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**RECEIVED**  
 OFFICE OF PUBLIC ACCOUNTABILITY  
 PROCUREMENT APPEALS

DATE: 07-27-16  
 TIME: 4:02  AM  PM BY: [Signature]  
 FILE NO OPA-PA: 16-006, 16-008

**IN THE OFFICE OF PUBLIC ACCOUNTABILITY  
 PROCUREMENT APPEAL**

**IN THE APPEAL OF:** ) DOCKET NO. OPA-PA 16-006  
**BASIL FOOD INDUSTRIAL SERVICES** ) DOCKET NO. OPA-PA 16-008  
**CORPORATION,** )  
 ) **DECLARATION OF SUBSTANTIAL**  
 Appellant. ) **GOVERNMENT INTEREST**  
 )  
 )  
 )

Attached hereto is the Declaration of Substantial Government Interest of James Gillan, Director of the Department of Public Health and Social Services containing is 5 G.C.A Section 5125(g)(3) determination.

Filed contemporaneously herewith is a proposed Confirmation of the Substantial Interest of the Territory for issuance by Doris Flores Brooks, Public Auditor of Guam.

Dated this 27<sup>th</sup> day of July, 2016.

OFFICE OF THE ATTORNEY GENERAL  
**Elizabeth Barrett-Anderson**, Attorney General  
 By: [Signature]  
**NICOLAS TOFT**  
 Assistant Attorney General

**ORIGINAL**



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO  
GOVERNOR

JAMES W. GILLAN  
DIRECTOR

RAY TENORIO  
LIEUTENANT GOVERNOR

LEO G. CASIL  
DEPUTY DIRECTOR

JUL 20 2016

REF: 16-0498 DPSS

MEMORANDUM

To: Public Auditor  
From: Director  
Subject: Approval of Substantial Government Interest in Continuing Food Services for the Seniors

On June 7, 2016, an appeal was filed with the Office of Public Accountability in OPA Case Number OPA-PA-16-006. This case is based upon the termination of the contract that the government had with Basil Food Industrial Services to provide food services for both the Elderly Nutrition Programs: Congregate and Home-Delivered Programs (GSA Bid No. 10-14 and 11-14).

After the decision to terminate and prior to the appeal of Basil to the OPA in the related appeal (OPA PA-16-008) the government issued an Emergency Declaration to continue service to the senior citizens without interruption of service. An initial purchase order of thirty (30) days was made on June 1<sup>st</sup>. A second purchase order was issued on June 23<sup>rd</sup>.

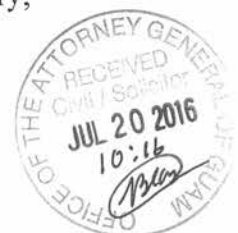
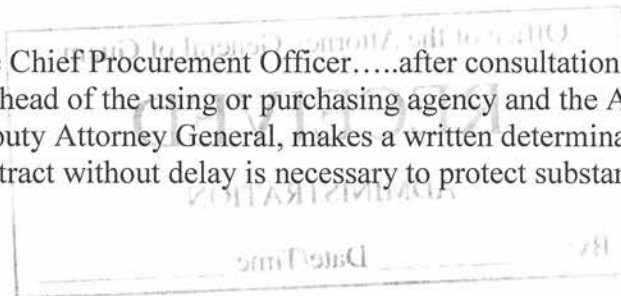
As these cases are tried before the Office of Public Accountability and it appears that this matter may not be settled in a timely manner for the government to issue a new bid, or award a new Emergency Procurement before the ending of this current Emergency Procurement, the Approval of a Substantial Government Interest to Continue Food Services Is Authorized.

JURISDICTION FOR ISSUING: A SUBSTANTIAL INTEREST

5 GCA Section 5425(g)(1) states in pertinent part:

In the event of a timely protest under Subsection (a) of this Section or under Subsection (a) of Section 5480 of this Chapter, the Territory shall not proceed further with the solicitation or with the award of the contract prior to final resolution of such protest, and any such further action is void, unless:

- (1) The Chief Procurement Officer.....after consultation with and written concurrence of the head of the using or purchasing agency and the Attorney General or designated Deputy Attorney General, makes a written determination that the award of the contract without delay is necessary to protect substantial interests in the Territory; and



- (3) if the protest is pending before the Public Auditor, any action continuing the Chief Procurement Officer's.....written determination that the award of the contract is void unless the Public Auditor confirms the Chief Procurement Officer's ....written determination that the award of the contract without delay is necessary to protect the substantial interest of the Government of Guam,

The Substantial Interest of the Department of Public Health and Social Services; are as follows:

In accordance with Public Law 14-139,(now 10 Guam Code Annotated, Chapter 8 §8103), Establishment, the Division of Senior Citizens (DSC) plans, coordinates and implements programs geared toward assisting senior citizens in their needs and problems and in their attainment or maintenance of a satisfying life-cycle.

10 GCA Chapter 8 §8104 Duties and Responsibilities: the Division shall (h) be the principal agency which has general and immediate purview of senior citizens' activities, programs, functions and services under the Older Americans Act and any other federal acts with the territory of Guam;

10 GCA Chapter 8 §8109 Functions: the division shall carry out such functions geared towards responding to the needs and problems of the elderly including but not limited to the following:

- (d) Plan, oversee, coordinate or implement programs relative to the nutritional home service and transportation needs of senior citizens; and
- (e) Plan, oversee, coordinate or implement programs and activities for health care, including but not limited to the medical, health and social services and special homes for the aged.

10 GCA Chapter 8 §8112 Federal Grants: the division shall comply with all Federal requirements and adopt such rules and regulations as needed relative to Federal grants and grants- in-aid for the aging programs.

The Division of Senior Citizens' State Office on Aging (SOA) is charged with the responsibility of administering the Title III programs mandated by the Older Americans Act (OAA) of 1965, as amended; the administration and development of Guam's Four Year State Plan on Aging (FY2016-2019); and working along with the Guam Council on Senior Citizens in the coordination or implementation of programs, activities, and services for the elderly.

Guam's Public Law 14-139 defines a senior citizen as age 55 years or older, aging services administered by the Guam SOA are provided to older individuals 60 years of age and older based on OAA eligibility criteria, unless otherwise provided for as in the target population of the National Family Caregiver Support Program and the Bureau of Adult Protective Services. Clients of the National Family Caregiver Support Program include caregivers serving elderly individuals; elderly caregivers serving children; and elderly caregivers serving adults and children with disabilities. The Adult Protective Services serves individuals 60 years of age and

older and adults with a disability between the age of 18-59.

Through funding from the Administration of Community Living, U.S. Department of Health and Human Services, as authorized through the Older Americans Act of 1965, as amended, the Guam SOA provides the following services, either directly or through contract:

1. Title III-B: Supportive Services which includes Adult Day Care, Case Management, In-Home Services, Legal Assistance Services, Senior Center Operations, and Transportation Services
2. Title III-C: Elderly Nutrition Program
  - a. C1- Congregate
  - b. C2- Home-Delivered Meals
3. Title III-D: Preventive Health
4. Title III-E: National Family Caregiver Support Program
5. Title VII: Elder Abuse and Ombudsman (separate grant awards)
6. Adult Protective Services and the Emergency Receiving Home (Guma Serenidad) with a Crisis Intervention Hotline (CIH)
7. Senior Citizens Month
8. State Health Insurance Assistance Program (SHIP)
9. Senior Medicare Patrol (SMP) Project
10. Aging and Disabilities Resource Center (Software Development)

Title III-C: Elderly Nutrition Program (Nutrition Services)

This program ensures the provision of a hot, nutritious meal that meets a minimum of 33 and 1/3 percent of the current daily Recommended Dietary Allowance (RDA), as established by the Food and Nutrition Board of the National Academy of Sciences, National Research Council. The meal service provided is lunch and the Guam SOA has designed the nutrition services contract to provide additional meal service, such as breakfast or dinner, should additional local funds be appropriated.

1. Elderly Nutrition Program (ENP) - Congregate Meals (CI). ENP C1 Congregate Meals Program services are provided to individuals age 60 years or older and their spouse, regardless of age, if accompanying the senior, in a congregated setting Monday through Friday, except on Federal and local holidays. The Government reserves the option of providing meals to volunteers working at the Centers and to individuals who have a disability whom otherwise meet Federal and local criteria. There are 15 congregated sites

which include the 12 Senior Citizens Centers and the three Adult Day Care Centers.

2. Elderly Nutrition Program (ENP) - Home-Delivered Meals (C2). The ENP C2 Home-Delivered Meals Program provides nutrition services to individuals age sixty (60) years or older who are home-bound and have difficulty performing at least two Activities of Daily Living and their spouse who serves as a primary caregiver regardless of age, in a home setting Monday through Sunday, except on the 10 recognized holidays as determined by the contracted vendor. If a senior accesses this service to the program the maximum service level, the senior could avail themselves of 355 meals in a fiscal year.

Code of Federal Domestic Assistance 93.045 Special Programs for the Aging- Title III, Part C- Nutrition Services which Guam receives grant funding for under Grants for Nutrition Services states:

The purposes of this grant program are to (1) reduce hunger and food insecurity; (2) promote socialization of older individuals; and (3) promote the health and well-being of older individuals by helping them gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior (OAA Section 330). Services are provided through this program to individuals aged 60 or older, in a congregate setting or in-home. These services include meals, nutrition education, nutrition counseling, and nutrition screening and assessment, as appropriate (OAA Sections 331, 336, and 339). This program is clustered with the grants for supportive services and senior centers for purposes of this program supplement since these services, although separately earmarked, fall under the overall State planning process and process for allocation of funds.

Administration on Aging's Research Brief on Older Americans Benefit from Older Americans Act Nutrition Programs cites the following:

1. The Aging Services Network (funded under Title III of the OAA) provides a range of community-based services— home-delivered and congregate nutrition services, case management, transportation, and homemaker and caregiver support to individuals age 60 and over and their caregivers. These services are intended to reach the most vulnerable older adults in greatest social and economic need. Such services enhance both quality of life and social interaction and minimize the impact of disability. Funding for OAA services is provided by the Administration for Community Living, Administration on Aging.
2. The OAA Nutrition Program (NP) provides funding for both congregate and home-delivered nutrition programs through formula grants to states and U.S. territories. Congregate nutrition programs are provided in senior centers, adult day care centers, and other community venues, while home-delivered nutrition programs are provided to frail, older adults who have difficulty leaving their homes.
3. Food Safety and Sanitation: Meals offered are to meet state and local foodservice laws,

rules, and regulations to ensure that the meals served are safe and sanitary. Most states base their state and local food service codes on the most recent edition of the Food Code published by the U.S. Public Health Service and the Food and Drug Administration (U.S. Department of Health and Human Services. Public Health Service. Food and Drug Administration, 2013).

