies, practices, or procedures to avoid discrimination. If the public entity can demonstrate that a particular modification would fundamentally alter the nature of its service, program or activity, it is not required to make the modification.

These statutes and regulations apply to all aspects of service delivery including but not limited to:

- Buildings
- Vehicles
- Publications, Print Documents, Media (alternate formats for accessibility)
- Policies
- Practices
- Procedures

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: SAME	LOG: X-S-1
SECTION: Contract Management		
SUBJECT: Reporting		

PURPOSE

To establish requirement for reporting on activities and accomplishments under the contract.

POLICY

All contractors are required to report activities and accomplishments on a regular basis.

PROCEDURE

Each funding source has a reporting requirement. The frequency of reports and the information reported vary by funding source.

The reporting requirements may change during the contract period if a funding source changes its requirements.

From time to time, the Division may require an ad hoc or special report to respond to an unexpected data need.

Older Americans Act Title III and Title VII contractors must comply with the National Aging Program Information System (NAPIS) requirements.

Reports must be submitted on the required forms or in an electronic format. If an electronic format is used it must meet the Division's specified format.

The contractor is responsible for converting its data into the format required by the Division.

Funds may be withheld if reports are not submitted by the due date; are inaccurate; or, are in the incorrect format.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-S-2
SECTION: Contract Management		
SUBJECT: Reporting – Quarterly Program Performance Report – Title III, SSBG, State Funded Programs (Except Direct Referral Programs) and Special Instructions for Title V Programs		

PURPOSE

To provide direction regarding periodic submission of performance data by the Contractor.

POLICY

Each Contractor, excluding Title V, is required to submit an accurate and complete quarterly program report for each program for which funding is received from the Division. Forms and instructions are program specific and are available from the program manager. If the report is submitted in an electronic format, it must adhere to the format specified by DSAAPD. The date for submission is specified in the contract, unless otherwise notified.

PROCEDURE

Each Contractor, excluding Title V, shall submit a Quarterly Program Performance Report within eighteen (18) calendar days following the end of each calendar quarter. Reports must contain a signature and date.

Title V Contractors: Title V contractors are required to maintain program information in the US Department of Labor’s SCSEP Performance and Results QPR system (SPARQ). The QPR is produced by SPARQ based on program data entered.

In the event that a report is inaccurate, incomplete, not received in the specified electronic format or in a timely manner, the Division may withhold payments to the Contractor until an acceptable report is received. If funds are withheld, the Contractor’s Board of Directors may also be notified.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-S-3
SECTION: Contract Management		
SUBJECT: Reporting – Monthly Program Activity Report – Title V ONLY		

PURPOSE

To provide direction regarding periodic submission of performance data by the Contractor.

POLICY

Each Title V Contractor is required to submit an accurate and complete monthly activity report no later than fifteen (15) calendar days after the end of the month covered by the report. Forms and instructions are available from the Division’s SCSEP Program Manager.

PROCEDURE

Each Title V Contractor shall submit a monthly activity report within the specified number of days following the end of each month. This report must contain a signature and date.

In the event that a report is inaccurate, incomplete, not received in the specified electronic format or in a timely manner, the Division may withhold payments to the Contractor until an acceptable report is received. If funds are withheld, the Contractor’s Board of Directors may also be notified.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-S-4
SECTION: Contract Management		
SUBJECT: Reporting – Quarterly Financial Report – Title III, SSBG and Designated State Funded Programs		

PURPOSE

To provide direction regarding submission of financial data by the Contractor.

POLICY

Each Contractor is required to submit an accurate and complete quarterly financial report for each program for which funding is received from the Division. The report must be submitted no later than eighteen (18) calendar days following the end of each quarter. Forms and instructions are program specific and are available from the Program Manager. The report must contain a signature and date.

