

REGION IV



Area Agency on Aging, Inc.

SPECIALISTS IN AGING

FY2027 – 2029 ANNUAL CONTRACTS

PART IIIA

MINIMUM SERVICE STANDARDS

Effective October 1, 2026

Service Definition:

Adult Day Services provides respite to caregivers. Daytime care of any part of a day but less than twenty-four (24) hour care for adults with functional and/or cognitive impairment, including dementia provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant’s and/or caregiver’s home.

One unit = One hour

Minimum Standards:

1. Each program shall establish written eligibility criteria, which will include at a minimum that participants:
 - a. May require ongoing supervision in order to live in their own homes or the home of a primary caregiver.
 - b. May require a substitute caregiver while their primary caregiver needs relief or is other unavailable.
 - c. May have difficulty or be unable to perform activities of daily living (ADLs) without assistance.
 - d. May be socially isolated, lonely, and/or distressed as the result of declining social activity.
 - e. May have frequent hospitalizations or emergency room visits.
 - f. May be at risk of placement into an institutional setting due to functional level and/or caregiver stress/burnout.
 - g. May have a dementia related diagnosis, display symptoms of dementia, or are living with a chronic health condition. A physician’s diagnosis is recommended.
 - h. Must be capable of leaving their residence, with assistance, in order to receive Adult Day Services.
 - i. May benefit from intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.

2. Each program shall have uniform preliminary screening procedures and maintain consistent records. Such screening may be conducted over the telephone or virtually. Records for each potential participant shall include at a minimum:
 - a. The individual’s name, address, and telephone number.
 - b. The individual’s age or birth date.
 - c. The name, address and telephone number of the emergency contact.
 - d. Disabilities, or other diagnosed medical conditions.
 - e. Perceived supportive service needs as expressed by the participant and/or caregiver.
 - f. Race, gender identity (optional at preliminary screen).

3. If the preliminary screening indicates an individual may be eligible for Adult Day Services, a comprehensive individual assessment of need shall be performed before or at the time of admission to the program. All assessments shall be conducted face to face. Assessors must attempt to acquire and/or verify each item of information listed below, but must also recognize, and accept, the participant’s right to refuse to provide requested items.
 - a. Basic Information
 - 1) Individual’s name, address, and telephone number
 - 2) Place of birth
 - 3) Sexual orientation, gender identity
 - 4) Marital status
 - 5) Race and/or ethnicity
 - 6) Living arrangements
 - 7) Condition of environment, if known
 - 8) Income and expenses, by source
 - 9) Previous occupation(s), special interests and hobbies
 - 10) Religious affiliation (optional)
 - 11) Emergency contact(s)
 - 12) Medical/health insurance and long-term care insurance information

13) Guardianship documents, if applicable

b. Functional Status

- 1) Vision
- 2) Hearing
- 3) Speech
- 4) Oral status (condition of teeth, gums, mouth and tongue)
- 5) Prostheses
- 6) Psychosocial functioning
- 7) Cognitive functioning
- 8) Difficulties with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
- 9) History of chronic and acute illness
- 10) List of medications (prescription, over the counter, supplements, herbal remedies)
- 11) Physician orders, if applicable
- 12) Eating patterns (diet history) and special dietary needs

c. Supporting Resources

- 1) Physician's name, address, and telephone number
- 2) Preferred pharmacy name, address, and telephone number
- 3) Services currently receiving
- 4) Extent of family and/or informal support network
- 5) Hospitalization history
- 6) Preferred hospital
- 7) Faith-based support contact name and telephone number

d. Need Identification

- 1) Participant perceived
- 2) Caregiver perceived
- 3) Assessor perceived

e. Caregiver Information and Assessment

Caregiver information, such as the NAPIS data set, must be updated on a yearly basis.

Each program is encouraged to use the Modified Caregiver Strain Index on a yearly basis as appropriate.

