Allegan County
Senior Services
Policy and Procedure Manual

Revised and Adopted: MARCH 17, 2021

Table of Contents

APPENDICES:

A- Code of Ethics
B- Individual Assessment of need
B-1 Assessment Tool
B-2 Client Signature Form
C- Quality Review Tools
C-1 Pre-Assessment Questionnaire
C-2 Adult Day Care Assessment
~~C-3 Home Delivered Meals Assessment~~ Not applicable to ADS, not included.
~~C-4 In-Home Supports Assessment~~ Not applicable to ADS, not included.
~~C-5 Senior Transportation Assessment~~ Not applicable to ADS, not included.
D- ~~Donation Letter~~ Not applicable and no longer used.
E- Incident Report
F- Disaster Plan Template
G- Billing Invoice/Client List
H- ~~In-Home Supports - Service Standards~~ Not applicable to ADS, not included.
I- ~~Home Delivered Meals - Service Standards~~ Not applicable to ADS, not included.
J- ~~Senior Transportation - Service Standards~~ Not applicable to ADS, not included.
K- ~~Personal Emergency Response Systems - Service Standards~~ Not applicable to ADS, not included.
L- Adult Day Care - Service Standards
M- ~~Infestations~~ Not applicable to ADS, not included.
N- ~~Marijuana in Client Home~~ Not applicable to ADS, not included.
O- ~~Improper Conduct between Client and Service Provider~~ Not applicable to ADS, not included.

1. INTRODUCTION TO ALLEGAN COUNTY SENIOR SERVICES

1.1 Mission Statement:

Allegan County Senior Services (ACSS) is dedicated to serving Allegan County seniors by developing and coordinating services that support their independence, maintain their dignity, and preserve their quality of life.

1.2 Client Eligibility:

Any adult, 60 years of age or older living independently in their own home within Allegan County is eligible to receive services in accordance with their need for such services. Financial means shall not be used to determine eligibility, deny or limit service to an older adult, or establish priority for services.

1.3 Duplication of Services:

There is to be no duplication of services between Millage funded services and any other funding source such as MI Choice Waiver, Older Americans program, etc. Eligibility for any other funding source necessitates discharge from millage services if funding is available through other source.

1.4 Service Focus:

While any older adult is eligible to receive services, the focus is to provide service to older adults with the greatest social and/or economic need, with particular attention given to individuals with low-income and limited access to an informal support system (i.e. friends, family, church etc.). The goals of service delivery are to:

- Help older adults maintain their independence in the community
- Identify client needs
- Maximize delivery of services within the constraints of available millage funds
- Exhaust all reasonable efforts to assess and provide services to any and all older adults eligible for millage services
- Collaborate with other social service agencies to deliver needed services
- Lessen the isolation of older adults

1.5 Governance:

Activities of ACSS are governed by the Board of Commissioners as recommended by the Commission on Aging (COA). The COA and ACSS abide by the "Code of Ethics, Guidelines for Service Providers" as adopted by COA.

2. SERVICE DELIVERY REQUIREMENTS:

2.1 General Requirements for All Service Providers:

2.1.1 Code of Ethics:

This Code of Ethics shall serve as a guide for the service provider's officers, employees, and agents engaged in activities under this contract. The Code of Ethics may be referenced in Appendix A.

2.1.2 Local Presence:
Each service provider will maintain a local presence in the community and participate in the local aging network. Regular hours of operation will be publicized to ensure access to information and services for the older adults in the community.

2.1.3 Serve All Eligible Clients:
The service provider will serve all persons eligible for services regardless of any other service criteria that may be applied by the provider in determining eligibility and levels for other non-millage clients unless service provision endangers the safety and wellbeing of staff.

2.1.4 Providing Services to Family and Guardians:
Under no circumstances can a family member be paid through millage funds to care for their loved one.

Neither a service provider nor any of its staff may receive millage funds to provide service to a client over whom they have guardianship or conservatorship.

2.1.5 Staff Identification:
Each service provider's staff member (paid or volunteer) entering a client's home, must display proper identification. This may be either a picture identification issued to the staff member by the service provider or a Michigan Driver's License with some other form of service provider identification.

2.1.6 Client Confidentiality:
Each service provider must protect the confidentiality of clients and client records ensuring no client information is disclosed in a form that identifies the person without the informed, written consent of that person or of his or her legal representative. However, disclosure may be allowed by court order, or for contract monitoring by ACSS; which is also bound to protect the confidentiality of client information.

To ensure confidentiality, each service provider must establish written procedures that incorporate the following best practices:

- Keeping all client information in locked file cabinets with controlled access
- Password protecting computers where any client information including scheduling information is stored electronically
- Computer security settings must require users to change their passwords periodically
- Follow HIPPA guidelines for protecting private health information
- Ensuring that under no circumstances, a client name is placed on any documentation in a personnel file. Any documentation containing a client name shall be altered to black out the client name
- Staff entering a client's home will not bring documentation pertaining to any other client and any client documents must be kept locked out of sight in staff car while working in a home

2.2 Client Referral, Intake and Initial Assessment:

2.2.1 Client Referral Process:

a. Services are initiated through an online referral to ACSS through the COA website (www.allegancountycoa.org). A referral may be self-initiated by an older adult, submitted by anyone they associate with, or entered by a service provider recognizing an unmet need.

b. Upon receiving a referral, ACSS will determine if services can be provided with current resources (i.e. funding or capacity).

c. If possible, client will be assigned to a service provider for intake and assessment.

d. If not possible, client will be evaluated by ACSS staff and placed on a wait list in order of priority. Priority will be established in chronological order by referral date and time; however:

- If an evaluation finds the older adult is in imminent risk of nursing home or hospital placement unless support services are initiated, they may (at the discretion of ACSS) be moved to the top of any wait list for Millage Services
- In this case, the older adult will be placed next on the wait list immediately below any other at risk person already waiting for service

e. Current clients who demonstrate the need for an increase (i.e. from homemaking to personal care) will need to be added to any existing wait list for the additional hours.

2.2.2 Client Intake and Assessment:

a. ACSS will process all referrals and assign them to a contracted service provider.

b. Within seven (7) business days of a referral, the service provider will contact the older adult and arrange for an assessment.

c. If the service provider is unable to make contact with the potential client after three (3) separate attempts spread over two (2) business days, they will notify ACSS who will send a letter to the client giving them five (5) business days to contact the service provider or forfeit their interest in receiving service at this time. If contact is not made by the client within five (5) business, their name will be removed from any wait lists. To receive service, they will need to contact ACSS to discuss the referral.

d. Unless there are mitigating circumstances on the part of the older adult, the service provider will assess the older adult within five (5) business days of establishing contact.

e. Each service provider (with the exception of those providing only senior transportation and personal emergency response systems) will utilize the tool located in the ACSS data base to complete an Individual Assessment of Need (Appendix B-1&2). All intake assessments will be conducted face to face. Assessors must attempt to acquire each item of information in the assessment, but must also recognize and accept the client's right to refuse to provide listed items with the exception of those required to determine eligibility (i.e. age, residency and who demonstrate an actual need for the service).

f. If services are to be provided for 14 calendar days or less, a complete assessment is not needed. In such instances, the service must determine the client's eligibility to receive services and gather the basic information including name, address, phone number and date of birth.

g. The service provider will avoid duplicating assessments of individual clients to the maximum extent possible. Service providers may accept the current assessment or re-assessment from other service providers.

h. Clients with multiple needs should be referred to the ACSS Senior Services Counselor. Service providers will refer individuals thought to be eligible for Medicaid to DHS.

i. Assessments must be documented in writing, and a client signature form (Appendix B-2) will be signed and dated.

j. Older adults should be assured that information will remain confidential.

k. The service provider will notify ACSS of any eligible older adult whose needs cannot be reasonably met through that agency within two (2) business days with a stated reason (see section 2.1.3 above). ACSS will attempt to coordinate services with alternate resources.

l. In-take Assessments are considered billable as one (1) unit in first month of service due to the costs associated with travel to complete the face to face assessment.

2.3 Service Delivery:

2.3.1 Service Initiation:

Unless there are mitigating circumstances on the part of the older adult, the service provider will begin providing services within seven (7) days of completing the client intake assessment.

2.3.2 Re-assessment of Need:

a. Re-assessments will be conducted at a minimum of twice annually (one (1) face to face and one (1) via telephone, if appropriate) utilizing the tool located in the ACSS data base (Appendix B-1&2) to determine changes in client

status, client satisfaction, need for additional services, and to determine continued eligibility (i.e. post-surgery, post Pandemic, etc.).

b. Re-assessments will be conducted in the same manner as the initial assessment listed in 2.2.2 above and are not billable units.

c. Changes in any item in 2.3.2 above should be specifically noted and addressed during each reassessment and if client no longer meets the criteria, ACSS will be notified.

2.3.3 Client Records:

a. The service provider will establish and maintain a file for each client served, as required by ACSS, containing (at a minimum) the following information:
   - Signed Release of Information form dated within the previous 12 months
   - ACSS Client Bill of Rights and Responsibilities form (included in each service specific appendix) dated within the previous 12 months and signed by both client and service provider representative
   - Copy of original referral and intake forms
   - Progress notes demonstrating an on-going relationship with client (i.e. notes from phone-calls, comments from supervisory visits, etc.)
   - Documentation that client has been offered the opportunity to be added to the County's Special Needs Registry as part of the County's Emergency Operations Plan (See disaster plan template, Appendix F)

b. This above list is subject to change and maintaining additional records may be required to meet the service delivery goals of ACSS over the course of the contract.