PROCEDURE

Depending on the type of contract, the Contractor will submit one of the following:

- Quarterly Financial Report for Line Item Budget Contracts
- Quarterly Financial Report for Unit Cost Contracts

In the event that a report is inaccurate, incomplete, not received in the specified electronic format or in a timely manner, the Division may withhold payments to the Contractor until an acceptable report is received. If funds are withheld, the Contractor’s Board of Directors may also be notified.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-S-5
SECTION: Contract Management		
SUBJECT: Reporting – Monthly Financial Report – Title V and Designated State Funded Programs		

PURPOSE

To provide direction regarding periodic submission of financial data by the Contractor.

POLICY

Each Contractor is required to submit an accurate and complete monthly financial report to the Division no later than fifteen (15) calendar days after the end of the month covered by the report. This report must contain a signature and date.

PROCEDURE

In the event that a report is inaccurate, incomplete, not received in the specified electronic format or in a timely manner, the Division may withhold payments to the Contractor until an acceptable report is received. If funds are withheld, the Contractor's Board of Directors may also be notified.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-T
SECTION: Contract Management		
SUBJECT: Fiscal Management – Accounting Procedures		

PURPOSE

To require Contractors to maintain adequate fiscal controls to ensure proper disbursement, accountability and management of in-kind, local cash, program income and state and federal funds received through the Division.

POLICY

Each Contractor shall maintain written accounting procedures that will adequately demonstrate fiscal safeguards and compliance with state and federal regulations.

PROCEDURES

Contractors shall review their accounting procedures subsequent to finalization of a contract with the Division to determine if revisions are needed to conform with current contractual terms and regulations.

Any changes in state and/or federal regulations during the contract period, which affect the accounting procedures, will be forwarded by the Division to all Contractors.

Contractors shall incorporate procedures as necessary to meet the terms of the contract and regulations and shall update as needed.

Accounting procedures must comply with [Generally Accepted Accounting Principles and Practices](#).

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-U-1
SECTION: Contract Management		
SUBJECT: Property Management – Code Requirements		

PURPOSE

To specify the governing codes for the sanitation and safety of facilities in which services are provided with funding from the Division.

POLICY

A facility used to provide services funded through the Division must comply with all applicable federal, state and local health, fire, safety, accessibility, building, zoning and sanitation laws, regulations, ordinances and codes.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-U-2
SECTION: Contract Management		
SUBJECT: Property Management-Insurance		

PURPOSE

To protect the federal and state governments from financial loss of property purchased with Division funds and to ensure program continuity.

POLICY

Contractors will ensure that sufficient insurance coverage is purchased as addressed in the Department boilerplate. Adequate fire and extended insurance shall be required to cover the replacement value of all capital assets and [tangible personal property](#)⁵ in the projects purchased with federal or state funds.

Capital assets include land, improvements to land, easements, buildings, building improvements, vehicles, machinery, equipment, works of art, historical treasures, and infrastructure. (GSAB 34)

⁵ TANGIBLE PROPERTY - Property that has physical substance and can be touched; Anything other than real estate or money, including furniture, cars, jewelry and china.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-U-3
SECTION: Contract Management		
SUBJECT: Equipment – Purchase and/or Lease with the Option to Buy		

PURPOSE

To establish a procedure for purchasing or leasing new or replacement equipment.

POLICY

Purchase of equipment with funds from the Division is not encouraged and requires prior approval by the Division.

PROCEDURES

Equipment is defined as having a unit cost of more than \$1,000 and a useful life expectancy of one (1) year or more.

Requests for the purchase of equipment must be submitted in writing, separate from and not included in the normal application process.

A detailed written justification must include:

- A detailed description: make, model, new or used
- Quantity and unit cost; total cost including delivery and installation, if applicable
- Purpose and uses
- Physical location
- Estimated life expectancy
- Cost effectiveness or benefits

Contractor requests for equipment will be handled on an individual basis during the funded project year as carryover funds or supplemental funds become available.

