
SENIOR CENTER OPERATIONS

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I. Statement of Philosophy and Purpose

The philosophy of the senior center movement is based on these premises: that aging is a normal developmental process; that human beings need peers with whom they can interact and who are available as a source of encouragement and support; and that adults have the right to a voice in determining matters in which they have a valid interest.

In accordance with these premises, senior centers adhere to the following beliefs:

- Older adults, like all people, are individuals with ambitions, capabilities, and creative capacities;
- They are capable of continued growth and development;
- They have certain basic needs, including opportunities for relationships and for experiencing a sense of achievement;
- They need both access to sources of information and help for personal and family problems, and the opportunity to learn from individuals coping with similar experiences;
- They have a right to maximum opportunity for involvement in all aspects of a center's decision-making processes.

Senior center staffs are obliged to create an atmosphere that acknowledges the value of human life, affirms the dignity and self-worth of the older adult participant, and maintains a climate of respect, trust, and support. Within this atmosphere, the staff creates opportunities for older adults to apply their wisdom, experience, and insight, and to exercise their skills.

As an integral part of the aging network, a senior center serves community needs, assists other agencies in serving older adults, and provides opportunities for older adults to develop their potential as individuals within the context of the entire community.

Acknowledgement is given to [The National Council on the Aging, Inc.](#)-- [National Institute of Senior Centers](#) [NISC], for the Statement of Philosophy and Purpose.

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II. Legal Base

Older Americans Act of 1965 (OAA): 42 U.S.C. 3001 et seq., as most recently amended by Public Law 106-501, on November 13, 2000.

Specifically, Title III of the OAA, § 306. (a) states that each Area Agency on Aging shall prepare and develop an area plan for a planning and service area. Each such plan shall--

§ 306 (a)(1) provide, through a comprehensive and coordinated system, for supportive services,---and, where appropriate, for the establishment, maintenance, or construction of multipurpose senior centers,...including determining the extent of need for...multipurpose senior centers in such areas...

§ 306 (a)(3)(A) Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers...as such focal points.

N.C.G.S. 143B-181.1(a)(11): To administer a Home and Community Care Block Grant for older adults...for home and community care services...

N.C.G.S. 143B-181.1(c): The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United States Code, entitled Programs for Older Americans.

The above referenced legal bases also give the Division of Aging the authority to establish broad procedures that address the administration of aging services. These are covered in the **** North Carolina Home and Community Care Block Grant Procedures Manual for Community Service Providers**. This document should be used routinely by providers in administering their programs for topics such as: Confidentiality Policies and Procedures, Applicant/Client Appeals, Reporting Requirements, Reimbursement Procedures, etc.

**Website: www.dhhs.state.nc.us/aging/home.htm

See "[Home and Community Care Block Grant Manual, Section 3, 6, and 7](#)".

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III. Definitions of a Multipurpose Senior Center (MPSC) and Services and Satellite Senior Center

- A. Federal or State Statutory Requirement
OAA, Sec. 102 (33), [42 U.S.C. 3001] Definitions
The term “multipurpose senior center” means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional, and educational services and the provision of facilities for recreational activities for older individuals.

- B. *Federal Regulation or State Administrative Rule*

10 NCAC 22G .0415, MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS (1)(a)

Senior Center programs shall consist of group activities, individual services and community service opportunities in a variety of areas such as health, education, recreation, social work, nutrition, and other supportive services.

- C. *Division of Aging Administrative Requirement*

A Multipurpose Senior Center must be open at least 40 hours per week, excepting holidays and inclement weather and must maintain regular hours even though the hours of operation are driven by local needs and preferences.

A MPSC must establish and maintain policies and procedures governing the administration, staff, and clientele of the Center. These policies must be established by the governing structure and must include but not be limited to:

- (a) Accident and Emergency Evacuation Plan
- (b) Participant Suspension/Dismissal Policy

A satellite senior center is defined as an extension of a MPSC that may be open less than 40 hours per week. The satellite center may offer some but not all of the programs offered by the MPSC. The MPSC is responsible for the administration of the budget and operations at the satellite. (See Appendix 1 for detailed definition of a “satellite” senior center.)

