

	<p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p>Policy Manual for Division Contracts</p>
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Revision History

Revision Date	Sections Revised	Description
10/4/2019	X-C	Removed: <i>Section X-C - Application & Funding through the RFP Process. This is now detailed in SOP # 007 – Request for Proposal</i>
10/4/2019	X-U-4	Added the word <i>current</i> to the last sentence. Added the following link: http://intranet.dhss.state.de.us/dms/irm/policy.html
10/8/2019	Page 60	Added link to Policy Memorandum: 7
11/7/2019	X-B-1	Deleted: <i>Senior Community Service Employment Program Requirements</i> section. This information is now covered under the DSAAPD Policy Manual for Contracts - SCSEP
3/9/2020	X-M	Changed \$500K to \$750,000
10/1/2020	X-A-4	Added reference to DocuSign signature software
10/1/2020	X-K	Added link to DHSS Policy Memorandum # 7
5/14/2021	X-A-6, X-B, X-E, X-M	Revised sections
7/20/2021	X-D	Revised to <i>"upon request"</i>
7/20/2021	X-L	Deleted: <i>Analysis of Program Self-Monitoring Questionnaires (if applicable)</i> <i>Analysis of Fiscal Self-Monitoring Questionnaires (if applicable)</i> <i>The Vendor must complete, sign and return the self-monitoring questionnaires provided as requested by the Division.</i> <i>It is anticipated that in completing the questionnaire, the Vendors will become more knowledgeable of their internal operations which will lead to a better awareness of any improvement/changes that need to be made.</i>
7/20/2021	X-M	Revised
7/20/2021	X-S	Revised
7/20/2021	X-S-2 X-S-3 X-S-4 X-S-5	Deleted
12/16/2021	X-X-1, X-X-2, X-X-3, X-X-4	Added
3/10/2022	X-Q X-S X-W	Revised



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Services for Aging and
Adults with Physical Disabilities

**Policy Manual for
Division Contracts**

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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 Vendor.

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

Each Vendor will receive a web link reference to the DSAAPD Policy Manual as an Appendix of the contract. Vendors are responsible to review the web link for updates and revisions as documented on the Revision History Page.

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

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: June 2014	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 Vendor's first point of contact within the Division is the contract manager for the contract.

All written requests, correspondence, reports and questions shall be sent to the contract manager for which they will defer as needed to appropriate DSAAPD staff, funding source project officer or subcontractor expertise.

¹ From this point forward, the "point person" is referred to as "Program Oversight" staff." Program Oversight 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 contract manager in consultation with other appropriate Program Oversight staff; 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 contract manager in consultation with other appropriate Program Oversight staff, if any, will submit a recommendation to the Division Director 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		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: October 2020	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 Vendor and all related requests and reports must be signed.

PROCEDURE

The contract document must have signature of the person legally authorized to enter into contracts on behalf of the organization. The Vendor must ensure that all documents requiring a signature are signed by a designated official of the agency via DocuSign software.

The Division contract manager is the point of contact if technical assistance is needed to process an electronic signature via DocuSign software.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: June 2014	LOG: X-A-5-1
SECTION: Contract Management		
SUBJECT: Continuity of Operations Plan		

PURPOSE

Establish Division requirements for disaster planning.

POLICY

Each Vendor must have a written Emergency Preparedness Plan (EPP) on file to assure the continuity of service operations in the event of a local or national 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.

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 vendor 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		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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 an email directed to the Contract Manager for the contract in question.

PROCEDURE

All requests, requiring a Division decision or permission, must be submitted to the Division via an electronic correspondence.

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

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
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 vendors 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 Vendors to express freely their findings and conclusions. Points of view or opinions do not necessarily represent official DHSS-DSAAPD policy.”

DELAWARE HEALTH & SOCIAL SERVICES		
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. Service Specifications, when applicable, will be included in the Professional Service Agreement (PSA) as an Appendix.

PROCEDURE

Service specifications may be revised as needed.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: July 2021	LOG: X-D-1
SECTION: Contract Management		
SUBJECT: Administrative Violations and Sanctions		(Page 1 of 2)

PURPOSE

To identify sanctions available to the Division when a Vendor 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, upon request, 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.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: July 2021	LOG: X-D-2
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 vendor;
- (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 (ies) 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		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: June 2016	LOG: X-E
SECTION: Contract Management		
SUBJECT: Contract Termination		

PURPOSE

To establish a procedure for contract termination.

POLICY

The contract may be terminated in whole or in part by either party in the event of substantial failure of the other party to fulfill its obligations under this Agreement through no fault of the terminating party per Section 15 of the Professional Services Agreement: <http://mymarketplace.delaware.gov/agency-forms.shtml>

PROCEDURES

In the case of termination for cause, the Division shall give a written notice to the Vendor of the pending termination per the guidelines of the Professional Service Agreement boilerplate. 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.

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 Vendor under this contract shall be provided to the Division and become its property.

The Vendor 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 Vendor. The Division may withhold any payments to the Vendor until such time as the exact amount of damages due the Division from the Vendor is determined.

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

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: June 2016	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)***

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: November 1985	CURRENT REVISION: June 2016	LOG: X-H-1
SECTION: Contract Management		
SUBJECT: Program Income		

PURPOSE

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

POLICY

When applicable, the Division may require Vendors 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.

Vendors 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: September 2018	LOG: X-H-2
SECTION: Contract Management		
SUBJECT: Participant Contributions		

PURPOSE

To provide standards for collecting and managing voluntary participant contributions.

POLICY

Vendors may be 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.

PROCEDURE

Each Vendor 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: 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 Vendors 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. Vendors 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 2020	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, the Division Director in consultation with the DHSS Secretary or his/her designee may make exceptions to this rule.

<https://www.dhss.delaware.gov/dhss/admin/pm7.html>

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 Vendor 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 Vendor 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 2020	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 Vendor 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 program participant.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: June 1982	CURRENT REVISION: July 2021	LOG: X-L
SECTION: Contract Management		
SUBJECT: Contract Monitoring		

PURPOSE

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

POLICY

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

PROCEDURE

Monitoring is the ongoing process by which the Division staff 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.

The assigned DSAAPD staff will review all invoices, program reports and financial reports as they are submitted to determine the Vendor's progress in delivering services as specified in the contract and to identify any potential issues.