4. **Promoting Socialization:** The OAA NP promotes socialization for vulnerable older adults who may be isolated due to physical or mental conditions, living alone, lack of transportation, or other issues. The day-to-day contact in group settings or in-person contact that occurs when meals are delivered is designed to decrease isolation. Isolation has been linked to higher mortality for older men and women (Steptoe, Shankar, Demakakos, & Wardle, 2013).
5. **Nutrition Service Users and Food Insecurity:** Many older adults live on fixed incomes that force them to choose between paying for rent, utilities, or medication versus paying for groceries (Mabli, Cohen, Potter, Zhao, & America, 2010; Sattler & Lee, 2013). Congregate and home-delivered nutrition services help bolster seniors' food intake by providing an additional source for meeting their nutritional needs. Data indicate that both home-delivered nutrition service participants and congregate nutrition service participants have limited incomes, with 63 percent of home-delivered nutrition service participants reporting annual income below \$20,000 and 42 percent of congregate nutrition service participants reporting annual income below \$20,000.

Supporting information attached include:

Attachment 1: 10 GCA Health and Safety, Ch.8 Senior Citizens

Attachment 2: June 2015 Aging Cluster Compliance Supplement

Attachment 3: Older Americans Benefit from Older Americans Act Nutrition Programs, Research Brief Number 8, September 2015, Administration on Aging, Department of Health and Human Services

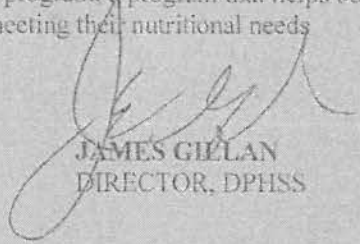
Attachment 4: Public Law 33-66 General Appropriations Act of 2016 Excerpt, Chapter III Health, Part II Department of Public Health and Social Services, Section 5. Program Authorizations- Congregate Meals, Home-Delivered Meals

This request is for the ability to exercise the emergency procurement process and not for the issuance of a bid until the resolution of the appeal process. Based upon the above information, I James W. Gillan, Director of the Department of Public Health and Social Services feel that it is in the government's substantial interest as stated in 5 GCA Sections 5425(g)(1) and (3) to continue to ensure that the senior citizen's food service program for Congregate and Home-Delivered continue during this procurement appeals process and beyond. The ENP provides meals to approximately 1,100 homebound seniors and approximately 780 senior who congregate at one of the 12 Senior Citizens Centers or three Adult Day Care Centers. Overall, there is

Re: Approval of Substantial Government Interest in Continuing Food Services for the Seniors


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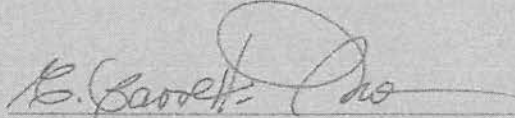
approximately 1,960 seniors who rely on this program; a program that helps bolster seniors' food intake by providing an additional source for meeting their nutritional needs

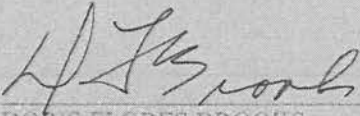


JAMES GILLAN  
DIRECTOR, DPHSS

Attachments

CONCUR  8/26/16  
ANITA CRUZ DATE  
ACTING CHIEF PROCUREMENT OFFICER

CONCUR  7/26/16  
ELIZABETH BARRETT-ANDERSON DATE  
ATTORNEY GENERAL OF GUAM

CONCUR  7/29/16  
DORIS FLORES BROOKS DATE  
PUBLIC AUDITOR  
OFFICE OF PUBLIC ACCOUNTABILITY

**Attachment 1: 10 GCA Health and Safety, Ch.8 Senior Citizens**



10 GCA HEALTH AND SAFETY  
CH. 8 SENIOR CITIZENS

CHAPTER 8  
SENIOR CITIZENS

- § 8101. Citation.
- § 8102. Definitions.
- § 8103. Establishment.
- § 8104. Duties and Responsibilities.
- § 8104.1. Same.
- § 8104.2. Use of Federal Funds Authorized.
- § 8105. Guam Council on Senior Citizens.
- § 8106. Council Powers.
- § 8107. Council Meetings.
- § 8108. Chief Administrative Officer.
- § 8109. Functions.
- § 8110. Criteria for Senior Citizens' Home.
- § 8111. Appropriations and Expenditures.
- § 8112. Federal Grants.
- § 8113. Division of Senior Citizens Auxiliary Service and Development Fund.
- § 8114. Annual Report.
- § 8115. Voluntary Services.
- § 8116. Manamko Yan Manhoben Program.

**§ 8101. Citation.**

This Chapter may be cited as the *Senior Citizens Act of 1978*.

**SOURCE:** GC § 9980, as added by P.L. 14-139.

**§ 8102. Definitions.**

(a) *Division* means the Division of Senior Citizens.

(b) *Administrator* means the head of the division to be known as the Senior Citizens Administrator.

(c) *Council* means the Guam Council on Senior Citizens.

(d) *Senior Citizen* means any person fifty- five (55) years of age or older.

(e) *Director* means the Director of the Department of Public Health and Social Services.

**SOURCE:** GC § 9981, as added by P.L. 14-139.

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**§ 8103. Establishment.**

There is hereby established within the Department of Public Health and Social Services the Division of Senior Citizens which shall plan, coordinate or implement programs geared toward assisting senior citizens in their needs and problems and in their attainment or maintenance of a satisfying life-style.

**SOURCE:** GC § 9982, as added by P.L. 14-139.

**§ 8104. Duties and Responsibilities.**

The Division shall:

(a) formulate plans and policies, develop a comprehensive approach, coordinate or implement programs and services to enable senior citizens to develop or maintain their full potential, skills, abilities, community participation and citizenship;

(b) extend senior citizens' services and programs to all areas of Guam;

(c) encourage, through direct or indirect means, all senior citizens, especially those in need of assistance, guidance and motivation, to make use of existing senior citizens' facilities, services and programs;

(d) establish a comprehensive approach to providing or making available services and programs to senior citizens taking into consideration the coordination or consolidation of existing programs and services and planning and implementing new programs and services where deemed necessary;

(e) cooperate with civic, business, fraternal and community organizations or groups which provide or sponsor programs and services beneficial to senior citizens;

(f) conduct research and disseminate information relative to senior citizens' needs and problems;

(g) keep the Governor, the Guam Legislature, the District Commissioners and the general public informed on all major developments and achievements in senior citizens' programs and services;

(h) be the principal agency which has general and immediate purview of senior citizens' activities, programs, functions and services under the Older Americans Act and any other federal acts with the territory of Guam;

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(i) initiate a program to provide for proper and appropriate housing facilities for senior citizens; and

(j) administer the senior citizens community employment program.

**SOURCE:** GC § 9983, as amended by P.L. 15-142 and 16-109.

**§ 8104.1. Same.**

(a) The Senior Citizens Community Employment Program shall provide employment opportunities to the Territory's senior citizens who are able to be gainfully employed.

(b) Preference for employment in the Senior Citizens Community Employment Program shall be given to senior citizens

(1) first preference shall be given to those senior citizens without any source of steady income, exclusive of public assistance grant;

(2) second preference shall be given to senior citizens with sources of steady income but the total of which does not exceed Five Thousand Dollars (\$5,000) per annum; and

(3) third preference shall be given to senior citizens who have demonstrated a need to supplement their income even though their steady income does exceed Five Thousand Dollars (\$5,000) annually.

(c) The program may provide for cooperative employment arrangements between the Government and private employers. The Government may supplement wages paid to senior citizens by private employers. Employment of senior citizens may be within the three (3) branches of the government of Guam. The employment of an eligible senior citizen shall be in the area that makes best use of the senior citizen's expertise and experience.

(d) The Department of Public Health and Social Services shall establish such procedures, rules and regulations to implement the provisions of this program not inconsistent with provisions of Guam law and applicable federal law. The Administrative Adjudication Act shall not apply to the adoption of rules and regulations with respect to the Senior Citizens Community Employment Program.

**SOURCE:** GC § 9983.1, as added by P.L. 16-109.

**§ 8104.2. Use of Federal Funds Authorized.**

The Department of Public Health and Social Services may receive and expend funds from the United States government for senior citizens

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employment programs. The expenditure of the funds shall be in accordance with federal requirements but shall be as compatible as possible with the Guam Senior Citizens Community Employment Program.

**SOURCE:** GC § 9983.2, as added by P.L. 16-109.

**§ 8105. Guam Council on Senior Citizens.**

There is established within the Division the Guam Council on Senior Citizens (the "Council"). The Council shall function in consonance with § 8106 of this Chapter and pursuant to the Federal guidelines contained under Section 10a(3) of Title III of the Older Americans Act of 1965, as amended. The Council shall consist of seventeen (17) members, the majority of whom shall be at least fifty-five (55) years or older, to be appointed by the Governor, ten (10) of whom shall be appointed from the following:

- (a) Guam Mayors' Council - one (1) member,
- (b) Guam Association of Retired Persons - one (1) member,
- (c) Southern Region Community - two (2) members,
- (d) Central Region Community - two (2) members,
- (e) Northern Region Community - two (2) members,
- (f) Guam Chapter of the National Association of Retired Federal Employees - one (1) member, and
- (g) Guam Chapter of the American Association of Retired Persons - one (1) member.

The remaining seven (7) members shall be appointed by the Governor from representatives of the community at large, such as from the government, retiree organizations, the ministry, and from civic professional and non-profit organizations.

As its initial meeting, the Council members shall elect from among their ranks a chairman and vice chairman. Nine (9) members of the Council shall constitute a quorum. The affirmative vote of a majority of members present at a duly constituted meeting at which a quorum is present shall be necessary for Council action. Of the initial appointment, seven (7) members of the Council shall serve for a period of one (1) year, five (5) members shall serve for a period of three (3) years, and five (5) members shall serve for a period of two (2) years. At the expiration of these initial terms, all members shall be appointed for three (3) year periods. Members of the Council shall be paid at the rate of Fifty Dollars (\$50) for each day's

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attendance at a meeting of the Council; **provided**, however, that such compensation shall not exceed One Hundred Dollars (\$100) per month, and they may be reimbursed for reasonable expense incurred in carrying out their duties.

**SOURCE:** GC § 9984, as amended by P.L. 15-148; R/R by P.L. 21-4:1; further amended by P.L. 22-105:2.

**§ 8106. Council Powers.**

Although the Director maintains general supervision and control, the Council shall provide initial review of the senior citizens' programs under this Chapter and for that purpose it shall:

(a) Furnish leadership needed for long- range planning;

(b) Accept, with the approval of the Director, on behalf of and in the name of the government of Guam, from any government or agency thereof or any person, natural or legal advisory services, donations and gifts, provided, however, that any grants-in-aid or other form of assistance involving a financial obligation on the part of the government of Guam shall require the prior approval of the Governor and a determination by the division's certifying officer of the availability of funds;

(c) Adopt such rules and regulations as may be necessary to implement the provisions of this Chapter;

(d) Work along with the Director for the coordination or implementation of programs, activities and services for the elderly;

(e) Serve as a Senior Citizens Housing Board and in this capacity shall undertake the following:

(1) To make or cause to be made feasibility studies regarding the size, cost, site, financing and planning for the proposed construction of senior citizens' homes;

(2) To select an appropriate site for the senior citizens' homes;

(3) To prepare or cause to be prepared preliminary plans for the construction of the senior citizens' homes; and

(4) To engage architects, engineers, contractors, subcontractors, clerical and any other technical assistance necessary to carry out these purposes and enter into any and all agreements necessary to carry out these purposes.