The Division retains an interest equal to its percentage share of the purchase cost of any equipment purchased with Division funds.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: January 1984	CURRENT REVISION: October 2007	LOG: X-U-4
SECTION: Contract Management		
SUBJECT: Computer Hardware and Software		

PURPOSE

To establish a policy regarding the use of Division funds for the purchase of computer hardware and software.

POLICY

The purchase of computer hardware and software using Division funds requires prior approval. Hardware and software must comply with the Division's requirements for hardware and software.

PROCEDURES

All requests must be made in writing and receive approval prior to purchase. The request must demonstrate compliance with Department's Division of Management Services' Information Resource Management standards.

DELAWARE HEALTH & SOCIAL SERVICES	
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES	
ISSUE DATE: June 1982	LOG: X-U-5
SECTION: Contract Management	
SUBJECT: Property And Equipment Disposal	

PURPOSE

To establish policy governing the disposal of property and equipment purchased with Division funds.

POLICY

Contractors are required to receive Division approval prior to the sale or disposal of property or equipment purchased with Division funds. In its approval notice, the Division will state whether it will require the contractor to forward to the Division its share of sale proceeds.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-U-6
SECTION: Contract Management		
SUBJECT: Property Management – Inventory		

PURPOSE

To establish policy for Contractors to maintain an equipment and [tangible personal property](#) inventory.

POLICY

Contractors will maintain an updated inventory list and submit it to the Division upon request.

PROCEDURES

The Division requires an updated inventory list of all equipment purchased with Division funds of \$1,000 or more in value and a useful life expectancy of one (1) or more years.

However, good management practices include the maintenance of an inventory of all equipment and tangible personal property with a useful life expectancy of one or more years from all funding sources including donated items. (Such an inventory is useful for financial statements, audits and insurance).

The inventory list shall include:

- Description
- Property Tag Number
- Date of Purchase
- Source of Funds
- Initial Cost
- Condition
- Physical Location
- Estimated Life Expectancy

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 1987	CURRENT REVISION: October 2007	LOG: X-V-1
SECTION: Contract Management		
SUBJECT: Records Management – Confidentiality		

PURPOSE

To establish policy regarding the confidentiality of client records.

POLICY

Contractors are required to have procedures in place to protect the confidentiality of client information collected through the program.

PROCEDURES

Procedures shall be established to ensure that no information about a client, or obtained from a client, is disclosed by the provider in a form that identifies the person without the informed consent of the person or of his or her legal representative, unless the disclosure is required by court order, or for program monitoring by authorized monitoring agencies such as, federal or state government.

If a Contractor is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and if the activities delivered through this contract are covered functions, the Contractor must comply with HIPAA.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 1987	CURRENT REVISION: October 2007	LOG: X-V-2
SECTION: Contract Management		
SUBJECT: Records Management – Retention and Disposal		

PURPOSE

To establish policy regarding the retention and disposal of records by the Contractor on projects funded through the Division.

POLICY

Contractors are required to retain records for 5 years from the date services were rendered, or as otherwise required by the federal funding source. Records involving matters in litigation or audit exceptions shall be retained for 1 year following resolution.

PROCEDURES

The Contractor will have procedures to safeguard both program activity and fiscal records for the period specified in this policy.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: October 2007	LOG: X-V-3
SECTION: Contract Management		
SUBJECT: Records Management - Public Information		

PURPOSE

To provide the Division's position on the accessibility of official records.

POLICY

Official records shall be considered public records with the exception of any documents exempted from public access under the provisions of the Federal Freedom of Information Act (FOIA) and Delaware Code.

The policy of the Division is to refer requests for information pertaining to contracts to the Procurement Administrator, Delaware Health & Social Services Procurement Office.