This review may be augmented through:

1. documentation to support all invoices and program and fiscal reports to the Division per the Program Service Specifications (when applicable)
2. periodic contact (through telephone calls, electronic mail or physical meetings)
3. informal visits to the provider agency to observe service delivery operations
4. volunteer contact information, job descriptions and timesheets; personnel records and timesheets for paid staff
5. individual participant record

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: November 1985	CURRENT REVISION: July 2021	LOG: X-M
SECTION: Contract Management		
SUBJECT: Audits		

PURPOSE

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

POLICY

Vendors meeting A-133 requirements must have an audit conducted on an annual basis. New Vendors must submit a copy of their most recent audit upon DSAAPD request.

PROCEDURE

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 \$750,000** in federal funds are not required to have an audit.

Government and non-profit contractors expending **\$750,000 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.

- Vendors must submit to the Division one copy of the audit report, including any Administrative Findings, upon request.
- Audit reports citing deficiencies must be accompanied by the agency's corrective action plan. Additional follow-up information may be required by the Division.

If the Vendor 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 Vendor 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 Vendor 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 Vendor shall submit the following to the Division:

- A final Financial Report, marked FINAL (if applicable)
- A final Program Report (if applicable)
- 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.

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

Funds expended by the Vendor 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 Vendor 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 Vendor shall submit the following to the Division:

- A final Financial Report, marked FINAL (if applicable)
- A final Program Report (if applicable)
- 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: February 2012	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: February 2012	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: February 2012	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		
ISSUE DATE: January 2012	CURRENT REVISION: February 2012	LOG: X-O
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		
ISSUE DATE: January 2012	CURRENT REVISION: February 2012	LOG: X-O
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: June 2014	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 Vendor is responsible for Public/Participant awareness, and must be prepared to handle complaints concerning the lack of compliance or an overall dissatisfaction of service by the program participant. A poster stating the both a Civil Rights policy and the acknowledgement of a program participant 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 program service 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 Vendor an opportunity to resolve the complaint or misunderstanding regarding a service, the complaint shall be referred to the Vendor'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 Vendor. 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 Vendor.

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 2 of 2)

Response to complaints should be handled in a timely manner with a maximum of thirty (30) days from inception to resolution. Vendors 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: May 2018	LOG: X-Q
SECTION: Contract Management		
SUBJECT: Invoicing		(Page 1 of 2)

PURPOSE

To establish standards for invoicing for services provided.

POLICY

Vendors shall invoice the Division once per month.

PROCEDURE

Vendors shall submit one (1) invoice, covering the calendar month in question (i.e. the first day of the month through the last day of the month) within 30 days following the end of the calendar month being invoiced.

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

Cost reimbursement contract invoices shall be for actual expenditures. Vendors 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 Vendor 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. Contractor Address
3. Type of Service
4. Division Contract Number
5. Division Purchase Order Number
6. Funding Source
7. Contractor Invoice Number
6. Invoicing Period (period of service)
7. Program specific requirements/reports – as an attachment if indicated in the program service specifications.

Providers utilizing the WellSky software system, must include the monthly WellSky Roster Report that corresponds to their submitted invoice in the effort to provide justification of the invoice payment total.

Each contract and funding source must be invoiced separately.

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

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: October 2007	CURRENT REVISION: May 2018	LOG: X-Q
SECTION: Contract Management		
SUBJECT: Invoicing		(Page 2 of 2)

Vendor agrees to utilize secure (through data encryption software) electronic mail (e-mail) for all submitted invoices. Software utilized must be compatible for DSAAPD staff to access the provided information.

NOTE - EGRESS software is the preferred encryption software. Please see the following link for information on obtaining a free download of the EGRESS software:

<https://www.egress.com/en-us/resources/downloads>

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

The Vendor must provide the following information with the submitted invoice. All information must be provided in an email to DSAAPD through the use of Adobe or Microsoft based software. Please assure that any supporting documentation, which contains participant identifiable information, must be sent via secure email.

Service Units

Service Units – The Vendor must supply supporting documentation for the service units charged for the selected month of the Invoice Review. These records must indicate the Service Units provided, including the dates and time of service.

Program Income

Program Income – The Vendor must supply supporting documentation for all Program Income collected for the invoice period in question. This supporting documentation must be provided in at least one of the following forms:

- Copies of participant checks, or other proof of payment (with all bank account information redacted).
- Copy of financial statement (proving the deposit of the program income total, per payer of the donation, for the invoice period in question).
- Copy of provider financial software (if applicable) printout showing the transaction of the program income total in question.

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: July 2021	LOG: X-S
SECTION: Contract Management		
SUBJECT: Reporting		

PURPOSE

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

POLICY

All Vendors are required to report activities and accomplishments on a regular basis as requested or detailed with the program Service Specifications (when applicable).

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 Vendor 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.

The Vendor agrees to utilize secure (through data encryption software) electronic mail (e-mail) for all electronic correspondence that contains program participant (client/consumer) personal information. This includes any and all invoices, program participant service authorization/modification/termination correspondence or required reporting that includes any program participant personal data. Software utilized must be compatible for DSAAPD staff to access the provided information.

NOTE - EGRESS software is the preferred encryption software. Please see the following link for information on obtaining a free download of the EGRESS software: <https://www.egress.com/en-us/resources/downloads>

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 program income, state and federal funds received through the Division.

POLICY

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

PROCEDURES

Vendors 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.

Vendors 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

Vendors 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

Vendor 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 current standards.

Please see the following link for additional information:

<http://intranet.dhss.state.de.us/dms/irm/policy.html>

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

Vendors 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

Vendors 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 program participant records.

POLICY

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

PROCEDURES

Procedures shall be established to ensure that no information about a participant, or obtained from a participant, 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 Vendor 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

Vendors are required to retain records for five (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 Vendor 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.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: May 2018	CURRENT REVISION: September 2018	LOG: X-W
SECTION: Contract Management		
SUBJECT: Service Authorizations		(Page 1 of 2)

PURPOSE

To offer providers the procedure for obtaining replacement and requesting additional service authorizations for the following services:

- Personal Care
- Respite Care
- Emergency Response Systems
- Community Living
- Personal Attendant/Support for Participant Direction

POLICY

In an effort to maximize the use of available contract funding, providers will be informed of their projected weekly service unit authorization total from the DSAAPD Contract Manager prior to the contract start date. The service unit authorization total is also detailed in the WellSky Aging & Disability Case Management Software Program

OBTAINING REPLACEMENT SERVICE AUTHORIZATIONS

If a program participant's service units are reduced or terminated for any reason (death, reduction of service units, etc.) by the DSAAPD Community Service Program (CSP) staff, the CSP staff member will update the Service Plan in the WellSky Aging & Disability Case Management Software.