4. A service plan shall be developed for each individual admitted to an Adult Day Service program. The service plan must be developed in cooperation with, and be approved by, the participant, the participant's guardian or designated representative. The service plan shall contain at a minimum:

- a. A statement of the participant's needs, strengths, and resources.
- b. A statement of the goals and objectives for meeting identified needs.
- c. A description of methods and/or approaches to be used in addressing needs.
- d. Identification of standard and optional program services to be provided.
- e. Treatment orders of qualified health professionals, when applicable.
- f. A statement of medications being administered to participant or that the participant is reminded to take while in the program.
- g. Persons demonstrating significant impairments in cognition, communication and personal care activities of daily living may require one or more of the following:
 1. Modifications in environmental cues, communication approaches, and task breakdown to enhance comprehension and participation in identified activities.
 2. Supervision to maintain personal safety.
 3. Hands-on assistance to perform activities of toileting, grooming, and hygiene.

Each program shall have a written policy/procedures to govern the development, implementation and management of service plans. Each participant is to be reassessed every six months to determine the results of implementation of the service plan. If observation indicates a change in participant status, a reassessment may be necessary before six months have passed.

5. Each program shall maintain comprehensive and complete participant files, to be kept confidential and in controlled access storage, which include at a minimum:
 - a. Details of participant’s referral to Adult Day Services
 - b. Emergency contact
 - c. Recent photograph of participant
 - d. Information gathered from preliminary screening
 - e. Assessment of participant’s need or copy of assessment (and reassessments) from the referring program, if applicable
 - f. Service plan with notation and date of any revisions
 - g. Record of participant attendance
 - h. Monthly progress notes of participant status indicating maintenance, decline, or improvement
 - i. Documentation of all medications taken on premises, including:
 1. The name of each medication
 2. The dosage, frequency, and time each medication is to be taken
 3. Actual time each medication dosage is taken and initials of staff person administering or reminding
 4. Reason given by the participant if refused
 5. Reason for each administration of prescribed PRN medication
 6. Medications must be administered from original pharmacy labeled package
 - j. Documentation of standard and optional services provided to the participant
 - k. Each program shall have a signed release of information form that is time-limited and specific to the information being released

6. Each Adult Day Service shall provide directly or arrange for the provision of the following standard services for the participant.
 - a. Transportation
 - b. Personal care: consisting of assistance with ADLs as specified in the participant service plan
 - c. Program/Activities: An array of planned activities suited to the needs and preferences of the participants designed to encourage physical exercise, maintain, or restore abilities, prevent deterioration, and offer social interaction. Activity choices should be person-centered and allow for each individual to decide whether or not to participate. If a participant declines an activity, an alternative should be offered.
 - d. Nutrition: One hot meal per eight-hour day which provides one-third of recommended daily allowances and follows the meal pattern of the *General Requirements for Nutrition Programs*. Snacks will be made available. Participants in attendance from eight to fourteen hours shall receive an additional meal or snacks that meet required nutrition standards. Modified diet menus should be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences. Meals may be acquired from a congregate meal provider where possible and feasible.
 - e. The program shall demonstrate awareness of and offer referrals to other caregiver supports and services as needed.

7. Each Adult Day Service may provide directly or arrange for the provision of the following optional services for the participant. If arrangements are made for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.
 - a. Rehabilitative: physical, occupational, speech and hearing therapies provided under order from a physician by licensed practitioners
 - b. Medical support: laboratory, x-ray, pharmaceutical services provided under order from a licensed professional