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- D. Practice Guidance (or Guidelines)
The terms Multipurpose Senior Center (MPSC) and senior center are used interchangeably.

The MPSC operates as one or more community facilities designed for the organization and provision of a broad array of services and activities for adults 60+ years of age. The MPSC serves as a focal point for services, established to encourage the maximum co-location of services for older adults in a geographic service area.

The center should be open for the hours most accessible to its participants and respond to older adult and volunteer participation: e.g., if older persons desire to be in fitness classes early in the morning, the center may choose to be open from 7:00 A.M. to 3:30 P.M. If the senior center wanted to have week-end programs and is only able to pay staff for 40 hours per week, it might affect the opening and closing hours on Monday through Friday.

- E. Suggestions for Excellence (or Quality Improvement [Q.I.])
In addition to the 40 hours per week schedule, offer some evening or weekend hours or have an ongoing plan for evaluating community interest in and feasibility of such extended hours, enabling the center to serve employed older adults and employed family members of older adults seeking services or referrals. [Center of Excellence: Space and Hours Criteria-(p. 5)] See Appendix 10. The senior center may wish to develop a waiting list policy and keep records of participants whom the center is not able to serve.

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IV Client Eligibility

A. **Federal or State Statutory Requirement**

OAA, Sec. 102 (35) [42 U. S. C. 3001] Definitions

The term “older individual” means an individual who is 60 years of age or older.

B. **Federal Regulation or State Administrative Rule**

None

C. **Division of Aging Administrative Requirement**

1. A center serves and is responsive to all older adults in the community, whether or not they come to the senior center.
2. An eligible client is an adult 60+ years of age and their spouse who is capable of and interested in participating in the MPSC.
3. Senior centers dependent on other funding sources may take into consideration other definitions of eligibility according to funding sources.

D. **Practice Guidance (or Guidelines)**

There may be other services provided by the senior center program through linkage with other organizations which may carry eligibility requirements not specified in this section.

The primary consumers for the senior center’s programs and services are older adults, their families, and caregivers. A center serves and is responsive to all older adults in the community, whether or not they come to the senior center. Centers may define the minimum age for an “older adult.” However, the ability to provide some specific services and activities may be limited by age (federal and state funding) requirements.

Members of the community (individuals and organizations) are secondary consumers, benefiting from the education and advocacy around aging issues provided by the center and participating in some intergenerational programs for which senior centers may offer leadership or partnership. (Centers of Merit/Excellence: The Consumer [p. 1]). See Appendix 10.

E. **Suggestions for Excellence (or QI)**

(None)

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V. Planning/Evaluation/Input from Older Adults

- A. Federal or State Statutory Requirement**
(None)
- B. Federal Regulation or State Administrative Rule**
10 NCAC, 22G, .0415, MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS (1) b & c
10 NCAC 22G (1)(b) Senior centers shall have an advisory council composed of center participants and individuals from the community who are knowledgeable about the needs and interests of older people and about community resources, and who have skills and expertise necessary for guiding the center.
10 NCAC 22G (1)(c) The center's participants and older adults in the center's service area shall have continuous input into the types of programs offered by the center.
- C. Division of Aging Administrative Requirement**
1. The MPSC must have an advisory or governing/policy board of which at least 60 percent of the members are older adults.
 2. Before beginning service on the board, all members (regardless of age) will receive a full orientation to help them understand the philosophy and policies of the center and the legal, political, and financial environment in which it operates.
 3. The advisory or governing/policy board will assure consideration of the information gathered on older community members' needs.
- D. Practice Guidance (or Guidelines)**
The MPSC may elicit from older individuals in the community their needs for programs, activities, and services by conducting surveys, public meetings/hearings, focus groups, having suggestion boxes, or other methods. These activities may be combined or separate, but the needs assessment should include the needs and desires of people who do not come to the center as well as those who do. Therefore, at least one method that elicits views from those in the appropriate age group who are not currently using any center services or programs should be used.
- E. Suggestions for Excellence (or QI)**
1. Develop a MPSC mission statement known to employees and volunteers.
 2. Develop an ongoing strategic planning process that produces short- and long-range goals.
 3. Conduct a community needs assessment at least every three years.
 4. Measure consumer satisfaction annually.
 5. Evaluate each program annually (including, but not limited to, volume of participation/service use) and elicit feed-back from the other agencies in the community that serve older adults.[Criteria for Senior Center of Excellence (p. 4)] See Appendix 10.