- The CSP staff member will reduce/terminate the program participant's approved service units/plan.
- Upon receiving the change in WellSky - Recently Modified Queue, the provider will send an email detailing the number of replacement service units requested using the appropriate email address (see below).
- It is the **PROVIDER'S RESPONSIBILITY** to not overspend the contract funding total AND to ensure program participant service continuity throughout the length of the contract (e.g. to not spend contract funding in a manner that would require service unit reductions prior to the contract end date).
- Within the body of the service unit email request, detail any provider limitations with regard to the ability to accept new referrals. This will allow the DSAAPD CSP staff to understand the providers current Work Plan allowing the proper participant referral authorization to be sent to the provider. The goal is to reduce gaps in service due to rejected referrals.

If a program participant's service units are terminated for any reason by the provider, the provider will complete an activity in WellSky, requesting the change to the service plan.

- DSAAPD CSP staff will update the Care Plan in the WellSky Aging & Disability Case Management Software.
- Upon receiving the change in WellSky - Recently Modified Queue, the provider will send an email detailing the number of replacement service units requested using the appropriate email address.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: May 2018	CURRENT REVISION: September 2018	LOG: X-W
SECTION: Contract Management		
SUBJECT: Service Authorizations		(Page 2 of 2)

- It is the **PROVIDER'S RESPONSIBILITY** to not overspend the contract funding total AND to ensure program participant service continuity throughout the length of the contract (e.g. to not spend contract funding in a manner that would require service unit reductions prior to the contract end date).
- Within the body of the service unit email request, detail any provider limitations with regard to the ability to accept new referrals. This will allow the DSAAPD CSP staff to understand the providers current Work Plan allowing the proper participant referral authorization to be sent to the provider. The goal is to reduce gaps in service due to rejected referrals.

REQUESTING ADDITIONAL SERVICE AUTHORIZATIONS

When/if a situation arises where additional service unit authorizations are required to maximize the use of available contract funding, the provider may request additional service units from DSAAPD CSP staff. To accomplish this task the provider must:

- Send an email detailing the number of additional service units requested using the appropriate email address.
- It is the **PROVIDER'S RESPONSIBILITY** to not overspend the contract funding total AND to ensure program participant service continuity throughout the length of the contract (e.g. to not spend contract funding in a manner that would require service unit reductions prior to the contract end date).
- Within the body of the service unit email request, detail any provider limitations with regard to the ability to accept new referrals. This will allow the DSAAPD CSP staff to understand the providers current Work Plan allowing the proper participant referral authorization to be sent to the provider. The goal is to reduce gaps in service due to rejected referrals.

Service Authorization Request Email Addresses:

- Personal Care - DHSS_DSAAPD_PC@delaware.gov
- Respite Care - DHSS_DSAAPD_RESPITE@delaware.gov
- Emergency Response Systems - DHSS_DSAAPD_ERS@delaware.gov
- Community Living - DHSS_DSAAPD_CL@delaware.gov
- Personal Attendant/Support for Participant Direction - DHSS_DSAAPD_PAS@delaware.gov

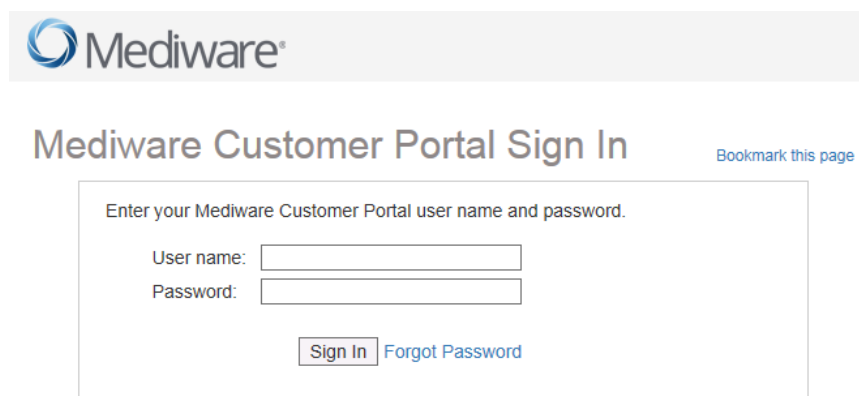
DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-1
SECTION: Contract Management		
SUBJECT: Service Delivery Manager - Submission of Service Units		(Page 1 of 4)

PURPOSE

To provide DSAAPD Providers the understanding of how to enter in Service Units into WellSky's Service Delivery Manager portal.