**SOURCE:** GC § 9985, as added by P.L. 14-139.

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**§ 8107. Council Meetings.**

The Council shall meet at such times and places as it shall prescribe by rule or resolution, at least once per month. All its meetings shall be public and notice of such meetings shall be given three (3) days prior to the date scheduled.

**SOURCE:** GC § 9986, as added by P.L. 14-139.

**§ 8108. Chief Administrative Officer.**

The Senior Citizens Administrator shall be the Chief Administrative Officer of the division and the Executive Secretary of the Council.

**SOURCE:** GC § 9987, as added by P.L. 14-139.

**§ 8109. Functions.**

The division shall carry out such functions geared towards responding to the needs and problems of the elderly including but not limited to the following:

(a) Make contact with all senior citizens in various districts and provide at the district level such services as outreach, intake processing, referrals and other such services as are necessary;

(b) Plan, coordinate, oversee or implement recreational and leisure activities and other cultural programs;

(c) Plan, oversee, coordinate or implement programs and activities to enhance or promote self-development, including but not limited to arts and crafts, counseling, continuing education, music appreciation, job development and skill training;

(d) Plan, oversee, coordinate or implement programs relative to the nutritional home service and transportation needs of senior citizens; and

(e) Plan, oversee, coordinate or implement programs and activities for health care, including but not limited to the medical, health and social services and special homes for the aged.

**SOURCE:** GC § 9988, as added by P.L. 14-139.

**§ 8110. Criteria for Senior Citizens' Home.**

(a) The senior citizens' home may consist of apartments, condominiums, cooperatives or other similar congregate types of structures.

(b) The home may be located in an area that will provide easy access for the elderly to the centers of shopping and government.

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(c) Such home shall be designed so as to include facilities for the physical and medical care of its senior citizens residents.

(d) Such home shall be operated in such a manner so as to provide, as much as practical, for the continuing independence of the senior citizens residing therein, may be institutional or non-institutional and shall have the features of a "home."

**SOURCE:** GC § 9989, as added by P.L. 14-139.

**§ 8111. Appropriations and Expenditures.**

All requests or proposals for appropriations from the public funds of Guam and from the Federal government for the general operation and programs of the division shall be prepared by the Administrator subject to the review of the Council and approval of the Director prior to submission to the Governor.

**SOURCE:** GC § 9990, as added by P.L. 14-139.

**§ 8112. Federal Grants.**

The division shall comply with all Federal requirements and adopt such rules and regulations as needed relative to Federal grants and grants-in-aid for the aging programs.

**SOURCE:** GC § 9991, as added by P.L. 14-139.

**§ 8113. Division of Senior Citizens Auxiliary Service and Development Fund.**

(a) For the purpose of securing, insofar as possible, self-supporting activities of some programs of the division, there is hereby established a fund to be known as the "Division of Senior Citizens Auxiliary Service and Development Fund" which shall be maintained in connection therewith.

(b) All monies received by the division from its auxiliary services, donations and gifts shall be deposited in said Division of Senior Citizens Auxiliary Service and Development Fund. All debts, liabilities and obligations of any such services shall be paid from said fund. The Administrator of the division shall render monthly to the Council a statement reflecting the correct and up-to-date financial condition of said fund.

**SOURCE:** GC § 9992, as added by P.L. 14-139.

**§ 8114. Annual Report.**

The Council shall make an annual report to the Director, who in turn shall provide a copy of said report to the Governor and the Legislature at the

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termination of each fiscal year setting forth a summation of its activities and general recommendations.

**SOURCE:** GC § 9993, as added by P.L. 14-139.

**§ 8115. Voluntary Services.**

The division is authorized to accept services of individuals and organizations, on a voluntary basis, in its programs under a carefully planned and supervised manner.

**SOURCE:** GC § 9994, as added by P.L. 14-139.

**§ 8116. Manamko Yan Manhoben Program.**

(a) There is established within the Division of Senior Citizens of the Department of Public Health and Social Services, the **Manamko Yan Manhoben** program (the "Program") which shall consist of a two (2) hour cultural and educational exchange designed for youths, wherein the elderly participants from Guam's senior citizens teach arts and crafts.

(b) The Guam Council on Senior Citizens shall with the Territorial Board of Education, the Department of Youth Affairs, the Mayors' Council, the University of Guam, and the Guam Association of Retired Persons/**Servicio Para I Manamko**, establish a coordinating committee which shall have the following responsibilities:

(1) Establish a curriculum or program guideline taking into consideration the available cultural, traditional, and educational skills within each Senior Citizen Center, and the general elderly populace;

(2) Determine the readiness of each school and the Division of Senior Citizens of the Department of Public Health and Social Services for the implementation of the Program;

(3) Provide transportation of participating senior citizens to and from the school sites;

(4) Determine if any additional programs could be enhanced by the inclusion of senior citizens as teachers.

(c) Senior citizens employed under the Program shall be paid a wage not less than Guam's minimum wage.

**SOURCE:** Added by P.L. 20-171:1; further amended by P.L. 22-103.

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**Attachment 2: June 2015 Aging Cluster Compliance Supplement**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

- CFDA 93.044 SPECIAL PROGRAMS FOR THE AGING—TITLE III, PART B—  
GRANTS FOR SUPPORTIVE SERVICES AND SENIOR CENTERS**
- CFDA 93.045 SPECIAL PROGRAMS FOR THE AGING—TITLE III, PART C—  
NUTRITION SERVICES**
- CFDA 93.053 NUTRITION SERVICES INCENTIVE PROGRAM**

**I. PROGRAM OBJECTIVES****Grants for Supportive Services and Senior Centers**

The objective of this program is to assist States and area agencies on aging in facilitating the development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
- (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
  - (i) respond to the needs and preferences of older individuals and family caregivers;
  - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
  - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
- (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
- (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
  - (i) the need to plan in advance for long-term care; and
  - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources (Older Americans Act [OAA] Section 305(a)(3)).

The target population for these supportive services is individuals with greatest economic and social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and older individuals at risk for institutional placement (OAA Section 306(a)(1)); however, proof of age (or income) is not required as a condition of receiving services.

Supportive services may include a full range of economic and social services, including, but not limited to, (1) access services (transportation, health services [including mental health services] outreach, information and assistance); (2) legal assistance and other counseling services; (3) health screening services (including mental health screening); (4) ombudsman services; (5) provision of services and assistive devices (including provision of assistive technology services and assistive technology devices); (6) services designed to support States, area agencies on aging, and local service providers in carrying out and coordinating activities for older individuals with respect to mental health services, including outreach for, education concerning, and screening for such services, and referral to such services for treatment; (7) activities to promote and disseminate information about life-long learning programs, including opportunities for distance learning; and (8) services designed to assist older individuals in avoiding institutionalization and to assist individuals in long-term care institutions who are able to return to their communities any other services necessary for the general welfare of older individuals (OAA Section 321). Nutrition services are provided under a separate authorization as described below.

Organizations funded under this program and the nutrition services program (see below) also receive funds from other Federal sources as well as from non-Federal sources.

### **Grants for Nutrition Services**

The purposes of this grant program are to (1) reduce hunger and food insecurity; (2) promote socialization of older individuals; and (3) promote the health and well-being of older individuals by helping them gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior (OAA Section 330). Services are provided through this program to individuals aged 60 or older, in a congregate setting or in-home. These services include meals, nutrition education, nutrition counseling, and nutrition screening and assessment, as appropriate (OAA Sections 331, 336, and 339). This program is clustered with the grants for supportive services and senior centers for purposes of this program supplement since these services, although separately earmarked, fall under the overall State planning process and process for allocation of funds.

### **Nutrition Services Incentive Program**

The objective of this grant program is to provide resource incentives to encourage and reward effective and efficient performance in the delivery of nutritious meals to older individuals. The Administration on Aging (AoA) is responsible for this program. This program is included as part of this cluster because of its direct relationship to the nutrition services program.

## II. PROGRAM PROCEDURES

### Administration and Services

The AoA, a component of the Department of Health and Human Services, administers the supportive services and senior centers program and the nutrition services program in cooperation with States, sub-State agencies, and other service providers. The States receive a formula grant from AoA, which is used by the State Unit on Aging (State Agency) both for its planning, administration, and evaluation of these programs as well as to pass through to other entities.

Planning and Service Areas (PSAs) are designated by the State Agency in accordance with AoA guidelines after considering the geographical distribution of the service populations, location of available services, available resources, other service area boundaries, location of units of general-purpose local government, and other factors. An Area Agency on Aging (Area Agency) is then designated by the State for each PSA after considering the views of affected local governments (States that had a single statewide planning and service area in place prior to fiscal year (FY) 1981 had the option to continue that method of operation; there are currently eight States in this category). A single Area Agency may serve more than one PSA. The Area Agencies, which may be public or private non-profit agencies or organizations, develop and administer counterpart area aging plans, as approved by the State Agency, and, in turn, provide subgrants to or contract with public or private service providers for the provision of services.

With limited exceptions (e.g., ombudsman services, information and assistance, case management<sup>1</sup>), the State Agency and the Area Agencies are precluded from the direct provision of services, unless providing the services is necessary to ensure an adequate supply of services, the services are related to the agency's administrative functions, or where services of comparable quality can be provided more economically by the agency. Federal funds may pay for only a portion of the costs of administration and services with the State and subrecipients required to provide a matching share from other sources.

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<sup>1</sup> The term "case management service" means a service provided to an older individual, at the direction of the older individual or a family member of the individual (i) by an individual who is trained or experienced in the case management skills that are required to deliver the services and coordination described below; and (ii) to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs, of the older individual. Case management includes services and coordination such as (i) comprehensive assessment of the older individual (including the physical, psychological, and social needs of the individual); (ii) development and implementation of a service plan with the older individual to mobilize the formal and informal resources and services identified in the assessment to meet the needs of the older individual, including coordination of the resources and services with any other plans that exist for various formal services, such as hospital discharge plans; and with the information and assistance services provided under the OAA; (iii) coordination and monitoring of formal and informal service delivery, including coordination and monitoring to ensure that services specified in the plan are being provided; (iv) periodic reassessment and revision of the status of the older individual with the older individual or, if necessary, a primary caregiver or family member of the older individual; and (v) in accordance with the wishes of the older individual, advocacy on behalf of the older individual for needed services or resources (OAA Section 102(11)).