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VI. Service Provision

- A. Federal or State Statutory Requirement
OAA, § 306 [42 U.S.C. 3026] Area Plans
Each Area Plan shall:
OAA § 306 (a) (3) Designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations with a proven record of providing services to older individuals).
- B. Federal Regulation or State Administrative Rule
10 NCAC 22G.0415 (1)(d)
Senior Centers shall provide for necessary coordination with other services and programs in the service area by co-locating staff and services of other programs at the center or referring individuals needing services to other service providers.
- C. Division of Aging Administrative Requirement
1. The MPSC must provide, either directly or through linkages, the following minimum services:
 - Outreach
 - Information and referral
 - Health promotion
 - Social
 - Nutritional
 - Educational Services
 - Volunteer Opportunities
 - Recreational activities
 - Counseling (tax, legal, insurance, etc.)
 - Transportation

NOTE: HCCBG Services, e.g., Nutrition and Transportation cannot be funded with Senior Center Operation funding. (See VII.A, page 14).

2. Information on services and activities must be available within the MPSC and publicized on a regular basis.

3. The MPSC must coordinate and collaborate with other agencies/organizations, educational institutions, faith communities, and local businesses to help assure the best possible opportunities for older adults.

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4. The MPSC must seek ways to expand its capacity through such activities as grant writing, fundraising, and seeking in-kind contributions from individuals and organizations in the community.
[Criteria for Center of Merit, (p. 5-6)] See Appendix 9

D. Practice Guidance (or Guidelines)

The objectives of a MPSC are to:

- (1) Provide an accessible location, acceptable to eligible individuals, groups of older adults, and their representatives, for the coordination of services and activities in a designated geographic area.
- (2) Provide opportunities to promote community involvement that encourage older adults to use their skills.
- (3) Provide older adults the opportunity for multiple roles as:
 - decision-makers
 - paid or volunteer staff
 - participants in activities
 - recipients of services, as appropriate
 - advocates
- (4) Provide opportunities for older adults to become more physically and mentally active, emotionally supported, and socially involved.
- (5) Act as a major non-partisan advocate for the rights of older adults.

Based on the needs identified and approved by the advisory council or governing/policy board, the MPSC should do as many of the following as feasible:

- Provide information and referral for services available to older adults in the community.
- Make advice or counseling available, either directly or through linkages, on insurance, legal, and tax issues that affect older adults in the community.
- Serve as nutrition sites or assist older adults in locating and accessing a nutrition site.
- Offer ongoing activities and programs that provide recreation and social stimulation for older adults. Some of these should help further the goals of wellness and/or provide outlets for participants' creativity while still addressing their social and recreational needs.
- Offer educational programming, which may take the form of classes, seminars, and/or workshops on a variety of topics
- Provide volunteer opportunities for older adults which may include service to the center itself, but also includes wider services in the community.
- Make transportation to the center available (providing it directly or creating linkages with other entities).

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E. Suggestions for Excellence (or QI)

The MPSC may choose to:

- Use computerized information and referral systems and record-keeping functions.
- Make arrangements for people to enroll for services and receive assistance to obtain services that are not provided by the center itself.
- In addition to information and referral, offer case assistance directly or through linkages for those unable to negotiate the system with information alone.
- Possibly employ a social worker to provide case management or the center can develop services of its own.

Services may include assistance with:

- Signing up for Social Security and Medicare benefits
- Screening and application for respite/in-home services
- Receiving SHIP counseling on insurance issues
- Receiving routine screenings/tests to detect diseases and conditions for which seniors are at high risk
- Applying for Medicaid
- Demonstrate that it has programs designed to appeal to multiple groups in the community (e.g., men and women, members of different ethnic groups in the community, people of different educational background) and that its choices of new programming or expanded offerings of programs reflect the desires of the community.
- Offer such programs as fitness with trained staff or computer rooms that offer both classes and general use time.
- Provide some form of family or kinship care support such as caregiver classes or support groups.
- Provide training on aging issues to other agencies/ and or the general public. This serves as both an outreach and an advocacy function because it sensitizes the community to the needs and contributions of older adults and the role of the senior center.
- Provide or ensure access to job training, career planning, and job placement for older adults as well as retirement planning for those still working.