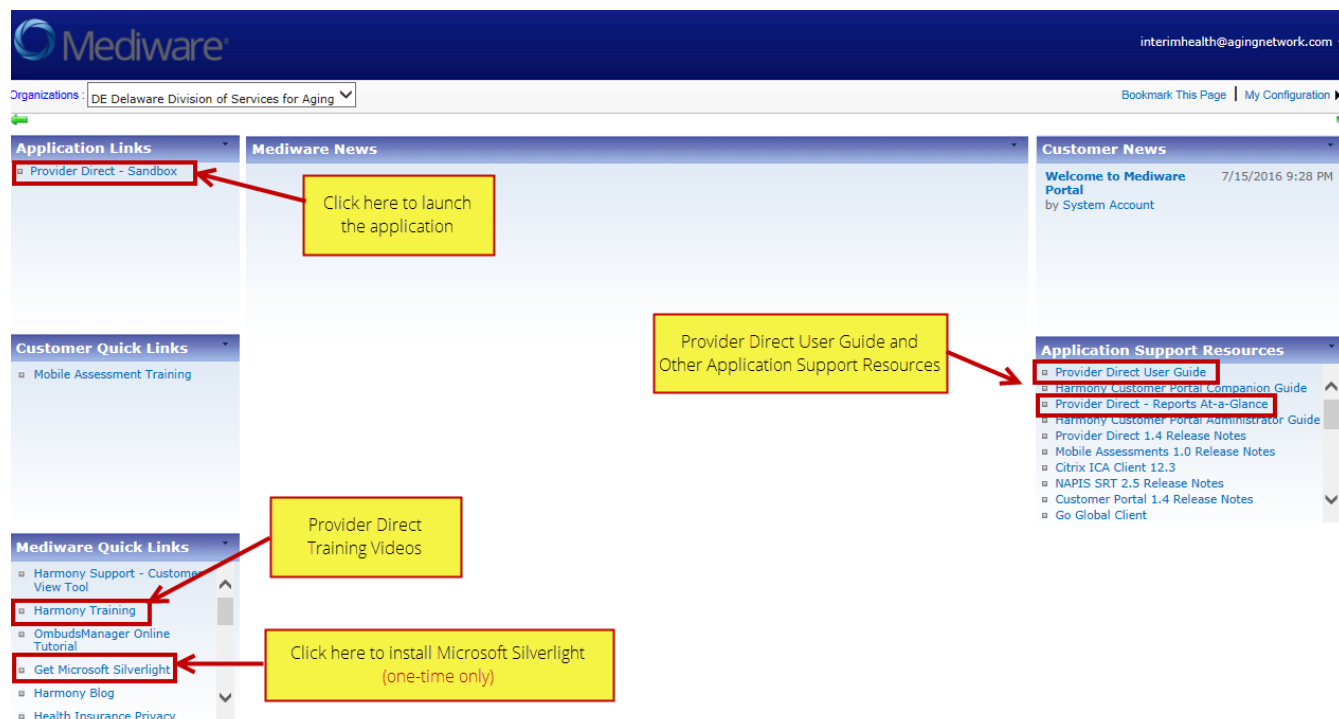
Go to <https://login.harmonyis.net>

1. Sign In to Portal & Log in to Service Delivery Manager



The image shows the Mediware Customer Portal Sign In page. At the top is the Mediware logo. Below it is the heading "Mediware Customer Portal Sign In" with a "Bookmark this page" link. A text box prompts the user to "Enter your Mediware Customer Portal user name and password." Below this are two input fields: "User name:" and "Password:". At the bottom of the form are two buttons: "Sign In" and "Forgot Password".

2. Portal



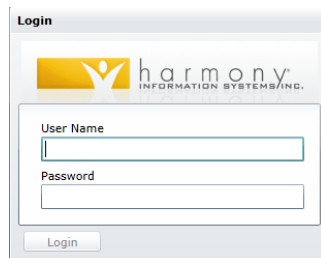
The image shows the Mediware Customer Portal dashboard. The top navigation bar includes the Mediware logo, the user email "interimhealth@agingnetwork.com", and a dropdown menu for "Organizations" set to "DE Delaware Division of Services for Aging". Below the navigation bar are several sections:

- Application Links:** Contains a link to "Provider Direct - Sandbox" which is highlighted with a red box and an arrow pointing to a yellow callout box that says "Click here to launch the application".
- Customer Quick Links:** Contains a link to "Harmony Training" which is highlighted with a red box and an arrow pointing to a yellow callout box that says "Provider Direct Training Videos".
- Mediware Quick Links:** Contains a link to "Get Microsoft Silverlight" which is highlighted with a red box and an arrow pointing to a yellow callout box that says "Click here to install Microsoft Silverlight (one-time only)".
- Application Support Resources:** Contains a link to "Provider Direct User Guide" which is highlighted with a red box and an arrow pointing to a yellow callout box that says "Provider Direct User Guide and Other Application Support Resources".

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-1
SECTION: Contract Management		
SUBJECT: Service Delivery Manager - Submission of Service Units		(Page 2 of 4)

*NOTE: You must install Microsoft Silverlight prior to using the Service Delivery application.
Providers can download Silverlight from the Mediware Quick Links section of the portal.*

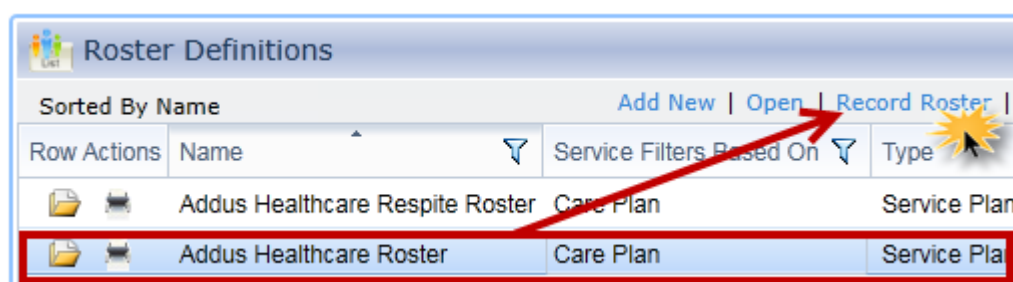
3. Login



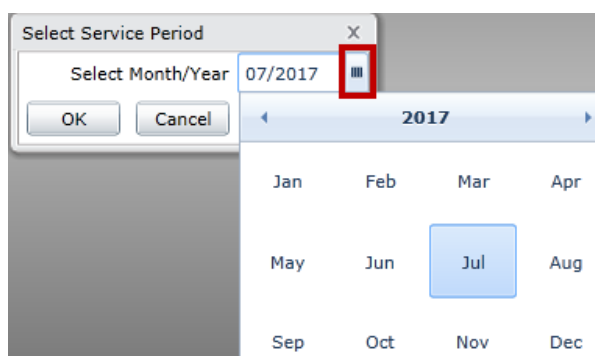
The screenshot shows a web application window titled "Login". At the top, there is a logo for "harmony INFORMATION SYSTEMS/INC." featuring a stylized yellow and orange 'Y' shape. Below the logo, there are two text input fields: "User Name" and "Password". At the bottom of the form area, there is a "Login" button.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-1
SECTION: Contract Management		
SUBJECT: Service Delivery Manager - Submission of Service Units		(Page 3 of 4)

1. Click **Rosters** on the main toolbar
2. Highlight appropriate roster with a SINGLE CLICK to select appropriate roster
3. Click RECORD ROSTER to open the roster for entry



4. You will be prompted to select the service month **Select Service Period**. This prompt will default to the current month. Use the calendar drop down if you need to enter units for a different month.



DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-1
SECTION: Contract Management		
SUBJECT: Service Delivery Manager - Submission of Service Units		(Page 4 of 4)

5. Enter units for the month or by specific date

Roster Record - Addus Healthcare Roster

07/2017 | Refresh | Show/Hide Columns | Show Weekend | Totals Only | Group By: Service | Find Consumer | Save | Save and Close | Close | Add Consumer | Add Service | Print Grid | Export Grid

Agency DSAAPD | Provider Addus Healthcare | Type Service Plan (Service-Specified) | Care Program Care Management | Default Service 2 Items

Grouped by: Service

Client	Service	Fund Identifier	Subservice	Unit Price	Status	Allocated	Total Units	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7
Personal Care												
							0.00	0.00	0.00	0.00	0.00	0.00
Alk	856404)	Personal Care	Title III-B	\$23.80	Open	26.00						
Als	107774)	Personal Care	Title III-B	\$23.80	Open	20.00						
Alt	393016379)	Personal Care	Title III-B	\$22.50	Active	12.00						
An	nia E (1327316314)	Personal Care	Title III-B	\$23.80	Open	26.00						
Ba	378825294)	Personal Care	Title III-B	\$23.80	Open	8.00						
Ba	99449)	Personal Care	SSBG	\$26.78	Open	34.00						
Ba	699329)	Personal Care	SSBG	\$26.78	Open	42.00						
Ba	71136992)	Personal Care	Title III-B	\$23.80	Open	62.00						
Be	(1351848024)	Personal Care	SSBG	\$22.69	Active	124.00						
Be	63244)	Personal Care	Title III-B	\$23.80	Open	18.00						
Be	57919)	Personal Care	Title III-B	\$23.80	Open	19.00						

If you wish, you can group the roster by consumer or service to view the list alphabetically, by service, or by funding. It does not matter how the data is grouped when it is entered. The service and funding is attached to the line in the roster regardless of the grouping. It will be recorded under the appropriate service and funding source and the reports will group the data by service and funding source.

Use the 'Show/Hide Columns' button to format the page. You use this button to hide columns you do not need to see.

6. Click [Save](#) or [Save and Close](#)

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 1 of 6)

PURPOSE

To provide DSAAPD Providers the understanding of how to utilize the Activity function within the WellSky Service Delivery Manager portal.

There are several scenarios that may require you to send a notification, or “Activity” to DSAAPD staff. Examples of these situations are as follows:

- You learn of an address, phone number, or other Demographic change
- An inactive client is still showing on the roster
- A client who should be on the roster is not showing
- A client is requesting an increase or decrease in service hours
- A client is being terminated by the provider

There are 3 activity/action types that providers will add.

1) **Provider Consumer Update**

- client demographic changes, terminations, service hour increases/decreases, consumer not on roster, consumer on roster in error, any corrections or updates needed for the service plan. ****Use this activity/action if unsure. ☺**

2) **Provider Follow-Up**

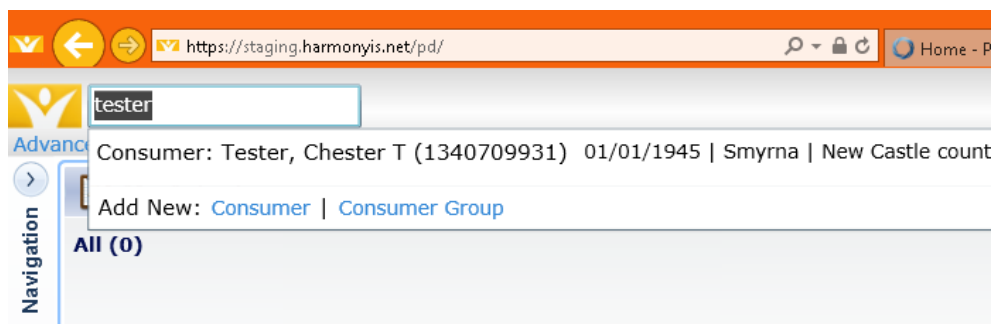
- schedule change, services accepted

3) **Provider Over Delivery**

- Service delivery exceeds service order

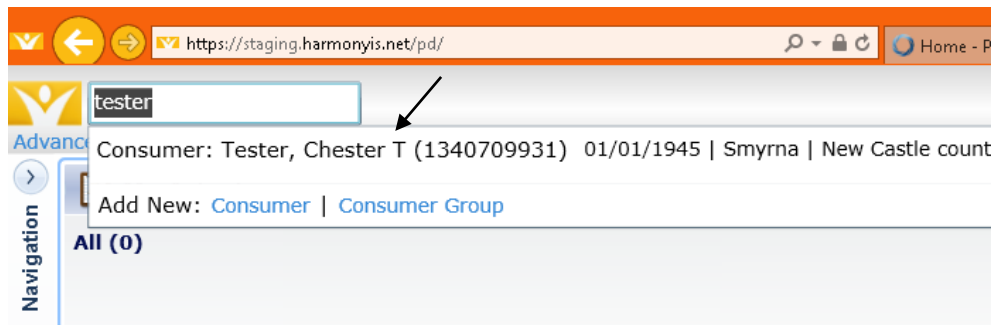
To generate an Activity on a specific client

1. Search for the consumer using the global search

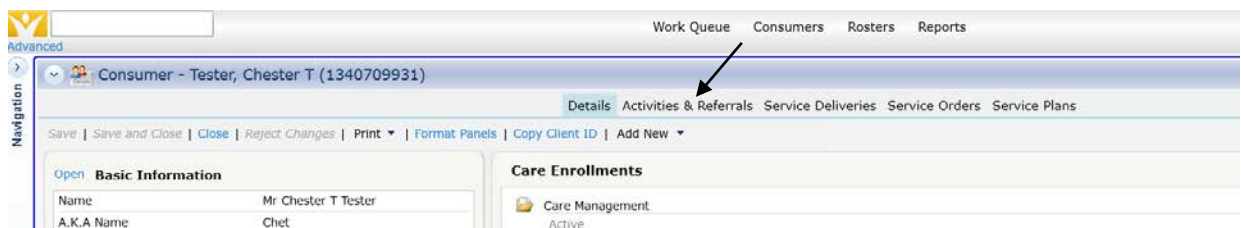


DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 2 of 6)