2.3.4 Client Service Suspension:

Should there be a change to health conditions or availability of informal supports, clients may request to suspend their services for up to six (6) weeks by notifying their service provider, who will annotate the suspension in the ACSS data base. If a client does not resume service delivery within six (6) weeks, they will be discharged by the provider and ACSS will be notified of the vacancy. Reasonable requests for extended service suspension may be granted on a case by case basis at the sole discretion of ACSS.

Clients who wish to discontinue services due to travel to another state for part of the year (i.e. Snow Birds) will need to complete a new referral upon physically returning to Allegan County. If a wait list for services be in effect, the client will be placed on the list in chronological order. However, an intake will be conducted prior to initiating services to determine if the client meets the current criteria for the program.

2.3.5 Client Discharge Procedure:

a. Service delivery to a client may be terminated by the service provider.

b. Reasons for termination may include, but are not limited to the following:
   - The client decides they no longer want services
   - The client has passed away
   - A reassessment determines the client is no longer eligible
   - The client's living arrangements have changed and there is now an able bodied person living in the home to provide support
   - The client's condition improves and they are no longer in need of services
   - The client's circumstances change making them eligible for services paid for from other public funding sources (i.e. MI Choice Waiver, Older American Act Programs, etc.)
   - Client is placed into an acute care or long term care facility. (If institutionalization is temporary, services may be placed on hold, see Section 2.3.5 above for further information)
   - The service provider is no longer able to continue service to the client and referral to another provider is not possible (may include situations where the endangerment of the safety and wellbeing of staff is an immediate concern). This requires ACSS Approval.

c. Each service provider must establish a written procedure for discharging clients that includes formal notification of service termination in writing to the client. The notification must state the reason for the discharge, the effective date, and advisement about the right to appeal.

d. Documentation of such action must be placed in the client file and annotated in the ACSS client data base by the service provider.

e. Additionally, the service provider will notify ACSS via e-mail within two (2) business days and provide the following information:
   - Client name
   - Date of discharge
   - Reason for discharge

2.3.6 Service Delivery Evaluation:

a. Each provider must establish a process for obtaining and annually reviewing client input on the quality of service delivery. This process may include client surveys, review of assessment records, etc.

b. Results of this service delivery evaluation must be documented and available during the annual ACSS Quality Review.

2.3.7 Grievance Procedures:

Both clients and service providers shall be afforded the opportunity to resolve, by means of an administrative process a service related grievance. Service providers will have a written policy for client grievance resolution. This policy must be

available for review during the ACSS Quality Review. The administrative process for grievances is as follows:

a. Informal Resolution:
- The individual will attempt to resolve the grievance with the provider (see section 2.3.7 above)
- If attempts at informal resolution are unsuccessful, the individual may proceed with the formal resolution process

b. Formal Resolution:
Grievances must be made in writing and sent to the ACSS Director within one year of the alleged occurrence. The grievance should document the following to the extent the information is known:
- A record of attempts to resolve through informal process
- The full name, telephone number and address of the individual
- The full name and address or other information sufficient to identify the party against whom the grievance is made
- A clear and concise statement of the facts, as alleged, including pertinent dates surrounding the grievance
- The provision of the contract, or other standard of service believed to have been violated (service provider only)
- The relief requested

Within thirty (30) days of the receipt of a written grievance, the ACSS Director will investigate and render a decision and distribute in writing to all parties involved.

c. Appeals and Final Resolution:
The individual may appeal the ACSS Director's decision within 15 days of receiving the written decision from the ACSS Director or within 15 days of when the decision should have been issued through the following process:

Requests for Appeals should be sent to the Executive Director for Services for Allegan County at the address below:

Allegan County Executive Director of Services
3283 122nd Avenue
Allegan, MI 49010

If no favorable results are found to be offered within fifteen (15) days of the receipt of the appeal, the individual may request a final ruling from the Allegan County Administrator. The appeal must be in writing and should document the following to the extent the information is known:

- A copy of all materials submitted with the original grievance along with:
- Any correspondence relating to the grievance,
- Notice of decision by the ACSS Director

The decision of the Allegan County Administrator is the final administrative step in the grievance procedure.

3. RISK MANAGEMENT REQUIREMENTS:

3.1 Universal Precautions:

Each service provider must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions policies.

3.2 Additional Insurance Protection:

In addition to the insurance coverage service providers are required to have pursuant to the contract, the following additional insurance coverage is strongly recommended:

- Insurance to protect the service provider from claims against drivers and/or passengers
- Professional liability (both individual and corporate)
- Umbrella liability
- Errors and Omissions Insurance if the service provider is governed by a board
- Special multi-peril

3.3 Incident Reporting:

a. Each service provider shall have a written procedure to report the following incidents using the ACSS Incident Report (Appendix E):
   - Potentially hazardous situations
   - Place the older adult at risk of harm or exploitation
   - Accident or other harmful situation to either staff or client
   - Situations that may adversely affect the public view of the Senior Millage

b. A copy of the incident report will be filed with ACSS within 48 hours of the event and a follow up (if appropriate) will be made within five (5) business days. A copy of each incident report will be kept in the provider's files and will be reviewed annually as part of the Quality Review process.

3.4 Disaster Response Plans:

Each service provider must provide ACSS with a draft of their disaster plan within three (3) months of contract initiation and work with ACSS to complete a final plan within six (6) months of contract initiation. The template in Appendix F must be used to develop and document the plan. The disaster plan will be updated annually as part of the bi-annual provider trainings and reviewed during the annual ACSS Quality Review to ensure all information is current.

4. SERVICE PROVIDER STAFFING:

4.1 Staffing Requirements:

a. Each service provider shall staff their service with competent and qualified personnel sufficient to provide services pursuant to the contractual agreement. Staff may be paid or volunteer.

b. Each service provider shall have and maintain an organizational structure with clearly established lines of authority.

c. Any service provider using volunteers in the course of service delivery will have a written procedure governing the recruiting, training, and supervision of volunteers that is consistent with the procedure utilized for paid staff.

d. Each staff member (paid or volunteer) will receive a written position description, orientation training and a yearly performance evaluation, as appropriate. These documents must be signed by the staff and a copy placed in the Personnel File**.**

4.2 <u>Personnel Records</u>

a. Each service provider must maintain personnel files for each staff member (paid and volunteer) that will be part of the annual Quality Review process. At a minimum, personnel records must contain:
   - A criminal background check from the Michigan State Police
   - A copy of a valid Michigan Driver's License or Michigan State ID Card
   - A signed copy of a written job description
   - A record of orientation training that contains topics listed in this manual
   - Annual performance evaluations
   - A minimum of two (2) professional/personal reference checks conducted for all staff (paid and volunteer) hired after the date of the contract award
   - Documentation that staff has received (at a minimum) the orientation and on-going training listed below

b. If staff will be transporting clients in their private vehicle, the following must be current and in the personnel file:
   - An annual motor vehicle record check done through Michigan State Police
   - A copy of a valid Michigan Driver's License
   - A copy of valid Liability Insurance Certificate

4.3 <u>Additional Staffing Considerations:</u>

Individuals with past felony convictions may be considered for employment at the discretion and liability of the service provider. The safety and security of clients must be paramount in such considerations. In the event that the convictions are due to circumstances deemed to be a danger to clients (i.e. elder abuse, exploitation, etc.), ACSS will be notified of the circumstances and reserves the right to request that staff be transferred to a non-millage client**.**

4.4 <u>Staff Training:</u>

Orientation and In-service training and attendance must be documented by the service provider and records will be reviewed during the Annual ACSS Quality Review.

4.4.1 Staff Orientation Training (Paid and Volunteer):

Prior to contact with any millage clients, new staff must receive orientation training that includes at a minimum:

- Introduction to the aging network
- Person Centered Planning
- Maintenance of records and files (as appropriate)
- Maintaining client confidentiality by ensuring client records do not go into other client homes and are safeguarded in a locked vehicle
- Cell phone usage in client home
- Ethics
- Incident Reporting
- Emergency procedures
- Universal precautions
- The aging process (including, but not limited to):
  - Cultural diversity
  - Dementia
  - Cognitive impairment
  - Mental illness
  - Elder abuse and exploitation

4.4.2 Staff In-Service Training (both paid and volunteer):

a. Each service provider will conduct a minimum of two (2) in-service trainings annually for all staff that include (at a minimum) a review of the items listed under the Staff Orientation section above as well as any additional training that enables them to improve service delivery.

b. Service provider administrative staff will participate in relevant ACSS sponsored trainings a minimum of twice annually.

5. ACSS ANNUAL QUALITY REVIEW:

a. ACSS will conduct at least one Quality Review each contract year. Any additional review(s) shall be at the discretion of ACSS to verify any service provider's compliance with contract terms and this Policy and Procedures Manual.

b. ACSS will develop a Quality Review schedule each contract year. The Quality Review tool(s) used by ACSS are attached at Appendix C.

c. Within 60 days, ACSS will provide each service provider written feedback outlining findings of each Quality Review, any requested corrective action, and recommendations for improvement.

d. In cases where corrective action is needed, ACSS will:

- Determine reasonable due dates by which service providers must be in compliance
- Approve a corrective action plan submitted by the service provider detailing the timeline to be used to achieve compliance

- Monitor the service provider's performance in accomplishing the necessary corrective action
- If due dates extend beyond the contract term, completion and approval of the corrective action will be made a condition of any further contracts or contract extensions with the service provider

e. ACSS and the COA shall retain the right to monitor and assess or otherwise determine performance of all subcontractors. Service providers must annually assess each subcontractor for contract compliance. The annual assessment will be available for review by ACSS during the Annual Quality Review.