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VII. Staffing Requirements and Training

- A. Federal or State Statutory Requirement
OAA, § 321, (b)(2) [42 U.S.C. 3030d] Supportive Services and Senior Centers

Funds made available to a State under this part may be used for the purpose of assisting in the operation of multipurpose senior centers and meeting all or part of the cost of compensating professional and technical personnel required for the operation of multipurpose senior centers.

- B. Federal Regulation or State Administrative Rule
10 NCAC 22G.0415 MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS (2)(a-i)

The qualifications of the director may vary with the size of the center, the emphasis of programs and services, and the type and degree of participants' needs.

The areas of knowledge and skills identified as a major importance for directors are:

1. knowledge and understanding of individual development—the physical, social and emotional growth patterns of all ages, with special knowledge of the physical, social, emotional and spiritual aspects of the older years and interest in learning more;
2. knowledge and understanding of groups, and the skill and ability to help people in groups work together to achieve their goals;
3. knowledge about the learning process for all ages, with special emphasis on the learning process and pattern of older people, including motor learning; and the understanding and ability to help older people use their learning ability, and overcome blocks to their own learning;
4. knowledge and skills of administration, including supervision of paid and volunteer staff;
5. knowledge and skill in developing an atmosphere and structure conducive to a democratically based self-government to operate in the areas of decision-making appropriate to participants;
6. knowledge and skills in several areas of program activities;
7. skills in community organizations;
8. knowledge of the research being done in the field and how it applies to the work of the center; and
9. *public relations knowledge and skills.*

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C. Division of Aging Administrative Requirement

1. Staffing: The MPSC must be staffed by a full-time paid Director who can give leadership to the total function of the center and ensure that the stated purposes and goals of the center are carried out in the best interest of the participants.
2. It must also be staffed by an adequate number of personnel (paid or volunteer) capable of implementing the program and services to meet minimum standards.
3. A satellite center must be staffed by a trained (paid or volunteer) senior center manager.
4. All MPSC Directors must begin the Senior Center Management Training offered by the Division of Aging during their first year of employment .
5. All MPSC program staff shall receive annual training in at least two of the following areas,
 - First Aid
 - Emergency Response
 - CPR
 - Death and Dying
 - Alzheimer's, Dementia, etc.
 - Blood-borne pathogens
 - HIV/AIDS
 - Or aging related topics or subject matter

D. Practice Guidance (or Guidelines)

The MPSC Director should have appropriate education and/or experience to work in a senior center. Orientation of senior center staff to the operation of senior centers may be provided by the agency director, Area Agencies on Aging or Division of Aging. The director should ensure that staff receive regular training through seminars and professional conferences to help motivate them and sharpen their skills. Depending upon the position, orientation might include: listening skills, proper phone usage, information and referral procedures, maintaining resource files, techniques for dealing positively with demanding clients, internal operating and fiscal procedures, the community service system, and understanding the needs of older adults and their caregivers within the service community.

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E. Suggestions for Excellence (or QI)

1. Offer salaries that are competitive with those of similar professionals in the geographic area served by the center in order to attract qualified staff members and maintain continuity.
2. Have a senior center volunteer plan, which may include orientation on confidentiality issues, ongoing training, the job description and opportunity for feedback.
3. **Assure that each paid staff position has a training plan that specifies annual training contact hours which go beyond any mandated training as determined by a local plan developed with the staff member's participation. The plan should set out required and suggested training topics. Training needs can be met through a variety of in-service trainings, workshops and seminars, classes and professional conferences.**
4. **Assure that MPSC Director(s) participate in local, regional and state conferences and training opportunities.**