- c. Nursing services: provided by a licensed R.N. or by a licensed L.P.N. under R.N. supervision, or by another staff person under R.N. direction and supervision.
 - d. Dental: under the direction of a dentist
 - e. Podiatric: provided or arranged for under the direction of a physician
 - f. Ophthalmologic: provided or arranged for under the direction of an ophthalmologist
8. Each ADS program shall establish a written policy for medication management and must designate which staff are trained and authorized to administer medications. The medication management policy, which must include a medication training program, must be approved by a registered nurse, physician, or pharmacist. Licensed nurses are required to oversee medication administration but administering medications can be a delegated task performed by trained staff.
- a. Written consent from the participant, or participant’s guardian, or designated representative, for assistance when taking medications
 - b. Verification of medication regimen, including prescriptions and dosages
 - c. Training and authority of staff to assist participants in taking medications
 - d. Procedures for medication set up
 - e. Secure storage of medications belonging to and brought in by participants
 - h. Proper disposal of unused medications
 - i. Instructions for entering medication information in participant files, including times and frequency of assistance
9. Each provider shall establish a written policy/procedure for discharging individuals from the program that includes, at a minimum, one or more of the following:
- a. The participant’s desire to discontinue attendance
 - b. Improvement in the participant’s status so that they no longer meet eligibility requirements
 - c. An increase in the availability of caregiver support from family and/or friends
 - d. Permanent institutionalization of participant
 - e. When the program becomes unable to continue to serve the participant
10. Each program shall employ a program director/manager with a minimum of a bachelor’s degree or applicable knowledge and experience.
11. At least two staff members must be present on the premises whenever two or more participants in the ADS facility. Volunteers may be counted towards the staffing minimums if they have received the same level of training as paid staff. The program shall continually provide support staff at a minimum of one staff person for each five participants.
12. Program staff shall be provided with an orientation training that includes topics specified in the *General Requirements for All Service Programs*, and the following:
- a. Introduction to the program
 - b. The Aging Network
 - c. Maintenance of records and files (as appropriate)
 - d. The aging process
 - e. Ethics
 - f. Emergency procedures
 - g. Diversity, equity, and inclusion
 - h. Normal aging vs. disease symptoms
 - i. Techniques for effective communication with program participants
 - j. Adult Protective Services law and mandated employee reporting requirements
 - k. Participant rights and responsibilities
 - l. Assessment and management of responsive behavior
 - m. Blood Borne Pathogens and Universal Precautions

- n. Confidentiality/HIPAA
- o. First Aid and CPR/AED
- p. Training to understand, respond to, and address the needs of participants with Alzheimer’s disease and other dementias, including but not limited to:
 - 1. Explanation of Alzheimer’s disease and other dementias and their progression
 - 2. Assessing and managing responsive behavior
 - 3. Communication approaches and techniques
 - 4. Effect of environmental factors on the participant
 - 5. Impact of the disease on family caregivers

It is recommended that initial training programs include the following:

- a. Impact of caregiver stress
- b. Regional caregiver supportive services
- c. Therapeutic 1:1 and small group engagement
- d. Physical care techniques related to activities of daily living
- e. Food safety
- f. Information and referral resources in the event of a crisis situation such as:
 - 1. Illness or death of the primary caregiver
 - 2. Suicidal ideation of the caregiver or participant
 - 3. Adverse incident during the delivery of service

Program staff shall be provided in-service training at least twice each year. One training per year shall be focused on caregiving for persons with dementia. Additional trainings may include updates, and refresher trainings on any of the above listed orientation training topics, or other pertinent topics related to Adult Day Services which increase staff knowledge and understanding while incorporating new developments and advancements in geriatric and dementia care. Records shall be maintained which identify the dates of training, topics covered, and persons attending.

- 13. If the program operates its own vehicles for transporting participants to and from the service center the following transportation minimum service standards shall be met:
 - a. All drivers and vehicles shall be appropriately licensed and all vehicles used shall be appropriately insured.
 - b. Each program shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation.
 - c. The program will ensure there is a written plan for safe transport that is part of the participant’s service plan. This may include any level of assistance: on and off the vehicle, curb to curb, door to door, or door to in-home.
- 14. A monthly calendar of activities must be prepared and posted in a visible place.
- 15. Each program shall have written policies and procedures that address medical emergencies. Each program shall have first aid supplies available at the service center. A staff person certified in first aid procedures, including CPR, shall be present at all times participants are in the service center. It is recommended that programs have an AED present and in good working condition.
- 16. Each program shall have written policies and procedures that address emergency situations. Procedures for evacuation shall be posted in each room of the service center. Practice evacuation and tornado drills shall be conducted at least once every six months. The program shall maintain a record of all practice drills.
- 17. Each service center shall have the following furnishings:
 - a. At least one straight back or sturdy non-folding chair for each participant and staff person.
 - b. Lounge chairs and/or day beds as needed for naps and rest periods.
 - c. Storage space for participant’s personal belongings.