6. ASSISTANCE, TRAINING AND SUPPORT

6.1.1 Technical Assistance:

a. ACSS will provide technical assistance to service providers at a mutually convenient time and place upon written request. Technical assistance may also be provided by ACSS when it is determined that the service provider needs assistance in a particular area. Examples of technical assistance include, but are not limited to:
   - Presentations to service provider staff on the senior millage and other appropriate topics during in-service trainings
   - Help with financial or program reporting
   - Clarification of policies and procedures contained in this manual
   - Guidance in addressing ACSS Quality Review findings
   - Aid in understanding contractual obligations

b. In certain circumstances, ACSS may find it necessary to refer the service provider to a third party for specialized assistance. In such cases, the service provider will be responsible for all costs incurred, unless otherwise stated in a written agreement with ACSS.

6.1.2 Training and Support:

a. ACSS will provide training and support to all service provider administrative staff at least twice annually.

b. Upon request, ACSS is available to provide in-service trainings on specific topics such as Person Centered Thinking to service provider staff.

7. FINANCIAL GUIDELINES

Each service provider agrees to utilize generally accepted accounting procedures and practices.

7.1 Method of Service Cost Reimbursement:

a. Services will be reimbursed on a unit cost basis.

b. Service providers must submit monthly invoices (signed by authorized individuals) and client service reports by the 10th day of each month. Reimbursements will be made by the 25th of each month.

c. Service providers will use the ACSS invoice (Appendix G-1) and provide the following information:
- Total number of units served
- Gross cost of services
- Total donations received
- Net cost of service (cost – donations) for reimbursement

d. Service providers must provide a client report (Appendix G-2) monthly which must contain the following information:
- Name of each client served
- Start/re-start date (if applicable)
- Number of units assigned weekly
- Discharge date and reason (if applicable)
- Number of units provided within billing cycle

e. Late or incomplete/incorrect reports will result in a delay of payment.

7.2 <u>Donations:</u>

a. Clients receiving millage funded services will be offered the opportunity to make a voluntary donation toward offsetting the costs of providing the services received. While encouraged, donations are not required in order to receive services. Donations will not be solicited; however, any donations received will be processed in the following manner:

- Donations will be reported and subtracted from the overall cost of service on each monthly invoice from the service provider to ACSS.
- Donations must be used to deliver additional units of service within the service for which the donation was given.

b. Private pay or locally funded fee-for-service program billing must be separate and distinct from senior millage funded services donation requests.

7.3 <u>Withholding of Funds</u>

Failure to meet contractual obligations or to operate in the manner required by this Policy and Procedure Manual may result in the withholding of funds until such obligations are met.

7.4 <u>Annual Audit:</u>

a. Service providers receiving millage funds must contract with a Certified Public Accountant (CPA) firm or individual to conduct an annual financial audit on their operations in accordance with generally accepted auditing standards.

b. A copy of the audit report including findings (if any), shall be furnished to ACSS within thirty (30) calendar days of receiving the final audit report from the auditor.

c. The service provider is encouraged to develop and implement a plan to address audit findings. Failure to resolve audit findings in a timely manner may result in contract termination at the discretion of Allegan County.

d. ACSS, its agent(s), and the County of Allegan reserve the right to conduct an independent audit of contract operations. The service provider shall permit ACSS and any of its authorized agents, access to any books, documents, papers or other records of the service provider (or any subcontracts under the contract) which are pertinent to the contract. Access shall also be granted to the facilities being utilized at any reasonable time to observe the operation of the service provider.

7.5 Records Retention:

The service provider is required to retain all books, financial and programmatic records or other documents reasonably considered pertinent to the contract in paper or digital format for three years. The retention period begins on the day the service provider submits to ACSS the last expenditure report for the contract. If any litigation, claim, negotiation, audit, or other action involving the records has begun before the expiration of the three year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three year period, whichever is later. Record retention will be at the provider's cost. Any persons duly authorized by Allegan County shall have full access to and the right to examine and audit any of the material during this period.

8. MARKETING AND PROMOTIONAL MATERIALS:

Each service provider will ensure all promotional materials, including films, slides, books, reports, pamphlets, brochures, marketing items (i.e. pens, etc.) papers, or articles based on activities receiving support under the contract, shall contain the following: ***"funding provided through the Allegan County Senior Millage".***

9. SERVICE SPECIFIC REQUIREMENTS:

Appendices H through K contain additional service specific requirements for In-home Supports Services (Appendix H), Home Delivered Meals Services (Appendix I), Senior Transportation (Appendix J) and PERS (Appendix K) and Adult Day Care (Appendix L).

Appendix A

A Code of Ethics
By
Allegan County Senior Services

I. GENERAL INFORMATION

A. Purpose

(1) The purpose of this Code of Conduct is to communicate principles that establish ethical standards of behavior for ACSS and its service providers.

(2) In order to assure that services to older adults are conducted effectively, objectively, and without improper influence, all organizations and persons involved via the ACSS senior network must maintain the highest level of integrity. Also, they must not do indirectly that which is improper to do directly. All persons involved must avoid conflicts of their private interests with public duties and responsibilities. Failure to observe any of these standards may, at the sole discretion of ACSS, be cause for negative action, up to and including the immediate termination of any person's employment or volunteer status or any contract dispensing Allegan County senior millage funds and the seeking of legal redress through criminal prosecution and or civil suit.

B. For Purposes of this document the following definitions shall apply:

(1) "Allegan County Commission on Aging refers to ACCOA members, jointly and severally; any ACSS administrative staff, employed or funded, wholly or in part, with Allegan County senior millage funds, and all administrative volunteers and trainees.

(2) "Service provider" refers to all organizations and their employees funded wholly or in part with Allegan County senior millage funds, all service volunteers, all support and nutrition projects councils. Included are organized, complementary groups, policy making bodies, and any other individuals, trainees, and enrollees who work for or volunteer their time to a service provider.

(3) "ACSS senior network" refers collectively, to all agencies, organizations, groups and individuals referred to in Section B, Subparts (1) and (2) above.

(4) "Client" refers to any person age 60 or over who receives or seeks services from the ACSS senior network (and a person younger than 60 years of age who is the spouse of a client receiving nutritional services).

(5) "Personal interest" includes personal profit, financial benefit, incompatibility or conflict, impairment of judgment or actions, a direct or indirect financial or personal interest, the interest or the employer, the interest of the company that is doing business with the employer, the interest of a spouse, and the interest of one with whom an intimate relationship exists.

C. Applicability

The ethical principles described above shall be applicable to all persons in the ACSS senior network.

D. Responsibilities of Service provider

Each service provider shall be responsible for observing the rules of conduct set forth in this code and shall acquaint himself and his employees and volunteers with the rules that relate to his ethical and other conduct as a service provider in the ACSS senior network.

II. CONFIDENTIAL INFORMATION

The Federal Freedom Information Act (5 U.S. Code Annotated, Section 552) and a similar Michigan statute (P.A. 442 of 1976) require that certain information be freely available to the general public. However, information of a personal nature, where the public disclosure would constitute an unwarranted invasion of the individual's privacy, is considered confidential and therefore exempt from disclosure. For example, names of recipients shall not be made available to the public as this is considered a matter of privacy not required to be divulged under the act. This is necessary because it may involve private personal information which has been furnished in confidence. In addition information and possession of the network and not generally available may not be used for private gain.

Persons involved with the ACSS senior network shall not, directly or indirectly, make use of or permit others to make use of, for the purpose of furthering a private interest, official information not made available to the general public. Such use of official information is clearly a violation of the public trust.

Persons involved with the ACSS senior network may not use his official position or confidential information acquired in the course of his official duties to further his personal interest or to secure privileges or exemptions for himself or others. Services provided wholly or in part with Allegan County senior millage funds may involve the disclosure and subsequent use of an individual's protected health information. A service provider's use or disclosure of protected health information to perform functions, activities, or services for or on behalf of a client is only permitted when compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended (HIPAA); the Standards for Privacy of Individually Identifiable Health Information at 45 CFR 160 and Part 164, subparts A and E; and 45 CFR 164.501 and 164.504 and 164.524 and 164.528 is strictly maintained. It is the responsibility and duty of all organizations and individuals to familiarize themselves and enforce the standards contained in the references immediately above.

III. GIFTS, ENTERTAINMENT, FAVORS, GRATUITIES AND EXPENSES

A. What to Accept from Outside Sources

(1) Persons associated with the ACSS senior network shall not solicit or accept directly or indirectly, any gift, payment, subscription, advance, rendering or deposit of money, gratuity, favor, entertainment, loan or anything of value, from a person, business, or organization with whom he has or had official relationships, whether or not, pro-offered for or because of any action or decision of the person such as from a person, business, or organization that:

(a) Has or is seeking to obtain contractual or other business relationship with this agency;
(b) Conducts operations or activities that are regulated by his agency.

