



Calhoun County Senior Services/ Minimum Service Standard

SERVICE NAME: ALL SERVICES

GENERAL REQUIREMENTS – All services and programs funded with Calhoun County Senior Millage funds must comply with the following general requirements.

- A. The service provider shall provide assurance that they will comply with all applicable Federal, State, and local laws and regulations.
- B. The service provider shall adhere to the definitions and minimum standards and requirements for all contracted services.
- C. The service provider shall comply with all reporting requirements dictated by Calhoun County.

D. Recipient Eligibility Criteria

- 1. Services shall be provided only to Calhoun County residents, 60 years of age or older.
- 2. Service providers shall maintain a written list of persons who seek service but cannot be served at that time. Such a list must include the date the service is first sought, and the service being sought by geographic area within the County. The service provider must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.
- 3. Recipients eligible to receive services through Federal, State, or other community resources shall be referred to those programs, and third-party reimbursement sought before Senior Millage resources are used.
- 4. It is expected that all residents in licensed nursing facilities will receive their primary benefits and services from those facilities and not utilize senior millage funds. This does not preclude or exclude mutual programs or special events that benefit the facility residents and senior millage.
- 5. For services that have an income limitation requirement for eligibility, the income limitation is program specific. For income-tested Senior Millage-funded services, recipients served during calendar year 2022 must be at or below 250% of the poverty level as published in the most recent Federal Register. Recipients served in other years must be at or below 200% of the poverty level as published in the most recent Federal Register. See the Chart of Services at the end of this Section.
- 6. When demand exceeds program or financial capacity, substantial emphasis must be given to serving eligible persons with greatest social and/or economic need.

E. Contributions and Cost-Sharing

- 1. No one may be denied services for failing to make a cost share contribution. All program recipients shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the services received. This can be at the time of service, such as meal programs and transportation, or via a mailed statement of services value each month. Waiver of this requirement for accepting donations may be approved



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in writing for some services by the County.

2. Except for program income, no paid or volunteer staff person of any service program may be allowed to solicit contributions from program recipients, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any belief or philosophy.
3. The service provider shall have in place a written procedure for handling all donations or contributions, upon receipt, which includes, at a minimum:
 - a. Counting, recording, and signature of all receipts by two individuals at each service facility or service provider office. In the case of in-home services, recipient donations must be collected in either a locked box, or sent by check through the U.S. Postal Service to a service facility or the program office for counting, recording, and signature of receipts; and,
 - b. Provisions for sealing, written acknowledgment and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged; and,
 - c. Reconciliation of deposit receipts and collection records by someone other than the depositor or counter(s).
4. Cost-shared funds returned to the program will provide additional services to other seniors.

F. Confidentiality

1. The service provider shall have established procedures to protect the confidentiality of information about recipients collected in the conduct of its responsibilities. No information will be disclosed without prior informed consent of the recipient or his/her legal representative. Disclosure may be allowed by court order, or for program monitoring by Calhoun County Senior Service which is also bound to protect the confidentiality of client information. It is the responsibility of each service provider to determine if they are a covered entity regarding HIPAA regulations.
2. All recipient information shall be maintained in controlled access files.

G. Coordination, Publicity, and Alternate Funding

1. Each program shall demonstrate working relationships with other community agencies to ensure that recipients in need of services have access to such services.
2. The service provider shall publicize the service(s) to assure access to older persons.
3. The service provider shall include language in all publicity which recognizes that funding was provided by the Calhoun County Senior Millage.
4. The service provider shall be prepared to bring to the attention of appropriate officials for follow-up, conditions, or circumstances which place the older person, or the household of the older person, in imminent danger.
5. The service provider shall be prepared to make arrangements for the availability of services to recipients in weather-related emergencies, as appropriate.



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H. Insurance

1. The service provider shall maintain the following insurances, if required by law:
 - a. Worker's compensation
 - b. Unemployment
 - c. Property and theft coverage (including employee theft)
 - d. Fidelity bonding (for persons handling cash)
 - e. No-fault vehicle insurance (for agency-owned vehicles)
 - f. General liability and hazard insurance (including facilities coverage)
2. The following insurances are recommended, but not required, for additional agency protection:
 - a. Insurance to protect the program from claims against the program drivers and/or passengers
 - b. Errors and Omission insurance for board members and officers
 - c. Professional liability (both individual and corporate)
 - d. Malpractice
 - e. Special multi-peril

I. Volunteers

1. Service providers utilizing volunteers shall have written procedures governing recruiting, training, and supervision.
2. Volunteers shall receive a written position description, orientation training, and a yearly performance evaluation, as appropriate.

J. Staffing/Staff Identification

1. Each service provider shall employ competent personnel enough to provide services pursuant to the contractual agreement and demonstrate an organizational structure including established lines of authority.
2. Each service provider shall insure that any staff person, paid or volunteer, who enters a participant's home shall display proper identification, either an agency picture identification card, or a Michigan driver's license and some other form of agency identification.

