

Regular Board of Supervisors Meeting		Consent	
		Health & Social Services	
Meeting Date:	01/27/2015		
Contract# 107-15, Adaptive Aids & Devices/Assistive Technology Grant, Amendment 15-1			
Submitted By:	Jennifer Steiger, Health & Social Services		
Department:	Health & Social Services		
Presentation:	No A/V Presentation	Recommendation:	Approve
Document Signatures:	BOS Signature Required	# of ORIGINALS	2
		Submitted for Signature:	
NAME of PRESENTER:	n/a	TITLE of PRESENTER:	n/a
Mandated Function?:	Not Mandated	Source of Mandate or Basis for Support?:	SEAGO

You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve the Amendment 15-1 to Contract # 107-15, Adaptive Aids and Devices/Assistive Technology Grant, between the SouthEastern Arizona Governments Organization and Cochise Health & Social Service's Area Agency on Aging in the amount of \$8,900 for the period of 1/1/15 to 6/30/15.

Background:

Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program will implement the Adaptive Aids and Devices/Assistive Technology Grant. The award is for \$8,900 through SEAGO for FY14-15. Funding will provide medically necessary adaptive aids, devices and assistive technology to individuals in their residence. Two adaptive aids will be provided under the grant: Life Alert Large Button Telephones with emergency key and volume control for speaker and ringer and Medication Management Systems with alarm. Target population: The Adaptive Aids and Devices service is intended for the general public within Cochise County, with targeting towards older individuals that meet eligibility requirements for Area Agency on Aging services. A total of 100 individuals will benefit from this grant by receiving one adaptive aid: a Life Alert Large Button Telephone with emergency key and volume control for speaker and ringer or a Medication Management System with alarm. AAA Case Managers are required to complete an assessment documenting medical need in order to qualify the individual. Goal: Provide adaptive aids and devices to Cochise County residents who reside in their home allowing them to perform normal living skills and remain independent in their homes and communities. Performance measures: One unit of service equals one adaptive aid or device provided to eligible individuals. AAA Case Managers will keep a monthly log containing the names of clients served under the Adaptive Aids & Devices/Assistive Technology service. This log will be provided to SEAGO with the pertinent billing on a monthly basis. AAA Case Managers will document delivery of the adaptive device and contacts made for installation, training, and follow up evaluations. Performance is measured by the number of clients receiving adaptive aids/devices and/or assistive technology who were able to remain in their homes. Plan of action: Each AAA Case Manager will review the individual's medical conditions and the results of specialist evaluations or examinations. This review will assist the Case Manager to determine the aid and/or device best suited to meet the individual's needs. The Case Manager will then provide the appropriate aid/device to the individual. The adaptive aid/device will be purchased from a reputable vendor to ensure the item meets all generally accepted standards and product performance. The Case Manager will deliver and install the adaptive aid as necessary. The individual will be provided with the instructions accompanying the device including training the individual, his/her family and/or the care contractor in the proper use and maintenance of the device. Additionally, the Case Manager will contact the individual to follow up and determine if any adjustments are necessary. The Case Manager will ensure the individual is aware of any manufacturer warranty or repair center information provided for the product.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Not approving this amendment would result in the inability to provide the service to the public as intended by SEAGO for those in need within Cochise County.

To BOS Staff: Document Disposition/Follow-Up:

Two originals will be sent to the BOS for signature on Tues., 1/21/15. A fully executed original will be sent to the Clerk of the BOS for filing purposes.

Budget Information

Information about available funds

Budgeted: Funds Available: Amount Available: \$8,900
Unbudgeted: Funds NOT Available: Amendment:

Account Code(s) for Available Funds

1: 239

Fund Transfers

Fiscal Year: 2014-2015

One-time Fixed Costs? (\$\$\$): 0

Ongoing Costs? (\$\$\$): 0

County Match Required? (\$\$\$): \$1,859

A-87 Overhead Amt? (Co. Cost Allocation \$\$\$): 0

Source of Funding?: SEAGO

Fiscal Impact & Funding Sources (if known):

This amendment reduces the county's budgeted in-kind contribution by \$1,859 for the grant year.

Attachments

No file(s) attached.

