HUALAPAI SENIOR SERVICES

Policies and Procedures

AUGUST 6, 2026

HUALAPAI TRIBE

PO BOX 179, Peach Springs, AZ 86434

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INTRODUCTION AND PROGRAM OVERVIEW

HUALAPAI ELDERLY CENTER EXPECTATIONS

1. A variety of recreational, social, volunteer and educational opportunities.
2. Information and resources for needed nutritional and living needs.
3. Meal service following Area Agency on Aging Nutritional Requirements and approved by licensed nutriontionist.
4. Supplemental food programs provided by St. Mary's Food Bank and the City of Kingman
5. Transportation based on availibility
6. Staff dedicated to providing good customer service, treating participants with fairness, courtesy and consideration.
7. Prompt and fair attention to any complaints to the extent that is practiciable.
8. Facilities that are attractive, friendly, welcoming, comfortable, orderly and safe.

WHY POLICIES AND PROCEDURES?

Policy and procedures, put together in a policy manual, are vital because they provide the rules and guidance for your Title VI program. Tribal governments will probably have policies and procedures for many administrative, personnel, and financial activities.

You need to review these, select those that are applicable to your program, and develop additional policies and procedures specific to the needs of your program.

The terms “policies and procedures” are often used together. However, it is important to understand the difference between a “policy” and a “procedure.” Webster’s dictionary defines policy as “a definite course or method of action selected among alternatives, and, in the light of given conditions, to guide and, usually, to determine present and future decisions.” Policies guide the implementation of programs. For Title VI programs, any of the OAA requirements should have a written policy. For example, Title VI requires that you provide elders with the opportunity to voluntarily contribute to the cost of a service. Thus, you need to develop a policy of voluntary contributions, including what the contribution can be used for, and privacy issues. Policies usually require high-level approval. Procedures are the steps or activities necessary to achieve the policy. Procedures related to a policy on voluntary contributions might describe how voluntary contributions are solicited from elders and how records are kept to account for the receipt of the contribution.

PROGRAM ACCOUNTABILITY

Program accountability is becoming increasingly important for all programs. The program accountability requirements of the Older Americans Act include:

The grantee must use such methods of administration as necessary for the proper and efficient administration of the program; fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for federal funds paid under Title VI; the tribal organization will make such reports in such form and containing such information as required by AoA and assure the correctness of such reports; and provide for periodic evaluation of activities carried out under the Title VI application.

WHAT IS PROGRAM ACCOUNTABILITY?

- Program accountability includes:
- What did we plan to do?
- What did we actually do?
- How much did we do?
- How well did we do it?
- How much change did we produce?
- Did the change we caused make a difference?
- Is anyone better off because of our services?
- Did we stay within our budget?
- Did we report to AoA, tribal council, elders, and the community?
- How can we improve?

YOU NEED TO KEEP RECORDS IN ORDER TO ANSWER ANY OF THESE QUESTIONS.

SOME OF THE RECORDS YOU NEED TO KEEP INCLUDE:

- Approved Title VI application
- Client intake form
- Needs assessment
- Case management record
- List of unduplicated count of elders for congregate meals, home delivered meals, and
- supportive services
- Daily logs for congregate meals, home delivered meals, transportation, and other
- supportive services
- Family Caregiver Support Program services log
- Attendance records at health promotion and other programs
- Budget
- Purchase orders and other financial expenditures

- Contributions/donations
- Volunteer agreement
- Confidentiality statements
- Signed agreements with other programs
- Client satisfaction forms
- Program evaluation
- Employee performance evaluations

OLDER AMERICANS ACT (OAA)

The Administration on Aging (AoA), established by the Older Americans Act (OAA), Public Law 89-73, is located in the U.S. Department of Health and Human Services. AoA is one of the nation's largest providers of home and community-based services for participants and their caregivers. AoA's mission is to develop a comprehensive, coordinated, and cost-effective long-term care system that helps participants maintain their dignity in their homes and communities.

AoA is part of a federal, state, tribal, and local partnership called the National Aging Network. This network, serving about 7 million participants and their caregivers, consists of 56 State Units on Aging; 655 Area Agencies on Aging; 241 tribal organizations; two organizations that serve Native Hawaiians; 29,000 Services providers; and thousands of volunteers. These organizations provide assistance and Services to participants and their families in urban, suburban, and rural United States.

The OAA was passed into law in 1965 and has been changed through reauthorizations several times since it was first written. Specific programs for American Indians and Alaska Natives were added in several of these reauthorizations. The OAA is divided into "Titles," like chapters in a book, with each title covering a different area. The most widely used titles for tribal programs are Title II, which establishes the Office for American Indian, Alaskan Native, and Native Hawaiian Programs, and Title VI, which establishes grants to Native Americans for nutrition Services, Supportive Services, and family caregiver support Services. Title III is important because it grants states these same Services. The Title III Services are available to all participants in the state, including tribal participants.

PROGRAM GOALS AND OBJECTIVES

Congress identified several objectives for older Americans when they passed the OAA in 1965. These objectives have remained the same through all the reauthorizations:

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to. It is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people in securing an equal opportunity to the full and free enjoyment of the following objectives:

1. An adequate income in retirement.
2. The best possible physical and mental health without regard to income.
3. Obtaining and maintaining suitable housing, independently selected, designed, and located with respect to special needs and available at a reasonable cost.
4. Full restorative Services for those requiring institutional care and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older people individuals needing long-term care Services.
5. Opportunity for employment with no discrimination because of age.
6. Retirement in health, honor, and dignity.
7. Participating in and contributing to meaningful activity within the widest range of cultural, educational, training and recreational opportunities.
8. Efficient Community Services, including access low-cost cost transportation, a choice in supported living arrangements, and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
9. Immediate benefit from proven research knowledge which can sustain and improve health and help maintain.
10. Freedom, independence, and the free exercise in planning and managing their own lives, full participation in planning and operation of community-based Services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

DIRECTOR'S AUTHORITY: DEVELOPMENT AND AMENDMENT OF POLICIES AND PROCEDURES

In accordance with Title III of the Older Americans Act (OAA), the Older Indians Act, and all applicable federal, state, and tribal regulations, the Director of the Hualapai Senior Services is vested with the authority and responsibility to:

- Develop, implement, and regularly review policies and procedures to ensure the effective delivery of services and programs to older adults and older Indians.
- Exercise discretion and professional judgment in amending existing policies or creating new procedures as required to address changing needs, legal requirements, or operational improvements.
- Engage with stakeholders, advisory councils, elders, and tribal representatives as appropriate, ensuring that policy amendments are inclusive and aligned with the goals of the OAA and the Older Indians Act.
- Maintain compliance with federal, state, and tribal guidelines, including requirements for transparency, accountability, and documentation of all policy changes.
- Ensure that staff and participants are informed of any significant changes to policies or procedures in a timely and accessible manner.

This policy affirms the critical leadership role of the Director in safeguarding the rights and well-being of older Americans and older Indians by ensuring program practices remain current, effective, and responsive to community needs.

08/6/2026 Bwb

LEGAL AND FUNDING FRAMEWORK

SERVICE AREA

Applicable to SSBG, Title III, and Title VI Programs under the Older Indians Act

POLICY:

This policy defines the designated service area for the Hualapai Senior Services programs and services provided under the Older Indians Act, including Title III and Title VI. The goal is to ensure that services are delivered to eligible older Native Americans and communities in accordance with federal, tribal, and organizational guidelines, while upholding the rights, safety, and dignity of both staff and program participants. The service area is the Hualapai Indian Reservation and within 20 miles of the Hualapai Reservation or individuals who use the Peach Springs post office box as their primary address.

SERVICE AREA DEFINITION:

The Hualapai Senior Services SSBG, Title III, and Title VI programs are designed to serve older Native Americans and eligible individuals residing within the officially designated service area. This service area is determined by funding agreements, regulatory guidance, tribal consultation, and community needs assessments, and is reviewed periodically to ensure alignment with the objectives of the Older Indians Act.

ELIGIBILITY FOR SERVICES:

Services will be provided to eligible older Native Americans, caregivers, and community members who live within the established service area boundaries. Eligibility for specific programs will be determined in accordance with the Older Indians Act guidelines and any additional requirements set forth by funding sources or regulatory/tribal authorities.

Exceptions:

- **Safety and Respect:** In accordance with the organization's Employee Rights, Safe Workplace, and Respectful Conduct Policy, services may be limited, suspended, or refused to any individual—regardless of residence within the service area—if their conduct endangers staff, volunteers, or other program participants, or if they engage in repeated verbal abuse, threats, or disrespectful behavior.
- **Temporary Exceptions:** In rare cases, the organization may provide services outside the established service area on a temporary or emergency basis, when approved by organizational leadership and consistent with the Older Indians Act regulations and funding requirements.
- **Community Events:** Participation in community events hosted by the organization may be open to individuals from outside the core service area at the organization's discretion, provided such participation does not adversely impact services to primary area residents or violate funding guidelines.

IMPLEMENTATION:

- The service area boundaries and eligibility criteria will be clearly communicated to staff, volunteers, and the public.
- Requests for services from individuals outside the service area will be evaluated on a case-by-case basis, in accordance with this policy and the Older Indians Act requirements.
- Any suspension, limitation, or refusal of services based on safety or conduct will be fully documented and reviewed by supervisory staff.

COMMITMENT:

Our organization is committed to providing high-quality, accessible, and equitable services to older Native Americans in our designated service area, while maintaining a safe and respectful environment for both staff and participants.

Added 12/16/2025 Bwb

TITLE VI

Title VI is comprised of three sections: Part A is the Indian Program, Part B is the Native Hawaiian Program, and Part C is the Native American Caregiver Support Program. Each section identifies the eligibility criteria for the section and the specific Services that are authorized by that section.

THE REQUIRED SERVICES FOR A TITLE VI PROGRAM ARE:

Parts A and B

- Nutrition Services; and
- Supportive Services

Part C

- Information to caregivers about available Services;
- Assistance to caregivers in gaining access to the Services;
- Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;
- Respite care enables caregivers of a frail participant to be temporarily relieved from their caregiving responsibilities; and
- Supplemental Services, on a limited basis, for caregivers of frail participants to complement the care provided by caregivers.

OTHER OAA REQUIREMENTS: TITLE VI PROGRAMS HAVE A NUMBER OF OTHER OAA REQUIREMENTS, INCLUDING:

- Evaluate the need for supportive and nutrition Services (needs assessment).
- Administer the program properly and efficiently, including providing satisfactory fiscal control and fund accounting procedures to ensure proper disbursement of and accounting for federal funds.
- Submit timely and accurate reports.
- Periodically evaluate program activities and projects.
- Establish and follow objectives to carry out the program to meet the needs of the participants and identify obstacles to achieving these objectives and a plan to overcome the obstacles.
- Provide convenient access to information and assistance.
- Provide a preference for older American Indians, Alaskan Natives, or Native Hawaiians for employment when feasible.
- Provide nutrition Services substantially in compliance with Part C of Title III.
- Provide legal or ombudsman Services substantially in compliance with Title III.
- Coordinate with Title III regarding Services in the same geographical area.

ELIGIBILITY

TITLE VI: (CONGREGATE MEALS & HOME DELIVERED MEALS)

- 55 Years of age and up
- American Indian, Alaska Native, Native Hawaiian, or Native American descent (not enrolled tribal members).
- Employees of Indian Health Services, i.e., Peach Springs Health Center, who meet the age and AI/AN criterion.
- Grand Canyon Resort Corporation Employees who meet the age and AI/AN criteria
- Participants 55 years that reside within the Services area of the Hualapai Senior Services
- Any participants 55 and older living within the Hualapai Senior Services established Services area.

HOME-DELIVERED MEALS: ADDITIONAL ELIGIBILITY

Elders should only be on the home delivered meal program if they are unable to leave their homes without great difficulty. Their inability to leave home may be because of illness, disability, or general frailty. They may be home bound because they cannot ride comfortably in an available vehicle for the time it takes to get to the congregate meal site. Because of their frailty, home-delivered clients should be a high priority for nutrition screening.