This does not preclude normal business practices which enable persons to maintain ongoing services, i.e., bank loans to meet current obligations.

(2) Persons involved with the ACSS senior network shall not distribute, or cause to be distributed, any advertisement or materials with samples aimed at soliciting older persons on behalf of profit-making businesses or organizations unless the materials are beneficial and provide a service to older persons (i.e., Senior Discount Program Information).

(3) Persons involved with the ACSS senior network may not accept, for example, anything of value for assistance provided to travel or tour guide agencies in developing or arranging travel tours for individuals or organizations in the ACSS senior network.

B. Offers from Outside Sources

It is a violation of this code for anyone to directly or indirectly receive, give, offer, or promise anything of value for performance of or to influence the performance of an official act of a person involved with the ACSS senior network.

C. Gifts to Official Superiors

A person involved with the ACSS senior network shall not solicit contributions from another involved in the ACSS senior network for a gift or make a donation as a gift to a person in a superior official position unless it is a voluntary gift of nominal value or donation in a nominal amount made on a special occasion such as marriage, illness or retirement.

D. Being Named in a Will

A person in the ACSS senior network shall not conduct himself in such a manner as to use his position to influence or cause a recipient of services to reward him with the benefits of a will as compensation for services.

E. Fundraising Activities

This Code of Ethics is not intended to preclude bona fide institutional fundraising activities; i.e., raffles, etc.

IV. OUTSIDE EMPLOYMENT

A. Description

A person employed in the ACSS senior network shall not engage in outside employment or other outside activities not compatible with the full and proper discharge of the duties and responsibilities of his position. Incompatible activities include, but are not limited to:

(1) Acceptance of a fee, compensation, gift, payment of expenses or any other thing of monetary value in any circumstances in which acceptance may result in a violation of this code.

(2) Outside employment which tends to impair his mental or physical activity to perform his official duties and responsibility in an acceptable manner.

(3) Outside work or activity that takes the person's time and attention from his official work hours.

B. Compensation for Services

A person employed in the ACSS senior network shall not receive any salary or anything of monetary value from a private source as compensation for services in the performance of official or volunteer duties. For example, a person in the ACSS senior network may be called upon, as a part of his official duties, to participate in a professional meeting or to contribute to a paper. A person employed in the ACSS senior network may not accept an honorarium or fee for such services, even though the organization accepting the service customarily makes such a payment to those who participate. Travel and reasonable expenses may be accepted with the approval of supervisors. However, the organization accepting the service may make a financial contribution to the provider agency for services rendered.

C. Holding Office in Professional Societies

Persons in the ACSS senior network may be members of professional societies and be elected or appointed to office in such a society. Persons in the ACSS senior network shall avoid conflict of interest in connection with such memberships.

V. FINANCIAL INTEREST

A. General Provision

Persons involved with the ACSS senior network shall not have a direct or indirect financial interest that conflicts with his official duties and responsibilities.

B. Procurement Standards

An ACSS senior network organization shall maintain a code or established standards of conduct that shall govern the performance of its officers, employees or agents engaged in the awarding and administration of contracts for the procurement of supplies, equipment,

construction and services whose cost is borne in wholly or in part by Allegan County senior millage funds. The standards shall provide for disciplinary actions to be applied for violations of the code or standards by the recipients, officers, employees, or agents.

(1) The ACSS senior network's officers, employees or agents of a service provider shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or potential contractors. This is not intended to include bona fide institutional fundraising activities.

(2) No employee, office or agent of an ACSS senior network organization shall participate in the selection, award or administration of a contract where, to his knowledge, any of the following has a financial interest in that contract:

(a) The employee, officer or agent;
(b) Any member of his immediate family;
(c) His partner
(d) An organization in which any of the above is an officer, director or employee;
(e) A person or organization with whom any of the above individuals are negotiating or has any arrangement concerning perspective employment.

(3) It is difficult to obtain capable and qualified persons to serve in the ACSS senior network particularly on advisory councils and policy boards who are totally objective and without a personal interest in the outcome of the recommendations made by them. As long as there is an awareness of their other interest and as long as such persons abstain from discussing a motion, making a recommendation and voting whenever their personal or agency's interest is involved, persons with potential conflicts may serve on advisory councils and policy boards.

C. Allegan County Commission on Aging Board

The ACCOA shall make recommendations to the County Board of Commissioners to enter into contracts necessary or incidental to the performance of its duties and the execution of its responsibilities as outlined in the ACCOA By-Laws subject to the following limitations.

(1) A Board member shall not participate in the selections, award, or administration of a contract if, to his knowledge, any of the following persons or organizations has a financial interest in that contract:

(a) A board member;
(b) A member of board member's immediate family;
(c) A board member's partner;
(d) An organization in which any of the persons listed in sections 'a', 'b', or 'c' is an officer, director or employee;
(e) A person or organization with whom any of the persons listed in sections 'a', 'b', or 'c' is negotiating or has any arrangement concerning prospective employment.

(2) A Board member shall make known a potential conflict of interest under section (1) before a vote regarding a contract.

(3) A board member shall abstain from discussing a relevant motion, making a recommendation, or voting in regard to a contract, grant, or policy if his personal or business interest is involved as described in section (1).

VI. CONDUCT ON THE JOB

Persons in the ACSS senior network must demonstrate concern and appreciation of the heritage, values and wisdom of older persons in providing assistance, assuring the dignity and individual rights of clients, as well as other persons. Courtesy, consideration, and promptness in dealing with other agencies, clients/recipients, and organizations must be shown in carrying out official responsibilities.

A. Use of Public Funds

Several laws carry criminal penalties for misuse of local, State and Federal funds. (Michigan complied laws 1970, sec. 750.218, sec. 750.489 and sec. 750.490). These apply to:

(1) Improper use of official travel;

(2) Improper use of payroll and other vouchers in documents in which payments are based;

(3) Taking or failing to account for funds with which a person is entrusted in his official position;

(4) Taking other official funds for personal use.

B. Use of Public Resources and Property, Including Equipment

A person involved with the ACSS senior network shall not directly or indirectly use or allow the use of public property of any kind for other than officially approved activities. A person involved with the ACSS senior network has a duty to protect and conserve public property, including equipment, supplies and other property entrusted or issued to him. For example:

(1) Only official documents and materials may be processed on official reproduction facilities.

(2) Persons may drive or use official automobiles only on official business.

VII. NON-DISCRIMINATION:

Neither persons involved with the ACSS senior network nor clients shall be discriminated against because of race, color, religion, national origin, sex, age or on the basis of a physical handicap.

VIII. POLITICAL ACTIVITIY:

Persons involved with the ACSS senior network are individually responsible for refraining from prohibitive political activities. (See Title V, U.S. Code, The Hatch Act, where applicable, see public act 169 of 1976, sec. 15.402-407.)

ALLEGAN COUNTY SENIOR SERVICES
3255 122nd Ave. Suite 200 – Allegan, MI 49010
(269)673-3333 – 1-877-673-5333 – Fax: 269) 673-0569

Client Assessment/Reassessment Form

Please be advised submission is final and data cannot be changed.

Select Status: ☐ **New Assessment** ☐ **Reassessment** ☐ **Discharged**

Assessment Date: _____ **Discharge Date:** _____

Additional Referrals Sent:
- ☐ HDM
- ☐ In-Home Supports
- ☐ Adult Day Care
- ☐ Transportation
- ☐ PERS

Reason for Discharge:
- ☐ Passed Away
- ☐ Moved to Long Term Care
- ☐ Condition Improved
- ☐ Other

First Name _____ MI _____ Last Name _____ Nickname _____

Street Address _____

City _____ State _____ Zip _____

Jurisdiction _____

Who Lives in Home?

Name	Relationship
_____	_____
_____	_____
_____	_____

Mailing Address – Check if same as above ☐

_____

City _____ State _____ Zip _____

Phone _____ Cell/Alternate Phone _____

Email _____

Directions to Home: _____

Nearest Cross Street: _____

Birthdate: MM/DD/YYYY	Gender: ☐ Male ☐ Female
U.S. Citizen: ☐ Yes ☐ No	Veteran: ☐ Veteran ☐ Dependent ☐ Neither
Marital Status: ☐ Single ☐ Married: Spouse / Partner's Name: ☐ Widowed ☐ Divorced	
Race/Ethnicity: ☐ White ☐ Black ☐ Asian ☐ Hispanic ☐ Other ☐ American Indian/Eskimo/Aleut ☐ Hawaiian/Pacific Islander ☐ Multi-racial/Other:	
Household Size: Client Income: Spouse/Partner Income:	

Source of Income:

☐ Social Security $	☐ State Disability $	☐ Smoker in Home
☐ Pension $	☐ Supplemental Security Income $	☐ Pet in Home
☐ Investments and Interest $	☐ Wages $	☐ Weapons in home
	☐ Other $	

Currently Receiving: Medicaid? ☐ Yes ☐ No	Language Spoken (primary): ☐ English ☐ Spanish ☐ Other:		Diagnosis / Meds:
Below Poverty: ☐ Yes ☐ No	Frail/Disabled: ☐ Yes ☐ No	Diabetic: ☐ Yes ☐ No	
Handicapped: ☐ Yes ☐ No	Health Insurance: ☐ Yes ☐ No	Allergies: ☐ Yes ☐ No	
Homebound: ☐ Yes ☐ No	Oxygen: ☐ Yes ☐ No	Fall Risk: ☐ Yes ☐ No	