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VIII. Outreach

- A. Federal or State Statutory Requirement
OAA, § 306 (a)(4)(B) [42 U.S.C. 3026] Area Plans
The Area Plan shall provide assurances that the area agency on aging will use outreach efforts that will (l) identify individuals eligible for assistance under this Act, with special emphasis on—(1) older individuals residing in rural areas
- B. Federal Regulation or State Administrative Rule
(None)
- C. Division of Aging Administrative Requirement
The MPSC must conduct outreach activities to identify individuals eligible for assistance under the Older Americans Act and inform older people and their families of the availability of their services. Outreach activities must place special emphasis on identifying individuals who
- are in a rural setting
 - are in greatest economic need
(with particular emphasis on low income, minority individuals)
 - are in greatest social need
(with particular emphasis on low income, minority individuals)
 - have severe disabilities
 - have limited English speaking ability
 - have Alzheimer's related disorders
 - and those who have caregiver responsibilities
- D. Practice Guidance (or Guidelines)
The MPSC should engage in outreach activities such as placing newspaper ads, distributing center brochures and newsletters/calendars of events.
- E. Suggestions for Excellence (or QI)
Use extended outreach approaches in addition to newspaper ads, distributing center brochures, and newsletters. Suggested methods include:
- Hosting and /or participating in community events at public sites away from the center
 - Door-to-door canvassing in high-need or low-participation neighborhoods
 - Hiring an outreach worker
 - Forming a committee to coordinate systematic outreach

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IX. Records, Reports and Reimbursement

A. Federal or State Statutory Requirement

OAA § 321 [42 U.S.C. 3030d] Supportive Services and Senior Centers
OAA § 321(b)(2) Funds made available to a State under this part may be used for the purpose of assisting in the operation of multipurpose senior centers and meeting all or part of the costs of compensating professional and technical personnel required for the operation of multipurpose senior centers.

N.C.G.S.143B-181.1 Division of Aging—creation, powers and duties.
N.C.G.S.143B-181.1 (a) There is hereby created within the office of the Secretary of the Department of Health And Human Services a Division of Aging, which shall have the following functions and duties:

N.C.G.S. 143B-181.1(a) (1) To maintain a continuing review of existing programs for the aging in the State of North Carolina, and periodically make recommendations to the Secretary of Health and Human Services for transmittal to the Governor and the General Assembly as appropriate for improvements in and additions to such programs;

N.C.G.S. 143B-181.1 (a) (11) To administer a Home and Community Care Block Grant for older adults, effective July 1, 1992...for home and community care services...

N.C.G.S.143B-181.1 (c) The Secretary of Health and Human Services shall adopt rules to implement this Part and Title 42, Chapter 35, of the United States Code, entitled Programs for Older Americans.

B. Federal Regulation or State Administrative Rule

(None)

C. Division of Aging Administrative Requirement

1. Records must be maintained to document participants' involvement in programs offered by the senior center.
2. Funding for senior center programs will be reimbursed on a line item basis. Appropriate financial documentation must be maintained to request reimbursement for expenses. (Specific procedures for service reimbursement information are addressed in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.)

D. Practice Guidance (or Guidelines)

Appropriate documentation would include a line item budget, receipts, time sheets, etc. The purpose of this documentation is to (1) help meet planning, evaluation and legal requirements and (2)

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provide accountability to the community. A system may be put in place to accept voluntary contributions. Since reimbursement for Senior Center Operations is not unit based, it will not be necessary to use the Client Registration Form for reporting this service.

E. Suggestions for Excellence (or QI)

1. Make annual financial reports available to consumers.

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X. Senior Center Accessibility & Accommodations for Individuals with Disabilities

- A. Federal or State Statutory Requirement
OAA, § 321 (b)(1) [42 U.S.C. 3030d] Supportive Services and Senior Centers
The Assistant Secretary for Aging shall carry out a program for making grants to States under State plans approved under section 307 for the acquisition, alteration, or renovation of existing facilities, including mobile units, and, where appropriate, construction of facilities to serve as multipurpose senior centers.