Attachments

State of Delaware
Department of Health and Social Services

August 10, 2001

POLICY MEMORANDUM NUMBER: 7

Subject: Client service waiting lists

I. POLICY STATEMENT - PHILOSOPHY

It is the policy of Delaware Health & Social Services (DHSS) to ensure that publicly funded services are available to the state's citizens in an equitable and fair manner. In instances where resources are not adequate to serve all citizens qualifying for a service, DHSS recognizes the need to maintain waiting lists. These waiting lists must be developed and maintained with the best interests of Delaware's most vulnerable citizens in mind.

II. PURPOSE

The purpose of this policy is to ensure that public resources are allotted fairly to citizens in need of DHSS services.

III. SCOPE

This policy applies to all publicly funded services (state or federal) provided by DHSS for which a waiting list becomes necessary, unless federal or state laws or rule requires a different procedure. This policy also applies to DHSS agents including contractors who are determining slots in public programs.

This policy applies to participation in programs and services, but not each service delivered in that program. For example, it does not apply to physicians participating in the Medicaid program, but it does apply to the Health Benefits Manager.

IV. PROCEDURE

- A. All services for which a waiting list becomes necessary shall maintain that list in one of the following two fashions:
 - 1. According to the date on which eligibility was approved (first come, first served), with clients served in the order in which they were deemed eligible.
 - 2. According to the relative need of each client/potential client, with those having critical needs being served first.
- B. All residential service waiting lists shall be maintained according to client need.
- C. Guidelines for determining need shall be written, maintained and available for public inspection. These guidelines may include, for example:
 - Danger or risk of losing support systems, especially living settings or supports necessary for self-maintenance
 - Risk of institutionalization
 - Current residence unnecessarily segregated
 - Significant risk of abuse or neglect
 - Basic health, safety, and welfare needs not being met through current supports

- Risk of functional loss without intervention or ongoing skill maintenance services
- Exhibition of behavior that presents a significant risk of harm to self or others.
- Ability to obtain services without state assistance (e.g., income and assets)

It is strongly recommended that the division choose accessible automated record keeping capabilities for building, storing and statistically analyzing services/program consumer waiting lists.

- D. Waiting lists may assign each person a unique ranking, a category of need into which a number of clients/potential clients fall, or by another method established in written guidelines.
- E. Waiting lists based on need must be reviewed periodically to re-evaluate the relative needs of clients/potential clients. This does not apply to first come, first served lists except to verify, as needed, that the client/potential client is still eligible for the service and still wants the service.
- F. The written guidelines shall be followed in all placements/service decisions. When necessary, other considerations may be included in decisions, such as the client's compatibility with the available service. An example of this would be considering geography in a group home placement. In the case where compatibility is considered, clients shall be considered in turn in the order of the waiting list.
- G. In cases where need is determined by category, in no instance shall someone from a lower category of need receive publicly funded services before all clients in a higher need category receive the service. This does not apply in cases where the needs of a person lower on the list changes and becomes critical. The Division Director in consultation with the DHSS Secretary or his/her designee may make exceptions to this rule.

V. EFFECT

- A. This policy becomes effective immediately for all services and placements not previously committed. Written policies must be in place no later than 60 days from adoption.
- B. This Department Policy supersedes all other polices, directives, or rules related to the subject.

Vincent P. Meconi

Vincent P. Meconi, Secretary

Delaware Health & Social Services

VPM/drl

DELAWARE'S EQUAL ACCOMMODATIONS LAW

The services of this program are available to all eligible persons regardless of race, age, marital status, creed, color, sex, national origin or handicap. Federal funds including but not limited to the Older Americans Act (of 1965, as amended) and State funds help to support this program.

Complaints can be made to either:

DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES

Department of Health and Social Services
Main Administration Building
Herman Holloway, Sr. Campus
New Castle, Delaware 19720
1-800-223-9074

or

Department of State Division of Human Relations

Carvel State Office Building
820 French Street
Wilmington, DE 19801
(302) 577-5050

Williams State Service Center
805 River Road
Dover, DE 19901
(302) 739-4567

Georgetown State Service Center
546 S. Bedford Street
Georgetown, De 19947
(302) 856-5331