Special Accommodations
(i.e. Wheelchair, walker, lift, interpreter or hearing/visually impaired):

Caregiver/Contact Person:

Address

Relationship

Home Cell Work

Physician:

Physician Phone:

Preferred Hospital:

Most Recent Hospitalization:

Reason:

Emergency Contact: (other than with whom individual resides)

Name of Contact:

Phone: Relationship:

Address:

Activities of Daily Living (ADLs)*	
Eating/Feeding	☐ Yes ☐ No
Dressing	☐ Yes ☐ No
Bathing	☐ Yes ☐ No
Walking	☐ Yes ☐ No
Stair Climbing	☐ Yes ☐ No
Bed Mobility	☐ Yes ☐ No
Toileting	☐ Yes ☐ No
Bladder Function	☐ Yes ☐ No
Bowel Function	☐ Yes ☐ No
Wheeling	☐ Yes ☐ No
Transferring	☐ Yes ☐ No
Mobility Level	☐ Yes ☐ No

*More than 5 = Frail/Disabled

Instrumental Activities of Daily Living (IADLs) *	
Shopping	☐ Yes ☐ No
Handling Finances	☐ Yes ☐ No
Heavy Cleaning	☐ Yes ☐ No
Light Cleaning	☐ Yes ☐ No
Using Public Transportation	☐ Yes ☐ No
Using Private Transportation	☐ Yes ☐ No
Cooking Meals	☐ Yes ☐ No
Reheating Meals	☐ Yes ☐ No
Taking Medication	☐ Yes ☐ No
Using Telephone	☐ Yes ☐ No
Doing Laundry	☐ Yes ☐ No
Keeping Appointments	☐ Yes ☐ No
Heating Home	☐ Yes ☐ No

Nutritional Risk Evaluation

Check all that apply. (Each is associated with a point value.)

- ☐ I have an illness or condition that made me change the kind and/or amount of food I eat. (2)
- ☐ I eat fewer than 2 meals per day.(2)
- ☐ I eat few fruits, vegetables. (2)

- ☐ I have 3 or more drinks of beer, liquor, or wine almost every day. (2)
- ☐ I drink or eat few dairy products daily. (2)
- ☐ I have tooth or mouth problems that make it hard for me to eat. (2)
- ☐ I don't always have enough money to buy the food I need. (4)
- ☐ I eat alone most of the time. (1)
- ☐ I take 3 or more different prescribed or over-the-counter drugs a day. (1)
- ☐ Without wanting to, I have lost or gained 10 pounds in the last 6 months. (2)
- ☐ I am not always physically able to shop, cook and/or feed myself. (2)

Total Score:

Comments:

Assistance Needed

Perceived supportive service needs as expressed by Client or Representative.

	Referral Made	Referral Date		Referral Made	Referral Date
☐ Home Delivered Meals	☐	☐	☐ Hospice	☐	☐
☐ Congregate Meals	☐	☐	☐ Support Group	☐	☐
☐ In Home Supports	☐	☐	☐ Food	☐	☐
☐ Transportation	☐	☐	☐ Rental Assistance / Housing	☐	☐
☐ PERS	☐	☐	☐ Clothing	☐	☐
☐ Caregiver Support	☐	☐	☐ Utility	☐	☐
☐ Caregiver Education / Support	☐	☐	☐ Weatherization	☐	☐
☐ Outreach	☐	☐	☐ Medical Support Devices	☐	☐
☐ Adult Day Care	☐	☐	☐ Legal Services	☐	☐
☐ Medicare/Medicaid Insurance	☐	☐	☐ Volunteer Tax program	☐	☐
☐ Social Security Issues	☐	☐	☐ Adult Protective Services	☐	☐

Emergency Need(s):

Other Unmet Need (s):

Source of Referral:

Service(s) Currently Receiving / Provider

☐ HDM	☐ In Home Supports (Alliance)
☐ Transportation	☐ In Home Supports (Evergreen)
☐ Adult Day Care	☐ PERS

Other Provider(s) of service(s) including identifying if care management, DHS or other provider is coordinating services:

Date Entered:

Referral Consent Form and Release of Information

In compliance with Public Law 93-579, The Privacy Act of 1974, I, the undersigned hereby authorize the Allegan County Commission on Aging and their designees (Service Providers) to make necessary contacts and release any information pertinent to my needs. I, the undersigned give consent for the ACCOA and their designees to make only the contacts necessary to determine my eligibility for various programs and/or refer my case to an agency that may provide other assistance. This release is in effect for one year from date below. I can withdraw my consent at any time.

Provider Agency Name:

Assessor:

NOTES:

Allegan County Senior Services
3255 122nd Avenue, Suite 200
Allegan, MI 49010
Phone: 269-673-3333
Toll Free: 877-673-5333
Fax: 269-673-0569
www.allegancountycoa.org

Client Assessment/Reassessment/Signature Form

Service Provider _____ Date _____

Service(s) currently receiving: _____

Referrals for other services: _____

Referral Consent Form and Release of Information

In compliance with Public Law 93-579, The Privacy Act of 1974, I, the undersigned hereby authorize Allegan County Senior Services (ACSS) and their designees (Service Providers) to make necessary contacts and release any information pertinent to my needs. I, the undersigned give consent for the ACSS and their designees to make only the contacts necessary to determine my eligibility for various programs and/or refer my case to an agency that may provide other assistance. This release is in effect for one year from date below. I can withdraw my consent at any time.

_____ _____
Assessor Signature Date

_____ _____
Client Signature Date

_____
Client Name (printed)

Assessor Notes:

Allegan County Senior Services

3255 122nd Ave., Suite 200
Allegan, MI 49010
269-673-3333
1-877-673-5333
269-673-0569 Fax
http://www.alleganccountycoa.org

Sherry Owens, Director

Allegan County Senior Services Annual Quality Review Tool

INTRODUCTION:

Allegan County Senior Services (ACSS) process for monitoring and assessing contracts is intended to:

- Promote and foster strong agencies with customer focused services
- Address contract specifications, approved service definitions, required accounting principles, quality of services, licensure requirements, and applicable laws and regulations
- Monitor structure and measure outcomes for each agency and services that are funded through the Senior Millage
- Examine the relationship between agency services and community-driven needs

This Quality Review is based on the service provider's contract(s) with ACSS. This tool is intended to be part of an outcome-based assessment. The greatest emphasis is placed on client satisfaction and effectiveness of services on the client's quality of life.

This Quality Review consists of two parts:

- Written questions to be completed and returned to Allegan County Senior Services.
- On-site visit(s) from the ACSS Director and staff to discuss and observe the respective services.

Please have the following items available for review during the on-site visit:

- Current ACSS contracts to include any Addendums and Letters of understanding
- Provider agency personnel policies and/or Employee Handbook, with date of most recent revisions
- Job descriptions for all Senior Millage funded positions
- Employee files for Senior Millage funded positions
- Agency Code of Ethics and Affirmative Action Plan
- Civil Right Compliance/Equal Opportunity documentation
- Grievance procedure for clients
- Grievance procedure for employees
- Client confidentiality policy
- Policies and procedures for staff's handling of client emergencies
- Current agency brochures and service promotional materials
- Employee orientation checklist and/or training program outline
- Client files (to include all billing for that client) for each service being assessed separated from your general filing system for easy review
- Service quality review results for past two (2) reviews
- Current Disaster Plan

Allegan County Senior Services Annual Quality Review
Written Portion – General Requirements

A. CONFIDENTIALITY

1. Describe the agency policies and procedures to protect the confidentiality of client information as required by the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act (HIPAA) of 1997. Include methods of storing confidential information and how access to such information is controlled.

2. Are informed written consents signed as required by privacy laws by the client or a legal representative?

   □ Yes
   □ No

3. Has client name been removed from ***all documentation*** in personnel files?
   □ Yes
   □ No

Section A – "Confidentiality" Assessor's Notes:

B. FEEDBACK AND COMPLAINT RESOLUTION

1. Are written procedures in place that provide clients with the opportunity to comment about the quality of services the received?
   □ Yes
   □ No

Explain:

Section B – "Feedback and Complaint Resolution" Assessor's Notes:

C. STAFFING AND STAFF TRAINING

1. Do all new project staff (paid and volunteer) receive an orientation training which includes *at a minimum*, introduction to the program, the aging network, maintenance or records and files (as appropriate), the aging process, ethics, emergency procedures and universal precautions?
   □ Yes
   □ No

2. Does paid staff receive a written position description and at least an annual performance evaluation?
   - Yes
   - No

3. Do volunteers receive a written job description and regular supervision?
   - Yes
   - No
   - Not Applicable

4. How is the agency staff informed of service standards and service requirements as contained in Exhibit 1 & 2 of the contract?

5. What is this agency's procedure for checking references of potential employees?

6. How is this documented?

7. Does agency staff enter client homes as part of service delivery?
   (If no or not applicable, skip to question #8)
   - Yes
   - No
   - Not Applicable

   a. Is a criminal background check conducted on all employees ***prior to*** entering client homes?
      - Yes
      - No

   b. Describe this agency's methods for checking criminal background information of potential employees.

   c. Do employees entering client homes wear agency picture ID?
      - Yes
      - No

   d. Describe the identification worn by project staff (paid or volunteer) that enters client's homes.

   e. Describe the agency's procedure for introducing in-home staff to clients.