COCHISE COUNTY GRANT APPROVAL FORM

Form Initiator: Jennifer Steiger

Date Prepared: Jan 16, 2015

Point of Contact: Jennifer Steiger

Phone Number: 520-432-9402

Department: Public Fiduciary

PRIMARY GRANT

Primary Grantor: SouthEastern Arizona Governments Organization

CFDA: www.CFDA.gov 93.44 93.052

Grant Title: Adaptive Aids and Devices/Assistive Technology Grant

Grant Term From: Jan 1, 2015

To: Dec 31, 2015

Total Award Amount: 8,900

New Grant: Yes No

Grant No.: Contract # 107-15

Amendment No.: 15-1

Funding No.: 239

If new, Finance will assign a funding number.

Strategic Plan: Health & Wellbeing

District: CW

Mandated by Law? Yes No

Number of Positions Funded: 0

Asset(s) Acquired:

Briefly describe the purpose of the grant.

The Adaptive Aids and Devices service is intended for the general public within Cochise County, with targeting towards older individuals that meet eligibility requirements for Area Agency on Aging services.

If this is a mandated service, cite the source. If not mandated, cite indications of local customer support for this service.

Not Mandated

PRIMARY FUNDING SOURCE:

Funding Year: Federal Funds 332.100
State Funds 336.100
County Funds 391.000
Other Funds:
Total Funds:

Funding Year: Federal Funds 332.100
State Funds 336.100
County Funds 391.000
Other Funds:
Total Funds:

Funding Year: Federal Funds 332.100
State Funds 336.100
County Funds 391.000
Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is reversion of unexpended funds required at the end of grant period? Yes No

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount or percentage allowed:

Second Grantor:

Grant Term From: To:

Secondary Award Amount:

Grant No.:

Amendment No.:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Funding Year: Federal Funds 332.100

State Funds 336.100

County Funds 391.000

Other Funds:

Total Revenue:

Has this amount been budgeted? Yes No

Method of collecting funds: Lump Sum Quarterly Draw Reimbursement

Is reversion of unexpended funds required at the end of grant period? Yes No

(a) Total A-87 Cost Allocation: (b) Amount of overhead allowed by grant:

County Subsidy (a) - (b):

Does Grantor accept indirect costs as an allowable expenditure? Yes No

If yes, dollar amount or percentage allowed:

Is County match required? Yes No

County Match Source:

County match dollar amount or percentage:

Signature: J. Steiger

Board Approval: _____ Date _____

Please e-mail completed form to Finance cschneider@cochise.az.gov.

NOTE: Once approved by the Board of Supervisors, the department is responsible for sending a copy of the fully executed grant document to the Finance Department

Executive Summary Form

Agenda Number: HLT (SEAGO Contract 107-15, Amendment 15-1)

Recommendation:

Approve Amendment 15-1 to Contract # 107-15, Adaptive Aids and Devices/Assistive Technology Grant, between the SouthEastern Arizona Governments Organization and Cochise Health & Social Service's Area Agency on Aging in the amount of \$8,900 for the period of 1/1/15 to 6/30/15.

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Target population: *The Adaptive Aids and Devices service is intended for the general public within Cochise County, with targeting towards older individuals that meet eligibility requirements for Area Agency on Aging services. A total of 100 individuals will benefit from this grant by receiving one adaptive aid: a Life Alert Large Button Telephone with emergency key and volume control for speaker and ringer or a Medication Management System with alarm. AAA Case Managers are required to complete an assessment documenting medical need in order to qualify the individual.*

Goal: *Provide adaptive aids and devices to Cochise County residents who reside in their home allowing them to perform normal living skills and remain independent in their homes and communities.*

Performance measures: *One unit of service equals one adaptive aid or device provided to eligible individuals. AAA Case Managers will keep a monthly log containing the names of clients served under the Adaptive Aids & Devices/Assistive Technology service. This log will be provided to SEAGO with the pertinent billing on a monthly basis. AAA Case Managers will document delivery of the adaptive device and contacts made for installation, training, and follow up evaluations. Performance is measured by the number of clients receiving adaptive aids/devices and/or assistive technology who were able to remain in their homes.*

Plan of action: *Each AAA Case Manager will review the individual's medical conditions and the results of specialist evaluations or examinations. This review will assist the Case Manager to determine the aid and/or device best suited to meet the individual's needs. The Case Manager will then provide the appropriate aid/device to the individual. The adaptive aid/device will be purchased from a reputable vendor to ensure the item meets all generally accepted standards and product performance. The Case Manager will deliver and install the adaptive aid as necessary. The individual will be provided with the instructions accompanying the device including training the individual, his/her family and/or the care contractor in the proper use and maintenance of the device. Additionally, the Case Manager will contact the individual to follow up and determine if any adjustments are necessary. The Case Manager will ensure the individual is aware of any manufacturer warranty or repair center information provided for the product.*



