

REGION IV



**Area Agency on Aging, Inc.**

**SPECIALISTS IN AGING**

# **FY2023– 2025 ANNUAL CONTRACTS**

## **PART IIIA**

### **MINIMUM SERVICE STANDARDS**

Effective October 1, 2022

**Service Definition:**

Daytime care of any part of a day but less than twenty-four (24) hour care for functionally and/or cognitively impaired elderly persons provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the client's home.

One unit = One hour of care provided per client.

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**Minimum Standards:**

1. Each program shall establish written eligibility criteria, which will include at a minimum:
  - a. That participants must require continual supervision in order to live their own home or the home of a primary caregiver.
  - b. Participant must require a substitute caregiver while their primary caregiver is in need of relief, or otherwise unavailable.
  - c. That participants may have difficulty or be unable to perform activities of daily living (ADLs) without assistance.
  - d. That participants must be capable of leaving their residence, with assistance, in order to receive service.
  - e. That participants would 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. Records for each potential client must include at a minimum:
  - a. The individual's name, address, and telephone number.
  - b. The individual's age or birth date
  - c. Physician's name, address and telephone number.
  - d. The name, address and telephone number of the person to contact in case of emergency.
  - e. Handicaps, as defined by Section 504 of the Rehabilitation Act of 1973, or other diagnosed medical programs.
  - f. Perceived supportive service needs as expressed by the individual.
  - g. Age and sex (optional).
  - h. An estimate of whether or not the individual has an income at or below the poverty level.

If the preliminary screening indicates an individual may be eligible for Adult Day Services, a comprehensive individual assessment of need shall be performed before admission to the program. All assessments shall be conducted face to face. Assessors must attempt to acquire each item of information listed below, but must also recognize, and accept, the client's right to refuse to provide requested items.

- a. Basic Information
  - 1) Individual's name, address, and telephone number
  - 2) Age, date and place of birth
  - 3) Sex
  - 4) Marital status
  - 5) Race and/or ethnicity
  - 6) Living arrangements
  - 7) Condition of environment
  - 8) Income and other financial resources, by source
  - 9) Expenses
  - 10) Previous occupation(s), special interests and hobbies
  - 11) Religious affiliation

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 in activities of daily living
- 9) History of chronic and acute illness
- 10) Medication regimen (Rx, OTC, supplements, herbal remedies), and other physician orders
- 11) Eating patterns (diet history) and special dietary needs

c. Supporting Resources

- 1) Physician's name, address, and telephone number
- 2) Pharmacist's name, address, and telephone number
- 3) Services currently receiving or received in past
- 4) Extent of family and/or informal support network
- 5) Hospitalization history
- 6) Medical/health insurance information
- 7) Long term care insurance
- 8) Clergy name, address and telephone number

d. Need Identification

- 1) Client perceived
- 2) Caregiver perceived, if available
- 3) Assessor perceived

e. Determination of Whether Individual is Eligible for Program

An initial assessment is not required for individuals referred by the AAA Care Management program or HCBS/ED waiver program. Admission to the program may be based on the referral.

3. Each program shall use a uniform intake process and maintain a National Aging Program Information System (NAPIS) registration for each program participant's caregiver. The intake process shall be initiated within one week after an individual becomes active in the program. Completion of the NAPIS registration form is not a prerequisite to eligibility and may not be presented to caregivers as a requirement. If meals are provided by the regional nutrition service, a NAPIS form must be completed for the program participant and sent to the meal provider. At the end of each month, new client registration information as well as monthly unit reports will be uploaded to a secure file drop by the tenth of the month following the reporting month.
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 client, the client's guardian or designated representative, using person centered planning principles. The service plan shall contain at a minimum:
  - a. A statement of client's problems, needs, strengths, and resources.
  - b. A statement of goals and objectives for meeting identified needs.
  - c. A description of methods and/or approaches to be used in addressing needs.
  - d. Identification of basic and optional program services to be provided.
  - e. Treatment orders of qualified health professionals, when applicable.

- f. A statement of medications being taken while in the program.

