



# Calhoun County Office of Senior Services

## Minimum Service Standard

**SERVICE NAME: COMMUNITY CARE OPTIONS**

**DEFINITION:** The Community Care Options will provide limited services for frail seniors who are at risk of decline if their service needs are not met but are not so frail as to require care management or nursing home placement.

**UNIT OF SERVICE:** One unit of service equals the assessment, ongoing care assistance for one individual for one month, and the cost of purchasing services for community care options recipients.

**INCOME REQUIREMENT:** Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register. Individuals above that income level may receive services by cost-sharing at 50% of their total program services.

**DESIRED OUTCOME:** Using a person-centered approach, the primary outcome is to focus a few critical less-intensive services that may help seniors remain safe, healthy, and provide a level of dignity by preventing further decline in their health and welfare.

### **MINIMUM SERVICE STANDARD:**

**A. Recipient Eligibility Criteria** – In addition to recipient eligibility criteria contained in the “ALL SERVICES” standard, each program shall have a written eligibility criteria that includes, at a minimum, the following:

1. Recipients must be unable to perform **one or more activities of daily living (ADLs) without assistance**. Activities of daily living are limited to the following:
  - a. Bed mobility
  - b. Transfers
  - c. Toilet use
  - d. Eating
  - e. Dressing
  - f. Personal hygiene
  - g. Bathing
  - h. Ambulation
2. Types of services offered include:
  - a. Homemaking services
  - b. Home safety assessment
  - c. Meal preparation
  - d. Shopping
  - e. Bathing supports
  - f. Referrals to other resources that support home maintenance and repair



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### **B. Intake and Assessment**

1. Intake – Each care management program must have uniform intake procedures and maintain consistent recipient records. Intake may be conducted over the telephone and should include at a minimum:
  - a. Name, address, and telephone number of recipient
  - b. Name and telephone number of referral source (if applicable)
  - c. Date of birth
  - d. Primary physician's name address, and telephone number
  - e. Name, address, and telephone number of person, other than spouse or relative with whom individual resides, to contact in case of emergency
  - f. Diagnosed medical problem(s) or handicaps
  - g. Perceived activities of daily living for which assistance is requested as expressed by individual and/or their formal or informal support
2. Assessment – A comprehensive individual assessment of need will be performed by contacting the Region 3B AAA Information and Assistance Specialist. The intake assessment instrument should be designed to obtain, at a minimum, the information listed below.
  - a. In addition to the information collected during intake, the assessment should obtain the following basic information: Place of birth, gender (optional), marital status (optional), race and/or ethnicity (optional), living arrangements, condition of environment, previous occupation, special interests, hobbies, and religious information (optional).
  - b. Functional status including vision, hearing, speech, oral status (condition of teeth, gums, mouth, and tongue), prostheses, psychosocial functioning, limitations in activities of daily living, eating patterns (diet history), prescriptions, medications, and other physician orders
  - c. A series of questions related to needs are used to determine if the services available under the program could be beneficial. A frailty determination is made whether the individual would be better served in the AAA Care Management service or MI Choice Waiver. Functional eligibility for these referral programs is frailty to the extent that would require nursing home care.
  - d. Recipients are offered a choice of available services based on their perceived need or wishes, as much as possible keeping health and safety requirements in mind. Recipient responsibilities for utilizing and benefiting from the services will be reviewed.
3. Each recipient' eligibility is to be redetermined every 180 days for active maintenance cases, or as needed. The Program Coordinator will mail a survey and service summary to the participants quarterly.



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**C. Staffing/Supervision/Training** – Intake staff must have adequate education, training, and experience to perform related intake functions. The Program Coordinator will perform quality control functions to determine that services are delivered as scheduled and arranged for under the contract.

### **D. Service Plans and Records**

1. A service plan shall include the statement of the recipient's needs; the goals and objectives for meeting the identified needs; description and approaches used to address the needs; identification of the services to be arranged or purchased; and evidence of person-centered planning.
2. Intake assessments and case notes should reflect person-centered planning.

### **E. Purchase of Supportive Services**

1. The service provider will be required to develop and monitor a purchase of service system (POS) that is designed to meet the needs of frail recipients. Service providers shall receive reimbursement for the cost of purchasing services for recipients.
2. Each service provider shall establish linkages with agencies providing long-term care support services within the program area that adequately meets the need of program recipients.
3. The service provider must ensure that all POS vendors follow the minimum standards for the services they are providing utilizing Senior Millage funds. The service provider must develop a comprehensive monitoring program of its POS vendors that insures that vendors are adhering to the minimum service standards.
4. Recipients may receive additional services as part of their service plan including those that support Instrumental Activities of Daily Living (IADLs). However, these services should be secondary services and not the primary services identified as needed by the recipient.