- Homebound
- Isolated
- Frail
- For frail, a note from a health care provider stating the participant cannot perform 2 IADLs, one being unable to prepare meals.
- Spouse, regardless of age & ethnicity.
- Dependent children with disabilities who live with the participant.
- Caregivers of a participant receiving Home Delivered meals.
  (Caregivers must be noted on the participant's application or registered for services with the department)

TITLE III: (CONGREGATE)

Under the guidelines of the Older Americans Act, nutrition programs offered through the Hualapai Elderly Center meet the nutritional requirements of older adults, caregivers, and the disabled as well as promote good health and continued independence. Eligible participants have the opportunity to enjoy two (2) nutritious meals in the company of others in a community setting. Meals are planned and prepared to meet one-third of the Recommended Dietary Allowance for older adults and follow the dietary guidelines of the Arizona Department of Aging. Nutrition and health education and screenings are offered on a regular basis.

- 60 Years of age and up.
- Spouse of an individual age 60 years and up
- An individual with a disability who resides at home with and accompanies an older individual who participates in the program.
- A volunteer under age 60 who provide Services during the meal hour(s)
- An individual under 60 with a disability not meeting the categories described above.

SSBG: (HOME DELIVERED)

- 60 years of age
- 18 -59 age group with a disability.
- Homebound
- Isolated
- Frail
- For frail, a note from a health care provider stating the participant cannot perform 2 IADLs, one being unable to prepare meals.
- Spouse, regardless of age & ethnicity.
- Dependent children with disabilities who live with the participant.

Caregivers of a participant receiving Home Delivered meals. *(Caregivers must be noted on the participant's application)* *Title VI, Part C

VOLUNTARY CONTRIBUTION

POLICY:

This policy establishes guidelines for accepting voluntary contributions from participants receiving services funded under the Older Americans Act (OAA), including those funded through the Older Indian Americans Act programs (Title VI). It ensures compliance with federal law, preserves the dignity and confidentiality of service recipients, and supports the sustainability of programs serving older adults in Indian Country.

POLICY STATEMENT

In accordance with the Older Americans Act, recipients of services shall be given the opportunity to voluntarily contribute to the cost of services received. However, no eligible individual shall be denied a service because of the individual's unwillingness or inability to contribute.

GUIDING PRINCIPLES

1. VOLUNTARY NATURE
   Contributions must be strictly voluntary. No pressure, coercion, or implied obligation may be placed on participants to contribute.
2. EQUAL ACCESS TO SERVICES
   Services must be provided to all eligible participants regardless of whether they choose to contribute.
3. CONFIDENTIALITY
   Contribution methods must ensure the anonymity of the contributor to the greatest extent possible.
4. USE OF CONTRIBUTIONS
   All voluntary contributions will be used to expand or enhance services provided under the Older Americans Act. Contributions may not be used to match federal funds unless permitted by the funding agency.
5. PARTICIPANT EDUCATION
   Participants must be informed that:
   - Contributions are voluntary and confidential;
   - No one will be denied service for not contributing;
   - Contributions will support and enhance the program.

IMPLEMENTATION PROCEDURES

1. COLLECTION METHODS

- Secure, anonymous drop boxes, envelopes, or online contribution options may be used.
- Staff and volunteers must not handle cash directly when possible, or must follow strict accountability procedures if handling funds.

2. TRAINING
   All staff and volunteers involved in the program will receive training on this policy and on how to communicate the voluntary nature of contributions.
3. RECORDKEEPING AND REPORTING
   - Contributions shall be recorded in a manner that ensures confidentiality.
   - Financial reports will indicate the amount of contributions received and how they were used.
   - No records will link individual contributions to specific participants.

REVIEW AND COMPLIANCE

This policy will be reviewed annually and updated as needed to comply with any changes in the Older Americans Act or federal regulations.

AUTHORITY

This policy is developed in compliance with:

- **Older Americans Act of 1965**, as amended.
- **Title VI – Grants for Native Americans**.

TRAVEL ASSISTANCE POLICY AND PROCEDURE

POLICY:

To establish clear guidelines and procedures for providing travel assistance to eligible members of the Hualapai Tribe for conference events, cultural activities, and competitive sports.

The Hualapai Tribe provides travel assistance funding to support participation in cultural, conference, and competitive sports events for eligible groups and individuals aged 55 and older. Funding is subject to eligibility and requirement criteria outlined below.

ELIGIBILITY

- Applicants must be 55 years of age or older.
- The group leader must be an enrolled member of the Hualapai Tribe.
- All participants must be active in the Congregate and Homebound Meals programs and attended activities.
- Groups must be registered in the applicable program; funding is not available for unregistered participants.

FUNDING GUIDELINES

- A maximum of $4,000 per group (up to ten individuals) is available per event to cover gas, lodging, and meals.
- Each group may submit a maximum of **two requests per year**.
- Lodging must be at the current GSA rate or a negotiated rate arranged by the event planner. (Reference: GSA standard rate is $110.00 per night plus tax/fees.)
- Per diem meal allowance is capped at $75.00 per day, only if meals are not provided by the event. If only some meals are provided, a reduced per diem will be issued for uncovered meals (e.g., $25.00 for dinner if not provided).
- Participants using alternative payment methods (rewards points, gift cards, comps, etc.) for meals or lodging, and who cannot provide receipts, must reimburse the Department/Tribe for those expenses.

APPLICATION PROCEDURE

SUBMISSION:

- Submit a request letter, completed application form, and Tribal Travel Authorizations to Katelyn Whatoname at least **four weeks before** the event date.
- Attach supporting documents, including the event flyer, agenda, and any other relevant materials.

REVIEW & APPROVAL:

- Requests will be reviewed and approved by Katelyn Whatoname and Carrie Imus.

- All applications will be verified for eligibility, including program registration and tribal enrollment status.

DOCUMENTATION:

- Submit all receipts for lodging and meals within two weeks of return from the event.
- Ensure all receipts are itemized and reflect actual amounts paid.

REIMBURSEMENT:

- If required receipts are not provided, the participant must reimburse the Department/Tribe for those expenses.

CONTACT INFORMATION

For questions or assistance, please contact:

- **Katelyn Whatoname**
- **Carrie Imus**

COMPLIANCE

Failure to comply with these guidelines may result in denial of current or future funding requests.
Updated 07/23/2026

PROGRAM OPERATIONS AND RECORD KEEPING

APPLICATIONS/ENROLLMENT

POLICY:

All participants must complete an application to receive benefits or Services. All applications should be reviewed annually. Annually is based on a calendar year and not a fiscal year.

PROCEDURE:

- All applications will be available in the lobby of the Senior Center.
- Can be requested from the Senior Center Administrative Assistant.
- Can be accessed on the Hualapai Tribal Government website under the Senior Services Tab or Hualapai-tibe.gov/Services/Senior.
- Items that are **Bolded** on the Application must be provided by the participant/applicant/caregiver. Those items include:
- Date
- Name
- Gender
- Date of Birth
- Physical Address (meal delivery and point of pick up for transportation Services)
- Mailing Address (Must include County they reside in)
- Phone number
- Eligibility Category i.e., 55 years of age, 60 and over, under 60 with a disability, caregiver of the eligible client
- Disability, if any
- Language
- Education
- Ethnicity
- Race
- Marital Status
- Residency Type i.e., House, Mobile Home, Group Home, Other: Apartment, RV Home
- Living Arrangement i.e., renting, own
- Legal Status i.e. independent, conservator, Guardian, LTC Payee, Other
- If the applicant is living alone or with others
- If the applicant is living in poverty (guidelines provided)
- Emergency contact (provide two contacts)
- Nutrition Information (special diets or food allergies)

- Nutrition Screening
- Referral Source (who referred you to the program)
- Applicant signature and date
- The Senior Services staff will complete the “Services Enrollment” section of the application.
- Provide the name of the organization or person who assisted the applicant in filling out the form.
- Income (for Title III e.g. Home Modifications and SSBG Program’s, income MUST be documented)

CONFIDENTIALITY

POLICY:

All staff should have signed a confidentiality agreement as part of their employment. All information shared by a participant with the Senior Services is considered confidential. A participant must authorize any disclosure by completing a disclosure agreement form.

PROCEDURES:

- All participant information is confidential.
- All staff members are prohibited from disclosing any participant information.
- The participant must authorize all disclosures before any information is shared.
- Senior Services staff may discuss participant issues with other staff members privy to that information.
- A disclosure agreement must be submitted to Senior Services if a participant authorizes the program to disclose information.
- A disclosure agreement may be found at the Senior Services or the Hualapai Tribe's Senior Services website.
- All records will be stored in a locked file cabinet in an area which not accessible to any individual entering the office.
- All participants' lists will be covered and stored in an area that is not accessible to the public.
- Program staff may share information with medical professionals in circumstances related to Case Management, Care Coordination, Emergency Care Advocacy, or in cases where the staff feels it is in the participant's best interest.

RELEASE OF INFORMATION/HIPAA/DISCLOSURE OF INFORMATION

POLICY:

RELEASE OF INFORMATION

All participants must complete a Release of Information form during the in-take process. Releasing information is a requirement of the grant requirements. The Release of Information only pertains to program-specific information. This does not include medical information. The program may release medical information or obtain medical information if a participant completes the Disclosure of Protected Health Information form.

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a law to protect healthcare information. While not all the elder's information would be considered healthcare information, the confidentiality rules that HIPAA training recommends could assist you in developing your policies and procedures.

The Hualapai Senior Services complies with all HIPPA laws and regulations. All participant information is confidential. Information can only be shared if a participant provides a release of information form to the department staff.

IHS-810 DISCLOSURE OF HEALTH INFORMATION

Senior Services may obtain medical information from a medical provider if a participant completes the IHS-810 form. As well as the Senior Services staff may release medical information only if a participant completes the IHS-810 form. This form is not required but may be requested by staff to coordinate care for participants or to establish eligibility for Home Delivered meals.

PROCEDURE:

- The participant must fill out a program Release of Information form.
- The participant may complete an Indian Health Services 810 Disclosure of Protected Health Information form.
- Release/Disclosure of Information forms can be found:
- In the lobby of the center
- Upon request from the Administrative Assistant
- At Hualapai-nsn.gov/Services/Senior
- Forms must be turned into the Senior Services staff. The Community Health Worker, Administrative Assistant, or Director may accept the forms.
- All forms are valid for one calendar year, or the specified date given on the IHS-810 Section V form.
- All Release/Disclosure forms are not indefinite and require renewals each calendar year.

**In some cases where information can be shared without consent from a participant are instances when coordination care for the participant or if there is suspected abuse or neglect.*

FILE/RECORD MANAGEMENT

Records with information about program participants must be protected. The Older Americans Act specifies that no information about a participant or obtained from a participant by this program will be disclosed in a form that identifies the person without the informed consent of the person, or of his or her legal representative. An exception to this rule is if the disclosure is required by court order or for program monitoring by federal funding agencies or tribal council requirements. No information will be disclosed that is exempt from disclosure by a federal agency under the Federal Freedom of Information Act, 5 U.S .C .502.

PROCEDURE:

- Participant files must be retained for a period of 7 years. Shred records before placing them in the trash or recycle bin.
- Participant files must be locked in a file cabinet in secured area(s), or a password protected computer.
- Access to Participant files must be limited to employees on a need-to-know basis.
- Keep all records under lock and key when not in use. At the end of the day, records should be locked in a file cabinet in a secured area, or special storage area.
- Do not leave records unattended for any length of time.
- Do not have the records visible when meeting with any staff member.
- Establish a sign-out system so that you know where the record is, and who has it, at all times.
- Specify who can make photocopies of an elder's information, under what circumstances they can be made, and how the photocopies are safely guarded.
- Keep information and/or materials regarding elder abuse and neglect separate and secure from the main record.
- All recorded materials must belong to the program. Staff should not be allowed to keep them when they leave the program.