AoA administers NSIP in cooperation with States, sub-State agencies, and other service providers. Under Section 311(b) (1) and (d) (1) of the OAA, States receive a cash grant from AoA, based on the formula in the OAA. The amount of a State's grant is determined by dividing the number of meals served to eligible persons in the State during the preceding Federal fiscal year by the number of such meals served in all States and tribes, and applying the resulting ratio to the amount of funds available. Under OAA Section 311(d)(1), a State may choose to use all or any part of its grant to obtain commodities distributed by the USDA through State Distributing Agencies. The amount a State chooses to use in commodities, as well as administrative costs from USDA associated with the purchase of commodities, are deducted from the State's grant from AoA. AoA transfers funds to USDA. USDA remains responsible for the overall management of the commodities program, including ordering, purchase, and delivery of the requested commodities. (See also IV, "Other Information.")

### **State Plan and Area Plans**

A State plan, approved by AoA, is a prerequisite to funding of the supportive services and nutrition programs; however, the State Plan covers the totality of AoA programs for which the State is the recipient under the OAA. The State Plan is developed on the basis of input from the Area Agencies as well as input from the affected populations as a result of public hearings. The State Plan addresses how the State intends to comply with the various requirements of the OAA and, specifically for Title III, its program objectives, designation of Planning and Service Areas (PSAs), and specification of the intrastate allocation formula for distribution of funds to each PSA. The State Plan also contains assurances required by the Act and implementing regulations.

Unless a State is not in compliance with Title III requirements, the State Plan may be submitted on a 2-, 3-, or 4-year cycle, at the option of the State, with annual amendments, as appropriate; however, AoA funding is provided annually. States found to be in noncompliance may be required to submit their State Plans annually until they are determined to be in compliance. Area plans are prepared and submitted to the State for approval for either 2, 3, or 4 years, with annual adjustments, as necessary.

### **Source of Governing Requirements**

These programs are authorized under Parts B and C, respectively, of Title III of the OAA, as amended, which is codified at 42 USC 3021-3030. These programs may also be referred to as Part B (supportive services and senior centers) and Part C1 (congregate nutrition services) and C2 (home-delivered nutrition services). Grants to Indian tribes for similar purposes are authorized under another title of the OAA and are not included in this Supplement. Implementing regulations are published at 45 CFR part 1321.

The Nutrition Services Incentive Program (NSIP) is authorized in Title III of the OAA, as amended, which is codified at 42 USC 3030a. There are no implementing regulations.

### **Availability of Other Program Information**

Additional information about nutrition and supportive services as amended in 2006 is available at the AoA website at [http://aoa.gov/AoARoot/AoA\\_Programs/index.aspx](http://aoa.gov/AoARoot/AoA_Programs/index.aspx).

### III. COMPLIANCE REQUIREMENTS

**In developing the audit procedures to test compliance with the requirements for a Federal program, the auditor should first look to Part 2, Matrix of Compliance Requirements, to identify which of the 12 types of compliance requirements described in Part 3 are applicable and then look to Parts 3 and 4 for the details of the requirements.**

#### A. Activities Allowed or Unallowed

##### 1. *State Agency*

- a. State Agencies may use any amount of Title III-B (supportive services) funding necessary to conduct an effective ombudsman program (42 USC 3024 (d)(1)(B)).
- b. Grant funds may be used for State plan administration, including State Plan preparation, evaluation of activities carried out under the Plan, the collection of data and the conduct of analyses related to the need for services, dissemination of information, short-term training, and demonstration projects (42 USC 3028 (a)).
- c. No supportive services, nutrition services, or in-home services may be provided directly by the State Agency unless the State Agency determines that direct provision of services is necessary to ensure an adequate supply of services, where such services are related to the agency's administrative functions, or where such services of comparable quality can be provided more economically by the State Agency (42 USC 3027(a)(8)(A)).

##### 2. *Area Agency*

###### *Supportive Services and Senior Centers and Nutrition Services*

- a. Funds may be used for plan administration, operation of an advisory council, activities related to advocacy, planning, information sharing, and other activities leading to development or enhancement within the designated service area(s) of comprehensive and coordinated community-based systems of service delivery to older persons (45 CFR section 1321.53).
- b. If approved by the State Agency, an Area Agency may use service funds for program development and coordination activities (45 CFR section 1321.17(f)(14)(i)).
- c. No supportive services, nutrition services, or in-home services may be provided directly by an Area Agency except if, in the judgment of the State Agency, direct provision of services is necessary to ensure an adequate supply of services, where such services are related to the agency's administrative functions, or where such services of comparable

quality can be provided more economically by the agency (42 USC 3027(a)(8)).

*NSIP*

Recipient agencies may use the cash received in lieu of commodities only to purchase domestically produced foods for their nutrition projects (42 USC 3030a(d)(4)).

3. ***Service Providers***

*Supportive Services and Senior Centers and Nutrition Services*

- a. Funds may be used to assist in the operation of multi-purpose senior centers and to meet all or part of the costs of compensating professional and technical personnel required for center operation (42 USC 3030d (b)(2)).
- b. Funds may be used for nutrition services and supportive services consistent with the terms of the agreement between the Area Agency and the service provider (42 USC 3026(a)(1), 3030d(a), and 3030e).
- c. Funds may be used for services associated with access to supportive services for in-home services, and for legal assistance (42 USC 3026 (a)(2)).
- d. Nutrition services may be provided to older individuals' spouses, who may not be eligible for these services in their own right, on the same basis as they are provided to older individuals, and may be made available to handicapped or disabled individuals who are less than 60 years old but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided (42 USC 3030g-21(2)(I)).
- e. In accordance with procedures established by the Area Agencies, nutrition project administrators may offer meals to individuals providing volunteer services during the meal hours and to individuals with disabilities who reside at home with eligible individuals (42 USC 3030g-21(2)(H)).
- f. Funds may be used for provision of home-delivered meals to older individuals (42 USC 3030f).
- g. Funds may be used to acquire (in fee simple or by lease for 10 years or more), alter, or renovate existing facilities or to construct new facilities to serve as multi-purpose senior centers for not less than 10 years after acquisition, or 20 years after completion of construction, unless waived by the Assistant Secretary for Aging (42 USC 3030b).

*NSIP*

Cash received in lieu of commodities may be used only to purchase domestically produced foods for their nutrition projects (42 USC 3030a(d)(4)).

**E. Eligibility**

1. **Eligibility for Individuals** – Not Applicable
2. **Eligibility for Group of Individuals or Area of Service Delivery** – Not Applicable
3. **Eligibility for Subrecipients**

Service providers may include profit-making organizations except that providers of case management services must be public or non-profit agencies (42 USC 3026(a)(8)(C)).

**G. Matching, Level of Effort, Earmarking****1. Matching****a. State**

- (1) States must contribute from State or local sources at least 25 percent of the cost of State Plan administration as their matching share. This may include cash or in-kind contributions by the State or third parties (42 USC 3028 (a)(1) and 42 USC 3029 (b); 45 CFR section 1321.47).
- (2) All services, whether provided by the State Agency, an Area Agency or other service provider (including any ombudsman services provided under the authority of 42 USC 3024 (d)(1)(D)) must be funded with a non-Federal match of at least 15 percent. This percentage must be met on a statewide basis. Funds for ombudsman services provided under the authority of 42 USC 3024 (d)(1)(B) are not required to be matched (42 USC 3024 (d)(1)(D); 45 CFR section 1321.47).

**b. State and Area Agencies**

Area Agencies, in the aggregate, must contribute at least 25 percent of the costs of administration of area plans (42 USC 3024 (d)(1)(A); 45 CFR section 1321.47).

- (1) *State* – Since this match is computed based on the aggregate of all Area Agencies in the State, the auditor's testing of the amount of this match is performed at the State Agency.



- (2) *Area Agencies* – The auditor’s testing of the allowability of the matching (e.g., from an allowable source and in compliance with the administrative requirements and allowable costs/cost principles requirements) should be performed at the Area Agencies.

## 2.1 Level of Effort – *Maintenance of Effort*

*State* – The State Agency must spend for both services and administration at least the average amount of State funds it spent under the State plan for these activities for the 3 previous fiscal years. If the State Agency spends less than this amount, the Assistant Secretary for Aging reduces the State’s allotments for supportive and nutrition services under this part by a percentage equal to the percentage by which the State reduced its expenditures (42 USC 3029 (c); 45 CFR section 1321.49). See III. L.1, “Reporting – Financial Reporting,” for the reporting requirement regarding maintenance of effort.

## 2.2 Level of Effort – *Supplement Not Supplant* – Not Applicable

## 3. Earmarking

### a. *State*

- (1) Overall expenditures for administration are limited to the greater of five percent (or \$300,000 or \$500,000 depending on the aggregate amount appropriated or a lesser amount for the U.S. Territories) of the overall allotment to a State under Title III unless a waiver is granted by the Assistant Secretary for Aging (42 USC 3028 (b)(1), (2), and (3)).
- (2) After a State determines the amount to be applied to State plan administration under 42 USC 3028 (b), the State may:
  - (a) Make up to (and including) 10 percent of that amount available for the administration of Area Plans where the State calculates the 10 percent based on the amount remaining after deducting the amount to be applied to State Plan administration (42 USC 3024(d)(1)(A)); and
  - (b) Use any amounts available to the State for State plan administration which the State determines are not needed for that purpose to supplement the amount available for administration of Area Plans (42 USC 3028(a)(2)).
- (3) Any State which has been designated as a single planning and service area may elect to be subject to the State Plan administration limit (five percent) or the Area Plan administration (10 percent) limit (42 USC 3028(a)(3)).

- (4) A State may transfer:
- (a) Up to 40 percent of a State's separate allotments for congregate and home-delivered nutrition services between those two allotments without AoA approval (42 USC 3028 (b)).
  - (b) Not more than 30 percent between programs under Part B and Part C (Parts C1 and/or C2) for use as the State considers appropriate (42 USC 3028(b)).
  - (c) An additional 10 percent may be transferred between C1 and C2 with an AoA waiver (42 USC 3028(b)).
  - (d) A waiver may be requested to transfer an amount which is above the allowable 30 percent between Parts B and C (42 USC 3030c-3(b)(4)).

A State Agency may not delegate to an Area Agency or any other entity the authority to make such transfers (42 USC 3028(b)(6)).

- (5) The State agency will not fund program development and coordinated activities as a cost of supportive services for the administration of area plans until it has first spent 10 percent of the total of its combined allotments under this program on the administration of area plans (45 CFR section 1321.17(f)(14)).

b. *Area Agency*

As provided in agreements with the State Agency, Area Agencies earmark portions of their allotment. The typical earmarks are:

- (1) A maximum amount or percentage for program development and coordination activities by that agency (42 USC 3024(d)(1)(D); 45 CFR section 1321.17(f)(14)(i)).
- (2) A minimum amount or percentage for services related to access, in-home services, and legal assistance (42 USC 3026(a)(2)).