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

- 5. Each program shall maintain comprehensive and complete client files which include at a minimum:
  - a. Details of client's referral to adult day service program.
  - b. Intake records.
  - c. Assessment of individual need or copy of assessment (and reassessments) from referring program.
  - d. Service plan (with notation of any revisions).
  - e. Listing of client contacts and attendance.
  - f. Progress notes in response to observations (at least monthly).
  - g. Notation of all medications taken on premises (including 1) the medication, 2) the dosage, 3) the date and time, 4) initials of staff person who assisted, and 5) comments).
  - h. Notation of basic and optional services provided to the client.
  - i. Notation of any and all release of information about the client, signed release of information form, and all client files shall be kept confidential in controlled access files. Each program shall use a standard release of information form which is time-limited and specific as to the information being released.
- 6. Each adult day care program shall provide directly or make arrangements for the provision of the following services. 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. Transportation.
  - b. Personal care.
  - c. 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. Participants in attendance from eight to fourteen hours shall receive an additional meal in order to meet a combined two-thirds of the recommended daily allowances. Modified diet menus should be provided, where feasible and appropriate, which take into consideration client choice, health, religious and ethnic diet preferences. Meals shall be acquired from a congregate meal provider where possible and feasible.
  - d. Recreation: consisting of planned activities suited to the needs of the client and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction.
- 7. Each adult day care program may provide directly or make arrangements for the provision of the following optional services. 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 physician by licensed professionals.
  - c. Services within the scope of the Nursing Practice Act.
  - 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.
  - g. Health counseling.
  - h. Shopping assistance/escort.

8. Each program shall establish written policies and procedures to govern the assistance to be given participants in taking medications while participating in the program. The policies and procedures must address:
  - a. Written consent from the client, the client's representative, to assist in taking medications.
  - b. Verification of medication regimen, including prescriptions and dosages.
  - c. Training and authority of staff to assist clients taking medications.
  - d. Procedures for medication set up.
  - e. Secure storage of medications belonging to and brought in by participants.
  - f. Disposal of medications.
  - g. Instructions for entering medication information in client files, including times and frequency of assistance.
  
9. Each provider must establish a written policy/procedure for discharging individuals from the programs 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 client.
  - e. When the program becomes unable to continue to serve the client and referral to another provider is not possible.
  
10. Each program shall employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional. The program shall continually provide staff at a ratio of no less than one staff persons for each ten participants. Health support services may be provided only under the supervision of a registered nurse. If the program acquires either required or optional services from other individuals or organizations, it must be accomplished through a written agreement that clearly specifies the terms of the arrangement.
  
11. Program staff shall be provided with an orientation training that includes, in addition to the topics specified in the General Requirement for All Service Programs, assessment/ observation skills and basic first aid.

Program staff shall be provided in-service training at least twice each year, which is specifically designed to increase their knowledge and understanding of the program, aging process issues, and to improve their skills at tasks performed in the provision of service. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation. Records shall be maintained which identify the dates of training, topics covered, and persons attending.
  
12. If the program operates its own vehicles for transporting clients to and from the service center the following minimum service standards shall be met:
  - a. All drivers and vehicles shall be appropriately licensed and all vehicles used shall be appropriately insured.
  - b. All drivers shall be required to assist persons to get in and out of the vehicles. Such assistance shall be available unless expressly prohibited by either a labor contract or insurance policy.
  - c. All drivers shall be trained to respond to medical emergencies.
  
13. Each program shall have first aid supplies available at the service center. A staff person knowledgeable in first-aid procedures, including CPR, shall be present at all times participants are in the service center.
  
14. Procedures to be followed in emergency situations (fire, severe weather, etc.) shall be posted in each room of the service center. Practice drills of emergency procedures shall be conducted once every six months. The program shall maintain a record of all practice drills.
  
15. Each service center shall have the following furnishings:

- a. At least one straight back or sturdy 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. Tables for both ambulatory and non-ambulatory participants.
- e. A telephone that is accessible to all participants.
- f. Special equipment as needed to assist persons with disabilities.

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

16. Each program shall implement cost sharing policies to enhance the program's ability to maintain and/or expand services.
- a. The amount of cost of the service to be shared with the client is determined by the total income from all sources for the individual requesting service.
  - b. Assets, savings, or other property owned by the service recipient shall not be included in the calculation of total income for cost sharing purposes.
  - c. The level of income shall be determined by the written confidential self-declaration of the service recipient eligible to receive the service. No verification of income is necessary.
  - d. Service recipients who are covered by Medicaid shall not be required to share in the cost of services provided to them. Clients that have 150% or less of Poverty Income Guidelines shall not be required to share in the cost of services, but must be provided the opportunity to voluntarily contribute to the cost of the service.
  - e. Each program shall establish a sliding scale for the client's share of service cost based on reasonable gradations of income. The scale must be submitted to the AAA for written approval.
  - f. The total service cost upon which the client's share is to be determined shall be comprised of all grant funds, matching funds, and program income used to operate the service program.
  - g. Any client may volunteer to share in the cost of a service in an amount above that required by the approved sliding scale.
  - h. Clients who refuse to voluntarily contribute to the cost of the service provided or participate in the cost sharing program may not be denied service based on non-contribution.
  - i. All revenue generated as the result of cost sharing must be utilized to expand the Adult Day Service. The program will not be reimbursed at less than the established unit of service in anticipation of cost sharing revenue.
17. Each service center shall demonstrate that it is compliance with fire safety standards and the Michigan Food Code.
18. The program shall be available a minimum of five days per week, nine hours per day (AAA).
19. The service provider shall comply with the General Requirements for All Service Programs (AAA).