WHAT IS A RECORD?

A record is defined as any information, whether or not it is written down and recorded, that is collected by a program. This includes information obtained from a program participant or about a program participant. Records may be kept in a folder, binder, file cabinet, or computer system and do not have to be written. Tape recordings, video recordings, computerized data, and microfilms must be treated as record information.

Examples of records are:

- Participant logs;
- Sign-in sheets for meals;
- Intake forms;
- Assessment forms;
- Referral reports to other agencies;
- Follow-up reports on referrals to other agencies; or
- Dates and purposes of contacts.

WHO HAS ACCESS TO RECORDS?

Approved staff and consultants with a NEED TO KNOW in order to carry out their job. In addition to staff, private consultants may need to have access to records, and copies of private consultants' documents may be maintained in the records. The following is a guide for identifying who may or may not have open access to records.

PERSONS WHO MAY "NEED TO KNOW"

- Access to Full Record:
- The program participant who is the subject of the record
- Management staff (I. e ., the director) and supportive service/outreach workers
- Federal officials from the granting agency and on-site reviewers
- External licensing authorities

LIMITED ACCESS: (E .G ., ADDRESS OF CLIENT, AGGREGATED INFORMATION)

- Cooks, bus drivers, secretaries, and volunteers performing secretarial services
- Training and technical assistance providers
- Peer reviewers

SPECIAL ACCESS: (CONSIDER ON AN INDIVIDUAL BASIS ACCORDING TO ESTABLISHED POLICY)

- Staff of other tribal programs; professional consultants
- Computer and data processing personnel

- Volunteers performing supportive service aid and outreach aid
- Tribal council members, attorneys, legal counsel, and auditors
- Other public and private funding agencies providing funds to support the operation and
- services provided by the program.
- Researchers

PERSONS WHO SHOULD NOT HAVE ACCESS:

- Some program staff, such as cook helpers
- Other program participants and visitors
- Friends or family of program participants without legal or written permission
- Tribal members and staff not involved in a professional capacity with the program or Clients

REFERRALS

POLICY:

REFERRALS TO SENIOR SERVICES

For the program to meet grant requirements, all referrals must be documented. Referrals to the program must be documented on the Enrollment/Intake form. All referrals must be reported to the funding agency annually.

REFERRALS TO PARTNERS

Senior Services staff may make referrals to community partner programs and departments. Referrals may be made using the Information Sheet. All referrals made to program partners must be documented and reported per grant requirements.

PROCEDURE:

- Senior Services staff may base referrals on the Enrollment/Intake form and assessments. Referrals can be for care coordination, health education, medical assessments, or mental health evaluation.
- Other referrals could be Health Insurance Application assistance, transportation, home healthcare, social program assistance, burial assistance, housing, and food distribution locations.
- This policy does not encompass all types of referrals. Referrals will be made on a case-by-case basis.
- For referrals being made to partners, employees must complete any partner's referral form.
- All referral forms must be filed in the participant's file.
- Senior Services staff will document all referrals in the Title VI worksheet daily.
- A referral may be made to Senior Services by phone.
- A referral may be made to Senior Services in person.
- A referral may be made to Senior Services in writing by completing a referral form.

REFUSAL OF SERVICES

POLICY:

Program participants have the right to refuse Services. However, the senior program will respect the participant's right to refuse Services. In the case of abuse, neglect, or suspicions of abuse and neglect. The program staff will intervene if it is in the participant's best interest.
Senior Services staff are mandated reporters and are required to report any abuse, neglect, or suspicions of abuse and neglect to the proper authorities.

A participant who refuses Caregiver Support Services or Support Services may continue to participate in the Nutrition Services.

NONDISCRIMINATION

POLICY:

All employees will provide the highest quality services to participants regardless of the client's color, race, religion, creed, sex, sexual orientation, age, marital status, status with regard to public assistance, national origin, ancestry, veteran status, and source or level of funding or any other category protected by federal or local law.

EMPLOYEE RIGHTS, SAFE WORKPLACE, AND RESPECTFUL CONDUCT POLICY

POLICY:
This policy affirms the Hualapai Senior Services commitment to providing a safe, respectful, and dignified workplace for all employees, while ensuring the highest quality of service to older adults as outlined in the Older Americans Act (OAA), including Title III and Title VI programming.

POLICY STATEMENT:
All employees have the right to work in a safe environment, free from harassment, threats, and any form of abuse. Our organization is dedicated to maintaining a workplace where all staff, volunteers, program participants, and community members are treated fairly, with respect, and with dignity.

In accordance with the mission of the Older Americans Act, which aims to support the well-being of older adults through comprehensive services, our employees are expected to treat all program participants and community members with courtesy and professionalism. In turn, employees are entitled to receive the same level of respect and consideration from those they serve and interact with.

RIGHT TO REFUSE SERVICE:

No employee is required to endure verbal abuse, harassment, threats, or disrespectful behavior from any program participant, including elders receiving services, or from any community member. If an older adult or community member engages in verbally abusive, threatening, or otherwise disrespectful conduct toward an employee, the employee has the right to refuse service to that individual, provided that the decision is made in accordance with established organizational procedures and reported to supervisory staff immediately.

VOLUNTEERING FOR COMMUNITY EVENTS:

Hualapai Senior Services encourages employee involvement in community events and recognizes the important role such events play in furthering the goals of the Older Americans Act. Participation in community events as a volunteer is valued and supported. While volunteering, employees are entitled to the same rights to a safe working environment, fair treatment, respect, and dignity. Should an employee encounter unsafe, disrespectful, or abusive behavior while volunteering at a community event, the same procedures and protections outlined in this policy apply.

IMPLEMENTATION:

- All incidents affecting safety, including verbal abuse or disrespect—whether occurring during regular duties or while volunteering at community events—must be documented and reported to a supervisor, program manager, or director.
- Supervisors will review each incident and, when appropriate, take steps to address the behavior with the participant or community member, up to and including discontinuation of services or removal from the event, in adherence with OAA regulations and organizational guidelines.
- Employees will be trained on maintaining a safe workplace, their rights, de-escalation strategies, and the procedures for refusing service or disengaging from unsafe situations when necessary.

COMMITMENT:

The Hualapai Senior Services is dedicated to upholding the principles of safety, fairness, dignity, and respect for both employees and the older adults and community members we serve. This policy is intended to promote a safe, positive, and supportive environment for all.

Added 12/16/2025 Bwb

HOURS OF SERVICES

POLICY:

Normal working hours for the Senior Center are 7:00 am to 5:00 pm, Monday through Friday.
Meals will be served between 7:30 am to 12:30 pm for all senior program participants.
The department will be closed on all major holidays.

***This is subject to change per the Tribal Administration directives.

TRIBAL VEHICLE USE

POLICY:

The use of a Tribal vehicle must meet the rules and regulations of Fleet Management, Tribal Policies, and the Senior Services Guidelines.

PROCEDURE:

- The following are mandatory for each employee driving a Tribal Vehicle:
- Tribal Vehicles are to be parked at the designated areas during evening hours, on weekends, and when on any leave.
- Occasionally, parking the Tribal Vehicle at the staff member's home will be more cost and time effective. For justification, the staff members show an early transport/travel time, which the Supervisor or Director must preapprove and must show that the alternate plan is cost-effective by saving fuel cost and mileage on the vehicle.
- At no time are staff members to use Tribal vehicles to transport a family member to work or to school.
- All damage, no matter how minor, shall be reported to the Administrative Assistant as soon as possible. Reports must be completed and estimates for repairs must be obtained.
- All vehicles are to be filled with fuel before they are parked. DO NOT PARK A VEHICLE EMPTY OR LOW ON FUEL.
- All vehicles are to be kept clean and well-maintained. Routine inspections shall be conducted without notice to the driver. If the vehicle is dirty or filled with unnecessary items not job-related, disciplinary action will be taken.
- It is the responsibility of each staff member to assign to a Tribal vehicle to maintain the vehicle in a safe and presentable manner. Each staff member shall:
- Check tires for wear and damage often.
- Report any unusual noises immediately.
- Lock all doors when leaving the vehicle.
- Roll up windows when parking and leaving the vehicle.
- Report lost credit cards immediately.
- Make sure the vehicle is parked in a safe and secure area.
- Do not allow smoking, tobacco chewing, snuff, or illegal drug, including marijuana use.
- Require seat belt usage for all passengers.
- Observe all traffic laws. Traffic tickets and fines are the responsibility of the operator.
- Do not use Tribal Vehicles for personal use or activities outside the scope of work.

- Senior staff will be assigned a Tribal Vehicle designated for the purpose of conducting outreach Services. The staff member follows this policy and ensures the vehicles are clean and maintenance is followed.

DELEGATION OF AUTHORITY

POLICY:

During the absence of the Director, the delegation of authority will be assigned to the Administrative Assistant. If the Administrative Assistant is unavailable or unable to assume the role, the Kitchen Lead will assume the delegation of authority. If both the Administrative Assistant and Kitchen Lead are unavailable or unable to assume the delegation of authority, the most senior staff member will assume the delegation of authority for the duration of the absence.

PROCEDURE:

- One week or Three days prior to the planned leave, the Director should circulate a delegation of authority memo to all Department Heads stating who will take responsibility for the program while the Director is absent.
- The Person delegated will be the person with the most seniority in the Department.
- If the delegated person must be absent, the next most senior person next in line with the most Services will assume the temporary Director position. This person will follow through with the Directors' duties until the delegated person returns.

When the Director position becomes vacant. The Tribal Administration must inform the ACL of the vacancy and provide the name of the Interim Director.

GRIEVANCE PROCEDURE FOR CLIENTS AND APPLICANTS

POLICY:

Clients and applicants for services have the right to file a grievance related to service delivery, denial, or termination. Program providers and services personnel also have the right to file a grievance if a program is terminated or funding is denied. Each Area Agency must implement a procedure to address such grievances, as outlined in Arizona Administrative Code Title 6, Chapter 6 (RS-101).

PROCEDURE

1. A written statement from the individual or department is required.
2. The individual must sign the grievance form.
3. Anonymous complaints will not be accepted.
4. The Hualapai Tribe/Department will acknowledge receipt of the grievance in a written response.
5. A resolution must be provided within 30 days after the acknowledgement of the complaint is sent.

STEP 1

All formal grievances regarding services or personnel should adhere to the chain of command. Any service recipient with a grievance should first try to resolve the matter directly with the staff providing the service. If the issue remains unresolved, the complainant should reach out to the Senior Center Program Manager or Director to initiate an appeal. The grievance must be submitted within 10 days of the incident.

STEP 2

If the grievance is not resolved in Step 1 within five days, the client or applicant should submit a written grievance to the department director within ten days. This grievance should include the following information:

- A clear description of the grievance.
- The date the grievance or concern was discussed and the individuals involved in that discussion.
- The outcome of the grievance discussion.
- A clear description of the desired outcome that the recipient hopes to achieve.
- A grievance will not be accepted on behalf of another individual. Issues currently before the Hualapai Tribal Court will not be accepted.

STEP 3

The department director will respond in writing to the complainant regarding the grievance within 15 days from the date the appeal was received. The director will review and investigate the issue with all relevant staff and other entities before sending the final response to the complainant.

STEP 4

In the event that a decision is made to exclude a participant from the Senior Center programs and activities, the excluded senior may request in writing another hearing with the Senior Center Director and the Vice Chair within 15 days of receiving the notice. If a grievance appeal is not filed within 15 days from the date of the incident, the client or applicant is deemed to have waived their right to contest and appeal the grievance.

STEP 5

Should the decision be upheld by the director and vice chairman, the complainant may appeal to the Inter-Tribal Council of Arizona Area Agency on Aging within 10 days of the decision.