## H. **Period of Performance**

Funds are made available to the State annually and must be obligated by the State by the end of the Federal fiscal year in which they were awarded. The State has an additional 2 years to liquidate all obligations for its administration of the State Plan and for awards to the Area Agencies consistent with its intrastate allocation formula. Therefore, in any given year, multiple years of funding are being used to provide services statewide.

Whenever the Assistant Secretary for Aging determines that any amount allotted to a State under Parts B or C for a fiscal year will not be used to carry out the purpose for which the allotment was made, the funds may be reallocated to one or more other States. Any amount made available to a State as the result of a reallocation shall be regarded as part of the State's allotment for the same fiscal year in which the funds were appropriated, but shall remain available for obligation by the State until the end of the succeeding fiscal year (42 USC 3024 (b)).

**J. Program Income**

1. Service providers are required to provide an opportunity to individuals being served under all Part B and C services program to make voluntary contributions for services received. These voluntary contributions are to be added to the amounts made available by the State or Area Agency and must be used to expand the service from which they are collected (42 USC 3030c-2(b)).
2. Cost-sharing fees may be collected from Title III-B services except information and assistance, outreach, benefits counseling, or case management services. Cost sharing is not allowed for Title III-C services or Title VII Elder Rights Services (Ombudsman, legal services, elder abuse prevention or other consumer protection services) (42 USC 3030c-2(a)(2)).

**L. Reporting**

**1. Financial Reporting**

- a. SF-270, *Request for Advance or Reimbursement* – Not Applicable
- b. SF-271, *Outlay Report and Request for Reimbursement for Construction Programs* – Not Applicable
- c. SF-425, *Federal Financial Report* – Applicable

**2. Performance Reporting** – Not Applicable

**3. Special Reporting** – Not Applicable

**M. Subrecipient Monitoring**

**1. State Agency**

The State Agency is required to develop policies governing all aspects of programs operated under the State Plan and to monitor their implementation, including assessing performance for quality and effectiveness and specifying data system requirements to collect necessary and appropriate data (45 CFR sections 1321.11 and 1321.17(f)(9)).

2. *Area Agencies*

Area Agencies are required to oversee the activities of service providers with respect to provision of services, reporting, voluntary contributions, and coordination of services (45 CFR section 1321.65).

**N. Special Tests and Provisions**

**Distribution of Cash**

**Compliance Requirement** – States are required to promptly and equitably distribute NSIP cash to recipients of grants or contracts under OAA Title C1 and C2 (42 USC 3030a(d)(4)).

**Audit Objective** – Determine whether States are distributing cash promptly and equitably.

**Suggested Audit Procedures**

- a. Review the State's procedures for handling NSIP cash to determine whether there is a documented process for distributing cash, including established time frames.
- b. Review a sample of transactions during the audit period in which the State received NSIP cash and determine whether the State complied with its established process, including time frames.

**IV. OTHER INFORMATION**

The NSIP program may include both cash payments to States and use of cash to purchase commodities from USDA and for USDA administrative expenses. Assistance in the form of commodities is considered Federal awards expended in accordance with the OMB Circular A-133, § \_\_.105/2 CFR section 200.40 definition of Federal financial assistance and should be valued in accordance with § \_\_.205(g)/2 CFR section 200.502(g). Therefore, both cash expenditures for the purchase of food and the value of commodities received from the State Distribution Agencies should be (1) used when determining Type A programs and (2) included in the Schedule of Expenditures of Federal Awards in accordance with § \_\_.310(b)/2 CFR section 200.510(b).

**Attachment 3: Older Americans Benefit from Older Americans Act Nutrition Programs,  
Research Brief Number 8, September 2015 Administration on Aging,  
Department of Health and Human Services**

## Older Americans Benefit from Older Americans Act Nutrition Programs

by Niranjana Kowlessar, Kristen Robinson, and Claudia Schur, Social & Scientific Systems, Inc.

Since the passage of the Older Americans Act (OAA) in 1965, the Administration on Aging (AoA) has supported older adults by helping them to maintain their independence and remain in their homes. Through its "Aging Services Network," including State Units on Aging, Area Agencies on Aging, Native American Tribes and organizations, and local service providers, AoA provides services designed to promote health and functionality, engage older adults in the community, maintain needed community and family supports, and mitigate the effects of declining physical health and functioning. This brief, the eighth in a series that represents findings from AoA's National Survey of OAA Participants, explores the Older Americans Act Nutrition Program (OAA NP). It 1) describes program requirements, 2) discusses the link between nutrition, health, and the ability of older adults to remain at home, 3) describes the high risk population served, and 4) shows participants' perceptions of the positive impact programs have on their quality of life.

### Summary

The Administration for Community Living and the Aging Services Network strive to help older adults remain safely in their homes and communities. One important way this is accomplished is by providing regular and adequate sources of nutrition to older adults who are in greatest social and economic need. While it can be difficult to isolate the beneficial effects of nutrition programs from other community supports (such as availability of caregivers), it is clear that AoA nutrition programs are serving those most in need. As this brief demonstrates, adults receiving congregate and home-delivered meals are older and in poorer health than the older population as a whole. They are also more likely to be living alone. This suggests that the OAA NP<sup>1</sup>, is fulfilling its mission by providing the most frail and vulnerable older adults with nutrition services that are helping them to stay in their homes.

### Background

Good nutrition is a key component in maintaining the health of vulnerable, older adults. The OAA recognizes the importance of providing adequate nutrition to older adults through the OAA NP. In 2013, 2.4 million older adults received 219 million meals; 62 percent of meals

### What Is the Aging Services Network?

The Aging Services Network (funded under Title III of the OAA) provides a range of community-based services – home-delivered and congregate nutrition services, case management, transportation, and homemaker and caregiver support to individuals age 60 and over and their caregivers. These services are intended to reach the most vulnerable older adults in greatest social and economic need. Such services enhance both quality of life and social interaction, and minimize the impact of disability. Funding for OAA services is provided by the Administration for Community Living's (ACL) AoA.

were served to people in their homes, and 38 percent were served in congregate settings (Administration for Community Living, 2013).

One of the consequences of longer life spans is the higher incidence of chronic conditions which may negatively affect quality of life, contribute to declines in health and functionality, limit individuals' ability to remain at home in the community, contribute to caregiver burden, and contribute to increased hospitalizations and health care costs. Adequate food and quality nutrition services are a prevention, risk reduction, and treatment modality for

<sup>1</sup> This brief is specific to programs under OAA Title III-C.

many of the most common chronic conditions, such as hypertension, heart disease, diabetes, osteoporosis, and obesity (Bernstein & Munoz, 2012).

The OAA NP provides funding for both congregate and home-delivered nutrition programs through formula grants to states and U.S. territories. Congregate nutrition programs are provided in senior centers, adult day care centers, and other community venues, while home-delivered nutrition programs are provided to frail, older adults who have difficulty leaving their homes. In addition to providing meals, these nutrition programs also offer nutrition education, nutrition counseling, and other nutrition services as appropriate.

### **Nutrition Services as Part of Home- and Community-Based Services**

The OAA NP is not a stand-alone service or program but functions as part of a home- and community-based service (HCBS) system. The OAA emphasizes that services provided are to be part of a comprehensive and coordinated service system designed to secure and support maximum independence and dignity in the home environment for older adults (Bernstein & Munoz, 2012).

As part of a HCBS system, providing adequate quality food and nutrition is part of the broader OAA purpose. The OAA NP is not simply focused on meal provision or nutrition outcomes, but on how to maintain the health and functionality of older adults in the community. To maintain health and functionality, the OAA indicates that the OAA NP has specific purposes in addition to the overall OAA purposes. These specific purposes focus on how the role of nutrition contributes to:

- 1) reducing hunger and food insecurity
- 2) promoting socialization
- 3) promoting health and well-being
- 4) delaying adverse health conditions

### **Reducing Hunger and Food Insecurity**

Food insecurity is often used to assess and evaluate hunger within specific populations (Opsomer, Jensen, & Pan, 2003). Based on a review by the Committee on National Statistics (CNSTAT), the United States Department of Agriculture (USDA) uses the following terms to refer to food security and insecurity: food security, marginal food security, low food security, and very low food security.

Although low and very low food security are less prevalent in the older population than other populations (Coleman-Jensen, Gregory, & Singh, 2014), older adults

## **Nutrition Requirements**

The OAA requires that nutrition service providers ensure that meals meet food and nutrient requirements, are safe to serve and are appealing to older adults.

### **Dietary Guidelines for Americans**

Meals offered must meet the most recent *Dietary Guidelines for Americans* (DGAs) which are issued every 5 years by the Secretaries of Health and Human Services and Agriculture. Based on the most current science, the DGAs are designed to promote health and reduce the risk of chronic disease through healthy eating and physical activity. The DGAs serve as the nutrition basis for all federal nutrition programs, aid policymakers in designing and implementing nutrition programs, and provide the basis for nutrition messages and consumer materials developed by nutrition and health professionals (U.S. Department of Health Human Services & U.S. Department of Agriculture, 2010).

### **Dietary Reference Intakes**

Meals must provide at least one-third of the Dietary Reference Intakes. The Dietary Reference Intakes (DRIs) are nutrient reference values developed by the Institute of Medicine of The National Academies. They are intended to serve as a guide for good nutrition and provide the scientific basis for the development of food guidelines in both the United States and Canada (National Academies. Institute of Medicine, 2010).

### **Food Safety and Sanitation**

Meals offered are to meet state and local foodservice laws, rules, and regulations to ensure that the meals served are safe and sanitary. Most states base their state and local foodservice codes on the most recent edition of the Food Code published by the U.S. Public Health Service and the Food and Drug Administration (U.S. Department of Health and Human Services. Public Health Service. Food and Drug Administration, 2013).

### **Meal Appeal**

Meals offered are designed to be appealing to older adults and it is intended that older adults provide input into the planning process (*Older Americans Act of 1965. Section 339 (2)(B)*, n.d.).

For additional information visit:

[http://www.aoa.acl.gov/AoA\\_Programs/HPW/Nutrition\\_Services/index.aspx](http://www.aoa.acl.gov/AoA_Programs/HPW/Nutrition_Services/index.aspx)

who are less food secure are more likely to have adverse health consequences than food secure older adults. For example, food insecure older adults are 50 percent more likely to be diabetic, 60 percent more likely to have congestive heart failure, and 3 times more likely to suffer depression (Ziliak & Gundersen, 2014). Chronic health conditions combined with food insecurity can negatively affect older adults' ability to remain in the community.

To address these conditions, meals provided in the OAA NP are to comply with federal requirements. These federal requirements are designed to promote health and reduce the risk of chronic disease (see textbox for further detail). While most OAA NP providers serve one meal per day about 5 days a week or about 25 percent of the meals considered a usual eating pattern over a week's time (5 of 21 meals), more than half of the 2.4 million older participants (56 percent of congregate nutrition service participants and 60 percent of home-delivered nutrition service participants) report that these meals make up one-half or more of their food intake for the day. In addition, the meal service provides socialization opportunities for both congregate and home-delivered participants that positively affect their ability to stay at home.