- d. Locked storage space is to be made available at the request of a participant or the participant's guardian or designated representative.
- e. Tables for both ambulatory and non-ambulatory participants.
- f. A telephone that is accessible to all participants.
- g. Special equipment as needed to assist persons with disabilities.
- h. Bathroom facilities to accommodate persons with disabilities. A minimum of one toilet per ten participants is recommended.
- i. Adequate space available for safe arrival and departure.

All equipment and furnishings in use shall be maintained in safe and functional condition.

- 18. Each service center shall demonstrate that it is compliance with fire safety standards and the Michigan Food Code.
- 19. Participants receiving approved days of Adult Day Services are at times unable to attend in person due to various uncontrollable reasons. These reasons may include closure of the service provider, medical, personal, weather, or family related. The provider and/or the agency authorizing services will assess and document the need for provision of short-term intermittent hybrid Adult Day Services to ensure continuity of care. Offering hybrid Adult Day Services is optional and at the discretion of the agency authorizing services and the ADS service provider.

Hybrid Service/Activities may include, but are not limited to:

- a. Phone calls with family caregivers and participants
- b. Weekly "support group" phone calls with family caregivers and participants
- c. Activity packet development and dissemination to participants
- d. Use of Adult Day Services staff to deliver participants' food and other essential items
- e. Monthly participant assessments
- f. Any other creative activity that helps to engage the participant and relieve the caregiver in a safe and effective manner

CAREGIVER SUPPORT GROUPS

FY 2027-2029

Service Definition:

A service that is led by a trained individual, moderator, or profession, to facilitate discussions on common experiences, concerns of caregivers, and to develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online.

One unit = Session

Minimum Standards:

1. Each program must maintain linkage with community focal points, and respite care programs, as available, in the planning and service area to help facilitate opportunities for caregivers to participate in group support programs. Respite care may be provided to enable caregiver participation, as an additional service, in conjunction with caregiver support programs.
2. Program leaders shall be educated in caregiver support.
3. Services may be provided in community settings and/or virtually.

CAREGIVER TRAINING

FY 2027-2029

Service Definition:

A service that provides instruction to improve knowledge and performance of specific skills relating to caregiving roles and responsibilities. Skills may include, but are not limited to, activities related to health, nutrition, financial management, personal care, and/or communication.

One unit = One hour of training

Minimum Standards:

1. Each program must maintain linkage with community focal points, and respite care programs, as available, in the planning and service area to help facilitate opportunities for caregivers to participate in training programs. Respite care may be provided to enable caregiver participation, as an additional service, in conjunction with caregiver training programs.
 2. Program leaders shall be educated in caregiver training topics being presented.
 3. Caregiver Training programs may be provided to individuals as well as in group settings. Services may be provided in the community, in-home settings, and/or virtually.
-

CHORE

FY 2027-2029

Service Definition:

Non-continuous/intermittent household maintenance tasks intended to increase the safety of the individual(s) living at the residence. Allowable tasks are limited to following:

- Replacing fuses, light bulbs, electrical plugs, and frayed cords
- Replacing door locks and window catches
- Replacing/repairing pipes
- Replacing faucet washers or faucets
- Installing safety equipment
- Installing screens and storm windows
- Installing weather stripping around doors
- Caulking/winterizing windows
- Repairing furniture
- Installing window shades and curtain rods
- Cleaning appliances
- Cleaning and securing carpets and rugs
- Washing walls and windows, scrubbing floors
- Cleaning residence to remove fire and health hazards
- Pest control
- Grass cutting and leaf raking
- Clearing walkways of ice, snow and leaves
- Trimming impeding vegetation
- Gutter cleaning/repair
- Replace toilet parts (wax ring, chain, flapper, etc.)
- Cleaning of furnaces and replacement of furnace filters
- Installation and the removal of portable AC units
- Repair/replacement of mailboxes
- Installation of outside markets on the home

One unit = One hour spent performing allowable chore task

Minimum Standards:

1. Funds awarded for chore service programs may be used to purchase materials and disposable supplies used to complete the chore tasks to increase the safety of the individual. No more than \$400 may be spent on materials for any one household per year. Equipment or tools used to perform chore tasks may be purchased or rented with funds awarded up to an amount equal to 10% of the total grant funds.
2. Pest control services may be provided only by appropriate licensed suppliers.
3. Each program must develop working relationships with the Home Repair, Home Injury Control, and Weatherization service providers, as available, in the program area to ensure effective coordination of efforts.