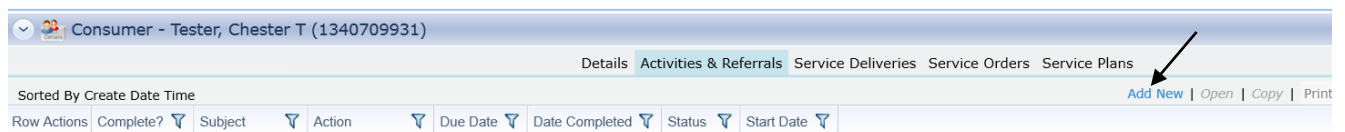
2. Select the consumer to open the record



3. Click on **Activities & Referrals**



4. Click **Add New** and fill out the activity



DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 3 of 6)

Activity Examples:

Provider Consumer Update	Provider Follow-Up
Demographic changes	Schedule Change
Communication between provider and DSAAPD example: no longer receiving services or cannot provide services to the client, termination of client, increase/decrease in hours Client not on Roster Client on Roster in error <i>*USE THIS ACTIVITY/ACTION IF UNSURE!</i>	Services Started/Accepted (w/ SOC date)

Details Activities & Referrals Assessments Billing Calls Care Plan

Activity/Referral - Provider Consumer Update, Demographic Change (Due 7/19/2017) X

Activity/Referral - Provider Consumer Update, Demographic Change (Due 7/19/2017)

Save | Save and Close | Close | Reject Changes | Make a Copy | Print | Open Audits | Format Panels |

Subject: Demographic Change

Action: Provider Consumer Update

Agency: DSAAPD

Provider: Comfort Care

Care Program:

Status: In Progress

Reason:

Status Date: 7/14/2017

Due Date: 7/19/2017

Start Date: Enter date

Comments: Chester moved to his son's the new address is 123

Services:

Activity/Referral - Provider Follow-Up, Schedule Change (Due 9/25/2018) X

Activity/Referral - Provider Follow-Up, Schedule Change (Due 9/25/2018)

Save | Save and Close | Close | Add Next | Make a Copy | Print | Open Audits | Format Panels |

Subject: Schedule Change

Action: Provider Follow-Up

Agency: DSAAPD

Provider: Addus Healthcare

Care Program: Care Management

Status: Not Started

Reason:

Status Date: 9/20/2018

Due Date: 9/25/2018

Start Date: Enter date

Start Time: Enter time

Date Completed: Enter date

Follow-Up Status: Not Required

Format Property List

Originated By: DSAAPD Creator: Amy Maguire

Comments: Client's schedule is M W F 2 hours each

Services:

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 4 of 6)

- a. **Subject:** Set as “Not on Roster”, “Demographic Change”, or whatever applies
- b. **Action:** Set as “Provider Follow-Up”, Provider Consumer Update or “Provider Over Delivery”
- c. **Provider:** Set to your organization’s name
- d. **Due Date:** 3 business days (**ACTIVITY MUST HAVE A DUE DATE**)
- e. Make comments as necessary

5. Click “**Save and Close**” to send activity

Activity/Referral - Provider Consumer Update, Consumer not on roster X

Activity/Referral - Provider Consumer Update, Consumer not on roster

[Save](#) | [Save and Close](#) | [Close](#) | [Add Next](#) | [Make a Copy](#) | [Print](#) | [Open Activity](#)

Subject

Action

Agency

Comments

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 5 of 6)

Note: Use 'format Property list' to hide fields you don't need to see.

Activity/Referral -
[Save](#) | [Save and Close](#) | [Close](#) | [Add Next](#) | [Make a Copy](#) | [Print](#) | [Open Audits](#) | [Format Panels](#)

Subject <input type="text"/> Action <input type="button" value="v"/> Agency <input type="button" value="v"/> DSAAPD Provider <input type="button" value="v"/> Amy Maguire Care Program <input type="button" value="v"/> Status <input type="button" value="v"/> Not Started Reason <input type="button" value="v"/> Status Date <input type="text" value="7/26/2017"/> <input type="button" value="v"/> Due Date <input type="text" value="Enter date"/> <input type="button" value="v"/> Start Date <input type="text" value="Enter date"/> <input type="button" value="v"/> Start Time <input type="text" value="Enter date"/> <input type="button" value="v"/> Date Completed <input type="text" value="Enter date"/> <input type="button" value="v"/> Time Completed <input type="text" value="Enter date"/> <input type="button" value="v"/> Follow-Up Status <input type="button" value="v"/> Not Required Follow-Up Date <input type="text" value="Enter date"/> <input type="button" value="v"/> Follow-Up Time <input type="text" value="Enter date"/> <input type="button" value="v"/>	Comments <div></div> Services <div></div>
---	--

[Format Property List](#)

Originated By: DSAAPD Creator: Amy Maguire

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-2
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Execution of an ACTIVITY		(Page 6 of 6)

Uncheck the fields that you do not want to see then click “**OK**”

Format Property List

Details ☒ Show ☐ Always Show (even when blank)

Consumer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Subject	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Action	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Subprovider	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Care Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Site	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reason	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Status Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Due Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Start Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Start Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Time Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Follow-Up Status	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Follow-Up Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Follow-Up Time	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Move Up
Move Down
Reset

OK Cancel

Changes applied next time a Activity/Referral is opened.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-3
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Determination of a Closed Case		

PURPOSE

To provide DSAAPD Providers the understanding of how to determine if a Case is Closed within the WellSky Service Delivery Manager portal.

Check the details page to see if there are end dates on the Care managers or Care Enrollment. If there are end dates then this means the case is closed and the user will need to email the most recent care manager describing the issue.