8. Does the agency have staff that transports clients in their personal vehicle? (If no, or not applicable, skip to question 10)
   - Yes
   - No
   - Not Applicable

a. Does the agency maintain a copy of a ***current driver's license*** in the personnel file?

- Yes
- No

b. Does the agency maintain a copy of ***current liability insurance*** in the personnel file?

- Yes
- No

10. Does the agency have bi-lingual staff or volunteers available?
    - Yes
    - No

11. If no, how is service to non-English speaking clients assured?

12. Is there an employee grievance procedure in place?
    - Yes
    - No

13. Has the procedure been used in the last year? (If yes, please briefly explain)
    - Yes
    - No

14. Is there an agency-wide training plan for employees that includes a minimum of two (2) in-service trainings annually?
    - Yes
    - No

15. Does the agency have an annual training budget?
    - Yes
    - No

16. Where is information about training dates, participants and topic information kept?

17. What additional training needs does agency staff have?

Section C –"Staff and Staff Training" Assessor's Notes:

D. COMPLIANCE WITH LAWS

1. Does this agency discriminate against any employee, applicant for employment, or recipient of service pursuant to the Federal Civil Rights Act of 1964 , the Elliot- Larson Civil Rights Act (P.A. of 1976), the Michigan Handicappers Civil Rights Act (P.A. 220 of 1976)?
    - Yes

□ No

2. Does the service site(s) meet barrier free design specifications of Michigan and local building codes and Section 504 of the Federal Rehabilitation Act of 1973
   □ Yes
   □ No
   □ Not Applicable

E. INDEMNITY:

1. Does this agency maintain the following insurances? (Please have copies available at time of audit)

	YES	NO	N/A	Expires
Workers Compensation				
Unemployment				
General Liability (property and theft coverage)				
Facility Insurance				
No-Fault Vehicle (transportation)				
Fidelity Bonding (for persons handling cash)				
Malpractice/Liability				
Professional Liability				
Other:				

2. Does the agency have on file proof license and insurance for all staff and volunteers who transport clients?
   □ Yes
   □ No
   □ Not Applicable

Section E – "Compliance" and "Indemnity" Assessor's Notes

F. SERVICE COORDINATION

1. How has this agency demonstrated working relationships with other community agencies to ensure that clients have access to other needed services provided in the communities? List most recent collaborative agencies and joint projects:

   a. Collaborative Agencies:

   b. Joint Projects:

Section F – "Service Coordination" Assessor's Notes:

G. SERVICE PROVISION QUALITY

1. Has the agency established and implemented outcome measurements for assessing the quality of service in addition to the annual client satisfaction survey?
   - ☐ Yes
   - ☐ No

   a. If yes, describe the tools used to measure these outcomes:

   b. Describe how the results are used in the agency's quality improvement process:

2. Describe any specific changes implemented to improve the quality of services during the last fiscal year:

3. Describe any plans to improve overall agency quality for this current year:

4. Describe any quality issues your agency is currently addressing (to include any assistance needed from ACSS):

Section G – "Service Provision Quality" Assessor's Notes:

H. CLIENT ACCESS, ELIGIBILITY, PROMOTION AND TARGETING:

1. Describe all procedures used to assure that priority is given to isolated older persons and/or persons in greater social, economic, and/or functional need?

2. How do intake procedures assure that individuals who are determined eligible for services are not refused services, as long as funding permits?

3. Describe the agency procedure for tracking clients who cannot be served at the time of intake?

4. Are information and referral services provided by this agency?
   - ☐ Yes
   - ☐ No

   a. List agencies to which clients are frequently referred and the ***top three services*** that the referrals are for:
   (1)_____
   (2)_____
   (3)_____

   b. Collaborative Agencies:

   c. Joint Projects:

5. How are services publicized to assure access to older persons and agencies?

6. Describe any recent media coverage and/or new promotional materials:

7. Is Senior Millage listed as the funding source on all agency brochures and/or relevant material?
   - ☐ Yes
   - ☐ No (if no please list date of last printing AND anticipated next printing)

Section H – "Client Access, Eligibility, Promotion and Targeting" Assessor's Notes:

I. CONTRIBUTIONS AND FUNDRAISING

1. What is the organization's policy towards encouraging and offering confidential and voluntary opportunities to donate towards the cost of services received?

2. Describe the agency's plans to increase program income in the coming year:

3. How are contributions for clients and services paid for with millage funds tracked and separated from other contributions made to the agency?

4. Does your agency do any fundraising to the community at large in order to raise funds for agency services? (If no or Not applicable, skip to section J)
   - ☐ Yes
   - ☐ No
   - ☐ Not Applicable

5. Please list fundraising endeavors from the last year, net funds raised and how these funds were used.

Endeavors	Net Funds	How Used

Section I – "Contributions and Fundraising" Assessor's Notes:

J. SERVTRACKER USE AND TRAINING:

1. Has all appropriate agency staff been trained in the use of ServTracker?
   - ☐ Yes
   - ☐ No (please explain)

2. Describe your agency's process for ensuring the information entered into ServTracker is current, accurate and TIMELY:

3. Describe your agency's average timeframe for entering new clients into ServTracker

4. Describe your agency's average timeframe for discharging clients from ServTracker

5. Do you have any challenges with ServTracker that can be resolved with ACSS assistance?

Section J – "ServTracker Use and Training" Assessor's Notes:

PROVIDER COMMENTS: _____

PROVIDER COMMENTS: _____

DATE SENT TO ACSS: _____

DATE OF REVIEW: _____

SERVICE: Adult Day Care

Program Requirements	Yes/No	Comments
Written eligibility criteria on file and prioritization process in place		
Written policy/procedure on development, implementation and management of service plans		
Written policy/procedure on medication administration		
Optional services provided-Rehabilitative, Medical Support, Nursing, Dental, Podiatric, Ophthalmological, Health counseling, Shopping Assistance		
Written policy-procedure for discharging clients		
Staff Ratio at least one (1) staff: ten (10) participants		
Staff receives orientation training plus at least two (2) in-services (detail)		
Full time program director with minimum of bachelor's degree in health/human services		
Program is on target with number of services being provided & within budget		
Comprehensive assessment on file including basic information, functional status, supporting resources		
Service plan developed including goals, methods and notations of revisions		
Necessary treatment orders on file		
Client assessed every three (3) months		
Progress notes up to date		
Signed release of information form – time limited and specific		
Personnel files (paid and volunteer) in order		
Medication documentation and release for administration		
Documentation of other services provided		
Documentation of time cards reflecting hours on contracted staff		
Documentation of efforts to encourage clients to donate toward the cost of the		

service **(donation letter available for review)**		
Documentation of efforts to encourage client to allow placement on vulnerable adult list through Allegan County Emergency Operations Center		New Requirement for 2015 Audit
Disaster Plan on file that meets ACSS requirements		New Requirement for 2015 Audit

Comments:

Audit done by: _____ Date: _____

Allegan County Senior Services
Incident/Occurrence Report

Name: _____ Telephone:_____

Address: _____ Age:_____

_____ Sex: □ Male □ Female

Program: □ Adult Day Care □ Home Delivered Meals □ Homemaking □ In-Home Respite □ Volunteer Transportation	Identification: □ Senior client □ Staff □ Caregiver □ Volunteer □ Guest □ Other:_____	Type of Occurrrence: □ Fall □ Cut □ Burn □ Medication □Vehicle □ Missing item □ Damaged item □ Other:_____
Date of Incident: _____	Time of Incident: _____	Day of the Week □ Sunday □ Thursday □ Monday □ Friday □ Tuesday □ Saturday □ Wednesday
Location: □ Adult Day Care Center □ Vehicle □ Senior Client's home □ Other:_____	Did the incident occur during the transitioning from one activity to the next activity? □ Yes □ No	Activity involved in at the time of occurrence: □ Walking □ Sitting to standing □ Slipped out of chair □ Opening door □ Bathroom Activity □ Embarking or disembarking vehicle □ Engaged in an activity □ Other:_____ _____

Additional incident facts and other facts not defined above: (include description of any injury)

_____
_____
_____
_____
_____

Allegan County Senior Services
Incident/Occurrence Report

Was the senior client aware of incident? □ Yes □ No
The senior client's account of incident:

_____
_____
_____
_____
_____
_____
_____

Report completed by:_____ Date:_____

Signatures of witnesses and contact information (address and phone number)

_____

_____

Follow-up:

_____

_____

_____

Was family notified? □ Yes □ No

Was physician notified? □ Yes □ No

Did the senior receive medical treatment? □ Yes □ No □ Don't Know

Were X-rays ordered? □ Yes □ No Bones fractured?_____

Was Adult Protective Services notified? □ Yes □ No Was the police notified? □Yes □ No

Result:_____
_____

Signature of Program Director _____

One copy remains in the client's file, one copy is faxed or emailed to Allegan County Senior Services within 24 hours of the incident/ occurrence.

APPENDIX F

ALLEGAN COUNTY

SENIOR SERVICES

DISASTER PLANNING TOOL

FOR SERVICE PROVIDERS

NAME OF AGENCY

SERVICE PROVIDED

DATE OF LAST REVISION

TABLE OF CONTENTS:

1. SUMMARY:

This plan contains the necessary components that allow for continued provision of services to Senior Millage clients and:

- Identifies frail clients in need of immediate assistance and places them on the County Special needs roster
- Encourages collaboration amongst the contracted services providers to support shared clients
- Allows coordination of services between ACSS and the service providers in an effort to support as many of our clients as possible through eliminating duplication of efforts.