Americans with Disabilities Act of 1990, as amended [42 U.S.C. §§12101 et seq.] ADA Public Law 101-336. See Appendices #2-5

Section 504 of the Rehabilitation Act of 1973, as amended [29 U.S.C. sec.794], Public Law 93-112. See Appendix #6

Architectural Barriers Act of 1968 as amended [42 U.S.C.4151 et seq.] (ABA) Public Law 909-480. See Appendix #8

- B. Federal Regulation or State Administrative Rule
10 NCAC, 22G .0415, MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS
Facility:
- (3) (a) All facilities used for senior center activities shall comply with all applicable state and local health, fire safety, building, zoning and sanitation laws, ordinances or codes.
- (b) All senior center facilities shall be adequate in size and designed to carry out the center's program of activities and services.
- (c) All senior center facilities shall be environmentally comfortable and conducive to participant use.
- (d) All senior center facilities shall comply with the minimum handicapped accessibility requirements of the Architectural Barriers Act of 1968; and
- (e) All facilities shall have procedures for fire safety including:
- provision for fire drills;
 - inspection and maintenance of fire extinguishers;
 - adequate number of smoke detectors; and
 - training by fire department personnel.

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N.C. State Building Code, Accessibility Code
(State Code merged with the ADA Accessibility guidelines (ADAAG) in 1999.
Look for a new, revised ADAAG and Universal Code in 2003.)

- C. Division of Aging Administrative Requirement
The total completed structure must be a minimum of 4,000 square feet with at least 3,200 square feet devoted to senior center activities. [If the structure is larger than 4,000 square feet, the area devoted to senior center activities must be at least 3,200]. The square footage regulations do not apply to satellite centers.

New construction must incorporate accessibility features.

- D. Practice Guidance (or Guidelines)
Multi-purpose senior center programs and activities are designed to service a diverse group of people. Therefore, senior center facilities must be accessible for a broad cross-section of individuals – the well, the frail, and people with disabilities – because the programming is broad.

Senior center facilities, like other public facilities, have been striving to improve access to their programs since the enactment of the Americans with Disabilities Act (ADA) in 1990. The ADA prohibits discrimination against qualified people with disabilities in all programs, activities, and services offered to the public. Title II of the ADA applies to public entities (state and local governments) and Title III applies to both for-profit and non-profit businesses that provide goods and services to the public (called public accommodations because they serve the public). “Senior citizens centers” are specifically listed as a place of public accommodation in federal regulations (28 CFR sec. 36.104). Thus, whether senior centers operate under the auspices of local government or operate as private non-profit organizations, whether they receive federal or state funding, they must comply with accessibility guidelines.

See Appendix #3 for highlights of the ADA’s Title II and III from the U.S. Department of Justice. Some of the ADA’s basic requirements include:

- Public entities (state and local governments) must ensure that people with disabilities are not excluded because buildings are inaccessible. They don’t necessarily have to remove physical barriers, but they must ensure program accessibility.

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- Places of public accommodation (for-profit and non-profit businesses that offer programs, activities, and services to the public) must comply with basic nondiscrimination requirements.

Title II states that state and local governments are not required to remove physical barriers but are required to ensure equal access through alternative methods if they do not. Title III states that places of public accommodation must remove physical barriers from older buildings if removal is “readily achievable” (easy to do without much difficulty or expense, based on overall resources), but if removal is not readily achievable, then alternative measures must be provided, if such measures are readily achievable.

- Eligibility standards may not have rules that screen out people with disabilities, unless those rules are fundamental and necessary for the provision of the service, program, or activity.
- Reasonable modification of policies, practices, and procedures may have to be made in order to allow equal access to a person with disabilities, unless such changes would make fundamental alternations in the program. An example of a necessary modification is the use of guide dogs and other service animals in areas not normally open to animals.
- The programs and services of both public entities and public accommodations have to be offered in an integrated setting, unless the provision of separate or different activities serves to ensure equal opportunity. A person with disabilities can still choose the regular program.
- Auxiliary aids must be provided if necessary to ensure effective communications with people with hearing, vision, or speech disabilities, unless an undue burden or fundamental alteration in the program would result.
- People with disabilities cannot be charged for measures that ensure equal access or effective communications.
- Specific architectural standards have to be followed for new construction and alteration of buildings.

Examples of some important physical adaptations that senior centers should try to incorporate are widened doorways, accessible toilets, handicapped parking spaces, curb cuts at sidewalks and entrances, and ramps.

Examples of some non-structural approaches to ensuring accessibility include relocating activities to accessible locations and providing auxiliary aids.