Consumer - Tester, Chester T (1340709931)
 123 Main St Smyrna, DE 19977
 1/1/1945 Age: 72
 P: (302) 555-1212
 Notes: (consumer does not have any notes)

Switch To... DSAAPD Charlene Adams

Details | Activities & Referrals | Journals | Service Deliveries | Service Orders | Service Plans

Save | Save and Close | Close | Reject Changes | Print | Format Panels | Copy Client ID | Add New

Open Basic Information

Name	Mr Chester T Tester
A.K.A Name	Chet
Date Registered	06/01/2000
Consumer Details Last Reviewed	07/11/2017
Marital Status	Married
Gender	Male
DOB	01/01/1945
SSN	123-45-6789
Information Release Authorized	No
Default Agency	DSAAPD
Active	No
Reason	Deceased

Care Enrollments Add New | Open | Delete | Show Current

Care Management	02/01/2017 - 09/30/2017
Closed	Expired
DSAAPD	

Care Managers Add New | Open | Delete | Show Current

Charlene Adams	07/11/2017 - 07/24/2017
----------------	-------------------------

Phones Add New | Open | Delete

Home	(302) 555-1212
------	----------------

Please Note:

DSAAPD Case Manager staff do not have the ability to see an Activity generated on “Closed Cases”.

Thus, if the Participant’s case is closed, an E-mail should be sent to the assigned DSAAPD Case Manager.

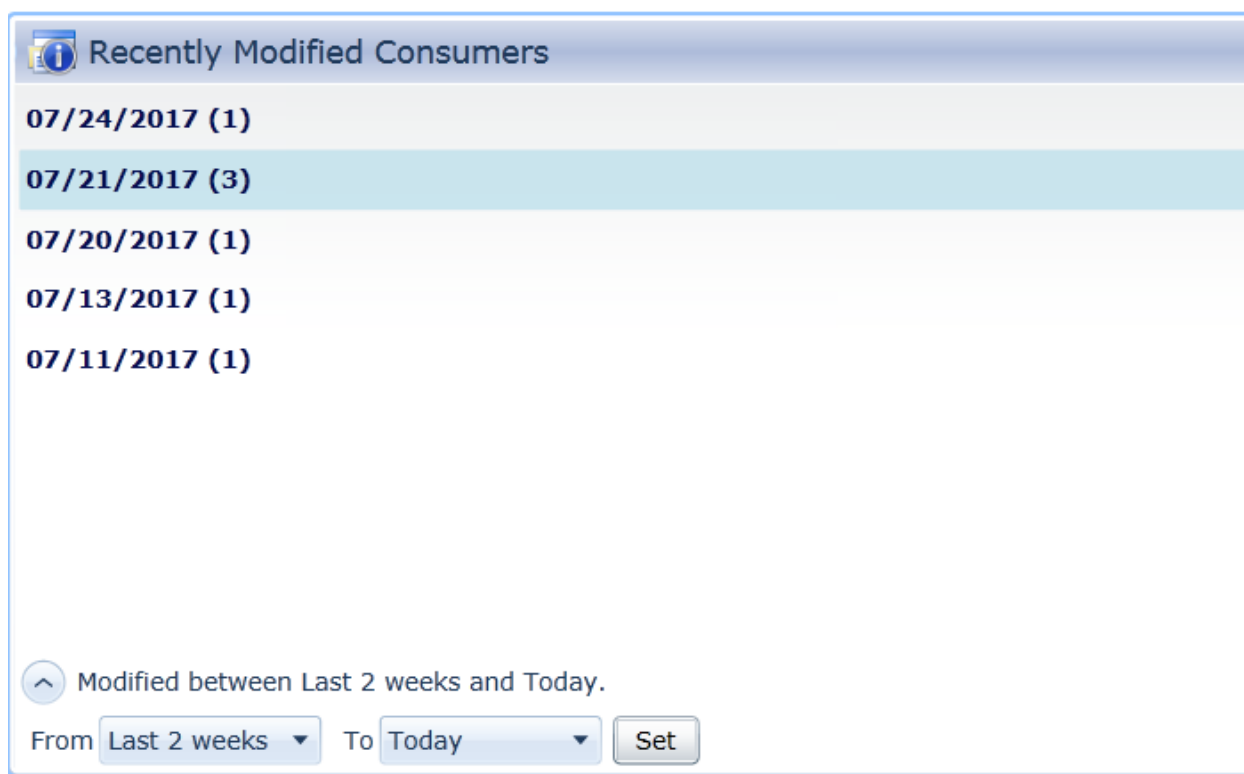
DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-4
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Purchase Approval, Modification & Termination Procedure		
(Page 1 of 6)		

PURPOSE

To provide DSAAPD Providers the understanding of the Purchase Approval, Modification & Termination Procedure within the WellSky Service Delivery Manager portal.

Purchase Approval (new clients) and Modification (change in hours, etc). from DSAAPD

1. For a purchase approval Support staff or case manager activates service plan and creates service orders. Include participant contribution or any other pertinent information in the special instructions field. For Modification, case manager will update service plan and re-generate orders.
2. Provider will review **Recently Modified Consumers** for new and updated clients.



Recently Modified Consumers

07/24/2017 (1)

07/21/2017 (3)

07/20/2017 (1)

07/13/2017 (1)

07/11/2017 (1)

Modified between Last 2 weeks and Today.

From Last 2 weeks To Today Set

3. Provider will contact client to review new or modified service plan.

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-4
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Purchase Approval, Modification & Termination Procedure		
(Page 2 of 6)		

4. If no changes are needed and client is accepted, create **‘Provider Follow-Up’** activity
 - Subject: **‘Services Accepted’**
 - Agency is DSAAPD
 - Provider is name of provider entering the activity
 - Due date is 3 business days
 - Details should be entered into the Comments box (w/ SOC date for new client)
 - Support staff review and complete activity.

Consumer - Tester, Chester T (1340709931)

Details Activities & Referrals Service Deliveries Service Orders Service Plans

Activity/Referral - Provider Follow-Up, Services Accepted (Due 7/24/2017) ✕

Activity/Referral - Provider Follow-Up, Services Accepted (Due 7/24/2017)

[Save](#) | [Save and Close](#) | [Close](#) | [Add Next](#) | [Make a Copy](#) | [Print](#) | [Format Panels](#)

Subject Services Accepted Action Provider Follow-Up Agency DSAAPD Provider Comfort Care Care Program Care Management Status Not Started Reason Status Date 7/24/2017 Due Date 7/24/2017 Start Date Enter date Start Time Enter date Date Completed Enter date	Services Comments Client has accepted order and schedule as sent.
--	---

DELAWARE HEALTH & SOCIAL SERVICES		
DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES		
ISSUE DATE: December 2021	CURRENT REVISION: December 2021	LOG: X-X-4
SECTION: Contract Management		
SUBJECT: Service Delivery Manager – Purchase Approval, Modification & Termination Procedure		
(Page 3 of 6)		

5. If a permanent change to schedule is needed provider will create an activity called '**Provider Follow-up**'.

- Subject should be '**Services Accepted with Schedule Update**' or similar.
- Other details are entered similarly to the 'Services Accepted' activity.
- Due date is 3 business days
- Support staff will review and update service plan and regenerate orders as needed.
- Support staff will complete activity.