Service Definition:

Permanent improvement to an older person's home to prevent or remedy a sub-standard condition or safety hazard. Home Repair Service offer permanent restoration and/or renovation to extend the life of the home and may involve structural changes. Home repair does not involve making aesthetic improvements to a home, temporary repairs, chore, or home maintenance that must be repeated. Allowable home repair tasks include:

- Roof repair/replacement
- Siding repair/replacement
- Door to window repair/replacement
- Foundation repair/replacement
- Floor repair/replacement
- Interior wall repair
- Plumbing and drain repair/replacement
- Insulating/weatherization (including water heater wrap, low-flow shower head, socket sealers, draft stoppers, and door sweeps)
- Stair and exterior step repair/replacement
- Heating system repair/replacement
- Ensuring safe and adequate water supply
- Obtaining building permits
- Painting to prevent deterioration in conjunction with repairs

One unit = Performance of one hour of allowable home repair tasks

Minimum Standards:

1. Home repair services may not be provided on rental property.
2. Each home repair program, prior to initiating service, shall determine whether a potential client is eligible to receive services through a program supported by other funding sources, particularly programs funded through the Social Security Act. If it appears that an individual can be served through other resources, an appropriate referral should be made.
3. Each program shall develop working relationships with weatherization, chore, and housing assistance service providers, as available, in the program area to ensure effective coordination of efforts.
4. Funds awarded for home repair service may be used for labor costs and to purchase materials used to complete the home repair tasks to prevent or remedy a sub-standard condition or safety hazard. The program shall establish a limit on the amount to be spent on any one house in a 12-month period. Equipment or tools needed to perform home repair tasks may be purchased or rented with funds from the ACLS Bureau up to an amount equal to 10% of total grant funds.
5. Each program shall maintain a record of homes repaired including dates, tasks performed, materials used and cost.
6. The program shall check each home to be repaired for compliance with local building codes. No repairs may be made to a condemned structure.
7. Each program shall utilize a job completion procedure which includes:
 - a. Verification that work is complete and correct.
 - b. Verification by a local building inspector(s) that the work satisfies building codes.
 - c. Acknowledgment by the homeowner that the work is acceptable, within ten days of completion.

8. The program shall utilize a written agreement with the owner (purchaser) or each home to be repaired which includes at a minimum:
 - a. A statement that the home is occupied and is the permanent resident of the owner.
 - b. A statement that in the event that the home is sold within two years of completion of work by the program, the owner will reimburse the program the full cost of repairs made to the home.
 - c. Specification of the repairs to be made by the program is to be provided.

9. Each program shall establish and utilize written criteria for prioritizing homes to be repaired which address the condition of the home, client need, and appropriateness of the requested repairs.

Service Definition:

Provision of legal assistance through cases, projects, community collaborations and other services that provide the most impact whether for an individual client or group of older adults. Such assistance may be provided by an attorney, paralegal, or student under the supervision of an attorney. Legal Services is a priority service under the Older Americans Act (OAA).

Allowable Service Components:

- Intake. The initial interview to collect demographic data and identification of the client’s legal difficulties and questions.
- Advice and Counsel. Where the client is offered an informed opinion, possible course of action and clarifications of his/her rights under the law.
- Referral. If a legal assistance program is unable to assist a client with the course of action that he/she wishes to take, an appropriate referral should be made as available. Referral may also be necessary when the individual’s need is outside the program priorities or can be more appropriately addressed by another legal entity.
- Representation. If the client’s problem requires more than advice and counsel and the case is not referred to another entity, the legal assistance program may represent the person in order to achieve a solution to the legal problem. Representation may include legal research, negotiation, preparation of legal documents, correspondence, appearance at administrative hearings or courts of law, and legal appeals where appropriate.
- Legal Research. The gathering of information about laws, rights, or interpretation of laws that may be performed at any point after intake has occurred, to resolve an individual’s legal problems. This information is used to assist legal assistance programs in case work, client impact work and program and policy development.
- Preparation of Legal Documents. Documents such as contracts, wills, powers of attorney, leases, or other documents may be prepared and executed by legal assistance programs.
- Negotiation. Within the rules of professional responsibility, program staff may contact other persons concerned with the client’s legal problem in order to clarify factual or legal contentions and possibly reach an agreement to settle legal claims or obtain services and supports.
- Legal Education. Legal assistance program staff may prepare and present programs to inform older adults of their rights, the legal system, and possible courses of legal action.
- Community Collaboration and Planning. Legal assistance programs should participate in activities that impact elder rights advocacy efforts for older adults such as policy development, program development, planning and integration activities, targeting and prioritizing activities, and community collaborative efforts.