PARTICIPANT CONDUCT

STANDARDS OF CONDUCT

POLICY:

The ability of each staff member to be aware of the standards necessary for productive governmental functioning is crucial to maintaining an efficient workplace.

PROCEDURES:
Hualapai Senior Services staff member commits to the following:

- Serve Tribal participants, citizens, clients, and co-workers with respect, concern, courtesy, and responsiveness.
- Avoid any interest in activities which are against the conduct of your official duties.
- Observe the smoking policy adopted by the Hualapai Tribe.
- Each employee should deal with creditors on a personal basis on their own time and should not result in creditors contacting the base office.
- Staff members who are running a fever or have a severe cold or have flu-like symptoms should not transport clients or conduct home visits or patient screenings. The Supervisor, Lead, Administrative Assistant, or Director shall be contacted, and an alternative plan will be implemented.

GENERAL CODE OF CONDUCT FOR ELDERS AND PROGRAM PARTICIPANTS

POLICY:

This Code of Conduct is designed to create a **safe, respectful, and welcoming environment** for all program participants, elders, guests, volunteers, and staff. Everyone is encouraged to join, participate, socialize, and support one another.

1. CODE OF CONDUCT

GENERAL EXPECTATIONS

- Treat everyone, participants, guests, staff, and volunteers—with kindness and respect.
- Follow all instructions and guidance from staff, program leaders, and volunteers.
- Foster a friendly, inclusive, and supportive atmosphere for individuals of all backgrounds.

GUIDELINES FOR PARTICIPANTS

- No Alcohol or Drugs: Do not attend or participate if under the influence of alcohol or drugs. There is a zero-tolerance policy for substance use.
- Be Respectful and Courteous: Communicate with friendly, supportive language at all times.
- Practice Good Sportsmanship: Encourage and support others, regardless of outcomes.
- Prioritize Safety: Avoid any rough or unsafe behavior that could cause injury.
- Resolve Conflicts Calmly: Do not argue or escalate disagreements. If you feel upset, consider taking a break or seeking assistance from staff.
- Dress and Hygiene: Wear comfortable, appropriate clothing and maintain good personal hygiene, being mindful of sensitivities to scents or allergens.
- Report Concerns: If an issue arises, alert a staff member or program leader instead of confronting others directly.

GUIDELINES FOR SPECTATORS AND GUESTS

- No Alcohol or Drugs: The zero-tolerance policy applies to all attendees.
- Show Kindness to All: Treat every participant, guest, and staff member respectfully.
- Stay in Designated Areas: Remain in appropriate areas for safety.
- Cheer and Support Positively: Offer encouragement in a respectful manner. Avoid negative comments or heckling.
- Report Issues to Staff: If concerns arise, notify staff rather than addressing others directly.

2. UNACCEPTABLE BEHAVIORS

The following actions are prohibited for everyone:

- Physical aggression: Hitting, pushing, threatening, or any violent behavior
- Rude, hurtful, or offensive language: Including slurs or derogatory comments

- Teasing, bullying, or intimidation
- Repeatedly ignoring rules or instructions
- Disrespectful behavior or arguing
- Being under the influence of alcohol or drugs
- Yelling or using a harsh tone
- Sexual harassment or inappropriate comments/behavior

Violations may result in immediate removal from the activity or premises. All decisions are at the discretion of program staff. Appeals are permitted—see below.

3. CONSEQUENCES FOR VIOLATIONS

- Immediate Removal: Serious violations (e.g., substance use or offensive language) may result in being asked to leave immediately.
- Temporary Suspension: Bullying, unsafe behavior, or repeated disrespect may result in suspension from activities for up to two months.
- Appeals: Anyone wishing to appeal a disciplinary action may request a review by program staff.

4. GRIEVANCE PROCEDURE

All participants and applicants have the right to file grievances regarding services, denial, or termination.

Please follow the Grievance Procedure outlined in this manual**.**

Added 07/01/2026

SERVICE DELIVERY

RESTRICTED SERVICES

POLICY:

Some requests for Senior Staff Services are not allowable because they may be dangerous or unsafe for the staff and/or participants.

PROCEDURE:

- The Senior Program shall not provide transportation to anyone under confinement in jail, prison, or a rehabilitation facility unless they obtain approval from the Director. Facilities of incarceration are responsible for the health and welfare of their residents.
- Services of any kind will not be provided to participants or caregivers under the influence of alcohol and drugs. Suppose the senior center staff member arrives at the residence and suspects that the participant is under the influence or suspected of illegal activity. In that case, a staff member will refuse Services, leave the home and contact the Senior Office, the Tribal Police, and the behavioral health counselor.
- If the staff member anticipates a problem with a home visit about to be made, take a Police Officer, another staff member, or a CHR with you on the visit, depending on the situation. Do not risk the visit alone.
- If the home visit is deemed necessary in extreme weather conditions, the staff member may have to request that the police accompany them or make the safety check for them in a vehicle better designed for the emergency.
- Seniors with oxygen must manage their oxygen equipment. Senior staff is neither trained nor allowed to adjust oxygen flow or change tanks.

SUPPORTIVE SERVICES

POLICY:

The Senior Services program must provide information and assistance to all program participants based on the needs assessment conducted during the enrollment and intake forms. Supportive Services can include the following:

- Congregate Meals
- Home Delivered Meals
- Case Management
- Transportation
- Homemaker Services
- Personal Care –Health Aid
- Chore Services
- Support Groups

PROCEDURE:

- Please refer to the Title VI Tracking AB Workbook User Guide for Part A/B of the Program Performance Report for instructions on documenting Services.
- Use the Title VI Workbook A/B Tracking Excel spreadsheet to document Services.
- Services are subject to change based on current funding.

INFORMATION ASSISTANCE

POLICY:

Information and assistance activities are required under Title VI. Information about Services available to tribal participants to help them to remain independent and in their own homes. The Information Assistance should provide participants and caregivers the information on where to obtain Services such as translation, medical equipment, and health information on illnesses. Other Information Assistance will help a participant or caregiver find assistance with yard work or heavy chores.

PROCEDURE:

- Senior Services staff will develop a “one sheet” page with resources for community participants and caregivers.
- Staff will update the list annually.
- The information sheet will be located in the lobby of the Senior Center.
- The information can be requested from the Administrative Assistant, Community Health Worker, Director, or Kitchen staff.
- The information sheet will consist of but is not limited to transportation, food distribution centers, homeless shelters, healthcare insurance application assistance, and nutrition Services application, i.e., SNAP.
- Other resources included are homemaker Services, long-term care providers, and mental health resources.

ADVOCACY

POLICY:

The Senior Staff will assess the health care and social support Services provided to participants, identify barriers that may occur that prevent quality Services, and intervene as appropriate.

PROCEDURE:
The Senior Services staff is a liaison/advocate for the Elders and Family Caregivers. They do this in several ways:

- Providing referrals for counseling and social support.
- Assuring that people get the Services they need.
- Bridging cultural gaps between the community and the health care system.
- Providing culturally appropriate and accessible health education and information, often using popular education methods.
- Advocating for individuals and communities within the health and social Services system.
- Building individual and community knowledge through supportive advocacy, and education involving better self-care.
- Providing direct Services, such as home visits.

CARE MANAGEMENT

POLICY:

Definition: *Care Management assists consumers and their support systems to become engaged in a collaborative process designed to manage medical/social/mental health conditions more effectively. The goal of care management is to achieve an optimal level of wellness and improve Care Coordination while providing cost-effective non-duplicative Services. (Center for Health Care Strategies, N.D.)*

Care Management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and Services necessary to meet a participant's health and human service needs. CM provides ongoing support for the participant by continuously evaluating how the care plan is working and providing feedback to the Services providers and caregivers about their work. This promotes the more effective use of staff, agencies, and programs when it is clear what is requested and how it is to be accomplished. (ACL Title VI, Resource Manual)

PROCEDURE:

- Participants and their families can decide to participate in care management.
- Senior staff will support the rights of a participant and their family.
- We will support the participants in developing their own action plans that include clear goals, priorities, and realistic actions to achieve these goals.
- Staff will practice cultural humility (do not make assumptions about the knowledge, behaviors, or values of the participant or impose your own cultural norms).
- Staff will provide participant-centered education about the health issues or conditions relevant to the participant or family member.
- Staff will develop an in-depth understanding of available basic resources and Services and maintain ongoing professional relationships with Services providers.
- Provide clients with referrals to resources, including clear guidance about why and how to access these resources.
- Set clear boundaries and stay within their scope of work.
- Consult with your supervisor and or members of your program.
- Keep organized and manage Senior Participant's files appropriately.
- Document your work accurately and according to grant requirements.
- Present and discuss your work with individuals and participants to the health care team, your program Coordinator, Supervisor, or Director.
- Determine when to end or the completion of care management; this may happen when the elder is referred to another Services provider.

NOTE:

In some cases, obtain a new release of information from the participants to move forward with Care Management.

OUTREACH

POLICY:

Outreach should be based on community assessments conducted semi-annually. Community outreach aims to identify, contact, and establish a positive relationship with communities with increased risk for specific health conditions in order to promote better health outcomes. Outreach should be researched, and any topic being addressed should rely on evidence-based or peer-reviewed information.

PROCEDURE:

- Build a relationship with the participants and the community; this can be accomplished through individual outreach, group outreach, street outreach, or venue-based outreach, i.e. faith-based organizations.
- Contact people you may know.
- Identify key leaders in the Community. These can be natural leaders found in the community that has earned the respect of the participants and community. Not just leaders in formal positions or settings.
- Communicate with tribal and community leaders and keep them well informed about the program. They may be asked to support the elders' services in some way at some time. Knowing about the program and how important the services are to elders in the community makes it easier to support them financially when the need is there.
- Network with community Programs and Program Partners. Do not just limit networking to programs and partners. Conduct outreach and community events and meetings.
- Identify the community programs and departments that share common goals.
- Organize community events and groups. Invite as many people as you can and advertise your events through flyers.
- Listen. Do not do all the talking. Remember, suggestions and comments are welcomed. Ask questions and introduce the topic you will be addressing.
- Be patient; take your time with the agenda and topic. Do not push the agenda. The most important thing about outreach is to listen to what the community has to say.
- Keep any promise you make; if you say you'll show up to a place, show up. If you say you'll share any information on a specific date, follow through with it.
- Be respectful and follow through with commitments. Send thank you cards or emails expressing your appreciation for the community support.
-

HEALTH EDUCATION & PROMOTION

POLICY:

The senior center staff will provide appropriate information and instruction to promote better health in all areas of contact with the elder, the elder's family, and community members.

PROCEDURE:

INDIVIDUAL/IN-HOME

- Senior staff will provide appropriate health education to senior participants and their families that build upon their knowledge.
- Utilize talks with the participants to determine health education needs and motivation.
- Carry literature to the handout that corresponds with the subject discussed, such as diabetic literature when discussing diabetes.

IN THE COMMUNITY:

- Senior services staff will be involved in community events such as health fairs, family day, and other events to share health education with the community and build self-care knowledge.
- Senior services staff may offer health screenings in coordination with the public health nursing staff or Community Health Representative program.
- The senior services staff may be involved with community activities that promote the healthy lives of elders and community members.

THE SENIOR STAFF MUST CONTINUALLY:

- Attend training to update their knowledge.
- Research information that builds health knowledge.
- Ask questions of medical providers such as the pharmacist, nurse, and physician.

INTERPRETATION OF LANGUAGE

POLICY:

If necessary, the Senior Services staff may need to help with the interpretation of languages when the community-based language and the language used by other partners or providers differ.

PROCEDURE:

- The Senior Staff will work with providers to assist participants with understanding their needs and the recommendations suggested for the participant to be better involved in their needs. If there is a language barrier, it must be addressed to allow this to happen.
- Assess the understanding of individuals requiring interpretation for services.
- The staff may attend medical appointments with the participant and physician if the participant approves.
- If the staff finds the elder does not understand the instruction, the team may interpret for the participant and help the provider/partner understand the participant's concerns.
- If the staff does not speak the Tribal language, a staff member or a family member could interpret the information until it is evident that the participant understands.
- If the staff member does not speak the language, the staff member will coordinate with the CHRs or other agencies that provide translation Services to assist the participants.
- The staff will follow up with the CHW/CHR with a phone call or home visit to support and improve understanding.