K. Training Participation

1. New service provider staff shall receive an orientation which includes an introduction to the program, the aging network, maintenance of records and files, the aging process and emergency procedures. Records identifying dates of training and topics covered are to be maintained in employee personnel files.
2. The service provider shall budget an adequate amount of funding to address its training needs.



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L. Recipient Satisfaction/Complaint Resolution

1. The service provider shall have established procedures to assure recipients are able to express their opinion of services.
2. The service provider shall have written complaint resolution procedures, to be used by recipients, and an appeals procedure for persons determined to be ineligible for services or who have services terminated. Persons denied service and program recipients shall be notified of these procedures through posted written materials at locations where services are provided, or through verbal instructions, as appropriate. Such notice must advise recipients that complaints of discrimination may be filed with the County, U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

M. Service Quality Review/Program Evaluation

1. Each service provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of the services rendered.
2. Each program must develop and implement an appropriate objective evaluation process to determine the effectiveness of the program in achieving its desired outcomes.

N. Civil Rights and Fair Employment Compliance

1. Service providers agree to abide by the provisions of the Elliott-Larsen Civil Rights Act, P.A. 1976, No. 453, as amended, being sections 37.2101 et seq. of the Michigan Compiled Laws, and the Michigan Persons with Disabilities Civil Rights Act, P.A. 1976, No. 220, as amended, being sections 37.1101 et seq. of the Michigan Compiled Laws.
2. Each service provider must clearly post signs at service provider offices and locations where services are provided in English, and other languages, as appropriate, indicating non-discrimination in hiring, employment practices, and provision of services.
3. Service providers that subcontract must include Civil Rights language as part of the terms and agreement of the subcontract.

O. Income Documentation

1. If a Senior Millage-funded program is income-tested, income must be documented by collecting third-party source documents.
2. If income documentation is reviewed but not collected because of a copy machine not being available during the initial assessment, a signed record of inspection of documents is required with a signature of the staff person reviewing the income documentation and the senior receiving services.
3. Income proof collected should be for the last 30 days of employment income, and annual benefit letters for Social Security benefits, pensions, annuities, 401k accounts or other



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sources of income. Copies of annual Federal Income Tax filing may be collected as proof of annual income.

4. For Social Security benefits, count the gross amount minus the Medicare Part B Premium.
5. While bank statements may be required by an individual program, Senior Services does not require documentation of bank statements/balances. Bank statements may be used to verify the receipt of pensions and Social Security benefits.
6. Besides the Guardian and Representative Payee programs, Senior Millage-funded programs do not have an asset test.
7. Income documentation should be for the household for married couples and/or any dependents. If a single senior or couple, age 60 and over, is living with extended family such as an adult child, the income of the adult child/family is not counted. Individuals living in roommate situations should also be treated as an individual for income documentation.
8. If a senior is just above the income limit (250% FPL in calendar year 2022, 200% FPL in other years), and has documented high prescription or medical costs, or other extenuating circumstance, exceptions to the income test may be made with a written request to the Senior Services manager. The Senior Services Manager will respond to the exception request in writing. Copies of emails with waiver requests and approvals should be printed and placed in the recipient's file or electronically linked with the recipient's file if files are kept digitally.

P. Definition of Homeownership

1. A senior is considered a homeowner, and eligible for homeowner-based programs if they own -- either outright, with a mortgage, or through land contract -- the property they occupy.
2. Homeownership includes:
 - a. A free-standing, single-family home
 - b. A condominium or townhome that is connected to adjacent homes and may be overseen by a management company
 - c. A trailer or manufactured home with lot rent due to the mobile home park's management company



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Income Limitations for Services			
As of 12/2022	No Income Limits	Suggested Cost-Share	250% of Poverty in calendar year 2022 & 2023; 200% of Poverty in other years
HEALTH RELATED SERVICES			
Benefits Counseling	X		
Community Care Options (limit of \$2,200 per person per year)			X
Congregate Meals (\$8.50 per meal)	X	\$1.50 per meal	
Dental Services		\$5 per cleaning	X
Hearing Services (once every ten years)			X
Home Delivered Meals (\$8.00 per meal)	X	\$1.50 per meal	
Prescription Assistance (limit of \$1,250 per person per year)			X
Vision Services (assistance available every two years)			X
Fitness & Fun	X		
INDEPENDENCE QUALITY OF LIFE SERVICES			
Adult Day Care			X
Bed Bug Remediation			X
Guardianship & Representative Payee (Below \$500 in Assets)			X
Handy Helper (limit of \$400 per person per year)			X
Home Heating Assistance (limit of \$1,000 per year)			X
Legal Services (Legal advice for all, representation 125% of poverty)	X		X
Minor Home Repair (Limit of \$7,000 per home)			X
Money Management			X
Personal Emergency Response System			X
Ramps for Accessibility			X
Senior Centers	X		
Transportation (\$22.00 per ride in 2023)	X	\$2.00 per ride	