SouthEastern Arizona Governments Organization

Serving our member governments and their constituents since 1972

January 14, 2015

SEAGO Member Entities

Cochise County

Benson

Bisbee

Douglas

Huachuca City

Sierra Vista

Tombstone

Willcox

Graham County

Pima

Safford

San Carlos

Apache Tribe

Thatcher

Greenlee County

Clifton

Duncan

Santa Cruz County

Nogales

Patagonia

Cochise County Health and Social Services
Public Fiduciary
4 Ledge Avenue
Bisbee, AZ 85603

Ref: \$8,900 dollars Title III-E

Mrs. Belvet Elsouhag,

We have received your service delivery plan regarding funds that are available for adaptive aids. These funds will be awarded to Cochise County for this purpose through amended contract 15-1, which was recently forwarded to you for review.

The amount of the award is \$8,900.00 dollars and the funding is Federal Title III-E dollars "Older Americans Act, as amended, Public Law 106- 501, Title III, Part E" please see attached for the program description.

The funding distributed to the Area Agency on Aging comes from the State of Arizona for this fiscal year 2015 July 1, 2014 to June 30, 3015.

Should you have any questions please contact me at 520-432-2528 ext 208.

Sincerely,

Wanda Leikem

Wanda Leikem
Program Manager

Cc: file

Attachment (1)

SEAGO Main Office

Administration

CDBG

Economic Dev.

Housing

Transportation

1403 W. Hwy 92,
Bisbee, AZ 85603
520-432-5301
520-432-5858 Fax

Area Agency on Aging Office

300 Collins Road
Bisbee, AZ 85603
520-432-2528
520-432-9168 Fax



SEAGO

SouthEastern Arizona Governments Organization Area Agency on Aging, Region VI

CONTRACT AMENDMENT

CONTRACT AMENDMENT NUMBER: 15-1	CONTRACT NUMBER: 107-15	EFFECTIVE AMENDMENT DATE: January 1, 2015
CONTRACTOR/PROVIDER (NAME AND ADDRESS): Cochise Health & Social Services		
PURPOSE: Amend SEAGO FY 14/15 Caregiver Training & Outreach Services Plan; Accept Service Deliver Plan for the Adaptive Aids & Devices/Assistive technology funding. Increase in funds.		
THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS: Accepted amended SEAGO FY 14/15 Caregiver Training & Outreach Service Plan; Alert #22 Reduce CMG Non Federal Cash by \$1,859.00. Assign AD5 "Adaptive Aids" funds by \$8,900.00.		
EXCEPT AS PROVIDED FOR HEREIN ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGES AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.		
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.		
NAME OF CONTRACTOR/PROVIDER Cochise Health & Social Services	SouthEastern Arizona Governments Organization (SEAGO)	
SIGNATURE OF AUTHORIZED PERSON	SIGNATURE	
TYPED NAME Mary Gomez	TYPED NAME Randy Heiss	
TITLE Director	TITLE Executive Director	
DATE	DATE December 29, 2014	

300 Collins Road, Bisbee, Arizona 85603

FAX (520) 432-9168

(520) 432-2528

SEAGO MEMBER-ENTITIES: COUNTIES OF COCHISE, GRAHAM, GREENLEE, AND SANTA CRUZ. CITIES AND TOWNS OF BENSON, BISBEE, CLIFTON, DOUGLAS, DUNCAN, HUACHUCA CITY, NOGALES, PATAGONIA, PIMA, SAFFORD, SIERRA VISTA, THATCHER, TOMBSTONE, WILLCOX, AND THE SAN CARLOS APACHE TRIBE.

ANNEX A

PROGRAM/ADMINISTRATION SECTION

1.0 Authorized Signatory for Contractor:

1.1 Cochise Health & Social Services 86-6000-398
 Contractor Name Federal Employer Identification No.

1415 Melody Lane Bldg. A. Bisbee, AZ 85603 (520) 432-9400
 Address Phone Number

1.2 Mary Gomez Director
 Name of Authorized Signatory Title

is the signatory to this Contract on behalf of the Contractor and is responsible for the delivery of Contract Services during the term of this Contract.

1.3 In the absence of the principal authorized signatory named above, Vicki Haviland
 Name
Cochise County Public Fiduciary is authorized to sign this Contract and any amendments
 Title
 thereto on behalf of the Contractor.