TRANSPORTATION OF ELDER SERVICES

POLICY:

The Senior Services will provide transportation based on need and priority. Transportation allows participants to attend senior center functions, including meals, access to medical services, attend social functions, and maintain psychological health through contact with others in activities, outings, and cultural events. The Senior Services staff may not be able to accommodate all transportation requests and may deny or refer a request to a partnering agency/department/program. The staff will coordinate transportation Services with amiable transportation providers to prevent the duplication of Services.
Transportations requests MUST be made three (3) days prior to their appointment or desired shopping trips.

PROCEDURE:

- A transportation request form must be completed by the participant or staff member and approved by the director or administrative assistant, approval date, and identified driver. (Please see attachments)
- The participant must call the Senior Services three (3) days prior to their Services request date for long haul transportation such as shopping, medical appointments in Kingman or surrounding areas, and application assistance such as DES appointments.
- The participant must call the Senior Services one (1) day prior to their Services request for local transportation to medical appointments, mail checks, or shopping.
- Staff members will take the caller's name, the name of the person being transported, the address of the pick-up location, the date of service request, and the caller's phone number.
- The Senior staff will call the requestor back after checking availability.
- If the Senior staff are unable to provide the transport, the staff will coordinate with partnering agencies/departments/programs to address the request.
- If the request is a medical appointment, the staff will make an attempt to refer this request to the CHR program or the non-emergency transportation program.
- Rides to the store, court, post office, and other areas shall only be provided if the transportation Services are not available, and the staff chooses the most opportune time for the transport.
- Transportation requestors are encouraged to utilize all transportation services and transit services prior to making a request for transportation to prevent the duplication of services.
- No Transportation shall be turned down for a ride to the Senior Center for congregate meals.

- Senior staff are encouraged to assist participants in-and-out of the vehicle for their safety and well-being.
- Use a step stool when appropriate.
- Assist the participant stand, do not pull a participant by their arm as leverage.
- Place one hand on the forearm of the participant and one hand on their back, bracing for leverage to assist the participant. This will prevent any injury to the participant. Never yank a participant by their arm and hands.
- Assist the participant in loading and unloading any medical equipment, i.e., walker, rolling walker, wheelchair, or scooter.
- All persons riding in a department vehicle must wear a seatbelt, with no exceptions.

TRANSPORTATION OF MINORS

POLICY:

A parent or legal guardian must accompany all minors (under 18), NO EXCEPTIONS.

PROCEDURE:

- All children aged five and under must be secured in an approved car seat or booster seat furnished and installed by the parent or legal guardian.
- Transports will be canceled if the parent or legal guardian cannot provide a car seat.
- The staff cannot pick up children from schools, head start programs, babysitters, homes of relatives or friends, or any other location where the parent or legal guardian is not present.
- Seniors must make childcare arrangements before their scheduled transports. The staff will not “babysit” children during their parent’s appointments.

CAREGIVER AND HOME SERVICES

CAREGIVER TRAINING

POLICY:

Caregivers require continued support and training on addressing a participant's health and well-being. The program will enhance caregiver skills and well-being and decrease the risk of caregiver burnout. The successful delivery of family caregiver training will help avoid costly and unnecessary placement in a care facility.

The program will provide continued training for family caregivers in the following area(s):

- Health
- Nutrition
- Financial Fiduciary
- Decision-making related to the care of a participant.
- Basic Caregiving skills, i.e., bathing, body mechanics, and feeding.
- Alzheimer's Training

Title VI-Part C will support the training of caregivers and coordinate with the Hualapai-Health Education & Wellness to better support caregivers.

PROCEDURE:

- Identify a qualified trainer to provide the basic caregiver training.
- Select a date to host a training in-person or via webinar.
- Purchases material such as textbooks for the caregivers to review before the training.
- Provide training on a one-on-one basis or in a classroom setting.
- Provide training with cultural sensitivity and flexibility suitable to the caregiver's needs.
- All caregivers who participate in training must sign in before attending the training.
- Coordinate with the financial department and Human Services for training on Financial Fiduciaries.
- Contact the county Public Fiduciary Services for training or information assistance for tribal participants.
- Coordinate with a Nutritionist or Dietitian to train caregivers about participants' dietary needs and nutrition education.
-

HOME MODIFICATION

POLICY:

Caregiver Support Services assist older adults by providing essential safety and structural home repairs, including renovations, to help maintain homes that meet minimal housing standards. These services promote independence, mobility, and safety, enabling older adults to remain in their own residences comfortably.

SERVICE DESCRIPTION:

This case-managed service addresses safety and structural needs through repairs or renovations that enhance mobility, accessibility, and overall safety. The Family Caregiver Support Program provides these services that complement the care of informal or unpaid family caregivers, and as a limited resource.

PROCEDURE:

- Services are supplemental and provided only after all other available resources have been explored and utilized.
- Senior Services delivers home modification support to eligible older adults and their caregivers.
- The adequacy of the residence is assessed based on the needs, desires, and preferences of the older adult or caregiver, and necessary repairs or adaptations are documented.
- Community Health Workers (CHW/CHRs), trained by the Indian Health Service Office of Environmental Health, must complete a home assessment to determine the need for services.
- Both the family caregiver and the older adult must attend a fall prevention education session provided by the Senior Center.

ELIGIBILITY

- MUST be 62 years old or older.
- MUST provide their income.
- MUST be enrolled in the HSS department program (Title III, Title VI, SSBG, or General Fund).
- Must have an informal or unpaid family caregiver.
- Must complete a home assessment conducted by the CHW Team or Caregiver Support Coordinator.
- Must not have received Home Modification assistance in the past three years.

SERVICE REQUIREMENTS

- Services are temporary and limited in nature.
- Informal or unpaid Family Caregivers must demonstrate that all other available resources (e.g., Public Works, Gaming Assistance) have been used prior to service delivery.
- Home adequacy will be assessed, to provide necessary repairs or adaptations will be specified and documented.
- Department is not responsible for continued routine maintenance of the provided service.

ADAPTIVE REPAIRS

Repairs or adaptations may include, but are not limited to:

- Building ramps
- Cooling and heating repair/maintenance
- Widening doorways and/or hallways
- Installing grab bars
- Screen and window repair
- Installing safety mats
- Minor roof repair
- Door repair
- Floor repair
- Non-slip strips for showers/tubs
- Driveway improvements
- Electrical enhancements
- Other

LICENSURE/CERTIFICATION REQUIREMENTS

- Contractors must comply with all federal, state, and local licensure and certification requirements.
- All materials and work must meet industry standards and conform to state and local building codes.
- Contractors must obtain an Arizona Fingerprint Clearance Card, complete a background check via the Arizona Central Background Checks web portal, and link their account to the Hualapai Senior Services Department (elderly@hualapai-nsn.gov).

REPORTING UNIT

One unit of service is defined as one repair or adaptation.

HOME SAFETY AND MODIFICATION CHECKLIST

Ask yourself the following questions, or better yet, have a trusted friend or relative go over them with you as you inspect your home. Mark all "NO" answers. These are areas that need improvement. If you cannot make improvements in these areas or need help to do so, report them to your care manager at his/her next visit. Your care manager may have some suggestions, information, or services to assist:

ENTRANCE:

- Is the sidewalk or driveway free of tripping or sliding hazards?
- Are the sidewalk, driveway, or steps slippery when wet?
- Are cracks, potholes, soft dirt, sand, rocks, gravel, and tree roots absent?
- Are thresholds clearly marked and free of obstructions?
- Are steps steady and in good repair?
- Are the top and bottom steps marked with reflective paint or tape?
- Is a secure railing or handrails on both sides that are easy to grip?
- Is there grasping space for both knuckles and fingers on railings?
- Are the stair treads deep enough for your whole foot?
- Are any low-rise steps, porches, or landings in good repair?
- Is a ramp feasible in any area if one needs to be installed?
- If there is a ramp, does it meet ADA specifications? (12" L for each 1" H X 36" W)
- Can you enter the house or apartment safely?
- Is it well lighted?
- Can the light be turned on without having to walk through dark areas?
- Is there an automatic motion detector light at night?
- Is the entry free of shrubbery or bushes that hide the door?
- Is the doorway wide enough for easy and unobstructed entry?
- Can you view visitors from inside the house?
- Is the lock and deadbolt in working order?
- Is there a doorbell or knocker?
- Are all locks throughout the house keyed the same?
- Are the doorknobs lever-type handles?
- Is the mailbox easily accessible?
- Is parking space available and convenient to entranceway?
- If there is a garage, does it have an automatic opener?
- Are any hoses, tools, or debris properly stored away?
- Is a spare key hidden outside or with a trustworthy neighbor?

YES ANSWERS – DISCUSS WITH CARE MANAGER:

- Is there a dog or other pet?
- Do you need a wheelchair and/or a wheelchair ramp?

- Do you need help to make adaptations or modifications?

NOTES: List changes or improvements to be made; timeline for completion; who will be responsible; who will follow-up.

Prepared by a workgroup led by the Pima Council on Aging, to be used in combination with assessment instruments such as the ASCAP.

LIVING AREAS:

- Are floors non-glare, without checkered or geometric patterns?
- Is non-slip floor wax used?
- Are all pathways free of electric cords?
- Are interior thresholds marked with reflecting tape, leveled or removed?
- Are interior steps or surface drops absent?
- Are all carpets, tiles and runners secured?
- Are floors kept free of scatter or throw rugs?
- Are floors and stairways free of clutter, papers, shoes, clothes?
- Do interior doors have lever-style handles?
- Are windows and doors easy to open and close?
- Can windows be locked?
- Are screens in good repair? (West Nile)
- Are doorways wide enough for a walker/wheelchair (32”-36”)
- Is there space to maneuver while opening and closing doors?
- Are your hips at the same level as your knees when seated on:
- Sofa or couch
- Dining room chair
- Favorite easy chair
- Is the furniture sturdy and heavy?
- Are couches and chairs at a proper height to get into and out of easily?
- Do couches and chairs have armrests?
- Are furniture (especially low coffee tables) and other objects arranged so they do not
- interfere with walking?
- Is there a minimum of 32” 36” of space between furniture?
- Are furniture and commonly used items kept in the same place?
- Are extra clutter, furniture, and knickknacks cleared away?
- Are tall bookcases or cabinets secured to the wall?
- Are guns locked up or removed?
- Do you keep a “go-pack” with 3-5 days of emergency supplies available?

YES ANSWERS – DISCUSS WITH CARE MANAGER:

- Is a lift chair needed?
- Do heaters or radiators need guards?

- Is there lead-based paint on any walls, doors, or windowsills? (painted prior to 1972)
- Do you need to apply for low-income utility programs?
- Do you need help to rearrange furniture?
- Do you need help to sort and discard old or broken things?

NOTES: List changes or improvements to be made, the timeline for completion, who will be responsible, and who will follow up.