2. PURPOSE:

The purpose of the COOP plan is to ensure Senior Millage clients remain supported in the event of an emergency or disaster that limits or discontinues any or all necessary services to Millage clients through a collaborative approach among ACSS and its service providers.

3. DISASTER PLAN:

As soon as feasibly possible (optimally within two hours of the event), please describe your agency's plan to regroup and (if necessary) relocate and begin to continue services to millage clients.

Please complete items A, B and C below. Please be specific with who will do what and where you will set up your operations should your building no longer be operable. Optimally, a secondary location remote from your choice will also be identified in the event your first choice is also inoperable.

NOTE: Please include detailed maps to alternate locations from your agency's location at Annex A.

A. ALTERNATE LOCATION INFORMATION:

Alternate Location Hours of Operation	Address	Phone & Fax	Key Contact	Phone/E-mail

B. PLAN IMPLEMENTATION:

SAMPLE

Disaster/Emergency with warning

1. Call from Agency Leadership and/or ACSS to activate COOP
2. Delegated agency staff notifies staff, clients and alternate location of COOP activation.
3. Staff gathers available equipment/supplies and vital records needed to relocate.
4. Staff relocates to alternate location
5. Office is established at alternate location.
6. Delegated agency staff contacts ACSS through Email and/or phone call to establish communications.
7. Delegated agency staff update website to provide emergency information and forward phones/change messages, etc.
8. Delegated agency staff notify clients of changes

Disaster/Emergency without warning

1. Call from Agency Leadership and/or ACSS to activate COOP
2. Delegated agency staff uses phone roster to notify staff and appropriate alternate location.
3. Agency leadership will coordinate from home until operations at alternate locate are coordinated.
4. Delegated agency staff arranges to obtain vital records and reference materials, if possible.
5. Delegated agency staff contact clients to coordinate any care needed
6. E-mails are sent to sub contract staff and ACSS to establish communication
7. Delegated agency staff update agency website to provide emergency information and forward phones, change messages, etc.
8. Relocate to alternate site location as soon as possible.
9. Repeat steps 5 through 7 above.

C. DELEGATED AGENCY STAFF CONTACT INFORMATION:

For key leadership and each person identified in section A above, please list the following information:

Delegated Staff Name	Position Title	Delegated Responsibility	Emergency Contact Info	E-mail

4. ADDITIONAL SUPPORT INFORMATION:

Please list caterers, partnering agencies and sub-contracted vendors and their contact information below

Agency Name	Address	Phone & Fax	Key Contact	Phone/E-mail

5. LEADERSHIP INFORMATION:

Please list the name (in preferred order) and emergency contact information of Key Staff (Board Chair, Managers, etc.) who will resume the leadership role in the event that the Director is unavailable or unable to provide the necessary leadership during an emergency, until such time as the Director is able to resume leadership or another Director is appointed through proper channels:

Successors	Emergency Contact Information

6. CLIENT NOTIFICATION:

At intake, clients should be prioritized by the following specification:

Priority 1 (High): Client needs to be registered with the Allegan County Special Needs Registry

- ☐ If service is not delivered as planned, the client's health and welfare would be at immediate risk
- ☐ Client is unable to care for themselves in the event of an emergency or a disaster and does not have anyone close by to assist them
- ☐ Client does not have access to transportation to evacuate in the event of an emergency or disaster
- ☐ Client lacks informal supports to provide care, medication, medical supplies, etc. in the event of an emergency or disaster

Priority 2 (Medium): Client needs a phone contact as soon as possible after the event (within 24 hours at most) to ensure contact has been made with their informal support system. If client is not reachable, the emergency contact(s) are notified. Subsequent calls should be made if the emergency lasts longer than 48 hours. Client should also be educated regarding the Special Needs Registry so they can discuss it with family.

- ☐ If service is not delivered as planned, the client may be at risk of health, welfare and safety issues
- ☐ Client is able to care for themselves for a short period of time or has informal supports that will assist them
- ☐ Client usually has access to transportation to evacuate in the event of an emergency or disaster
- ☐ Client has informal supports that are nearby to provide access to care, medication, medical supplies, etc. in the event of an emergency or disaster

Priority 3 (Low): Client should be educated as to where to find closing/cancellation information (i.e. local TV/Radio stations, hotlines, etc.) regarding their services and where to call. Contact will be made if the emergency lasts longer than 72 hours

- ☐ If service is not delivered as planned, the client is able to manage with minimal health, welfare or safety issues
- ☐ Client is capable of caring for themselves and/or has a well established informal support system
- ☐ Client has access to transportation to evacuate in the event of an emergency or disaster
- ☐ Client has informal supports (family, friends, etc.) close by to provide access to care, medication, medical supplies, food etc. in the event of an emergency or disaster

7. TEST, TRAINING, AND EXERCISES:

In this section please describe how your agency plans to train staff on the implementation of this plan and how you plan to test its effectiveness (using inclement weather days, etc.)

8. PLAN MAINTENANCE:

In this section please describe how often this plan will be updated with new personnel, phone numbers, etc. and who in your agency will have this responsibility

Annex A:

Maps to alternate emergency locations.

Annex B: Definitions and Acronyms

In this section, please provide any and all definitions of agency specific terms and/or Acronyms.

Allegan County Senior Services
Financial Invoice

Month of Service: **2019**

Invoice #

Service Provider:

SERVICE:

1 UNIT = $

REMIT TO:

	Current	Unduplicated YTD
Seniors Served		
Units Served		
Unit Rate		
Cost of Service		$0.00
Donations		
Reimbursement	$0.00	$0.00

	Current	YTD
Clients discharged		
Units discharged		
New clients to service		
Clients re-entering service		
Total unit increase		

Comments:

To the best of my knowledge I verify that this report is true and correct:_____

Date submitted: _____

	NAME	START DATE	DISCHARGE DATE	Discharge Reason	# Of Units per WEEK	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	Comments
1																			
2																			
3																			
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APPENDIX L – ADULT DAY SERVICES

ADDITIONAL SERVICE DELIVERY STANDARDS

Adapted from the Michigan Department of Health and Human Services Operating Standards

1. SERVICE MEASUREMENT AND DEFINITIONS

Adult Day Service (ADS) is measured in one-hour increments of daytime care (any part of a day but less than 24-hour care) provided to an adult 60+ years of age with functional and/or cognitive impairment through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other that the participant's and/or caregiver's home.

ADS includes required and approved optional services that may be available from the ADS Provider at their ADS Facility as detailed herein.

2. ELIGIBILITY CRITERIA:

To be eligible, participants must:

a) Be 60 years of age or older
b) Live within Allegan County
c) Be able to travel between their residence and the admitting ADS Facility offering services
d) Travel via independent arrangements or live within 1 hour of the admitting ADS Facility if Allegan County Transportation is to provide transportation
e) Meet one of more of the following criteria insofar as the participant may:
    1) Require ongoing supervision in order to live in their own home or the home of a primary caregiver
    2) Require a substitute caregiver while their primary caregiver needs relief, or is otherwise unavailable
    3) Have difficulty or be unable to perform activities of daily living (ADLs) without assistance
    4) Be socially isolated, lonely and/or distressed as the result of declining social activity
    5) 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
    6) Be at risk of placement into an institutional setting due to functional level and/or caregiver stress/burnout
    7) Have a dementia related diagnosis, display symptoms of a dementia, or be living with a chronic health condition.

3. PARTICIPANT INTAKE AND ASSESSMENT:

When contacted by a potential participant or their caregiver, Allegan County Senior Services (ACSS) shall conduct a preliminary screening and refer millage-eligible individuals with potential ADS needs to the ADS Provider.

The ADS Providers shall then:

a) Verify acknowledgement of a referral from ACSS within two business days of receipt.

b) Contact the potential participant/caregiver within seven days of ACSS referral to conduct an intake screening to acquire basic intake information and gain general knowledge about the potential participant.

c) If the intake screening indicates an individual may be eligible for ADS, an appointment for a tour or a trial visit should be initiated.

d) Provided the individual then wishes to receive ADS from the ADS Provider and the ADS Provider can meet the individual's needs, the ADS Provider shall complete a comprehensive assessment of the individuals needs in-person with their caregiver, guardian or designated representative present and develop an individualized Care Plan before or at the time of admission to the ADS Facility.

e) The ADS Provider shall make best efforts to complete this comprehensive assessment and develop a Care Plan within two weeks of completing the intake assessment.

f) In conducting the comprehensive assessment, an ADS provider may use their own assessment tools and/or forms provided these have been approved for use by ACSS or they may use the ACSS developed Client Assessment/ Reassessment Form found in Appendix B-1 of the P&P Manual.

g) 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 certain information.