One unit = Provision of one hour of an allowable service component

Minimum Standards:

1. Each legal assistance program shall have an established system for targeting and serving older adults in greatest social and economic need within the OAA defined program target areas of income, health care, long term care, nutrition, housing, utilities and protective services, defense of guardianship, abuse, neglect, and discrimination. Each program shall complete and re-evaluate annually a program priority report and plan for targeting services to the most socially and economically vulnerable. This report shall be provided to the AAA and the Michigan ACLS Bureau.
2. Each legal assistance program shall work to develop outcome measures to reflect the impact of legal services intervention on individual clients and older adults in the greatest social and economic need in the service area. These outcomes shall be used for program development.
3. Services may be provided by an attorney licensed to practice law in the State of Michigan or a paralegal or student under the supervision and guidance of an attorney licensed to practice law in the State of Michigan.
4. Legal assistance programs may engage in and support client impact work, including but not limited to class action suits where a large group of older adults are affected by a legal inequity. For client impact work, programs are encouraged to utilize technical assistance resources such as the Michigan Poverty Law Program (MPLP).

5. Each legal assistance program shall demonstrate coordination with local long-term care advocacy programs, aging service programs, Aging and Disability Resource Centers (ADRCs), elder abuse prevention programs and service planning efforts operating within the project area.
6. When a legal assistance program identifies issues affecting clients that may be remedied by legislative action, such issues shall be brought to the attention of the AAA, ACLS Bureau, MPLP, and other programs offering technical assistance to legal providers.
7. Each legal assistance program shall provide assurance that it operates in compliance with the OAA, as set forth in 45 CFR Section 1321.71.
8. As part of an integrated legal services delivery system, each legal assistance program that is not part of a Legal Services Corporation (LSC) project grantee shall have a system to coordinate its services with the existing LSC projects in the planning and service area in order to concentrate the use of funds provided under this definition to individuals with the greatest social and economic need. Each program shall also coordinate with the Legal Hotline for Michigan Seniors (LHMS) and the Counsel and Advocacy Law Line (CALL). Where feasible, each program should also coordinate with other low-cost legal service delivery mechanisms, the private bar, law schools, and community programs in the service area to develop the targeting and program priority plan.
9. Each program shall make reasonable efforts to maintain existing levels of legal assistance for older adults being furnished with funds from sources other than Title III Part B of the OAA.
10. A legal assistance program may not be required to reveal any information that is protected by attorney/client privilege. Each program shall make available non-privileged, non-confidential, and unprotected information which will enable the AAA to perform monitoring of the provider's performance, under contract, with regard to these operating standards.
11. Each legal assistance program should participate in statewide and local legal service planning groups including MPLP's Elder Law Task Force. Each legal assistance program is expected to participate in at least two Task Force meetings per year. Participation by conference call/webinar is acceptable.
12. Each legal assistance program should participate in elder law training and technical assistance activities.
13. Each legal assistance program shall report program data through the legal Services Information System (LSI) application of the ACLS Bureau's Aging Information System (AIS). Legal Assistance programs will submit/post data in the LSI quarterly. Data shall be submitted no later than 30 days after the end of the quarter. AAAs will utilize the LSI to retrieve needed legal services program data and will consult with the ACLS Bureau prior to requiring additional reports or data from the legal program. The requirement for legal assistance programs to report data through the LSI shall be included in the AAA/legal assistance program contracts.