LIGHTING/ELECTRICAL/ALARMS:

- Do you always turn on the light when entering a dark room, even if it is familiar?
- Are 100-watt, low-energy florescent bulbs used wherever possible?
- Can low wattage fixtures be replaced with 100-watt fixtures?
- Can you safely replace burned out bulbs on ceiling or porch lights by yourself?
- Do you know where breaker switches or fuses are located?
- Do you know how to turn off the electricity safely?
- Do windows have sheers to reduce glare?
- Is there a bedside lamp and flashlight, with extra batteries, handy?
- Are there night-lights throughout the home, especially in halls, baths and bedrooms?
- Are stairs lighted at top and bottom?
- Do lamps have shades to reduce glare?
- Does lighting placement avoid dark spots?
- Is lighting sufficiently bright for purpose of area?
- Are outlets and switches easy to turn on and off?
- Do you check that outlets, switches or cords are not warm to the touch?
- Can large, lighted rocker light switches be installed if needed?
- Are electric outlets 27 inches above the floor?
- Are outlets properly grounded to prevent shocks?
- Are extension cords in good condition, with no frayed areas?
- Are they put away promptly after temporary use?
- Are all cords out from underneath carpeting and furniture?
- If portable fans are used in the summer, are pathways free of cords?
- Do you have an alarm system?
- Do you have smoke detectors in hallways and kitchen?
- Do you replace batteries when needed?
- Do you have a carbon monoxide detector?
- Are phones available in low, easy to reach locations?
- Is there a cordless telephone or cell phone you can take from room to room?
- Are you careful to avoid pathways or tangling the phone cord when in use?
- Do you have an answering machine to take calls, to prevent running?
- Is the telephone equipped for hearing enhancement if necessary?
- Are emergency numbers in large print posted next to all phones?
- Can you hear the phone and doorbell from all areas of the house?

- Do you have an emergency evacuation plan?

YES ANSWERS – DISCUSS WITH CARE MANAGER:

- Do you need a phone or the Telephone Assistance Payment Program (TAPP)?
- Is a volunteer telephone reassurance program needed?
- Is a personal electronic emergency alert system needed?
- Do you need electric outlet plugs in case small children visit?

NOTES: List changes or improvements to be made; timeline for completion; who will be responsible; who will follow-up.

KITCHEN:

- Are the appliances in working order?
- Can you manipulate the sink faucets?
- Can you easily clean the sink and wash dishes?
- Is the hot water heater regulated to prevent scalding or burning?
- Do you know how to turn off the water and gas/propane?
- Are spills wiped up immediately?
- Is the floor non-slippery and easy to clean?
- Can you open and close the refrigerator and freezer?
- Is there a counter or sturdy table next to the refrigerator or freezer?
- Do you date food in the refrigerator, especially leftovers?
- Can you open and close high and low cabinets?
- Are cabinet knobs easy to use?
- Is adequate workspace available?
- Is counter height and depth good for you?
- Can you sit while working?
- Can you reach the dishes, pots, silverware and food supply?
- Are heavy objects stored in lower cabinets?
- Do you store frequently used items at convenient heights (waist level) to avoid reaching,
- stooping and lifting?
- Can you reach the stove controls?
- Are stove controls easy to use?
- Can you manage the over door?
- Are flammables kept away from the stove area?
- Are cleaning supplies and pesticides stored away from foodstuffs?
- Do you avoid reaching over burners to get spices or to open cabinets?
- Can you safely transport food to eating area?
- Do you use a pushcart to move heavy or hot items to the table?
- Are sharp objects stored away safely?
- Do you only use a stepstool when another person is present?

- Do you only use a sturdy stepstool, with a handle, that can be grasped while on the top step?
- Do you have a "reach stick" to grasp objects from the floor or top shelves?
- Do you keep shelf-stable meals and water on hand in case of emergency?

YES ANSWERS – DISCUSS WITH CARE MANAGER:

- Do you need child-safety gates or safety latches on locks or cabinets in case children visit?
- Do you need help to re-arrange items in your kitchen?
- Does your kitchen need any adaptions?
- Do you need nutritional supplements?

NOTES: List changes or improvements to be made; timeline for completion; who will be responsible; who will follow-up.

BATHROOM:

- Is the doorway accessible? (32" to 36")
- Can you easily manipulate the door and faucet handles?
- Are floor surfaces dry and non-slippery?
- Do floor mats have rubber, no-skid backing?
- Can you manipulate the light switches?
- Is there a night light?
- Do you take a whistle, cordless, or cell phone with you into the bathroom?
- Can you get in and out of the tub or shower with ease?
- Do you have a sturdy bath or shower seat?
- Do you have a hand-held, adjustable showerhead?
- Are there grab-bars where needed, by the shower, tub and next to the toilet?
- Are the walls of sufficient strength to support grab bars (minimum 2x4, 18" on center) or could they be reinforced?
- Does the tub or shower have a non-skid surface?
- Do you have a transfer bench to safely enter and exit the tub?
  Is the hot water set to under 120 degrees?
- Are your hips at the same level as your knees when seated on the toilet?
- Do you have a raised toilet seat?
- Do you have a toilet safety frame?
- Do you know how to turn off the water to the sink, toilet or tub if a leak should develop?
- Do you store your medicines outside of the bathroom?
- Are all medicines stored in their original containers and clearly marked?
- Is there a first-floor bedroom and bath to allow living on one level if necessary?

YES ANSWERS – DISCUSS WITH CARE MANAGER:

- Do you need any of the following? Grab bars, transfer bench, handheld shower, shower chair, raised toilet seat, toilet safety frame.

- Can you obtain a prescription for these from your doctor?
- Are these covered, in whole or in part, by your medical insurance carrier?
- Do you need incontinence supplies?
- Do any adaptations need to be made?

NOTES: List changes or improvements to be made; timeline for completion; who will be responsible; who will follow-up.

BEDROOM:

- Is the doorway accessible? (32" – 36")
- Are your hips at the same level as your knees when seated on the bed?
- Can you get up and down safely from the bed?
- Do you have a firm chair with armrests in which to sit and dress?
- Do you keep bed covers, pillows, slippers, clothing or shoes from cluttering the floor?
- Is a light switch or lamp accessible from the bed?
- Is there a night light?
- Do you keep a flashlight, with extra batteries, next to your bed?
- Can you reach the phone from your bed?
- Are emergency numbers, in big print, next to the phone?
- Can you easily reach your clothes in the closet and dresser?
- Do you keep closets and drawers free of clutter?
- Does your closet have a light?
- Is there a clear path to the bathroom?
- Are any area rugs firmly secured to the floor?
- Is carpeting kept in good condition without frayed ends, puckers or tears?
- Is there a smoke alarm outside the bedroom door?
- Do you have two escape routes from your bedroom?

YES ANSWERS – DISCUSS WITH CAREMANAGER:

- Do you smoke in bed?
- Do pets sleep in your bed?
- Do you need a bedside commode?
- Do you need an adjustable hospital bed?
- Do any modifications need to be made in your bedroom?

NOTES: List changes or improvements to be made; timeline for completion; who will be responsible; who will follow-up.

REMEMBER – THINGS CHANGE, DO A FOLLOW-UP INSPECTION ONCE A YEAR!

FAMILY CAREGIVER SUPPORT PROGRAM

BACKGROUND:

The Older Americans Act provides the opportunity for Title VI grantees to plan, develop, and implement family caregiver support programs for the benefit of non-paid family members caring for their participants and grandparents caring for their grandchildren under Title VI-Part C. (Title VI, Resource Manual)

Family Caregiver – An adult family member, or another individual, who is an informal provider of in-home and community care to an older individual or to an individual with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction. [OAA Section 302 (3)]

The Family Caregiver Support program provides Services for caregivers, not the participants. A caregiver can be a family member, friend, neighbor, or member of a church or social club. (Title VI, Resource Manual)

ELIGIBILITY:

- An unpaid caregiver of a senior participant in the Title VI program.
- Be a registered caregiver on the participant's intake form.

PROGRAM REQUIREMENTS:

- Information to caregivers about available services.
- Assistance to caregivers in gaining access to the services.
- Respite care is care provided to a frail elder so that the caregiver can have a break. Respite care can be provided in the home of the elder or the caregiver.
- "Frail" means that the elder is functionally impaired because s/he is unable to perform at least two activities of daily living or due to a cognitive or other mental impairment, requires substantial supervision because the elder behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.
- Caregiver Training i.e. how to perform some caregiver responsibilities, such as getting an elder out of bed.
- Support Groups; In a support group, members provide each other with various types of nonprofessionals, nonmaterial help for a particular shared issue. The help may take the form of providing relevant information, relating personal experiences, listening to others' experiences, providing empathy and establishing social networks.
- Answer caregiver calls and referrals.
- Completing a Caregiver Intake.
- Sharing information about an illness and/or diagnosis.

- Mailing/Newsletters/Brochures for self-care, Services available in the community, etc.

ASSISTANCE

- Application assistance for Medicaid, SNAP, Housing, or tribally funded resources, etc.
- Paperwork, finding resources, or helping them access programs that can provide assistance with Medicare, Medicaid, yard work or heavy chores, housecleaning, or other tasks.
- Respite
- In-home cleaning or homemaking support to give the caregiver a break.
- Shopping assistance
- Caregiver training
- Self-care for caregivers
- Financial literacy training
- Training and resources related to a specific chronic illness.
- Skill development for caregiver assistance:
- Medical treatments
- Transfers
- Bathing
- Cooking
- Evidence Based Caregiver Education

SUPPORT GROUPS

- Support groups for people caring for a person living with dementia.
- Support groups for working caregivers.
- LGBTQ+ Support Group

SUPPLEMENTAL SERVICES

- Lending closet supplies and management
- School supplies for older relative caregivers
- Home modification
- Transportation
- Disaster Preparedness

INFORMATION AND ASSISTANCE SERVICES:

When a caregiver is identified, the staff will inform the caregiver of available resources. The staff will provide information on Services and where to obtain equipment.

CAREGIVER TRAINING:

Caregiver training will be provided to caregivers on self-care and mental health. Caregiver training must include training caregivers how to perform some basic caregiving such as bathing, moving, feeding, health, nutrition, financial and fiduciary responsibilities, and decision-making as a caregiver.

HEALTH AND SAFETY PROTOCOLS

STANDARD PRECAUSTIONS

POLICY:

Standard Precautions mean that all persons will be considered to be infected with some organisms contagious to all who come into contact with the person. Staff coming into contact with any participant will therefore use certain precautions to protect themselves.

PROCEDURE:

- Standard Precautions involve hand hygiene and the use of protective barrier covering whenever contact with any body fluids is expected.
- Hand hygiene may be achieved with either alcohol-based hand sanitizers or soap and water. Wash your hand with soap and water for a period of 20 seconds.
- When hands are visibly dirty or contaminated, soap and water is best for this.
- Cleaning hands before having direct contact with a participant.
- Clean hands after having contact with a participant's intact skin, as in taking a pulse or blood pressure.
- Clean hands before applying and after removing gloves.
- Clean hands after contact with inanimate objects in the immediate vicinity of the participant.
- Protected Barrier coverings are intended to prevent contact with the skin and mucous membranes of health care providers with blood or body fluids of the patient.
- Gloves should be used for touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes, and non-intact skin.
- Gowns should be used during procedures and activities when clothing and/or exposed skin of the staff may come in contact with or be sprayed with the patient's body fluids, secretions, or excretions.
- Masks and eye protection (goggles) should be used during procedures and activities likely to generate splashes or sprays of blood, body fluids, and secretions.
- ***Masks are required for all activities in social settings, indoor activities, and where social distancing cannot be possible.**
- All soiled equipment shall be handled in a manner that prevents the transfer of microorganisms to others.
- Used sharps must always be placed in a puncture-resistant container.
- If any participant requires resuscitation, use a mouthpiece, resuscitation bag, and other ventilation devices to prevent contact with mouth and oral secretions.
- Call EMS if at all possible before resuscitation is administered.

HOME VISITING PROTOCOL AND GUIDELINES

POLICY:

Senior staff may visit participants based on their needs of the participant. All staff will strive to anticipate, recognize and respond to the needs of the participant and the community. The following protocols and guidelines will present a more thorough, safe, and comprehensive way of meeting those needs.

