



MICHIGAN OFFICE OF SERVICES TO THE AGING

Operating Standards For Service Programs

III. SERVICE DEFINITIONS AND SPECIFIC MINIMUM STANDARDS

Updated 3-17-06

All services with definitions approved by the Michigan Commission on Services to the Aging are contained in the following section. All specific minimum standards for each service are identified in the following section. Fundable services, grouped according to category, are as follows:

A. Access

Care management, case coordination and support, disaster advocacy and outreach, information and assistance, outreach and transportation.

B. In-Home

Chore, home care assistance, home injury control, homemaking, home delivered meals, home health aid, medication management, personal care, personal emergency response, respite care, and friendly reassurance.

C. Community

Adult day services, dementia adult day care, congregate meals, nutrition counseling, nutrition education, disease prevention and health promotion services, health screening, assistance to the hearing impaired and deaf, home repair, legal assistance, long-term care ombudsman/advocacy, senior center operations, senior center staffing, vision services, prevention of elder abuse, neglect and exploitation, counseling services, specialized respite care, caregiver supplemental services, kinship support services, and caregiver education, support and training.

A. GENERAL REQUIREMENTS FOR ACCESS SERVICE PROGRAMS

In addition to the general requirements for all service programs, the following general standards apply to all access service categories unless otherwise specified.

Statement of Intent

Case coordination and support (CCS), care management (CM) and the Home and Community Based Services for the Elderly and Disabled (HCBS/ED) waiver programs are considered to be long-term care client support services. These three programs have many common functions and activities as well as a consistent focus. The general requirements for access service programs are intended to provide a framework for efficient and effective integration of these programs within the Michigan aging network.

1. A long-term care client shall be served by the CCS program until it has been determined they are in need of a nursing facility level of care based on functional limitations. Once such a determination has been made, the client is to be referred to the appropriate CM program. CCS programs are to be funded through Older Americans Act Title III, Part B.
2. A long-term care client shall be served by the CM program when they have been determined to need a nursing facility level of care based on functional limitations but is not determined to be Medicaid eligible. Once Medicaid eligibility has been determined, the client is to be referred to the appropriate



MICHIGAN OFFICE OF SERVICES TO THE AGING

Operating Standards For Service Programs

waiver program. CM programs are to be funded through state care management funds and may utilize Older Americans Act Title III, Part B funds.

3. A long-term care client shall be served by the waiver program when they have been determined to need a nursing facility level of care based on functional limitations and is Medicaid eligible. Waiver programs are to be funded through Medicaid.
4. The in-home support services for any long-term care client may be funded from a combination of federal, state, local, private and Medicaid resources (dependent upon Medicaid eligibility).
5. Each access program shall demonstrate effective linkages with agencies providing long-term care client support services within the program area. Such linkages must be sufficiently developed to provide for prompt referrals whether for initiating services or in response to a client's changing needs or respective eligibility status.