### **Promoting Socialization**

The OAA NP promotes socialization for vulnerable older adults who may be isolated due to physical or mental conditions, living alone, lack of transportation, or other issues. The day-to-day contact in group settings or in-person contact that occurs when meals are delivered is designed to decrease isolation. Isolation has been linked to higher mortality for older men and women (Stephoe, Shankar, Demakakos, & Wardle, 2013). Recent research compared individuals receiving daily-delivered meals, once-a-week frozen delivered meals, and individuals who were on a waiting list to receive home-delivered meals on a number of dimensions including social contact. The research indicated that those receiving daily-delivered meals were more likely to report improvements in mental health, self-rated health, and reductions in feelings of isolation as well as less worry about being able to remain at home (Thomas & Dosa, 2015).

### **Promoting Health and Well-being**

The OAA NP promotes the health and well-being of older individuals by assisting them in accessing other disease prevention and health promotion services that

may delay the onset of adverse health conditions (Older Americans Act. OAA amendments of 2006.P.L.109-365, n.d.). Among people currently receiving congregate nutrition services, 43 percent are also receiving one or more other HCBS. Likewise, among people receiving home-delivered nutrition services, 59 percent reported receiving one or more additional HCBS.

### **Delaying Adverse Health Conditions**

Another purpose of the OAA NP is to delay adverse health conditions. Because the prevalence of multiple chronic conditions is higher among congregate and home-delivered program participants (see next section) than the general Medicare population, the provision of healthy meals, access to lifestyle modification programs and nutrition education and counseling are important to promoting health, modifying risk, helping to treat these multiple chronic conditions, helping to maintain functionality, and reducing health care utilization.

Recent research compared individuals on waiting lists to individuals receiving meals delivered to their homes by one of two methods: daily delivery of a single meal or once-a-week frozen delivery of multiple meals. The research indicated that individuals on waiting lists needed a variety of supports beyond meals, and that those receiving home-delivered meals (regardless of delivery method) had greater improvements in anxiety, and self-rated health, and reduced rates of hospitalizations and falls. Those receiving daily-delivered meals reported greater health benefits compared to the group receiving frozen meals (Thomas & Dosa, 2015).

### **Who Receives OAA Home-Delivered/ Congregate Nutrition Services?**

The OAA NP (both congregate and home-delivered nutrition services) specifically targets and provides services to older adults who are in poor health and functionally impaired. For example, 45 percent of congregate participants and 63 percent of home-delivered participants have six or more medical conditions; 44 percent of congregate and 62 percent of home-delivered participants take over five medications daily and 17 percent of congregate and 38 percent of home-delivered participants have been in the hospital in the past year. Providing appropriate services to high risk individuals supports these older adults and their desire to live at home. This brief examines the older adults who use



these programs by looking at a number of different demographic, socioeconomic and health characteristics and comparing them to the general population.

### Recipients of OAA Congregate and Home-Delivered Nutrition Services and the National Population Age 60 and Over

There are approximately 61.4 million community-dwelling adults age 60 and over in the United States (U.S. Census Bureau, n.d.). Within this group, those who use Title III congregate and home-delivered nutrition services are more vulnerable compared with the general population. The characteristics shown in Figure 1 are often indicative of a higher risk for institutionalization.

The overall purpose of the OAA programs is to help older adults remain in their homes through the provision of long-term services and supports.

- In 2013, the mean age of congregate meal participants was 76.05 years and the average age of home-delivered meal participants was 79.53 years.
- Eighteen percent of congregate nutrition service participants and 35 percent of home-delivered nutrition service users are age 85 or older. This equates to being twice as likely and four times as likely (respectively) as the general population to be aged 85 years and over.

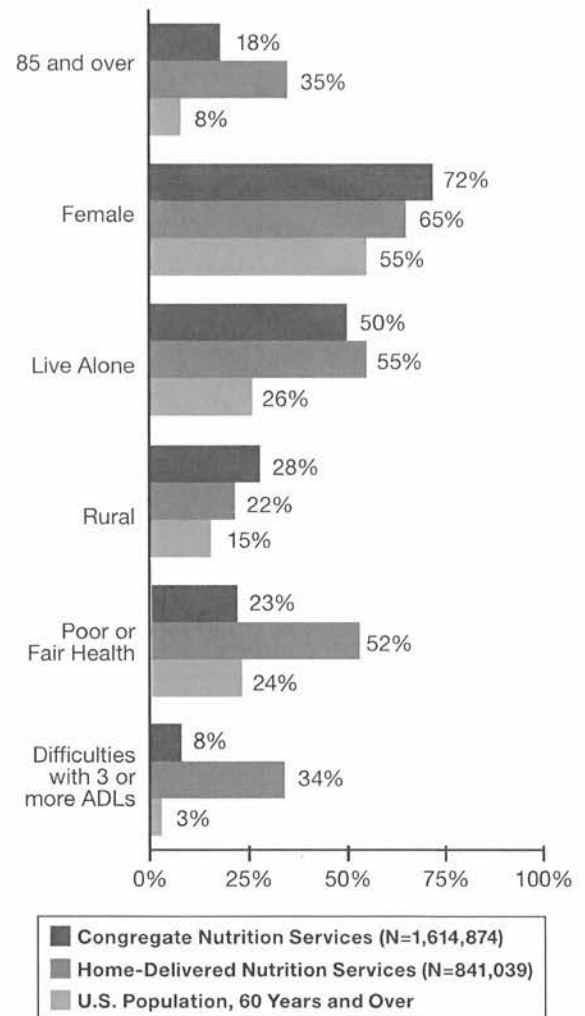
Older women are more likely to live alone and have lower incomes than men, placing them at higher risk for institutionalization.

- 72 percent of congregate nutrition service participants are older women, as are 65 percent of home-delivered nutrition service participants, compared with 55 percent of the general population.
- Compared with the general population, congregate and home-delivered nutrition service participants are much more likely to live alone (50 percent and 55 percent, respectively, compared with 26 percent for the general population).

Individuals in rural areas may experience more difficulties in accessing and obtaining services as needed to maintain independence.

- Twenty-eight percent of congregate nutrition service participants and 22 percent of home-delivered nutrition service participants live in rural areas of the country. These groups are almost one and one-half times as likely as the general population to be living in rural areas.

Figure 1. Comparison of Older Americans Act Nutrition Program Participant Characteristics to the U.S. Population Age 60 and Over, 2013



Sources: National Survey of Older Americans Act Participants (2013); National Health Interview Survey (2012); Medical Expenditure Panel Survey (2012).

Services for congregate participants such as access to healthy meals and other health promotion interventions may promote better health behaviors, delay complications of chronic disease, and slow the decline to a more restrictive living environment.

- While the proportion of congregate nutrition service participants in poor or fair health (23 percent) was similar to the general population (24 percent), home-delivered nutrition service participants are over twice as likely (52 percent) as these two groups to report being in poor or fair health.

Assistance with activities of daily living (ADL) impairments may decrease the risk for institutionalization and allow individuals to remain at home longer (Banaszak-Holl et al., 2004).

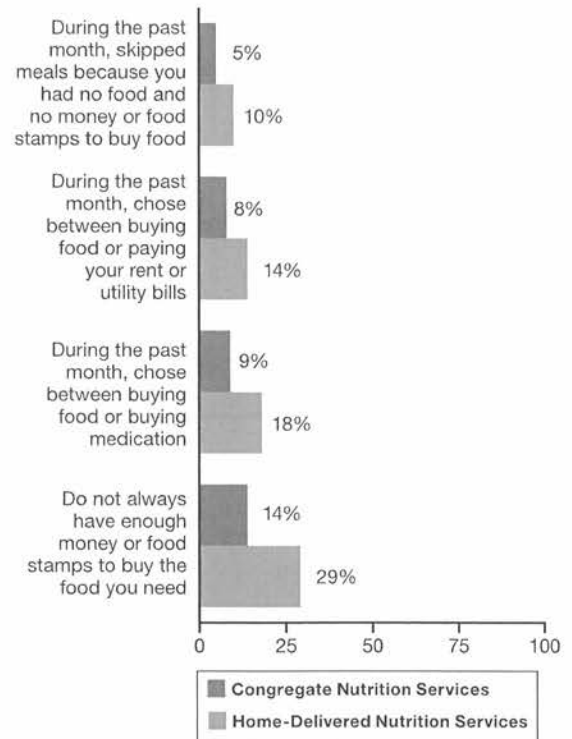
- Differences with respect to ADLs<sup>2</sup> are particularly striking: congregate nutrition service participants are over twice as likely (8 percent) while home-delivered nutrition service participants are over ten times as likely (34 percent) as the population age 60 and over to have difficulties with 3 or more ADLs.
- Both home-delivered nutrition service participants (91 percent) and congregate meal participants (64 percent) reported that the nutrition programs helped them stay in their own home (see Figure 4).

### Nutrition Service Users and Food Insecurity

Many older adults live on fixed incomes that force them to choose between paying for rent, utilities, or medication versus paying for groceries (Mabli, Cohen, Potter, Zhao, & America, 2010; Sattler & Lee, 2013). Congregate and home-delivered nutrition services help bolster seniors' food intake by providing an additional source for meeting their nutritional needs. Data indicate that both home-delivered nutrition service participants and congregate nutrition service participants have limited incomes, with 63 percent of home-delivered nutrition service participants reporting annual income below \$20,000 and 42 percent of congregate nutrition service participants reporting annual income below \$20,000 (data not shown). It is therefore not surprising that both groups face greater barriers to meeting their nutritional needs. As shown in Figure 2, congregate nutrition service participants and home-delivered nutrition service participants both report often choosing between buying food or paying rent or utility bills (8 percent and 14 percent, respectively), as well as having to choose between food and medication (9 percent and 18 percent, respectively). In addition, 14 percent of congregate nutrition service participants and 29 percent of home-delivered nutrition service participants report not always having enough money or food stamps to buy the food they need.

<sup>2</sup> ADLs are basic activities people complete to care for themselves, including: personal hygiene activities, such as bathing or using the toilet; dressing; eating; walking without an assistive device, such as a cane; and transferring from a seated to a standing position and getting in and out of bed.

Figure 2. Purchasing Decisions of Congregate and Home-Delivered Nutrition Service Participants, 2013



Source: National Survey of Older Americans Act Participants (2013).