2.0 Notices:

2.1 The SEAGO AAA shall address all notices relative to this Contract to the attention of:

 Name and Title

 Address Phone Number

2.2 The Contractor shall address all notices relative to this Contract to the attention of:

Wanda Leikem, AAA Program Manager
 Name and Title

SEAGO Area Agency on Aging
 Division/Office

300 Collins Road, Bisbee, AZ 85603 (520) 432-2528
 Address Phone Number

3.0 Contract Term:

The term of this Contract shall begin on July 1, 2014 and shall terminate on June 30, 2015 and may be renewed for four additional years.

4.0 Contract Purpose:

X A. Older Americans Act:

Program Goal:

To provide the services specified in 5.3 to eligible older persons in accordance with the Older Americans Act of 1965, as amended. The target populations, problems and needs are identified and specified in the Area Agency on Aging Area Plan for services and the Area Plan amendments.

X B. Social Service Block Grants:

Program Goals:

- (1) Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency.
- (2) Achieve or maintain self-sufficiency, including reduction or prevention of dependency.
- (3) Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests; or preserve, rehabilitate, or reunite families.
- (4) Prevent or reduce inappropriate institutional care by providing for community-based care or other forms of less intensive care.
- (5) Secure referral or admission for institutional care when other forms of care are not appropriate.

5.0 Contract Services and Service Delivery:

5.1 Service Specifications:

Each Contract Service to be provided under this Contract shall be delivered in accordance with the requirements indicated in the applicable Service Specifications. Contractor shall deliver the number of units of each Contract Service identified in Annex B.

SEAGO reserves the right to request further clarification of the service delivery plan at any time.

5.2 Subcontractors:

___ A portion of the Contract Services to be provided under this Contract shall be delivered by Subcontractors as identified in Section 5.6 of this Annex. Contractor understands and warrants that no work shall be performed by a Subcontractor until the subcontract document has been reviewed by and approved in writing by the authorized Area Agency on Aging representative.

5.3 Contract Services: (Check all services that Contractor will deliver.)

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Case Management | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Community Nursing |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Personal Care | <input checked="" type="checkbox"/> Caregiver Adaptive Aid |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Caregiver Home Repair | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Home Nursing | <input type="checkbox"/> In-Home Respite |
| <input checked="" type="checkbox"/> Caregiver Outreach | <input checked="" type="checkbox"/> Caregiver Training | |

5.4 Eligibility Criteria, Intake Procedures, and Case Records:

5.4.1 Eligibility Criteria

Eligibility for each service is specified in SEAGO Service Specifications. Eligibility for in-home services shall be determined by SEAGO contract Case Managers. Eligibility is generally restricted to older individuals aged 60 or older, unless Social Services Block Grant funding allows for services to disabled individuals under age 60.

5.4.2 Intake Procedures

- A. Intake for Respite, Home Delivered Meals, Housekeeping, Personal Care, and Home Nursing shall be through the SEAGO contract Case Management agency.
- B. Contractors of services specified in "A" above may only serve clients who have been determined eligible by the Case Management agency.
- C. Case Management providers shall comply with the intake procedures specified in the SEAGO AAA Program Instructions and the DES/DAAS Policy Manual.
- D. Contractors of Congregate Meals, Legal Assistance, or Transportation services shall complete a SEAGO Application/Registration Form on every individual that is to receive any contract services and shall submit the original of this form to SEAGO.

5.4.3 Case Records

- A. Contractor shall maintain daily service records identifying the clients that receive services, the dates that each client received services and the units of service that each client received by date.
- B. Individual client files shall be maintained on persons receiving In-Home Respite, Home Delivered Meals, Housekeeping, Personal Care, and Home Nursing and these files must include documentation of service planning by the Case Management agency.
- C. In-Home Respite, Housekeeping, Personal Care, and Home Nursing providers shall maintain individual client files, which shall include documentation specified in the "Area Agency on Aging Requirements" section of the Service Specifications.

D. Case Management providers shall maintain individual client files, which include the documentation specified in the SEAGO Program Instructions.

5.4.4 Project Income and Cost Sharing

The contractor commits to not denying service to any client solely because that client refuses to make a donation.

The contractor shall solicit voluntary donations from clients for services received.

The contractor commits to inform clients of their share of the cost for lifespan respite. Payments made shall be voluntary/and failure to pay shall not be a reason to deny service.

ANNEX B

1.0 METHOD OF COMPENSATION

The method of compensation governing this contract shall be:

- Fixed Rate for SEAGO AAA state and federal funds for services identified in 2.1.
- Cost Reimbursement for SEAGO AAA state and federal funds for services identified in 2.2.