RESPIRE CARE

FY 2027-2029

Service Definition:

Provision of companionship, supervision and/or assistance with activities of daily living with persons with mental or physical disabilities and frail older persons in the absence of the primary care giver(s). Respite care may be provided at locations other than the client's residence.

One unit = Each hour of respite care provided

Minimum Standards:

1. Each program must establish written eligibility criteria which includes at a minimum:
 - a. That clients must require continual supervision in order to live in their own homes or the home of a primary care giver, or require a substitute care giver while their primary care giver is in need of relief or otherwise unavailable; and/or
 - b. That clients may have difficulty performing or be unable to perform activities of daily living (ADLs) without assistance as a result of physical or cognitive impairment.
2. Respite care services include:
 - a. Attendant care (client is not bed-bound) – companionship, supervision, and/or assistance with toileting, eating and ambulation; and,
 - b. Basic care (client may or may not be bed-bound) – assistance with ADLs, routine exercise regimen, and assistance with self-medication.
 - c. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. When provided as a form of respite care, these services must also meet the requirements of that respective service category.
3. Each program shall ensure that the skills and training of the respite care worker to be assigned coincides with the service plan of the client, client needs, and client preferences. Client needs may include, through are not limited to, cultural sensitivity, cognitive impairment, mental illness, and physical limitation.
4. An emergency notification plan shall be developed for each client, in conjunction with the client's primary care giver.
5. Each program shall establish written procedures to govern the assistance to be given to participants in taking medications, which includes at a minimum:
 - a. Who is authorized to assist participants in taking either prescription or over the counter medications and under what conditions such assistance may take place. This must include a review of the type of medication to be taken and its impact upon the client.
 - b. Verification of prescriptions and dosages. All medications shall be maintained in their original, labeled containers.
 - c. Instructions for entering medication information in client files, including times and frequency of assistance.
 - d. A clear statement of the client's and client's family responsibility regarding medications to be taken by the client while participating in the program and provision for informing the client and client's family of the program's procedures and responsibilities regarding assisted self-administration of medications.

Service Definition:

Centrally-organized services for transportation of eligible persons to and from community facilities in order to receive support services, reduce isolation, and otherwise promote independent living.

One unit = One, one-way trip per person, or one educational session

Minimum Standards:

1. Older American Act funds may be used to fund all or part of the operational costs of transportation programs based on the following modes:
 - a. Demand/Response - Characterized by scheduling of vehicles to provide door-to-door service or curb-to-curb service on demand. The program may include a passenger assistance component.
 - i. Route Deviation Variation - Where a normally fixed-route vehicle leaves scheduled route upon request to pick up the client;
 - ii. Flexible Route Variation - Where routes are consistently modified to accommodate service requests.
 - b. Public Transit Reimbursement - Characterized by partial or full payment of the cost for an eligible person to use an available public transit system. (Either fixed route or demand/response). The program may include a passenger assistance component.
 - c. Volunteer Reimbursement - Characterized by reimbursement of out-of-pocket expenses for individuals who transport older persons in their private vehicles. The program may include a passenger assistance component.
 - d. Older Driver Education - Characterized by systematic presentation of information and training in techniques designed to assist older drivers in safely accommodating changes in sensory and acuity functioning.
2. Funds may not be used for the purchase or lease of vehicles for providing transportation services.
3. All drivers and vehicles used for transportation programs must be appropriately licensed and inspected as required by the Secretary of State and all vehicles used must be covered by liability insurance.
4. All drivers for transportation programs shall be physically capable and willing to assist persons requiring help to and from and to get in and out of vehicles. Such assistance must be available unless expressly prohibited by either a labor contract or insurance policy.
5. All drivers for transportation programs shall be trained to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.
6. Each eligible person is allowed one (1) paid or unpaid care attendant to accompany them on each trip.
7. Each program shall assure each vehicle is equipped with seat belts that are used consistent with state safety laws.
8. Each program shall attempt to receive reimbursement from other funding sources, as appropriate and available. Examples include, but are not limited to, The American Cancer Society, Veterans Administration, Michigan Department of Health and Human Services, United Way, Department of Transportation programs, etc.