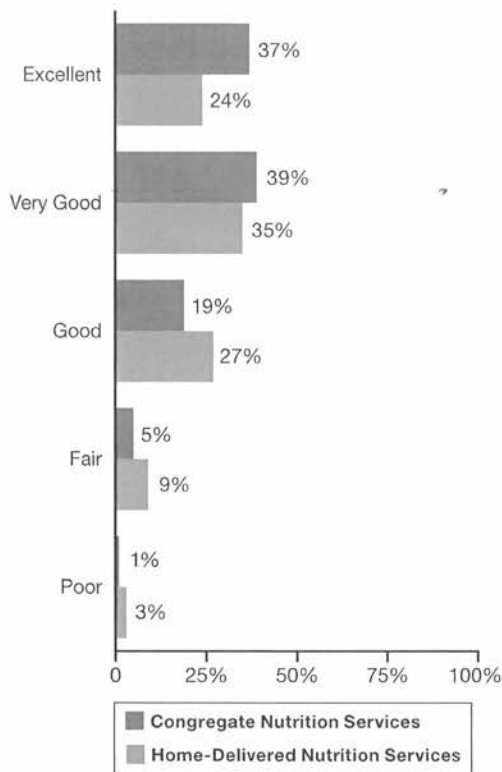
### Are Title III Services Meeting the Needs of Program Users

Both congregate and home-delivered participants value the meals and services that they receive from the OAA NP. Congregate and home-delivered nutrition service participants rated the programs highly in terms of meal and service quality as well as how the program affected their ability to maintain their health, and functionality, and ability to remain at home in the community.

As shown in Figure 3, 95 percent of congregate and 86 percent of home-delivered meal participants rated the meals as good, very good, or excellent. Participants in both programs indicated that they are highly satisfied with meal taste and variety.

Over 90 percent of participants in both programs indicate that they would recommend the program to a friend (data not shown). Independent research of several home-delivered programs indicates that 99 percent of participants would recommend the program to others (Thomas & Dosa, 2015). The individuals in this study indicate that the social contact with the

Figure 3. Congregate and Home-Delivered Nutrition Service Participants Rating of the Nutrition Program Overall, 2013

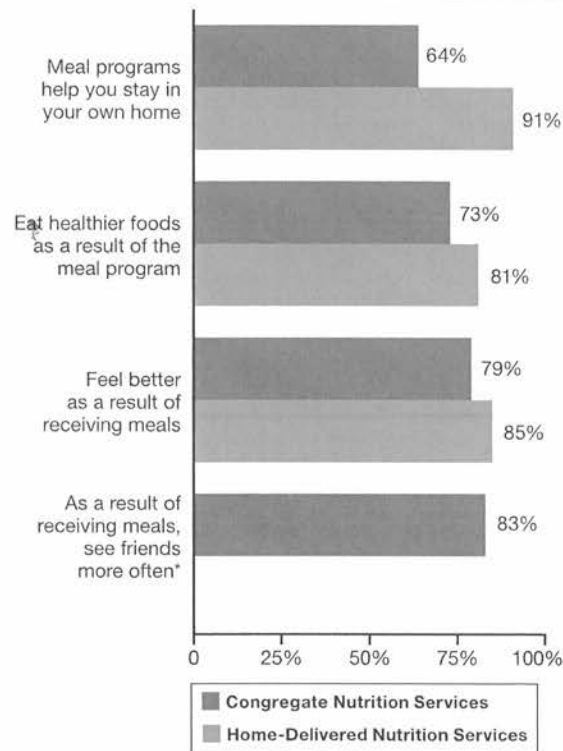


Source: National Survey of Older Americans Act Participants (2013).

person delivering the meals makes them feel less lonely. These data indicate that the program is helping with socialization.

Over 80 percent of congregate nutrition service participants indicate that they see their friends more often as a result of participation. Congregate and home-delivered nutrition service participants rated the programs highly in terms of benefits to their health and well-being. As shown in Figure 4, 73 percent of congregate and 81 percent of home-delivered participants reported eating healthier foods as a result of program participation, while 79 percent of congregate and 85 percent of home-delivered participants indicated that the program helped them feel better. These data indicate that the program is helping to meet individuals' needs as well as the program purpose of maintaining health and well-being.

Figure 4. Congregate and Home-Delivered Nutrition Service Participants Rating of the Meal Program, 2013



\*This question is only applicable to congregate nutrition services.

Source: National Survey of Older Americans Act Participants (2013).

## Conclusion

The number of older adults in the United States is projected to continue increasing over the next two decades. By 2030, adults age 65 and over will constitute approximately one-fifth of the U.S. population. This growth in the number and proportion of older adults combined with their changing demographic composition is expected to have profound impacts on the demand for social services. These services must address the unique nutritional, cultural, and social needs and challenges faced by older adults, including not only poor diets and health problems but also food insecurity and social isolation.

Congregate and home-delivered nutrition services are designed to provide more than daily nutrition, and provide important avenues for meeting the social needs of consumers. In the case of congregate nutrition services, participants have the opportunity to interact with each other in a communal setting where they also have access

to other community-based services. In the case of home-delivered nutrition services, the people who deliver these meals may be the only source of social contact for nutrition service recipients. It is also a “check-in” opportunity in which the delivery personnel can report back to their Aging Services Network contacts if they see a dangerous or unhealthy situation unfolding or a need for other services such as nutrition education or nutrition counseling. Finally, both sources of socialization can help older adults better address feelings of depression, anxiety, or loneliness they may be experiencing.

More research into nutrition services as part of home- and community-based services may provide greater insight into the program’s impact on improved food security, social connectedness, nutrient intake, health, and health care utilization among the older adult population. While it goes beyond the scope of this brief to draw any conclusions as to whether congregate and home-delivered nutrition services help people remain in their homes longer, based on survey responses, recipients of these programs report that the nutrition programs are key to helping them remain in their homes and communities as they age. ACL has contracted for a rigorous program evaluation that addresses all of these questions.

### **Acknowledgments**

We would like to thank the Administration for Community Living’s Office of Performance and Evaluation, Center for Policy and Evaluation, and the Administration on Aging, Office of Nutrition and Health Promotion Programs, for their guidance and feedback while completing this brief. We would also like to extend particular thanks to Jean Lloyd who recently retired from AoA as their National Nutritionist, and provided considerable guidance in the development of this brief.

### **Data**

Information on Title III participants was drawn from the Eighth National Survey of OAA Participants. Westat, Inc., conducted the telephone survey in 2013, administering it to over 5,000 people who reported receiving Title III services. This brief includes data for 2,038 recipients who were surveyed about their experiences with congregate and home-delivered nutrition services. The survey used a two-stage sample design, first selecting a sample of AAAs and then randomly sampling participants from each selected AAA by service type. The number of participants selected from each AAA was proportional to the number of participants served in that particular service by the sampled AAA. All analyses in this brief apply sample weights to account for this design. Additional data from, and more detailed documentation about, the NSOAP and other AoA data sources are available on the AGing Interactive Database (AGID) located at <http://www.agid.acl.gov>.

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### About This Series

This series is funded by ACL, and presents analyses conducted by Social & Scientific Systems using data from AoA's National Survey of Older Americans Act Participants. This survey collects information from Title III recipients about their demographics, socioeconomic status, health, and functioning, as well as their service use and client-reported service impact and quality. For more information about this study, please contact Niranjana Kowlessar at Social & Scientific Systems, [NKowlessar@s-3.com](mailto:NKowlessar@s-3.com).

**Attachment 4: Public Law 33-66 General Appropriations Act of 2016 Excerpt, Chapter III  
Health, Part II Department of Public Health and Social Services, Section 5.  
Program Authorizations- Congregate Meals, Home-Delivered Meals**



EDDIE BAZA CALVO  
Governor

RAY TENORIO  
Lieutenant Governor

*Office of the Governor of Guam*

September 10, 2015

33-15-0835

Honorable Judith T. Won Pat, Ed.D.  
Speaker  
*I Mina'trentai Tres Na Liheslaturan Guåhan*  
155 Hesler Street  
Hagåtña, GU 96910

Office of the Speaker  
Judith T. Won Pat, Ed.D

Date: 2/11/15  
Time: 7:57 AM  
Received By: [Signature]

Dear Madame Speaker:

Transmitted herewith is Bill No. 37-33 (COR), "AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2016; MAKING OTHER APPROPRIATIONS; AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS," which lapsed into law on September 5, 2015, as Public Law 33-66.

*Senseramente,*

*[Signature]*  
**RAY TENORIO**  
*I Maga'låhen Guåhan Para Pago*  
Acting Governor of Guam

2015 SEP 11 AM 7:59  
*[Signature]*

0835

*I MINA'TRENTAI TRES NA LIHESLATURAN GUÅHAN*  
2015 (FIRST) Regular Session

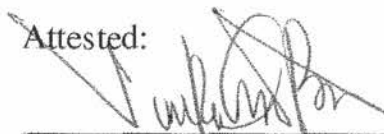
CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LÅHEN GUÅHAN

This is to certify that Substitute Bill No. 37-33 (COR), "AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2016; MAKING OTHER APPROPRIATIONS; AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS," was on the 24<sup>th</sup> day of August 2015, duly and regularly passed.



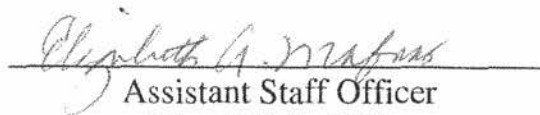
Judith T. Won Pat, Ed.D.  
Speaker

Attested:



Tina Rose Muña Barnes  
Legislative Secretary

This Act was received by *I Maga'låhen Guåhan* this 24<sup>th</sup> day of August,  
2015, at 4:44 o'clock P.m.



Assistant Staff Officer  
*Maga'låhi's* Office

APPROVED:

EDWARD J.B. CALVO  
*I Maga'låhen Guåhan*

Date: \_\_\_\_\_

Public Law No. 33-66



*I MINA'TRENTAI TRES NA LIHESLATURAN GUÅHAN*  
2015 (FIRST) Regular Session

**Bill No. 37-33 (COR)**

As substituted by the Committee on Appropriations and Adjudication; and amended in the Committee of the Whole.

Introduced by:

Committee on Rules, Federal, Foreign and Micronesian Affairs, Human and Natural Resources, and Election Reform.

---

by request of *I Maga'låhen Guåhan*, the Governor of Guam, in accordance with the Organic Act of Guam.

**AN ACT MAKING APPROPRIATIONS FOR THE OPERATIONS OF THE EXECUTIVE, LEGISLATIVE, AND JUDICIAL BRANCHES OF THE GOVERNMENT OF GUAM FOR FISCAL YEAR ENDING SEPTEMBER 30, 2016; MAKING OTHER APPROPRIATIONS; AND ESTABLISHING MISCELLANEOUS AND ADMINISTRATIVE PROVISIONS.**

**BE IT ENACTED BY THE PEOPLE OF GUAM:**

**CHAPTER I**

**GENERAL PROVISIONS**

**Section 1. Short Title.** This Act *shall* be known as the “**General Appropriations Act of 2016.**” *Except* as otherwise provided by this Act, the appropriations made by this Act *shall* be available to pay for obligations incurred on or after October 1, 2015, but *no later than* September 30, 2016. If any appropriation in this Act is found contrary to federal law, all other portions of this Act *shall* remain valid.

1           **Section 2. Estimated Revenues for Fiscal Year 2016.** *I Liheslaturan*  
2 *Guåhan* adopts the following revenue estimates for Fiscal Year 2016 as the basis  
3 for the appropriations contained in this Act.