**Service Definition:**

A training program pertaining to techniques for providing personal care services to care recipients and to address care giving skills for efficacy and caregiver confidence when caring for the care recipient.

One unit = One hour of training.

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**Minimum Service Standards:**

1. Each program must maintain linkage with caregiver focal points, and respite care programs, as available, to help provide opportunities for caregivers to attend training programs. Respite care may be provided, as an ancillary program component, in conjunction with caregiver training programs to enable caregiver participation.
2. Program staff (minimum of 2) will become class leaders by receiving training to be certified as co-facilitators of “Powerful Tools for Caregivers” and follow the established program guidelines. The service provider will assure that only trained staff facilitate education sessions, and providers are also responsible for assuring that there is adequate staff available throughout the term of the contract to provide trainings (AAA).
3. Continuing education of staff in specific service areas is encouraged.
4. A minimum of four six-week classes will be conducted each fiscal year, assuring regional geographic availability. The service provider will be responsible for informing AAA of scheduled classes, publicizing the classes, securing convenient sites, enrolling caregivers, and conducting trainings at times suitable for caregivers (AAA).
5. The service provider will demonstrate working relationships with the AAA, support groups, hospitals, adult day services, church groups, etc., by describing how family caregivers will be identified and enrolled in courses (AAA).
6. The program will request that each program participant complete the NAPIS caregiver registration form. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.
7. All publicity materials, course handouts, and instructors will promote the AAA and its services, utilizing AAA logos and literature provided by the AAA. Sessions will be promoted and presented as sponsored by the AAA. Schedules of classes will be provided to the AAA in advance for approval (AAA).
8. The service provider shall comply with the General Requirements for All Service Programs (AAA).

**Service Definition:**

A program intended to provide assistance to informal caregivers in understanding and coping with a broad range of issues associated with caregiving to a person with Alzheimer’s Disease or other forms of dementia.

One unit = One hour of training.

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**Minimum Service Standards:**

1. Each program must maintain linkage with caregiver focal points, and respite care programs, as available, to help provide opportunities for caregivers to attend the training program. Respite care may be provided, as an ancillary program component, in conjunction with caregiver training programs to enable caregiver participation.
2. Program staff will be led and coordinated by a Certified Master Trainer for The Savvy Caregiver/Creating Confident Caregivers program as licensed by the State of Michigan, Michigan Health and Aging Services Administration (HASA), formerly the Aging and Adult Services Agency (AASA). The Master Trainer shall train and encourage volunteer facilitators. All courses will follow the established program guidelines and protocols to maintain fidelity. The service provider will assure that only trained staff conduct the training and are responsible for assuring that there is adequate staff available throughout the term of the contract to provide trainings (AAA).
3. Continuing education of staff in specific service areas is encouraged.
4. A minimum of three six-week courses will be conducted each fiscal year, assuring regional geographic availability. The service provider will be responsible for informing AAA of scheduled classes, publicizing the classes, securing convenient sites, enrolling caregivers, and conducting trainings at times suitable for caregivers (AAA).
5. The service provider will demonstrate working relationships with the AAA, support groups, hospitals, adult day services, church groups, etc., by describing how family caregivers will be identified and enrolled in courses (AAA).
6. An evaluation about the trainings will be conducted among program participants and report outcomes will be provided to AAA (AAA).
7. The program will request that each program participant complete the NAPIS caregiver registration form. Completion of NAPIS registration is not a prerequisite to eligibility and may not be presented to potential participants as a requirement.
8. All publicity materials, course handouts, and instructors will promote the AAA and its services, utilizing AAA logos and literature provided by the AAA. Program will be promoted and presented as sponsored by the AAA. Schedules of classes will be provided to the AAA in advance for approval (AAA).
9. The service provider shall comply with the General Requirements for All Service Programs (AAA).



**Service Definition:**

Provision of legal advice and representation by an attorney, which can include counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney.

- Intake. The initial interview to collect demographic data and identification of the client’s legal difficulties and questions.
- Advice and Counsel. Client is offered an informed opinion, possible courses of action, and clarification of his/her rights under the law.
- Referral. If program is unable to assist a client with the course of action that he/she wishes to take, an appropriate referral will be made as available.
- Representation. The program may represent the client, to achieve a solution to a legal problem, with issues such as legal research, negotiation, preparation of legal documents, correspondence, appearance at hearings or courts of law, and legal appeals.
- Legal Research. Gathering information about laws, rights, and interpretation of laws after intake procedures.
- Preparation of Legal Documents. Preparing documents such as contracts, wills or leases, to protect individual rights.
- Negotiation. Program staff may contact other persons concerned with the customer’s legal problem to clarify contentions and possibly reach an agreement to settle legal claims.
- Legal Education. Prepare and present information to inform elderly persons of their rights, the legal system, and alternative courses of legal action.