PROTOCOL FOR HOME VISITS:

- Check if the home is safe
- Inquire about the well-being of the individual.
- Check to see if the participant has a sufficient amount of medication.
- Provide health education on a topic appropriate for the participant.
- Be aware of the participant's personal and environmental safety issues in and around the home.
- GUIDELINES FOR HOME VISITS:
- Request permission to enter the participant's home.
- Explain the purpose of the home visit.
- Wash your hands and organize any equipment.
- Evaluate the participant's general appearance.
- With permission, evaluate the participant's environment for safety hazards, adaptations, and repairs needed.
- Review upcoming appointments with participants. Assist with scheduling appointments if the client is due for an annual screening or follow-up.
- Provide education and/or reinforcement as indicated.
- Offer to make appropriate referrals based on client and environmental evaluations.
- Clean or dispose of items used as appropriate.
- If possible, schedule the next visit with the participant.
- If you are unable to do any of the above-mentioned, make a referral to the CHRs to conduct a follow-up on behalf of the Senior program.
- If the participant needs any medication ordering, please refer to the CHR program to conduct these Services.

POST VISIT:

Document all home visits on the Worksheet provided by ACL. Each home visit should be documented by the hour.

HAND WASHING

POLICY:

Washing hands frequently with soap and water and rubbing all areas of hands 2 inches above the wrist is the best way to protect yourself and others from the spread of disease.

PROCEDURE:

- Equipment needed: soap (from a liquid dispenser is best), paper towels, warm running water (not hot), and a trash container.
- Turn the faucet on with a paper towel. Discard the paper towel.
- Wet hands and wrists with fingertips pointing down, hands lower than elbows (you don't want water to run back up arms).
- Soap hands and wrists with a healthy lather. Keep moist with water.
- Rub all areas; even rub your fingertips against your palms to scrub the nail area.
- Rinse and dry thoroughly with paper towels.
- Shut off the faucet with a paper towel and discard it in a trash container.
- Hands should be washed before and after encounters with participants.
- When water and soap are unavailable, an alcohol-based liquid hand sanitizer may be used. Allow hand sanitizer to dry thoroughly while rubbing all areas of hands and wrists.

NOTE:

- Natural nails should be kept less than one-quarter of an inch long.
- Artificial nails should be avoided.

INFECTIOUS DISEASE

POLICY:
If a participant, caregiver, or home occupant is diagnosed or suspected to have an infectious disease, the senior staff will follow these guidelines:

PROCEDURE:

- If the participant remains in the home, all persons entering the home will wear a respirator mask.
- Windows will be opened if possible.
- Participants and home occupants will be provided a mask to wear.
- The Senior staff will consult with the public health nursing staff and CHRs to educate the family on how infectious diseases spread.
- Emphasize the need for increased air ventilation in the house.
- Educate the family on the need for isolation during an infectious period.
- Encourage participants and home occupants to follow up on appointments and check in with the nursing staff.
- After leaving the home, the staff will remove all PPE, dispose of any PPE in a hazardous waste bag, and dispose of it in a trash container.

NOTE:

Participants will continue to receive meals daily and are encouraged to designate an area where meals and packages can be delivered.

EMERGENCY MEDICAL TRANSPORTATION PROTOCOL

PURPOSE:

The guide is for Community Health Workers (CHWs) or any staff member of the department on when and how to arrange emergency medical transportation via Emergency Medical Services (EMS) for clients experiencing a medical emergency, including falls.

SCOPE

This policy applies to all CHWs employed by the Senior Center who engage with clients in homes, community settings, or clinical environments.

DEFINITIONS

Emergency: A sudden, unexpected medical condition that poses an immediate risk to life, limbs, or long-term health and requires immediate medical attention. Examples include but are not limited to:

- Difficulty breathing or shortness of breath
- Chest pain or pressure
- Seizures
- Unresponsiveness or altered mental status
- Severe bleeding
- Signs of stroke (e.g., facial drooping, arm weakness, speech difficulty)
- Suspected overdose

Falls: A sudden, unintentional descent to the ground or lower level, not due to a major intrinsic event (such as a stroke or seizure) or overwhelming hazard. Falls may or may not results in injury. Serious concern is warranted if the fall results in:

- Head injury
- Loss of consciousness
- Inability to move or bear weight
- Suspected fractures or joint dislocations
- Persistent pain or visible deformity

POLICY STATEMENT

CHWs must activate EMS immediately if a client is experiencing an emergency as defined above. CHWs are not licensed to provide advanced medical care and should not delay EMS activation for any reason in a suspected emergency.

PROCEDURES

1. Assessment
    a. Upon identifying a medical emergency or witnessing a fall, CHWs must:
        i. Ensure their own safety first
        ii. Quickly assess the client's condition (consciousness, breathing, mobility, etc.)
2. Activation of EMS
    a. Call 911 immediately.
    b. Clearly communicate:
        i. The nature of the emergency
        ii. The client's current condition
        iii. The exact location (Address, floor, etc.)
        iv. Any known medical history or medications (if available)
3. While Awaiting EMS
    a. Stay with the client, provide comfort, and avoid moving them unless absolutely necessary (e.g., danger from the environment).
    b. If trained and appropriate, provide basic first aid or CPR.
4. Notification
    a. Notify your supervisor as soon as possible after EMS is activated.
    b. Document the incident using the organization's incident report form within 24 hours.
5. Follow-up
    a. Coordinate with the care team to ensure continuity of care.
    b. Participate in post-incident review if requested.

COMPLIANCE

Failure to adhere to this policy may result in disciplinary action and may endanger client safety. CHWs must always err on the side of caution and call EMS when in doubt.

PERSONAL AND HOMEMAKER CARE SERVICES

HOMEMAKER SERVICES

POLICY:

The Homemaker Services will assist persons (disabled, senior, homebound, or bedridden) who cannot perform day-to-day household duties such as preparing food, feeding, incapacitating a patient, or assisting with personal care. Homemaker Services will utilize the program vehicle to take clients shopping or run errands.

COVERED SERVICES

- Meal preparation
- Shopping and errands
- Routine household care
- Assistance with instrumental activities of daily living.
- Transportation arrangement
- Companionship
- Social stimulation
- Monitoring of the safety and well-being of the client.
- Provide emotional support.

EXPANDED DEFINITIONSS OF COVERED SERVICES

HOMEMAKER RESPONSIBILITIES

Homemakers are expected to provide the highest quality of cleaning and services possible to all participants. Homemaker services are to be performed inside the home living areas. Garages, storage units, and unfinished areas of the home are not considered living areas. The following responsibilities are tasks a participant may ask the homemaker to perform on a regular schedule or only periodically. The following is not inclusive of duties that may be included in a participant care plan.

BATHROOM – Wash sink, top of the vanity, fronts of cabinets, toilets, tub/shower and, and surrounding area, mirrors, and entire floor area. Goggles and gloves are required equipment when cleaning bathrooms and are provided by Senior Services.

KITCHENS – Wash, dry, and put away dishes. Clean and disinfect countertops, stovetops, surfaces of appliances, tabletops, and the inside of the microwave, and sweep and mop floors. Occasionally cleaning the oven and refrigerator as needed.

DUSTING – In every room, dust all surfaces, shelves, and items on the shelves. Pick up the items to dust under them (rather than dusting around them) and clean the item itself. If the client requests furniture polish, the homemaker should buff the piece of furniture with a dry cloth after the polish dries. Homemakers are NOT required to dust or wash collectible items/items of value if the homemakers are uncomfortable with the responsibility of doing so.

FLOORING – Vacuum all carpeted areas, changing the vacuum bag as needed. Sweep bare floors prior to washing them, and mop using the participant's preferred method, including cleaning up boards. *Homemakers are NOT required to do "hands and knees mopping."* Pick up rugs to vacuum or mop underneath, taking care not to shake the rugs in the home; shake them outside.

WINDOWS – Thoroughly wash the inside of all windows, windowsills, and tracks. Double-hung windows may be taken apart to wash outside surfaces. Upon request, Homemakers may remove, launder, and re-hang curtains/valances ONLY if accessible from a one-step stool.

BEDLINENS – Strip the dirty sheets (unless they are soiled with bodily fluids) and make up the bed with clean sheets. Launder dirty bedding, fold it, and put it away, or put it back on the bed.

LAUNDRY – Wash, dry, fold, or hang up and put away the laundry. Some items may also need to be ironed.

TRASH **–** Gather up trash throughout all rooms and replace trash can liners, collect in a main trash bag (usually from the kitchen), and take out when leaving for the day.

SORTING AND ORGANIZING – Assist participants in sorting and discarding items no longer needed in closets, corners, piles, etc.

WALLS AND CEILINGS – Wash walls and ceilings as requested. Use a one-step stool only (not a chair or ladder). Utilize a long-handled mop (with a clean mop head) or dry duster with extension as needed for ceilings and high walls. Cleaning door handles and switch plates.

GROCERY SHOPPING AND ERRANDS – Ask the participant to make a shopping list; assist with this if the participant requires assistance, which includes items and the brand or type if applicable. If the client provides the homemaker aker with money, please follow the below process:

- Use the receipt booklet.
- Confirm amount – The homemaker should count the monies & repeat the total to the participant to confirm the amount.
- Review the items purchased with the client while putting them away.
- ALWAYS return the store receipt and any money left.
- Both clients and homemakers are to sign the receipt.

- Homemakers may run errands specified in the participant's care plan, such as taking trash to the recycling center, picking up prescriptions, going to the Post Office, dropping off dry cleaning, etc.

MEAL PREPARATION – Homemakers may prepare meals to be eaten by the participant during the visit or to be refrigerated or frozen for future use. This includes the occasional baking of cakes, cookies, bars, pies, etc., as requested.

LIMITATIONS OF HOMEMAKER SERVICES

Homemakers are NOT allowed to:

- Shovel snow, rake yards, clean flower beds or garden, or do other chores outside of the home living areas.
- Transport clients or other household members (including pets) in any vehicle.
- Use ladders or a chair in place of a stool. There are methods to accommodate ceiling and wall washing beyond reach from a one-step stool.
- Purchase and use of alcohol.
- Purchase and use of tobacco products. Participants' homes are designated non-smoking areas for all Homemakers, even if the client smokes or uses tobacco.
- Participation in illegal activities, including but not limited to the purchase or use of controlled substances.
- Purchase of lottery tickets (of any kind).
- Administer medication (over the counter or prescription), including filling client pill boxes or laying out daily medications.

CLIENT PETS – Homemakers are not required to clean up animal feces or clean cat litter boxes.

HOMEMAKING PROGRAM POLICIES AND PROCEDURE

ABSENT CLIENTS – Homemakers may only provide services when the client is home. Do NOT enter any client's home if they are not present.

WORK SCHEDULE/HOLIDAY – Homemakers Services are not available during weekends and holidays. Homemakers and participants must work out a schedule together.

LIFTING – Homemakers are not allowed to move heavy furniture (sofa, loveseats, beds, lounging chairs, etc.).

PERSONAL CARE/ADLS – Assisting any participants with personal care and /or ADLs is not part of the homemaker's essential responsibilities.

This includes but is not limited to the following:

- Assisting with shower/bath
- Trimming toenails or fingernails
- Doing hair
- Dressing or undressing
- Changing/regulating oxygen tanks
- Transporting/monitoring/adjusting any medical apparatus.

BLOODBORNE PATHOGENS/BODILY FLUIDS – Homemakers are not required to clean up any blood or bodily fluids for their clients. Any exposure could result in transmission of bloodborne pathogens leading to disease or death. This includes but is not limited to, syringe cleaning up, wiping up blood or bodily fluids, including vomit, or handling personal items that have been soiled with blood.

PERSONAL CARE SERVICES (PCA)

POLICY:

PCAs provide support to people with disabilities of all ages, seniors (over 55 years,) and participants with chronic health conditions with activities of daily living, instrumental activities of daily living, and observation and redirection of behaviors.

ACTIVITIES OF DAILY LIVING (ADLS)

A PCA may assist the participant with the following ADLs:

DRESSING – Application of clothing and special appliances or wraps.

GROOMING – Basic hair care, oral care, shaving, basic nail care, applying cosmetics and deodorant, and care of eyeglasses and hearing aids.