**CHAPTER III**  
**HEALTH**  
**PART II – DEPARTMENT OF PUBLIC HEALTH AND SOCIAL**  
**SERVICES**

1       **Section 1. Appropriation.** The sum of Forty-Nine Million Five Hundred  
2 Thirteen Thousand Four Hundred Sixty-Five Dollars (**\$49,513,465**) is appropriated  
3 to the Department of Public Health and Social Services (DPHSS) for its operations  
4 for Fiscal Year 2016. This sum is composed of Forty-Three Million Three Hundred  
5 Fifty-Seven Thousand Seven Hundred Ninety-Nine Dollars (**\$43,357,799**) from the  
6 General Fund, and Six Million One Hundred Fifty-Five Thousand Six Hundred  
7 Sixty-Six Dollars (**\$6,155,666**) from the Healthy Futures Fund, the Environmental  
8 Health Fund, and the Sanitary Inspection Revolving Fund.

9       The sum of Twenty Nine Million Five Hundred Eighty-One Thousand Four  
10 Hundred Thirty-Three Dollars (**\$29,581,433**) appropriated from the General Fund  
11 in this Section is authorized as the local matching requirement for Federal Grants-  
12 in-Aid.

13 **SUMMARY OF APPROPRIATION FUNDING SOURCE**

14	GENERAL FUND	\$43,357,799
15	HEALTHY FUTURES FUND	\$4,748,443
16	ENVIRONMENTAL HEALTH FUND	\$1,283,146
17	SANITARY INSPECTION REVOLVING FUND	<u>\$124,077</u>
18	<b>TOTAL</b>	<b>\$49,513,465</b>

19 For information purposes only:

20	FEDERAL MATCHING GRANTS-IN-AID	\$29,581,433
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21 **Section 2. Medically Indigent Program (MIP) Appropriations.**

22       (a) The sum of Fifteen Million Five Hundred Eighty Thousand Six  
23 Hundred Seventy-One Dollars (**\$15,580,671**) is appropriated from the

1 General Fund to the Medically Indigent Program Payment Revolving Fund  
2 (MIPPR) for the MIP for Fiscal Year 2016.

3 (b) The sum of Eight Hundred Thousand Dollars (**\$800,000**) from  
4 the General Fund, and the sum of Two Hundred Thousand Dollars  
5 (**\$200,000**) from the Healthy Futures Fund, are appropriated to the MIPPR  
6 for the MIP to fund cancer screening, treatment, educational outreach  
7 programs, and support services for Fiscal Year 2016.

8 (c) *No more than* fifteen percent (15%) of the appropriations from  
9 local fund sources in this Section is authorized to pay for the Fiscal Year  
10 2015 obligations of the MIP.

11 **Section 3. Medicaid Program.** The sum of Fourteen Million One  
12 Hundred Nine Thousand Nine Hundred Sixty-Three Dollars (**\$14,109,963**) *shall* be  
13 allocated and authorized from the General Fund appropriation in Section 1 of this  
14 Part of this Chapter as the local matching requirement for the Medicaid Program.  
15 The sum of Sixteen Million Eight Hundred Fifty-Five Thousand Seventy-Five  
16 Dollars (**\$16,855,075**) is authorized from Federal Matching Grants-in-Aid to the  
17 DPHSS for said purpose for Fiscal Year 2016.

18 *No more than* thirty percent (30%) of the appropriations from local fund  
19 sources in this Section is authorized to pay for the Fiscal Year 2015 obligations of  
20 the Medicaid Program. The funds allocated and authorized in this Section are *not*  
21 subject to *I Magsa'lahen Guahan's* transfer authority.

22 **Section 4. Children's Health Insurance Program (CHIP).** The sum of  
23 Two Million Three Hundred Forty-Seven Thousand Five Hundred Eighty-One  
24 Dollars (**\$2,347,581**) *shall* be allocated and authorized from the General Fund  
25 appropriation in Section 1 of this Part of this Chapter as the local matching  
26 requirement for the Children's Health Insurance Program, and Five Million One  
27 Hundred Five Thousand Fifty-Seven Dollars (**\$5,105,057**) is authorized from

1 Federal Matching Grants-in-Aid to the DPHSS for said purpose for Fiscal Year  
2 2016.

3 **Section 5. Program Authorizations.** The sum of Nine Million Four  
4 Hundred Twenty-Seven Thousand Four Hundred Twenty-Nine Dollars  
5 **(\$9,427,429)** shall be allocated and authorized from the General Fund  
6 appropriation in Section 1 of this Part of this Chapter as the local matching  
7 requirement for the programs of the Division of Senior Citizens, and Two Million  
8 Four Hundred Forty-Six Thousand One Hundred Sixty Dollars **(\$2,446,160)** is  
9 authorized from Federal Matching Grants-in-Aid to the DPHSS for the operations  
10 of the Division of Senior Citizens programs, to include the State Office on Aging,  
11 Adult Protective Services, Supportive Services, Congregate Meals, Home-  
12 Delivered Meals, Preventive Health, Medication Management, and the National  
13 Family Caregiver Support Program for Fiscal Year 2016.

14 **Section 6. Public Assistance Program Payments.** Up to the sum of Six  
15 Million One Hundred Sixty-Five Thousand Four Hundred Seventy-Seven Dollars  
16 **(\$6,165,477)** shall be allocated and authorized from the General Fund  
17 appropriation in Section 1 of this Part of this Chapter to the DPHSS as the local  
18 matching requirement for Federal Matching Grants-in-Aid for public assistance  
19 program payments and administration for Fiscal Year 2016. Four Million Three  
20 Hundred Thirty-One Thousand Twenty-Six Dollars **(\$4,331,026)** is authorized  
21 from the Federal Matching Grants-in-Aid.

22 **Section 7. Medicines and Vacant Positions for the DPHSS Community**  
23 **Health Centers.** The sum of Five Hundred Thirty-Five Thousand Six Hundred  
24 Eighty-Four Dollars **(\$535,684)** shall be allocated from the Healthy Futures Fund  
25 appropriation in Section 1 of this Part of this Chapter to the DPHSS Community  
26 Health Centers for Fiscal Year 2016.

1           **Section 8. Enhanced Allotment Plan.** The sum of Seven Hundred Two  
2 Thousand Three Hundred Seventy-Five Dollars (**\$702,375**) *shall* be allocated and  
3 authorized from the General Fund appropriation in Section 1 of this Part of this  
4 Chapter as the local matching requirement for the Enhanced Allotment Plan  
5 (Medicaid Part D) Program, and Eight Hundred Forty-Four Thousand One  
6 Hundred Fifteen Dollars (**\$844,115**) is authorized from Federal Matching Grants-  
7 in-Aid to the DPHSS for said purpose for Fiscal Year 2016.

8           **Section 9. DPHSS Carry-Over Authorization for MIP and Medicaid.**  
9 The unexpended balance of appropriations from the General Fund and Special  
10 Funds to the DPHSS for MIP and Medicaid in Fiscal Year 2015 *shall not* revert to  
11 the General Fund and *shall* be available until fully expended for the original  
12 purposes of said appropriations. The Director of DPHSS *shall* submit a report to  
13 the Speaker of *I Liheslaturan Guåhan* regarding the allocation, demographics and  
14 expenditures of the appropriations contained herein *no later than* thirty (30) days  
15 after the end of each quarter, and post the same on DPHSS's website. The Director  
16 of Administration *shall* pay MIP and Medicaid vendors on a first-in first-out basis.

17           **Section 10. Appropriation to the Guam Cancer Registry.** Pursuant to  
18 §26603(d)(4) of Article 6, Chapter 26, Title 11 GCA, the sum of Two Hundred  
19 Thirty-Eight Thousand Nine Hundred Thirty-Eight Dollars (**\$238,938**) is  
20 appropriated from the Healthy Futures Fund to the DPHSS to maintain the Guam  
21 Cancer Registry, pursuant to § 3201.1 of Article 2, Chapter 3, Title 10 GCA. The  
22 DPHSS *shall* provide funding to the University of Guam (UOG) for services,  
23 supplies and/or materials in executing the Memorandum of Agreement between the  
24 UOG and the DPHSS regarding the collection of data and the maintenance of the  
25 Guam Cancer Registry. Any funds pursuant to this Section *not* expended in Fiscal  
26 Year 2016 *shall* revert to the Guam Cancer Trust Fund.

1           **Section 11. Prompt Payment of MIP Patient Claims Generated at the**  
2 **Guam Memorial Hospital Authority.** The DPHSS *shall* process all MIP patient  
3 claims generated at the Guam Memorial Hospital Authority *no later than* forty-five  
4 (45) days from receipt of said claim as required by § 9902 of Chapter 9, Article 9,  
5 Title 10 GCA.

6           **Section 12. Office of Minority Health.** The sum of One Hundred Four  
7 Thousand One Hundred Sixty-Seven Dollars (**\$104,167**) *shall* be allocated from  
8 the General Fund appropriation in Section 1 of this Part of this Chapter to the  
9 DPHSS for the operations of the Office of Minority Health within the Division of  
10 Public Health for Fiscal Year 2016.

11           **Section 13. Division of Environmental Health Laboratory.** The sum of  
12 One Hundred Twenty-Four Thousand Seventy-Seven Dollars (**\$124,077**) *shall* be  
13 allocated from the Sanitary Inspection Revolving Fund appropriation in Section 1  
14 of this Part of this Chapter to the DPHSS, and is authorized *solely* for expenditure  
15 by the Division of Environmental Health, as provided pursuant to § 26A106 of  
16 Chapter 26A, Title 10 GCA.

17           **Section 14. Appropriations for Insurance Premiums for Foster Care**  
18 **Children.** In the event *I Maga'låhen Guåhan* selects and signs a contract to  
19 provide health insurance to foster children pursuant to Public Law 32-189, the sum  
20 of Two Hundred Fifty Thousand Dollars (**\$250,000**) is appropriated from the  
21 General Fund to the Department of Public Health and Social Services for the  
22 purpose of paying the premiums for such health insurance. The DPHSS Bureau of  
23 Social Services Administration *shall* be the subscriber for foster children covered  
24 under Public Law 32-189, and *shall* remit payments to the Department of  
25 Administration or to the insurance provider for the purpose of paying premiums.

26           **Section 15. Appropriations from the Fiscal Year 2014 Healthy Futures**  
27 **Fund Balance.** The sum of Three Million Dollars (**\$3,000,000**) is hereby

1 appropriated from the un-appropriated Fiscal Year 2014 Healthy Futures Fund  
2 balance to the Guam Medicaid Program of the Department of Public Health and  
3 Social Services for the financial obligations incurred for Fiscal Year 2015 to be  
4 used as local matching requirements with available and authorized federal  
5 matching grants-in-aid; provided, however, that from the total computable amount  
6 from this appropriation, the sum of Three Million Dollars (**\$3,000,000**) *shall* be  
7 allocated *solely* for Medicaid claims from GMHA. The remaining amount *shall* be  
8 used for other operational costs and claims of the Guam Medicaid Program.