One unit = One hour of allowable service component.

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**Minimum Service Standards:**

1. The service provider shall have an established system for targeting and serving those in greatest social and economic need.
2. The service shall be provided by, supervised by, or have direct contact with an attorney licensed to practice law in the State of Michigan.
3. A paralegal, defined as individuals trained in accredited paralegal courses or in the specific legal service subject areas in which they will be assisting an attorney or law students with under 30 hours of course work under the supervision and guidance of a licensed attorney, can perform any of the components listed with the exceptions of representation in court and final review of legal documents.
4. Law students with thirty (30) hours of course work at an accredited law school can perform components of the program under the supervision of a licensed attorney.
5. The program may support initiative of a class action suit when a large group of seniors are affected by a legal inequity.
6. The service provider shall provide, at a minimum, advice and counsel, representation, and education service components.
7. The service provider shall demonstrate coordination with the LTC ombudsman program.
8. When the service provider identifies issues affecting clients which may be remedied by legislative action, such issues should be brought to the attention of the AAA, Michigan Michigan Bureau of Aging, Community Living, and Supports (ACLS) and the Michigan Legal Services legislative branch, as permissible and appropriate.

9. Each program shall demonstrate coordinated efforts with Legal Services Corporation projects, and local legal assistance programs.
10. Service provider may not accept criminal or fee-generating cases.
11. Each program shall give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and discrimination.
12. The service provider shall comply with the General Requirements for All Service Programs (AAA).

**RESPIRE-CHORE**

**FY 2023-2025**

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**Service Definition:**

Provision of respite services in the form of chores to individuals in a caregiver situation to mitigate the responsibilities of the caregiver. The chore provided must be a non-continuous task that is intended to increase the safety of the individual's residence.

One unit = One chore.

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**Minimum Service Standards:**

Allowable tasks are limited to the following:

- Replacing light bulbs
- Cleaning appliances
- Cleaning and securing carpets and rugs
- Washing walls and windows, scrubbing floors
- Cleaning attics and basements to remove fire and health hazards
- Cleaning walkways of debris
- Installing screen and storm windows
- Caulking windows
- Installing weather stripping around doors
- Repairing furniture
- Installing window shades and curtain rods
- Replacing fuses, electrical plugs and frayed cords
- Replacing door locks and window catches
- Replacing/repairing pipes, faucets
- Installing safety equipment (grab bars, handrails, etc.)
- Pest control
- Trimming overhanging tree branches

Funds awarded for chores may be used to purchase materials and disposable supplies used to complete the task. No more than \$200 may be spent on materials for any one household per year. Equipment or tools used to perform chores may be purchased or rented with funds awarded to an amount equal to 10% of the total awarded funds.

Pest control services may only be provided by appropriately licenses vendors.

Chore recipient eligibility criteria:

- Cannot be an existing client of Region IV Area Agency on Aging
- Either caregiver or care recipient must be 60+ and reside in Berrien, Cass, or Van Buren county.
- Self-declaration of checking, savings, and retirement funds must be <\$30,000

The service provider shall comply with the General Requirements for All Service Programs (AAA).

**TRANSPORTATION**

**FY 2023-2025**

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**Service Definition:**

A centrally-organized service providing transportation for persons to and from community facilities in order to receive services, reduce isolation, and otherwise promote independent living.

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

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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 small 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 a customer;
    - ii) Flexible Route Variation - Where routes are consistently modified to accommodate requests.
  - b) Public Transit Reimbursement - Characterized by partial or full payment of cost for an older 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 for out-of-pocket expenses for individuals using their private vehicles to transport older persons. 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. Purchase or lease of vehicles for providing transportation services is prohibited.
3. Drivers shall be licensed and covered by liability insurance.
4. Vehicles used for transportation programs shall be licensed and inspected annually as required by the Secretary of State.
5. Paid drivers shall be physically capable and willing to assist customers requiring help into and out of vehicles unless prohibited by a labor contract or insurance policy.
6. Paid drivers shall be trained to cope with medical emergencies, unless expressly prohibited by a labor contract or insurance policy.
7. Service provider vehicles shall be labeled with the name, address and phone number of the provider agency as well as prominently display the AAA decal or signage (AAA).
8. Service provider shall assure each vehicle is equipped with seat belts that are used consistent with state safety laws.
9. Service provider shall designate the type(s) of transportation service being provided (i.e. medical, nutrition, shopping for essential services, adult day care needs) and shall record the provision of each.
10. Service provider shall attempt to receive reimbursement from other funding sources as appropriate and available.
11. Service provider shall track units by individual participant (AAA).
13. Service provider must comply with the General Requirements for All Service Programs (AAA).