BATHING – Basic personal hygiene and skin care.

EATING – Completing the process of eating, including application of orthotics required for eating, handling washing, and transfers.

TRANSFERS – Assistance to transfer the person from one seating or reclining area to another.

MOBILITY – Assistance with ambulation.

POSITIONING – Assistance with positioning or turning a person for necessary care and comfort.

TOILETING – Helping a person with bowel or bladder elimination and care. This includes transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing, an inspection of the skin, and adjusting clothing.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLS)

A PCA may assist an adult participant with the following:

- Accompany medical appointments.
- Accompany to participate in the community.
- Assist with paying bills.
- Communicate by telephone and other media.
- Complete household tasks integral to the PCA services.
- Plan and prepare meals.
- Shop for food, clothing, and other essential items.

LIMITATION OF SERVICES

PCAs may NOT be:

- Paid legal guardian of a participant.
- Legal guardian of the minor.
- Recipient of PCA Services.
- Responsible party of a participant.
- Spouse of a participant.

PCA QUALIFICATIONS

- A PCA must communicate effectively with the participant and the Senior Services Department.
- Be able to provide covered PCA services according to the care plan and respond appropriately to the participant's needs.
- Maintain daily written records.
- Identify and report changes in the participant's health condition to their supervisor.

HOURS & PAY

The Senior Services will NOT compensate PCAs for hours worked over hours specifically authorized in writing on the client's services plan without prior written permission from the supervisor.

NUTRITION SERVICES

HOME-DELIVERED MEALS

POLICY:

Home Delivered Meals shall have documentation that they are currently in compliance with local fire and sanitation codes and regulations and have a food handling/food preparation certification issued by the local regulatory authority (Indian Health Service).

Each individual preparing or delivering meals shall successfully complete training regarding food preparation and proper storage to ensure maximum nutrition and minimum spoilage. Training shall be documented in each individual's personnel file.

MENU PLANNING

- Planned as hot meals, allowing occasional cold meals to provide variety and change.
- Provide a minimum of four consecutive weeks and rotate three times before changing menus for another four weeks.
- Provide food choices to accommodate ethnic and cultural preferences when necessary.
- Written in a dominant language or languages of the participant's group.
- Approved by the service provider's Registered Dietitian or Nutritionist prior to posting.
- Adhere to, as written with, substations approved by the RD or Nutritionist and documented on the menu.
- Menus should be filed and available for audit inspection at the service provider's place of business for at least one year after the meals have been served.
- Consider the availability of foods during seasons when they are most plentiful.

MEAL REQUIREMENTS

- All meals shall package and delivered in a safe and sanitary manner.
- All meals shall be delivered to the member directly or to the member's representative.
- Meals cannot be left on the doorsteps, mailboxes, or porches.
- Frozen/dried foods for meals are acceptable for use on days when no delivery is available, provided that:
- The meal and meal preparation meet all the standards within this Policy.
- It is verified and documented in the case record that the member has the ability to properly store and prepare frozen or dried meals, and
- The reason for receipt of multiple meals is documented in the member's case record.

- Upon receipt of a written order from the member's primary care provider or attending physician, meals shall be prepared and served for members who require a therapeutic diet, such as diabetic or sodium-restricted diets. All special diets shall be approved by an RD or Nutritionist.
- The member's signature and delivery date of each meal shall be obtained and maintained in a central file. If a member is unable to sign their own name due to a physical or cognitive disability, it shall be noted in the member's file, and one of the following procedures shall be followed:
- The member may sign with their mark "X," witnessed by a spouse, relative, or friend. The witness shall then write their name and relationship, or
- Another person (conservator, spouse, relative, or friend) may sign for the member only if so, designated within the member file.
- Develop and implement an emergency meal plan to be used when a meal cannot be prepared or becomes unsuitable for consumption. This includes a one-day emergency menu with existing supplies for implementation.
- Provides the opportunity for participants to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual and grant requirements.

DOCUMENTATION REQUIREMENTS

- If services are not provided as authorized, reasons for non-provisions are recorded.
- Document the number of meals provided each month.
- Printed educational materials regarding various nutrition and health-related topics shall be provided by the Home Delivered Meals provider at least two times per quarter to members who receive these services.
- The provider shall respond and initiate appropriate corrective action within three weeks to written concerns/reports from the provider's consulting RD or Nutritionist.

CONGREGATE MEALS

POLICY:

Congregate meals help increase participants' nutrient intake to prevent or reduce the risk of chronic diseases, preserve and promote health, and improve nutritional status.

MENU STANDARDS

- Planned as hot meals and allow for an occasional cold meal to provide variety and change.
- Provide a minimum of four consecutive weeks and rotate three times before changing menus for another four weeks.
- Provide food choices to accommodate ethnic and cultural preferences when necessary.
- Written in a dominant language or languages of the participant's group.
- Approved by the service provider's Registered Dietitian or Nutritionist prior to posting.
- Adhere to, as written with, substations approved by the RD or Nutritionist and documented on the menu.
- Menus should be filed and available for audit inspection at the service provider's place of business for at least one year after the meals have been served.
- Consider the availability of foods during seasons when they are most plentiful.

MEAL REQUIREMENTS

- Frozen/dried foods for meals are acceptable for use on days when no delivery is available, provided that:
- The meal and meal preparation meet all the standards within this Policy.
- It is verified and documented in the case record that the member has the ability to properly store and prepare frozen or dried meals, and
- The reason for receipt of multiple meals is documented in the member's case record.
- Upon receipt of a written order from the member's primary care provider or attending physician, meals shall be prepared and served for members who require a therapeutic diet, such as diabetic or sodium-restricted diets. All special diets shall be approved by an RD or Nutritionist.
- The member's signature and delivery date of each meal shall be obtained and maintained in a central file.
- Develop and implement an emergency meal plan to be used when a meal cannot be prepared or becomes unsuitable for consumption. This includes a one-day emergency menu with existing supplies for implementation.

- Provides the opportunity for participants to contribute towards the cost of the meal in accordance with the DAAS Policy and Procedure Manual and grant requirements.

DOCUMENTATION REQUIREMENTS

- Document the number of meals provided each month.
- Printed educational materials regarding a variety of nutrition and health-related topics shall be provided by the Home Delivered Meals provider at least two times per quarter to members who receive these services.
- Plan, develop, and implement a written nutrition education program that includes at least two sessions/activities each quarter.

ACTIVITIES

CHAIR VOLLEYBALL POLICY AND CODE OF CONDUCT

POLICY:

Chair Volleyball is a fun and accessible way for everyone to connect, laugh, and enjoy time together. This policy ensures a safe, respectful, and welcoming environment for all participants, spectators, and staff.

1. CODE OF CONDUCT

Everyone is welcome. You may participate by playing or simply by watching, cheering, and spending time with others.

GENERAL EXPECTATIONS

- Treat everyone—players, spectators, staff, referees, and volunteers—with kindness and respect.
- Follow all instructions from staff, referees, and program leaders.
- Help keep the environment friendly, inclusive, and supportive for people of all backgrounds.

GUIDELINES FOR PLAYERS

- No Alcohol or Drugs: Do not participate if under the influence of alcohol or drugs. We enforce a strict zero-tolerance policy.
- Stay Seated While Playing: For safety, remain seated during the game.
- Be Kind and Respectful: Use friendly and supportive language at all times.
- Show Good Sportsmanship: Encourage others and celebrate both victories and losses.
- Play Safe: Avoid rough play and behaviors that could cause injury.
- Stay Calm: Do not argue with others. If upset, consider taking a break.
- Dress and Hygiene: Wear comfortable athletic clothing and supportive shoes. Maintain good personal hygiene, being mindful of sensitivities to scents or allergens.
- Report Concerns: If an issue arises, speak to a staff member rather than addressing it directly with others.

GUIDELINES FOR SPECTATORS

- No Alcohol or Drugs: Same zero-tolerance policy applies to all spectators.
- Be Kind to Everyone: Treat all participants and guests with respect.
- Stay in Designated Areas: Remain in spectator areas for safety.

- Cheer Positively: Support teams enthusiastically but respectfully.
- Use Friendly Language: No yelling, heckling, or negative comments.
- Report Concerns: Notify staff if issues arise; do not confront others directly.

2. UNACCEPTABLE BEHAVIORS

The following behaviors are prohibited for everyone:

- Physical aggression (hitting, pushing, threatening)
- Rude, hurtful, or offensive language, including slurs
- Teasing, bullying, or intimidation
- Repeatedly ignoring rules
- Showing disrespect or arguing with anyone
- Being under the influence of alcohol or drugs
- Yelling or using a harsh tone
- Sexual harassment or inappropriate comments/behavior

Violations may result in immediate removal from the activity or premises. All decisions are at the discretion of Center staff. Appeals are permitted—see below.

3. CONSEQUENCES FOR VIOLATIONS

- Immediate Removal: Serious offenses (e.g., substance use or offensive language) may result in being asked to leave immediately.
- Temporary Suspension: Bullying, rough play, or name-calling may result in suspension from Chair Volleyball activities for up to two months.
- Appeals: Anyone who wishes to appeal a disciplinary action may request a review by Center staff.

4. GRIEVANCE PROCEDURE

Clients and applicants have the right to file grievances related to services, denial, or termination.

Please follow the Grievance Procedure for Clients and Applicants in this manual.

ADVISORY COMMITTEE

ADVISORY COMMITTEE

POLICY:

The director has the authority to appoint members to advise the senior center director and the activities coordinator on various activities, programs, trips, seminars, and events. The Center Activities Coordinator will use this feedback when scheduling these activities.

Advisory board members may also assist the activities coordinator with recruiting new members, organizing fundraising activities, and soliciting donations, all in accordance with the tribal policies.

The board does not authority over the director or staff and serves in an advisory capacity.

Board members are appointed bi-annually based on recommendations. Two members of the board will represent the department on the American Indian Council on Aging and will serve a four-year term.

Board members serve at the discretion of the department director, who also reserves the right to disband the board for any reason without notice.

Update 08/06/2026 Bwb

APPOINTMENT OF ADVISORY COMMITTEE REPRESENTATIVES

POLICY:

To establish a formal process for appointing a Primary Representative and an Alternate to the Arizona Indian Council on Aging (AICOA) for the Inter-Tribal Council of Arizona (ITCA), who will also serve as the Chair and Vice Chair of the Hualapai Senior Services Advisory Committee.

PROCEDURE:

- The Director of Hualapai Senior Services shall appoint two representatives to serve as the Tribe's official delegates to the Arizona Indian Council on Aging (AICOA) for the Inter-Tribal Council of Arizona (ITCA):
    - Primary Representative
    - Alternate Representative
- Each appointment shall be for a term of four (4) years.
- Both the Primary and Alternate Representatives serve at the pleasure of the Director and may be removed at any time, for any reason, at the sole discretion of the Director.
- The Primary Representative shall concurrently serve as the Chair of the Hualapai Senior Services Advisory Committee.
- The Alternate Representative shall concurrently serve as the Vice Chair of the Hualapai Senior Services Advisory Committee.
- Appointments are based on qualifications, experience, and commitment to serving senior community members.
- In the event of a vacancy, a new representative shall be appointed by the Director to serve the remainder of the unexpired term.
- All representatives are expected to uphold the mission and values of Hualapai Senior Services and act in the best interests of the community's elders, both locally and in their role with AICOA/ITCA.

OTHER

Any policy or guidance that isn't explicitly written here in this policy and procedure manual. The director and senior center staff will refer to the Title III, Arizona Department of Economic Security, and Administration on Aging manuals.

- Arizona Department of Economic Security, Nutrition, Food Service and Wellness Manual 2023
- Arizona Department of Economic Security, Division of Aging and Adult Services, case Management Handbook
- Arizona Department of Economic Security, Area Agencies on Aging Scope of Service/Scope of Work 2020
- Administration on Aging, Title VI Resource Manual