1) Basic Information
   a. Individual's name, address, and telephone number
   b. Date of birth
   c. Sexual orientation, gender identity
   d. Marital status
   e. Race and/or ethnicity
   f. Living arrangements
   g. Condition of home environment, if known
   h. Income and expenses, by source (optional however, helps to determine if referral needed to other sources for services)
   i. Previous occupation(s), special interests, and hobbies
   j. Religious affiliation (optional)
   k. Emergency contact(s) – recommend a minimum of two
   l. Medical/health insurance and long-term care insurance information
   m. Guardianship documents, if applicable

2) Functional Status
   a. Vision, Hearing and Speech
   b. Oral status (condition of teeth, gums, mouth, and tongue)
   c. Prostheses
   d. Psychosocial functioning
   e. Cognitive functioning
   f. Difficulties with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
   g. History of chronic and acute illnesses
   h. List of medications (prescription, over the counter, supplements, herbal remedies)
   i. Physician orders, if applicable
   j. Eating patterns (diet history) and special dietary needs

3) Supporting Resources
   a. Physician's name, address, and telephone number
   b. Preferred pharmacy name, address, and telephone number
   c. Services currently receiving
   d. Extent of family and/or informal support network
   e. Hospitalization history
   f. Preferred hospital
   g. Faith-based support contact name and telephone number (optional)

4) Need identification
   a. Participant perceived
   b. Caregiver perceived
   c. Assessor perceived

h) Following the comprehensive assessment, a participant's admission to the ADS Facility shall be at the final discretion of the ADS Provider and shall be communicated to ACSS.

i) As part of the comprehensive assessment process, it is recommended that each ADS Provider also perform a baseline Modified Caregiver Strain Index (MCSI) assessment on the participants caregiver and update it on a yearly basis, offering referrals to other support services based on assessment findings.

j) The ADS Provider shall re-assess each participant and review/update their Care Plan every six months.

4. CARE PLAN:

A Care Plan shall be developed by the ADS Provider for each individual admitted to an ADS program. The Care Plan must be developed in cooperation with, and be approved by, the participant, the participant's guardian, or designated representative. The Care Plan shall at a minimum, contain and document:

a) The participant's needs, strengths, and resources

b) The goals and objectives for meeting identified needs

c) The methods and/or approaches to be used in addressing needs

d) The standard and optional program services to be provided
e) Treatment orders of qualified health professionals, when applicable
f) Medications being administered to participant or that the participant will be reminded to take while in the program
g) Modifications to environmental cues, communication approach, and task breakdown needed to enhance comprehension and participation in identified activities
h) Any special supervision needed to maintain personal safety
i) Hands-on assistance needed with activities of daily living such as, but not limited to toileting, grooming and hygiene

Each ADS Provider shall have a written policy/procedure to govern the development, implementation, and management of Care Plans. Each participant is to be reassessed every six months to determine the results of implementation of the Care Plan. If observation indicates a change in participant status, a reassessment may be necessary before six months have passed.

5. MAXIMUM SERVICE LIMITS:

ADS Services shall be available Monday to Friday (except for nationally recognized holidays or when severe weather conditions make travel unsafe) and scheduled for participants as follows:

a) One to two days per week for participants that utilize ADS to reduce isolation.
b) Two to three days per week for participants that also have a personal care component in their Care Plan.

6. PARTICIPANT FILES:

In addition to the general requirements for all Service Providers, each ADS Provider shall also maintain the following documents in the client record:

a) Details of participant's original referral to Adult Day Services
b) Annual signed Participant Bill of Rights and Responsibilities (ACSS)
c) Emergency contact
d) Recent photograph of participant
e) Information gathered from preliminary screening
f) Assessment of participant's need or copy of assessment (and reassessments) from the referring program, if applicable
g) Care Plan with notation and date of any revisions
h) Record of participant attendance
i) Monthly progress notes of participant status indicating maintenance, decline, or improvement
j) Documentation of all medications taken on premises
k) Documentation of standard and optional services provided to the participant

l) Each program shall have a signed release of information form that is time-limited and specific to the information being released

All participant records are to be kept confidential and in controlled access storage.

7. STANDARD SERVICES:

Each ADS Provider shall provide directly or arrange for the provision of the following standard services for each participant.

a) **Personal care**: consisting of assistance with basic ADLs as specified in the participant's Care Plan.

b) **Program/ Activities**: consisting of 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. A monthly calendar of activities must be prepared and posted in a visible place.

c) **Nutrition**: consisting of 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* along with regular snacks. Participants in attendance for greater than eight hours shall receive an additional snack or meal. Modified diet menus should be provided, where feasible and appropriate.

d) **Referrals**: consisting of ongoing observation and evaluation of participant and caregiver needs by ADS Facility staff offering referrals to, and arranging for other support services such as, but not limited to transportation, in-home supports, home delivered meals, Personal Emergency Response System (PERS) etc. as appropriate.

8. OPTIONAL SERVICES:

Each ADS program 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 the program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.

a) Specialized ADL Services: bathing, etc. where the ADS Facility is appropriately equipped and staffed to provide them.

b) Rehabilitative services: physical, occupational, speech and hearing therapies provided under order from a physician by licensed practitioners

c) Medical support: laboratory, x-ray, pharmaceutical services provided under order from a licensed professional

d) 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

e) Dental services: under the direction of a dentist

f) Podiatric services: provided or arranged for under the direction of a physician

g) Ophthalmologic services: provided or arranged for under the direction of an ophthalmologist

9. MEDICATION MANAGEMENT:

Each ADS Provider 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, however, administering medications can be a delegated task performed by trained staff. The written policy shall also contain the following:

a) Obtaining 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) Medications must be administered from original pharmacy labeled package Secure storage of medications belonging to and brought in by participants
f) Proper disposal of unused medications
g) Instructions for entering medication information in participant files to include:
    1) The name of the medication
    2) The dosage, frequency, and time each medication is to be taken
    3) Actual time each medication dosage was 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

10. ADS PROGRAM STAFFING AND TRAINING:

Each ADS Provider shall employ a program director/manager with a minimum of a bachelor's degree or applicable knowledge and experience.

At least one staff member must be present whenever a participant is receiving ADS at the ADS Facility. When two to ten participants are at the ADS Facility, a minimum of two staff members must be present. Thereafter, one staff member shall be added per each additional group of one to five participants (e.g., 3 staff for 11 to 15 participants, 4 staff for 16 to 20 participants, etc. Volunteers may be counted towards the additional staffing minimum provided they have received the minimum level of standard training required for a staff member qualified by the ADS Provider to supervise participants unassisted. Untrained Volunteers may assist in delivering ADS, but cannot be counted towards minimum staffing requirements.

In addition to the training outlined in the P&P Manual, ADS staff and volunteers used to meet minimal staffing requirements shall have received training on the following topics before being considered as having the minimum level of standard training:

a) Introduction to the ADS program
b) Normal aging vs. disease symptoms
c) Techniques for effective communication with program participants
d) Adult Protective Services law and mandated employee reporting requirements
e) Participants rights and responsibilities
f) Confidentiality/HIPAA
g) First Aid and CPR.
h) Assessment and management of responsive behavior
i) Impact of caregiver stress
j) Regional caregiver supportive services
k) Therapeutic 1:1 and small group engagement
l) Physical care techniques related to activities of daily living
m) Food safety
n) Information and referral resources in the event of a crisis situation
    1) Illness or death of the primary caregiver
    2) suicidal ideation of the caregiver or participant,
    3) Adverse incident during the delivery of service)
o) 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.

ADS Provider staff shall be provided with in-service training at least twice each year. At least one training session 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 a list of staff attending.

11. ADS PROVIDER OPERATING ITS OWN VEHICLES FOR TRANSPORTATION:

If the ADS Provider operates its own vehicles for transporting participants to and from its ADS Facility the following transportation minimum standards shall be met:

a) All drivers and vehicles used by ADS Provider shall be appropriately licensed, and all vehicles used shall be appropriately insured

b) Each ADS Provider shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation
c) The ADS Provider will ensure a plan for safe transport is written into the participant's Service Plan noting any level of assistance that might be needed by the participant (e.g., on and off the vehicle, curb to curb, door to door, or door to in-home).

12. MEDICAL EMERGENCIES:

Each ADS Provider shall have a written policy and procedure that addresses medical emergencies. The ADS Provider shall have first aid supplies available at its ADS Facility. A staff person certified in first aid procedures, including CPR, shall be present at all times participants are in the ADS Facility. It is recommended that the ADS Facilities has an AED on-site that is routinely tested and maintained in good working condition.

13. EMERGENCY SITUATIONS:

Each ADS Provider shall have written policies and procedures that address emergency situations. Procedures for evacuation shall be posted in each room of the ADS Facility. Evacuation and tornado drills shall be conducted at least once every six months. The ADS Provider shall maintain a record of all drills held at its ADS Facility.

ADS Provider shall have the right to temporarily suspend a participant's attendance at the ADS Facility should the participant exhibit signs of, or be otherwise known to have, a contagious medical condition (e.g., respiratory illness, fever, etc.) or be carrying a personal infestation (e.g., bed bugs, lice) until such a time as the condition is mitigated and is no longer a threat to other participants and staff.

14. FURNISHINGS:

Each ADS Facility shall have the following:

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 participant naps and rest periods.
c) Storage space for participants' personal belongings.
d) Locked storage space 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 such as, but not limited to wheelchairs and walkers for mobility, special utensils and serving dishes for eating, and glasses and magnifiers for reading, etc.
h) Bathroom facilities to accommodate persons with disabilities with a minimum of one toilet per ten participants recommended.

i) Adequate space allowing for safe arrival and departure.

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

15. COMPLIANCE WITH STANDARDS AND CODES:

Each ADS Facility shall have and maintain compliance with fire safety standards and the Michigan Food Code.