Consumer - Tester, Chester T (1340709931)

Details Activities & Referrals Service Deliveries

Activity/Referral - Provider Follow-Up, Schedule Update (Due 7/24/2017) ✕

Activity/Referral - Provider Follow-Up, Schedule Update (Due 7/24/2017)

[Save](#) | [Save and Close](#) | [Close](#) | [Add Next](#) | [Make a Copy](#) | [Print](#) | [Format Panels](#)

Subject

Action

Agency

Provider

Care Program

Status

Reason

Status Date

Due Date

Start Date

Start Time

Date Completed

Time Completed

Services

Comments

Client is requesting 2 hours on Monday, Tue and Wed.

DELAWARE HEALTH & SOCIAL SERVICES		
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6. If client is **not** accepted ‘**Provider Follow-up**’ activity is created
- Subject line **Client not Activated** or something similar.
 - Due date will be 3 business days.
 - Other details are entered similarly to the ‘Services Accepted’ activity above.
 - Support staff will review and complete activity

Consumer - Tester, Chester T (1340709931)

Details Activities & Referrals Service Deliveries Service Orders Service Plans

Activity/Referral - Provider Follow-Up, Client not Activated (Due 7/24/2017) X

Activity/Referral - Provider Follow-Up, Client not Activated (Due 7/24/2017)

Save | Save and Close | Close | Add Next | Make a Copy | Print | Format Panels

Subject Client not Activated

Action Provider Follow-Up

Agency DSAAPD

Provider Comfort Care

Care Program Care Management

Status Not Started

Reason

Status Date 7/24/2017

Due Date 7/24/2017

Start Date Enter date

Start Time Enter date

Date Completed Enter date

Services

Comments

Client is no longer interested in Personal Care.

7. Support staff will re-allocate service units to next available client. Client that turned down service or was turned down should be reviewed to determine if he/she should be returned to waitlist or if a CSP Follow-up activity should be created. (If case manager needs to be involved). Support staff to review and complete activity.

Modifications from DSAAPD

If at any time the provider feels services need to be modified. Contact the case manager by creating a “Provider Consumer Update” activity.

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Terminations from DSAAPD

- Providers will see clients that have been terminated or more specifically have terminated or completed service plans by reviewing their 'Recently Modified Consumers'.

Name: Tester, Chester T																	
ID 1340709931	Primary Care Manager Charlene Adams																
Home Phone (302) 555-1212	Date Registered 06/01/2000																
Primary Phone (302) 555-1212	Home Address 123 Main St Smyrna, DE 19977 Map...																
Change Log																	
Reason Code was changed from Unspecified to Deceased.																	
Current Service Plans																	
<table border="1"> <tr> <td>Personal Care</td> <td>Schedules 07/24/2017 - 07/24/2017</td> </tr> <tr> <td>Agency DSAAPD</td> <td>6.00 units weekly (Mon: 2.00 Tue: 2.00 Wed: 2.00)</td> </tr> <tr> <td>Provider Comfort Care</td> <td>07/24/2017 - 07/24/2017 Total Units 2.00 Total Cost \$44.00</td> </tr> <tr> <td>Fund Identifier Title III-B</td> <td></td> </tr> <tr> <td>Service Status Active</td> <td></td> </tr> <tr> <td>Special Instructions 5 dolla co-pay per hour</td> <td></td> </tr> <tr> <td>Unit Cost \$22.00 Unit Type 1 Hour</td> <td></td> </tr> <tr> <td>Care Program Care Management Status Inactive Status Date 07/24/2017</td> <td></td> </tr> </table>		Personal Care	Schedules 07/24/2017 - 07/24/2017	Agency DSAAPD	6.00 units weekly (Mon: 2.00 Tue: 2.00 Wed: 2.00)	Provider Comfort Care	07/24/2017 - 07/24/2017 Total Units 2.00 Total Cost \$44.00	Fund Identifier Title III-B		Service Status Active		Special Instructions 5 dolla co-pay per hour		Unit Cost \$22.00 Unit Type 1 Hour		Care Program Care Management Status Inactive Status Date 07/24/2017	
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Care Program Care Management Status Inactive Status Date 07/24/2017																	

- The above client's service plan was ended as of 7/24/17 and will drop off the roster as of the 1st of the next month. You will notice the service status is still 'active'. This is normal. Please keep in mind that an active service plan will have an active care plan and an end date that is blank or in the future.

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DSAAPD created activities for providers

1. On occasion, DSAAPD may need to send an activity to a provider. In the instance that the provider has submitted an activity to have hours reduced without proper justification DSAAPD may need additional information. DSAAPD will create an 'Information Request' activity. The provider will see the activity under 'My Activities' on the work queue.

Activity/Referral - Information Requested, Need additional information (Due 7/31/2017) X

Activity/Referral - Information Requested, Need additional information (Due 7/31/2017)
[Save](#) | [Save and Close](#) | [Close](#) | [Reject Changes](#) | [Make a Copy](#) | [Print](#) | [Open Audits](#) | [Format Panels](#)

Subject Need additional information
Action Information Requested
Agency DSAAPD
Provider Comfort Care
Care Program Care Management
Status Not Started
Reason
Status Date 7/26/2017
Due Date 7/31/2017
Start Date Enter date

Comments
Please provide the reason for the reduction in service hours for personal care.
Services

2. Provider will review the comments, change the status of the activity to complete and create a new activity adding the requested information in the Comments box. The action would be the activity the provider created the first time. Example if a "Provider Over Delivery" was created and staff closed it and created an "Information Requested" activity. The provider would create a new "Provider Over Delivery" activity with all the information needed to perform the task.

Attachments

State of Delaware
Department of Health and Social Services

August 10, 2001

POLICY MEMORANDUM NUMBER: 7

<http://intranet.dhss.state.de.us/admin/policy/dhsspol.html>

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 policies, 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