2.0 COMPENSATION

Upon timely receipt of required reporting documents, subject to availability of funds, SEAGO shall reimburse the Contractor on a monthly basis in accordance with Section 50 Payments of the Contract General Provisions for costs incurred in the delivery of contract services during the term of the contract that are consistent with the approved Contract Budget contained herein.

2.1 Cost Reimbursement (Fixed Price with Price Adjustment)

SERVICE	IR5	CT5
DELIVERABLE UNITS	42	16
TOTAL CONTRACT	\$ 9,882	\$ 5,628
LINE ITEM EXPENSES PER ISB SUBMITTED		
FUNDING BREAKDOWN		
ALTCS	\$ -	\$ -
Project Income	\$ -	\$ -
Non-Federal In-Kind	\$ 2,682	\$ 1,528
Non-Federal Cash	\$ -	\$ -
Other Federal	\$ -	\$ -
TOTAL OTHER FUNDING	\$ 2,682	\$ 1,528
SEAGO AAA AWARD	\$ 7,200	\$ 4,100

2.2 Fixed Rate

SERVICE	CMG	CM5	AD5
DELIVERABLE UNITS	7,684	1,395	100
UNIT RATE	\$ 47.00	\$ 47.00	\$ 89.00
TOTAL CONTRACT	\$ 361,148	\$ 65,565	\$ 8,900
FUNDING BREAKDOWN			
ALTCS	\$ -	\$ -	\$ -
Project Income	\$ -	\$ -	\$ -
Non-Federal In-Kind	\$ 113,818	\$ 16,840	\$ -
Non-Federal Cash	\$ 60,355	\$ 25	\$ -
Other Federal	\$ -	\$ -	\$ -
TOTAL OTHER FUNDING	\$ 174,173	\$ 16,865	\$ -
SEAGO AAA AWARD	\$ 186,975	\$ 48,700	\$ 8,900

3.0 COMPENSATION REQUIREMENTS

Payment shall be subject to the following limitations and exceptions:

1. Title 45 CFR Part 74, Section 74.61(e) requires cash reimbursements be timed to coincide with cash disbursements made with federal funds.
2. **The Contractor shall bill all available third party payors including AHCCCS acute care providers, ALTCS, Medicare, or private insurance, before requesting any of the funds identified under 2.0 above. SEAGO AAA shall be the payor of last resort.**
3. Payment for services which are case managed shall only be made for units that are within authorization levels and time frames.
4. Failure to comply with reporting requirements specified below under Section 4.0 will result in immediate cessation of disbursement of funds by SEAGO AAA to the Contractor until the required reports are received.
5. Contractor agrees to adhere to the approved Contract Budget, contained in this Annex, within the tolerance levels set forth in Section 3 Amendments of the Contract General Provisions.

6. A written amendment signed by both parties shall be required for Cost Reimbursement contracts whenever there is an increase or decrease in any budget category by 10% or greater.
7. During the contract period each revenue source will support expenses and the production of units of service in direct proportion to the actual reported receipts of each revenue source as a percentage of total reported revenue.
8. Payments may be limited to a monthly ceiling of 1/12th the service award amount in order to ensure availability of services throughout the contract period.
9. Adjustments or corrections to monthly billings or expenditure reports must be submitted within 30 days following the termination of this contract. Contracts will be closed out based on the timely submission of these adjustments.

4.0 REPORTING REQUIREMENTS

In accordance with Section 59 Reporting Requirements of the Contract General Provisions, the Contractor shall submit to SEAGO AAA the following reports by the dates specified:

- Monthly Service Log by the 3rd working day of month following the month of service on a form provided by SEAGO AAA or in a format approved by SEAGO AAA. This service log shall identify units of service provided by month, by client, by service, and by site.
- Monthly Invoice for Services Provided by the 15th of the month following the month of service.
- Monthly programmatic reports by the 15th of the month for any of the following services:
 - Family Caregiver Support Program, Caregiver Training
 - Family Caregiver Support Program, Caregiver Outreach

EXECUTIVE SUMMARY

Adaptive Aids and Devices/Assistive Technology Grant

Proposed initiative: *Cochise Health and Social Services (CHSS) through its Area Agency on Aging (AAA) Program will implement the Adaptive Aids and Devices/Assistive Technology Grant. The award is for \$8,900 through SEAGO for FY14-15. Funding will provide medically necessary adaptive aids, devices and assistive technology to individuals in their residence. Two adaptive aids will be provided under the grant: Life Alert Large Button Telephones with emergency key and volume control for speaker and ringer and Medication Management Systems with alarm.*

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