Examples of auxiliary aids and services include qualified interpreters, assistive listening headsets, telecommunication devices or relay services

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for deaf persons, readers, taped or written materials as appropriate, brailled materials, and large print materials. For more information on the U.S. Department of Justice, Civil Rights Division and its ADA enforcement practices, see www.usdoj.gov/crt/ada/adahom1.htm.

Although people who need accommodations must request them in advance, decisions need to be made quickly and centers should be proactive in developing the policies and procedures that will be used for addressing requests for accommodations.

The ADA does not require unlimited accommodations. The law requires only necessary and reasonable accommodations and every effort should be made to operate within the requirements of ADA.

It is recommended that senior centers do regular evaluations of accessibility (including policies and practices) in order to plan and budget for necessary changes if remedial measures are needed. The Department of Justice has indicated that the obligation to remove barriers when readily achievable is a continuous one. The process of evaluating a facility, the programs, and policies and procedures should include people with disabilities or organizations representing them. For senior centers that have not already conducted a self-evaluation as part of a county or city self-evaluation, it is strongly recommended that they seek out the help of their county ADA coordinators and other resources to complete an evaluation.

The ADA built upon and extended access rights found in earlier federal laws. In the 1960's physical barriers within the design of buildings were addressed by the Architectural Barriers Act of 1968 (ABA). It was one of the first federal laws passed by Congress to ensure access to federal facilities and to facilities that receive federal funding. During the 1970's, Sec. 504 of the Rehabilitation Act of 1973, specifically prohibited the exclusion of people based on disabilities from any federally funded activities. In 1990, the ADA extended accessibility requirements to the private sector, places of public accommodation and commercial facilities and state and local facilities.

Accessibility guidelines issued under both the ADA and the ABA are being updated and revised. The guidelines are issued by the Access Board, an independent federal agency responsible for enforcing accessibility standards for federally funded facilities under the ABA. The board's guidelines are used by federal agencies such as Department of Justice that have enforcement responsibilities for accessibility under other federal

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laws. For more information on the Access Board see
www.access.board.gov.

Before undertaking new construction or renovations, senior centers and other public facilities should be alert to revised rules for accessibility.

E. Suggestions for Excellence (or QI)
(None)

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Appendices

Senior Center Operations Standards 2002 Revision

Appendix 1	Administrative Letter 01-5, April 24, 2001, "Clarifications regarding Senior Center Certification: Senior Center Definitions including 'Satellites' and 'Developing Senior Centers'	AL01-05.pdf
Appendix 2	The Americans with Disabilities Act of 1990	http://www.usdoj.gov/crt/ada/pubs/ada.txt
Appendix 3	The Americans with Disabilities Act of 1990 Title II Highlights Title III Highlights	http://www.usdoj.gov/crt/ada/t2hlt95.htm
Appendix 4	Americans with Disabilities Act Questions and Answers (under ADA Questions and Answers)	http://www.usdoj.gov/crt/ada/adahom1.htm
Appendix 5	ADA Information Line (under ADA Questions and Answers, Information Line)	http://www.usdoj.gov/crt/ada/adahom1.htm
Appendix 6	Section 504 of the Rehabilitation Act of 1973 "Nondiscrimination under federal grants and programs"	http://www.dol.gov/oasam/regs/statutes/sec504.htm
Appendix 7	DHR Directive Number 65, 6/20/94 (under Civil Rights Compliance Directive III-4)	http://info.dhhs.state.nc.us/olm/manuals/oos/dir/man/index.htm
Appendix 8	Architectural Barriers Act of 1968, as amended (42 U.S.C. 4151 et seq.) Public Law 909-480	http://www.access-board.gov/publications/Laws/A12.html
Appendix 9	NC Administrative Code [10 NCAC 22G.0415]	http://www.oah.state.nc.us
Appendix 10	Criteria for Senior Centers of Merit and Excellence (under Senior Center link, 1999-2003 State Aging Services Plan, page 137)	http://www.dhhs.state.nc.us/aging/home.htm
Appendix 11	Draft-Model Policy Prohibiting Smoking in Senior Centers September, 2001, National Center for Tobacco-Free Older Persons The Center for Social Gerontology	Model Policy Prohibiting Smoking In Senior Centers