



Calhoun County Senior Services

Minimum Service Standard

SERVICE NAME: COMMUNITY CARE OPTIONS

DEFINITION: Community Care Options provides assessment and evaluation of needs, development of care plans, referral and linkage to community services and purchase of limited in-home services for seniors experiencing decline but not so frail as to be eligible for Long Term Care services such as PACE (Program for All-Inclusive Care of the Elderly), MI Choice Medicaid Waiver, Area Agency on Aging Care Management, or nursing home placement.

UNIT OF SERVICE: One unit of service equals one service delivered one and the cost of purchasing services for community care options recipients.

INCOME REQUIREMENT: Serves seniors of all incomes for assessment and development of care plan, linkage, and referral to appropriate services, home safety assessments, and caregiver supports providing enhanced education and caregiver self-care plans and service referrals. For provision of ongoing in-home care or any other purchased service, recipients served during Calendar Years 2022 and 2023 must be at or below 250% of the poverty level as published in the most recent Federal Register. Those served in other years must be at or below 200% of the poverty level as published in the most recent Federal Register.

DESIRED OUTCOME: Using a person-centered approach, the primary outcome is to empower seniors to manage independently living in the community longer by providing good planning and 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 written eligibility criteria that includes, at a minimum, the following:

1. Recipients must be able to perform activities of daily living in general but are beginning to experience decline in health or function as to require minimal, occasional assistance with basic home making and other supports to maintain their independence. Seniors needing daily/hands-on assistance to perform activities of daily living and personal care are not eligible for this service and should be referred to appropriate agencies delivering long term care services.
2. Types of services offered include:
 - a. Care plans
 - b. Homemaking services
 - c. Home safety assessment and limited purchase of products to improve safety such as grab bars or other items not covered by Medicare or other insurance.
 - d. Meal preparation



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- e. Shopping
 - f. Bathing supports
 - g. Personal care for no more than 2 visits – such as after a minor outpatient procedure where the recipient needs supervision and/or minimal assistance for a day or two and home care billable to insurance is not an option.
 - h. Respite care for family caregivers
 - i. Medication set up – maximum 2 visits per month for persons with vision or other impairment or low health literacy
 - j. Referrals and assistance securing other community resources
 - k. Assistance with problem solving and navigating complex systems to resolve issues
 - l. Assistance creating Advance Care Planning documents (Power of Attorney for Health Care)
 - m. Family caregiver support – caregiver assessment of needs, caregiver self-care planning and intervention, follow-up, and referrals for specific needs.
3. Services may be discontinued for the following reasons:
- a. Recipient experiences a decline in health that results in a need for more care than can be delivered through the program, referrals and assistance will be given to programs that can provide a higher level of care.
 - b. Recipient is not at home at the scheduled time for service two times and failed to call provider and cancel service at least 24 hours prior to scheduled service.
 - c. Recipient requests discontinuance of services.
4. Purchased services limited to maximum of \$2,200 per recipient per year.

B. Intake and Assessment

1. Intake: Conducted face-to-face or by phone and includes:
 - a. Name, address, telephone number of recipients
 - b. Date of birth
 - c. Diagnosed medical problem or disability
 - d. Perceived need for assistance
 - e. Monthly/Annual Income
 - f. Name and contact information of referral source if applicable

2. Assessment: Conducted in-home, face-to-face by a, by a qualified and licensed health professional. A qualified and licensed health professional may be a physician, registered nurse, licensed practical nurse, clinical social worker (Limited License Bachelor of Social Work, Limited License Master Social Worker, Licensed Bachelor Social Worker, or Licensed Master Social Worker), physician's assistant, nurse



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practitioner, licensed and limited licensed psychologist, physical therapist, respiratory therapist, occupational therapist or speech therapist. The assessment will include at a minimum:

- a. Information collected during intake
 - b. Other demographic information such as: gender, marital status, race/ethnicity.
 - c. Functional status including vision, hearing, speech, oral status, prostheses, psychosocial functioning, limitations in activities of daily living, nutrition, medications (prescribed, over the counter and supplements) and other physician orders.
 - d. Name and contact information of primary care physician
 - e. Verification of proof of income
 - f. Questions related to needs to determine if the individual's level of care needs are more appropriate for Senior Care Partners PACE, MI Choice Waiver, or CareWell Services' Case Management.
 - g. Emergency Contact information
 - h. Determination of services to be delivered based on participant's needs, funding limitations and appropriateness of the services.
1. Each recipient will be re-determined quarterly or as needed.
 2. Surveys related to satisfaction with services will be conducted at six month intervals by phone and/or by mail.

B. Staffing/Supervision/Training

Intake staff must have adequate education, training and experience to perform intake. The Clinical Supervisor/RN will perform quality control functions to determine that services are delivered as scheduled and arranged for under the contract.

C. Service Plans and Records

Service plans are developed for each recipient and will include: the assessment of needs, listing of services to be delivered, either purchased or referral for other community services, start date for services to begin and date for re-determination.

D. Purchase of Supportive Services

1. The service provider will be required to develop and monitor a purchase of service system that includes monitoring of Purchase of Service vendors to assure compliance with Minimum Service Standards, and that services are delivered in accordance with the service plan.
2. Service providers shall receive reimbursement for the cost of purchasing services for recipients.